

Thank you for requesting an employment application from the Blue Ridge Regional Jail Authority (BRRJA). Please note the following before you return your application:

- **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.** Make sure your application is **COMPLETE**, including your full employment history, three (3) references, including address and phone, and your high school information.
- If you are a high school graduate, please attach a copy of your diploma.
- If you have a GED, please attach a copy.
- If you have served in the military, please attach a copy of your DD-214 which includes blocks 23 - 30 at the bottom. **DO NOT SUBMIT ELECTRONICALLY, due to privacy concerns.**
- **YOU MUST SIGN AND RETURN THE PREA DISCLOSURE FORM.**
- **Do not use the extra employment sheets unless the two-page application is full.**
- Please remember to sign the application.
- **Please do not call to check on your application. If you are selected for an interview, you will be contacted.**

Applications are kept on file for one (1) year from date of receipt.

*****PLEASE NOTE*****

In an effort to protect our applicants' personally identifying information, you will not be able to fill out the Social Security Number or the Date of Birth fields on our electronic fillable PDF application. If selected to move forward in the hiring process, you will be requested to provide the information when an interview is scheduled. All completed BRRJA PDF application can be emailed to ecalloway@brrja.state.va.us. Please feel free to attach a copy of your résumé as well when sending your application.

We thank you for your interest in becoming a part of our team!

APPLICANT:

PLEASE NUMBER YOUR FACILITY PREFERENCE, #1 BEING YOUR FIRST CHOICE:

AMHERST _____

BEDFORD _____

CAMPBELL _____

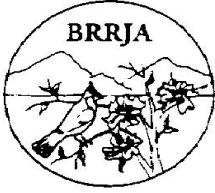
HALIFAX _____

LYNCHBURG _____

BRRJA MAY TRANSFER EMPLOYEES, TEMPORARILY OR PERMANENTLY, FROM ONE LOCATION TO ANOTHER AS REQUIRED TO MAINTAIN STAFFING AND/OR TO MEET THE OPERATIONAL NEEDS OF THE FACILITIES.

BLUE RIDGE REGIONAL JAIL AUTHORITY

Employment Application



P.O. Box 6078, Lynchburg, VA 24505
Phone: (434) 847-3100 • Fax: (434) 847-5134

GENERAL INFORMATION (Please Type or Print)

(Resumes are appreciated but are not a substitute for a completed BRRJA Employment Application)

1. Position Applied for: _____
(one per application)

2. Social Security Number: _____

3. Full Legal Name: _____
Last First Middle

4. Address: _____
_____ City State Zip Code

5. Home Phone: (_____) _____ Work Phone: (_____) _____ Cell Phone: (_____) _____

6. Are you legally eligible to work in the United States? Yes No

7. Are you a citizen of the United States? Yes No

8. Do you have a valid Driver's License? Yes No

9. Driver's License Number: _____ Issuing State: _____

10. When will you be eligible to start work? _____

11. Are you available to work weekends, holidays, and rotating shifts? Yes No

12. Check job status for which you are applying: _____ Full-Time _____ Part-Time _____ Internship _____ Volunteer

13. Have you ever been convicted of a misdemeanor? Yes No (If yes, give the date and explanation.)

14. Have you ever been convicted of a felony? Yes No (If yes, give the date and explanation.)

15. Have you had any traffic violations or suspensions excluding those before your 18th birthday? Yes No
(If yes, give the date and an explanation of the violation or suspension.)

EMPLOYMENT HISTORY: *Begin with your most recent employer*

Company Name: _____ Position Title: _____

Address: _____ Dates Employed: _____

City / State / Zip: _____ Starting Salary: _____ Ending Salary: _____

Telephone: (_____) _____ Reason for Leaving: _____

Full Time: _____ Part Time: _____

Immediate Supervisor: _____ Number of Employees you Supervised: _____

Your name when employed if different from present: _____

May we contact this employer for references and/or verification? Yes No

Major Duties: _____

Company Name: _____ Position Title: _____

Address: _____ Dates Employed: _____

City / State / Zip: _____ Starting Salary: _____ Ending Salary: _____

Telephone: (_____) _____ Reason for Leaving: _____

Full Time: _____ Part Time: _____

Immediate Supervisor: _____ Number of Employees you Supervised: _____

Your name when employed if different from present: _____

May we contact this employer for references and/or verification? Yes No

Major Duties: _____

EMPLOYMENT HISTORY: (Continued)

Company Name: _____ Position Title: _____

Address: _____ Dates Employed: _____

City / State / Zip: _____ Starting Salary: _____ Ending Salary: _____

Telephone: (_____) _____ Reason for Leaving: _____

Full Time: _____ Part Time: _____

Immediate Supervisor: _____ Number of Employees you Supervised: _____

Your name when employed if different from present: _____

May we contact this employer for references and/or verification? Yes No

Major Duties: _____

Company Name: _____ Position Title: _____

Address: _____ Dates Employed: _____

City / State / Zip: _____ Starting Salary: _____ Ending Salary: _____

Telephone: (_____) _____ Reason for Leaving: _____

Full Time: _____ Part Time: _____

Immediate Supervisor: _____ Number of Employees you Supervised: _____

Your name when employed if different from present: _____

May we contact this employer for references and/or verification? Yes No

Major Duties: _____

EMPLOYMENT HISTORY: (Continued)

Company Name: _____ Position Title: _____

Address: _____ Dates Employed: _____

City / State / Zip: _____ Starting Salary: _____ Ending Salary: _____

Telephone: (_____) _____ Reason for Leaving: _____

Full Time: _____ Part Time: _____

Immediate Supervisor: _____ Number of Employees you Supervised: _____

Your name when employed if different from present: _____

May we contact this employer for references and/or verification? Yes No

Major Duties: _____

Company Name: _____ Position Title: _____

Address: _____ Dates Employed: _____

City / State / Zip: _____ Starting Salary: _____ Ending Salary: _____

Telephone: (_____) _____ Reason for Leaving: _____

Full Time: _____ Part Time: _____

Immediate Supervisor: _____ Number of Employees you Supervised: _____

Your name when employed if different from present: _____

May we contact this employer for references and/or verification? Yes No

Major Duties: _____

EMPLOYMENT HISTORY: (Continued)

Company Name: _____ Position Title: _____

Address: _____ Dates Employed: _____

City / State / Zip: _____ Starting Salary: _____ Ending Salary: _____

Telephone: (_____) _____ Reason for Leaving: _____

Full Time: _____ Part Time: _____

Immediate Supervisor: _____ Number of Employees you Supervised: _____

Your name when employed if different from present: _____

May we contact this employer for references and/or verification? Yes No

Major Duties: _____

Company Name: _____ Position Title: _____

Address: _____ Dates Employed: _____

City / State / Zip: _____ Starting Salary: _____ Ending Salary: _____

Telephone: (_____) _____ Reason for Leaving: _____

Full Time: _____ Part Time: _____

Immediate Supervisor: _____ Number of Employees you Supervised: _____

Your name when employed if different from present: _____

May we contact this employer for references and/or verification? Yes No

Major Duties: _____

EDUCATION:

Do you have a High School Diploma? Yes No

Name and location of High School attended: _____

Highest Grade Completed (1st – 12th) _____

Do you have a GED? Yes No

College Coursework

Name and Location of Institution	Degree Received	Hrs.	Major Specialty	Dates Attended
1. _____				
2. _____				
3. _____				

Please list Certification, Licenses, etc. that are applicable to this position: _____

SKILLS:

Specify skills you have that are applicable to this position (i.e. equipment operation, specialized software, formal training, foreign language interpretation, etc.):

Typing / Keyboarding _____ wpm Personal Computer Dictaphone Shorthand Other (Please List)

REFERENCES:

List names, addresses, and relationship of three persons who have not supervised you and are not related to you.

NAME	ADDRESS	PHONE	RELATIONSHIP
1. _____			
2. _____			
3. _____			

CERTIFICATION: *Each application requires original signature and current date*

I hereby certify that all entries on this application including attachments are true and complete, and I agree and fully understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment with the Blue Ridge Regional Jail Authority. I understand that information on this application is subject to verification and I consent to references, former employers, and educational institutions listed being contacted, as well as criminal history, credit, background, and DMV checks being performed regarding this application.

Applicant's Signature

Date

EEO REPORTING INFORMATION

This information will be used to comply with State and Federal Equal Employment Opportunity Laws and related reporting requirements. This information will NOT be kept with your application for employment, and will NOT be used for making employment decision. Federal Law prohibits unlawful discrimination on the basis of race, sex, age, national origin, religion, or disability.

POSITION TITLE: _____

(Check One) Full-Time Part-Time Volunteer

NAME: _____
 Last First Middle

ADDRESS: _____

 City State Zip Code

Home Telephone (_____) _____ - _____ Work Telephone (_____) _____ - _____ Alternate Telephone (_____) _____ - _____

Date of Birth: _____
 Month Day Year

Check Racial or Ethnic Group
____ White
____ Black
____ Hispanic
____ Asian American
____ American Indian
____ Other

Check Highest Level of Education Complete
____ Attended High School
____ High School Diploma/GED
____ Attended College
____ Associates Degree
____ Bachelors Degree
____ Master's Degree
____ PH.D. or Professional Degree

Check the Appropriate
____ Female
____ Male

Check Appropriate Status
____ Military
____ Active Duty
____ Active Reservist
____ Active Member National
____ Veteran
____ Not Applicable

Referral
____ Newspaper: _____
____ Virginia Employment Commission
____ National Magazine
____ Friend
____ Other: _____

Do you have a disability? Yes No

Blue Ridge Regional Jail Authority

PREA Disclosure Form

Name: _____
(print)

Date: _____

Applicant Evaluation Promotion Volunteer

I hereby attest that I have never:

- Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution as defined in 42 USC 1997;
- Been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse;
- Been civilly or administratively adjudicated to have engaged in the activity described above;
- Engaged in any incident of sexual harassment.

I agree to submit to a background investigation to include a criminal history check regarding, but not limited to, the misconducts listed above.

The following will constitute grounds for immediate termination, denied employment, or removal as a volunteer with the Blue Ridge Regional Jail Authority:

- Refusing to disclose or provide information on this release or to the BRRJA Administrator about past behavior or any relevant information, at this time, or any time in the future.
- Falsifying information or any material omissions regarding such misconduct.
- Findings of sexual misconduct.
- Refusing to sign this release.

Signature: _____