



ROCKBRIDGE REGIONAL JAIL

258 Greenhouse Road, Lexington, Virginia 24450
★ Phone (540-464-1188) ★ Fax (540-464-5866)

Dear Applicant:

Thank you for your interest in a position with Rockbridge Regional Jail. Please complete the attached application. In addition, please include a **copy** of the following information:

- I. High School Diploma
- II. High School Transcripts
- III. College Transcripts (if applicable)
- IV. Social Security Card
- V. Birth Certificate
- VI. Driver's License
- VII. Any and All Certificates/Certifications/Awards associated with this job posting

Should you have any questions, please contact Captain Adam Carter via email at acarter@rockbridgeregionaljailva.us

We wish you the best of luck!

Kindly,

Wayne Handley

Superintendent



Rockbridge Regional Jail Employment Application

Applicant Information

1. Position Applied for: _____
2. Full Legal Name: _____
Last First Middle
3. Social Security Number: _____
4. Date of Birth: _____
5. Address: _____
City State Zip Code
6. Phone Number: _____
7. Email: _____
8. Current Marital Status: _____
9. Are you a citizen of the United States? ☐ Yes ☐ No
10. Are you legally able to work in the United States? ☐ Yes ☐ No
11. Do you have a valid Driver's License? ☐ Yes ☐ No
12. Driver's License Number: _____
13. Have you ever worked for this agency? ☐ Yes ☐ No
14. If yes, when and why did you depart? _____
15. When will you be eligible to start? _____
16. Are you available to work weekends, holidays, and rotating shifts? ☐ Yes ☐ No
17. Do you have reliable transportation to and from work? ☐ Yes ☐ No
18. Referral Source: (please list the detailed source)
- ☐ Employee _____
- ☐ Advertisement _____
- ☐ Walk-In _____
- ☐ Other _____

Education

Please list in chronological order your education background:

NAME OF SCHOOL	DATES ATTENDED	COURSE	DIPLOMA/DEGREE	LOCATION
	☐			

- Please list Certifications, Licenses, etc. that are applicable to this position: _____
- Please list any skills that are applicable to this position: _____



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Military Data

1. Have you ever been a member of any branch of Military Service/ Armed Forces? ☐ Yes or ☐ No
2. If yes, please provide which branch: _____
3. Service Number: _____
4. Date entered: _____
5. Date discharged or pending: _____
6. Type of Discharge: _____
7. Highest Rank: _____
8. Primary Duties: _____
9. Did you ever receive a summary or a deck court martial (including article 15)
☐ Yes or ☐ No
If yes, please list the details: _____

Background

1. Have you ever been convicted, arrested, or charged with a felony, misdemeanor, or moving traffic violation? ☐ Yes or ☐ No
2. If yes, please complete the following questions.
3. Offense: _____
4. Date of Offense: _____
5. Court Proceeding Location: _____
6. Did you receive a conviction? ☐ Yes or ☐ No
7. Did you receive a fine? ☐ Yes or ☐ No
8. Did you receive a sentence? ☐ Yes or ☐ No
9. Has your Driver's License ever been suspended? ☐ Yes or ☐ No
If yes please explain: _____
10. Has your Driver's License ever been revoked? ☐ Yes or ☐ No
If yes, please explain: _____
11. Have you ever used illegal drugs in any form? ☐ Yes or ☐ No
If yes, please explain below:
Drug type: _____
Duration: _____
Total usage: _____
Date last used: _____
12. Are you now or have you ever been a member or supported the basic beliefs of any group, association or organization which advocated aggression or violence towards any person or group or persons because of race, religion or ethnic origin? ☐ Yes or ☐ No
If yes, please explain in complete detail: _____
13. Have you ever received a wage garnishment?
If yes, please explain in complete detail: _____



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14. Please list all social media accounts that you currently have active and your account handle/username.

15. Please list all tattoos that you currently have.



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Employment History

Please list in Chronological order:

1. Company Name: _____
 - Position Title: _____
 - Address: _____
City _____ State _____ Zip _____
 - Telephone Number: _____
 - Dates Employed: _____ to _____
 - Immediate Supervisor: _____
 - Job Duties: _____
 - Starting Salary: _____ Ending Salary: _____
 - Your name if different than present: _____
 - Was your position Full Time or Part Time? _____
 - Number of Employees you supervised: _____
 - Reason for departing? _____
 - May we contact this employer for references and or verification? ☐ Yes or ☐ No
 - If no: Please explain: _____

Employment History Continued

2. Company Name: _____
 - Position Title: _____
 - Address: _____
City _____ State _____ Zip _____
 - Telephone Number: _____
 - Dates Employed: _____ to _____
 - Immediate Supervisor: _____
 - Job Duties: _____
 - Starting Salary: _____ Ending Salary: _____
 - Your name if different than present: _____
 - Was your position Full Time or Part Time? _____
 - Number of Employees you supervised: _____
 - Reason for departing? _____
 - May we contact this employer for references and or verification? ☐ Yes or ☐ No
 - If no: Please explain: _____



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Employment History Continued

3. Company Name: _____
- Position Title: _____
 - Address: _____
City _____ State _____ Zip _____
 - Telephone Number: _____
 - Dates Employed: _____ to _____
 - Immediate Supervisor: _____
 - Job Duties: _____
 - Starting Salary: _____ Ending Salary: _____
 - Your name if different than present: _____
 - Was your position Full-Time or Part-Time? _____
 - Number of Employees you supervised: _____
 - Reason for departing? _____
 - May we contact this employer for references and or verification? ☐ Yes or ☐ No
If no: Please explain: _____

Employment History Continued

4. Company Name: _____
- Position Title: _____
 - Address: _____
City _____ State _____ Zip _____
 - Telephone Number: _____
 - Dates Employed: _____ to _____
 - Immediate Supervisor: _____
 - Job Duties: _____
 - Starting Salary: _____ Ending Salary: _____
 - Your name if different than present: _____
 - Was your position Full Time or Part Time? _____
 - Number of Employees you supervised: _____
 - Reason for departing? _____
 - May we contact this employer for references and or verification? ☐ Yes or ☐ No
If no: Please explain: _____



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Employment History Continued

5. Company Name: _____
- Position Title: _____
 - Address: _____
City _____ State _____ Zip _____
 - Telephone Number: _____
 - Dates Employed: _____ to _____
 - Immediate Supervisor: _____
 - Job Duties: _____

 - Your name if different than present: _____
 - Was your position Full Time or Part Time? _____
 - Number of Employees you supervised: _____
 - Reason for departing? _____
 - May we contact this employer for references and or verification? ☐ Yes or ☐ No
If no: Please explain: _____

References

Please list three references and their full names, addresses and relationship. (Do not include relatives)

1. Name: _____
- Relationship: _____
 - Address: _____
 - Phone Number: _____
 - Email: _____
 - Occupation: _____
2. Name: _____
- Relationship: _____
 - Address: _____
 - Phone Number: _____
 - Email: _____
 - Occupation: _____
3. Name: _____
- Relationship: _____
 - Address: _____
 - Phone Number: _____
 - Email: _____



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- Occupation: _____

Certification/Release of Information

Please read and complete the below listed request for information, if this page is not completed your application will not be accepted.

I have applied for a position at Rockbridge Regional Jail. Provisions of the Code of Federal Regulations provide the Rockbridge Regional Jail access to checking criminal history of the Federal Bureau of Investigation. I hereby certify that all entries on this application including attachments are true and complete, and I agree and fully understand any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment with Rockbridge Regional Jail. I understand that information on this application is subject to verification and I consent to references, former employers, and educational institutions listed being contacts, as well as a criminal history, background, and Department of Motor Vehicles checks being performed regarding this application. The personal information that you supply will be kept in your application for employment. Federal Law prohibits unlawful discrimination on the basis of race, sex, age, national origin, religion or disability. I agree to allow a representative from Rockbridge Regional Jail to use the information that I have provided to conduct any pre-employment screenings or background checks.

Address: _____

Date of Birth: _____

Social Security Number: _____

Date: _____

The section below must be completed in front of a Notary Public.

Applicant's Legal Full Name: _____ (Print)
_____ (Sign)

Date: _____

I hereby certify that on this _____ day of _____, 20_____. Personally, appeared before me the signer and subject of the above information who signed or attested to the same in my presence, and presented the following form of identification as proof of his or her identity.

☐ State Issued Driver's License

☐ Passport

☐ Other: _____

Notary Signature: _____ (Sign)

My Commission Expires on _____



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Thank You!

Thank you for your interest in Rockbridge Regional Jail.

What Happens Next?

Your application will be reviewed and placed in our active files for consideration. It is solely your responsibility to ensure all requested documents are submitted. After the position closing date has occurred, if you meet the criteria, you will be contacted for further instructions to include items such as setting up an interview date and time.

Application Renewal

Your main application will remain on file for one year upon receipt. Additionally, if you meet the qualifications, you may be placed on our waiting list. It is encouraged to keep your application up to date when and if that information changes.

Equal Opportunity Employer

Rockbridge Regional Jail does not discriminate on the basis of race, color, national origin, gender, religion, age or disability in employment.