



# APPLICATION FOR EMPLOYMENT

## HAMPTON ROADS REGIONAL JAIL

2690 Elmhurst Lane

Portsmouth, Virginia 23701

### REQUIREMENTS FOR POSITIONS:

- Be a minimum of 18 years of age.
- Be a U. S. citizen. (Sworn positions only)
- Have a high school diploma or a general education development certificate (GED).
- Have a valid Virginia driver's license. (Sworn positions only)
- Have an Honorable Discharge if the applicant is a Veteran of the Armed Forces.
- Must be able to physically perform the duties of a Jail Officer. (Sworn positions only)
- Vision corrected to not less than 20/40. (Sworn positions only)

### AUTOMATIC DISQUALIFIERS

The following automatic disqualifiers will cause the processing of the application to be immediately discontinued:

- Criminal Record:
  - Conviction of any felony.
  - Conviction of driving while intoxicated or under the influence of a controlled substance (within 3 years).
  - Conviction of a misdemeanor involving morals, decency, or illegal drugs other than marijuana.
  - Conviction of any domestic assault (Title 18 Federal Code).
- Driving Record:
  - Current driver's license suspension.
  - Driver's license suspension for moving violation within last 6 months.
- Drug Usage:
  - Any use of heroin, cocaine, PCP, methamphetamine, hallucinogen, or other Schedule 1 or 2 Controlled Substance within past 3 years.
  - Any use of illegal substances by injection at any time.
  - Any use of marijuana or hashish within the past 12 months prior to submitting your application or any time thereafter.

### INSTRUCTIONS

- Answer all questions completely. If the answer to the question is none, write the word "NONE."
- Falsified statements of any kind in this application may invalidate the application, and any appointment to a position with the Regional Jail.
- All applicants are subject to background investigations, records check, polygraph examination and pre-employment drug screening.
- Return the application to Hampton Roads Regional Jail at the above address or scan and email to [apply@hr.rj.virginia.gov](mailto:apply@hr.rj.virginia.gov) and include a copy of the following:
  - Birth Certificate.
  - Virginia Driver's License.
  - High School Diploma or G.E.D. Certificate.
  - Social Security Card.
  - Military Discharge (DD-214), if applicable.

**Equal Employment Opportunity Self Identification**

The Hampton Roads Regional Jail (HRRJ) is an equal opportunity affirmative action employer. As such, the HRRJ is subject to US governmental recordkeeping and reporting requirements in accordance with federal civil rights laws and regulations. In order to comply with these laws, the HRRJ is required to **collect data for statistical purposes** about its workforce. Information will be kept confidential and will be used only for statistical purposes. Your cooperation is vital and greatly appreciated.

**Gender Identification** (check one)

Female  Male

**Veterans Status**

Are you a veteran? (check one)

YES  NO

**Race/Ethnic Identification** (check one)

**Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**If you did not check “Hispanic or Latino” above, please select one of the following race/ethnic identifications.**

**White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**American Indian or Alaska Native (Not Hispanic or Latino)**. A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

**Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

**Decline self-identification.**

**I hereby make application to the Hampton Roads Regional Jail as follows:**

**SECTION 1. Personal Information**

Position applying for: \_\_\_\_\_ Date: \_\_\_\_\_

Name (First MI Last): \_\_\_\_\_ SSN: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ U.S. Citizen:  Yes  No

Telephone (home): \_\_\_\_\_ Telephone (work): \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you find out about this position with the Hampton Roads Regional Jail? \_\_\_\_\_

Have you ever been in the employ of the Hampton Roads Regional Jail or the Cities of Hampton, Newport News, Norfolk, or Portsmouth?  Yes  No If yes, explain: \_\_\_\_\_

**SECTION 2. Education & Qualifications**

Circle the highest grade completed prior to college: 1 2 3 4 5 6 7 8 9 10 11 12		Check one: <input type="checkbox"/> H.S. Graduate <input type="checkbox"/> G.E.D.		Do you have a valid • Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No State _____ • Commercial Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No State _____ • CDL Instruction Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No State _____			
List High Schools Attended:		Location:		Dates Attended:		Course of Study:	
List College/University(s) Attended:	Location:	Dates Attended:		Major/Minor:	Type of Degree & Date:		
		From: Month/Year	To: Month/Year				
List specialized training, extracurricular activities, military schools and courses:							
If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected date of completion:							

**SECTION 3. Skills Inventory**

Do you have typing and/or keyboarding skills?  Yes  No If yes, how many words per minute? \_\_\_\_\_

List office equipment that you use proficiently and computer skills (to include software): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List other equipment and vehicles that you operate proficiently: \_\_\_\_\_

\_\_\_\_\_

List other skills, training, abilities, apprenticeships, licenses, certifications or professional registrations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 4. Employment Experience**

List all jobs you have held in the past ten years starting with your current or most recent position. Include military service and any part-time jobs. Account for all periods. Attach additional sheets, if necessary.

Job Title \_\_\_\_\_ Employer \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Immediate supervisor \_\_\_\_\_ Title \_\_\_\_\_

Start Salary \_\_\_\_\_ End Salary \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_ Equipment used \_\_\_\_\_

Number and titles of employees you supervised \_\_\_\_\_ Your name (if different from present) \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Job Title \_\_\_\_\_ Employer \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Immediate supervisor \_\_\_\_\_ Title \_\_\_\_\_

Start Salary \_\_\_\_\_ End Salary \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_ Equipment used \_\_\_\_\_

Number and titles of employees you supervised \_\_\_\_\_ Your name (if different from present) \_\_\_\_\_

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Job Title \_\_\_\_\_ Employer \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Immediate supervisor \_\_\_\_\_ Title \_\_\_\_\_

Start Salary \_\_\_\_\_ End Salary \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_ Equipment used \_\_\_\_\_

Number and titles of employees you supervised \_\_\_\_\_ Your name (if different from present) \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Job Title \_\_\_\_\_ Employer \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Immediate supervisor \_\_\_\_\_ Title \_\_\_\_\_

Start Salary \_\_\_\_\_ End Salary \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_ Equipment used \_\_\_\_\_

Number and titles of employees you supervised \_\_\_\_\_ your name (if different from present) \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**SECTION 5. References**

Provide the names of three (3) references. These individuals should know you well, but should not be related to you. Your references are important. Use complete and accurate names, addresses including zip codes, and phone numbers. (Use professional references; for example, Police Officers, Deputies, Judges, Lawyers, Ministers, Teachers, etc.)

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Time of day to call</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SECTION 6. Background Disclosures and Consent**

Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_

Were you ever in the Armed Forces:  Yes  No If yes, where, how long, and in what capacity: \_\_\_\_\_

Honorable Discharge:  Yes  No Date of Discharge \_\_\_\_\_

Are you currently a member of a Military Reserve Unit:  Yes  No If yes, give name and location of unit: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor?  Yes  No If yes, explain \_\_\_\_\_

Have you ever been convicted of a moving traffic violation?  Yes  No List all offenses \_\_\_\_\_

Have you used, possessed, manufactured, or distributed any illegal substances (including marijuana and non-prescribed prescription drugs)?  Yes  No If yes, explain \_\_\_\_\_

How long have you been living at your present address? \_\_\_\_\_

Provide your address of residence for the past 5 years. (Do not include your present address. Use the Additional Information section if more space is necessary.)

Street Address

City & State

From (MM/YY)

To (MM/YY)

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Will you agree to work on any shift, including weekends and holidays?  Yes  No

Have you ever been discharged from any position?  Yes  No If yes, state when, name of employer and reason in Additional Information section of this application.

Is there any fact in your life, concerning your integrity, not disclosed on the foregoing answers of which an employer should be informed?  Yes  No If so, explain in Additional Information section of this application.

Have you at any time advised, advocated or taught or been a member of/or affiliated with any group, society, association, or organization which advises, advocates, or teaches the overthrow by force or violence of the government of the United States of America?  Yes  No If so, explain in Additional Information section of this application.

**Additional Information**

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**AUTHORIZATION FOR RELEASE OF INFORMATION**

TO: Any Doctor, Physician, Psychologist, Psychiatrist, Dentist, Hospital, Nursing Home, Medical Association

U. S. Armed Forces, Maritime Service, Veterans Association

Any academic Dean, Registrar, Principal, Guidance Counselor or authorized person at any: School, College, University, Business School, High School or Elementary School.

Any Local, State or Federal Law Enforcement Agency, Any Past or Present Employer, Credit Bureau or Retail Merchants Association, U. S. Selective Service System.

I, \_\_\_\_\_,

Address: \_\_\_\_\_

have applied for employment with the Hampton Roads Regional Jail. I am aware that my entire background is to be investigated thoroughly. I hereby authorize and request the release of any and all information you have concerning me (including a transcript of any academic record) to the Hampton Roads Regional Jail Superintendent or his designee.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Race: \_\_\_\_\_

Selective Service No.: \_\_\_\_\_ Sex: \_\_\_\_\_

Armed Forces Membership: \_\_\_\_\_ Service No.: \_\_\_\_\_

Veteran's Administration File No.: \_\_\_\_\_

GIVEN under my hand, this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

\_\_\_\_\_  
Signature Date

STATE OF \_\_\_\_\_ CITY OF \_\_\_\_\_, TO WIT:

This Day, \_\_\_\_\_, personally appeared before me and acknowledged his/her signature to the above statement.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

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## **HAMPTON ROADS REGIONAL JAIL OFFICERS**

Perform responsible professional work in supervising inmates in all activities of jail routine. Ensure security and protect property of facility, prevent escapes, control behavior of inmates, and protect inmates from each other. Jail Officer assignments include the inmate housing units, command center, control room, transportation, perimeter control, visitation, classification, and admissions/release.

## **SELECTION PROCESS**

### **JAIL OFFICER APPLICANTS MUST SUBMIT:**

- Completed Hampton Roads Regional Jail Application for Employment
- Copy of Birth Certificate
- Copy of Driver's License
- Copy of High School Diploma or GED
- Copy of Social Security Card
- Copy of DD-214 (if military discharge)

### **JAIL OFFICER APPLICANTS MUST SUCCESSFULLY COMPLETE THE FOLLOWING FOR EMPLOYMENT CONSIDERATION:**

- Interview
- Comprehensive Background Investigation
- Written Assessment
- Physical Agility Assessment
- Polygraph Examination

### **POST JOB OFFER SCREENING**

- Drug Screening
- Physical Examination
- Uniform Fitting