



RSW Regional Jail
Rappahannock, Shenandoah and Warren County
6601 Winchester Road
Front Royal, Virginia 22630
Phone: (540) 622-6097
Fax: (540) 622-2846

*Russell Gilkison
Superintendent*

Part Time Transportation Officer Application

(To be used by DCJS certified jail officers currently employed by a law enforcement agency only)

Applicant Personal Information

Name: _____ Maiden Name: _____

Have you ever legally changed your name? Yes No If yes, list your full former name(s).

Other names: _____

Court/Jurisdiction of Name Change: _____ Date of Change: _____

Present Home Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

S.S.N: _____ Date of Birth: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Current Employer Information

Address: _____

Phone Number: _____

Name and Title of Current Agency Head: _____

(All applications must be accompanied by a letter of authorization to apply signed by the applicant's department head.)

Number of Years Employed (include dates): _____

Name and Year of Academy Attended: _____

Certification Received: _____

(Copies of all DCJS Certificates Required)



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Letter of Authorization to Apply for Part Time Employment

I, _____, hereby authorize

_____ to apply for part time employment as a

Transportation Officer with RSW Regional Jail.

Printed Applicant Name

Applicant Signature

Date

Department Head Signature

Date

**RSW REGIONAL JAIL AUTHORITY
PREA Disclosure Form**

Name: _____

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 ground for immediate termination, denied employment, or removal as a volunteer with the RSW Regional Jail Authority:

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

Signature: _____



RSW Regional Jail Authority

Rappahannock, Shenandoah and Warren County

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Phone: (540) 622-6097

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Email: information@rswregionaljail.com

BACKGROUND CONSENT RELEASE FORM

Applicants Legal Name (printed)

Social Security Number: _____ Date of Birth: _____

Applicant's Address: _____

City: _____ State: _____ Zip: _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Criminal Background Records/Information
- Sex Offender Registry Checks
- Addresses
- Social Security Verification
- Employment Personnel Files and Records

I the undersigned, authorize this information to be obtained either in writing or via telephone in connections with my application. Any person, firm, or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Print Name: _____ Date: _____

Signature: _____



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AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to the Superintendent of RSW Regional Jail, or his Designee, whether the records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records or educational institutions, financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings), medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration, public reports, polygraph reports, efficiency ratings, complaints of grievances filed by or against me, and salary records, real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trials and/or convictions for alleged or actual violation of law, including criminal and/or traffic records; records of complaints of a civil nature made by or against me, wheresoever located and to include the records and collections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest. I also authorize release of any and all employment personnel files and records.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the RSW Regional Jail to consider in determining my suitability for employment by that office.

It is my specific intent to provide access to personal information, however personal or confidential it may appear to be and the sources of information specifically enumerated above is not intended to deny access to any records not specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for employment by the RSW Regional Jail.

I hereby certify that all entries and attachments to this application are true and complete. I agree and understand that any falsification or information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the RSW Regional Jail.

I further authorize the RSW Regional Jail to rely upon and use, as it sees fit, any information received from such contacts.

By signing this form below, I release the above mentioned from any and all responsibility for having disclosed said information. A photocopy of this release will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Name: _____

Signature: _____

Address: _____

Date: _____

State of _____

County of _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____,
by _____.

Notary Public

My Commission Expires: _____.