



# Rappahannock, Shenandoah, and Warren Regional Jail



## Part-Time Transportation Officer Application

*If you are not currently employed with Virginia Law Enforcement, you need to fill out the full RSW Regional Jail employment application.*

<b>Applicant Personal Information</b>	
Name (First, Middle, Last):	Maiden Name:
Have you ever legally changed your name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list full former name(s):
Court/Jurisdiction of Name Change:	Date of Change:
Present Home Address:	
Telephone & E-mail: ( <i>preferred method</i> )	Social Security Number:
Home: <input type="checkbox"/>	Date of Birth ( <i>mm/dd/yyyy</i> ):
Work: <input type="checkbox"/>	Height:
Extension:	Weight:
Cell: <input type="checkbox"/>	Hair Color:
E-mail:	Eye Color:
<b>Current Employer Information</b>	
Address:	Phone Number:
Name and Title of Current Agency Head:	
<i>All applications must be accompanied by a letter of authorization to apply signed by the applicant's department head.</i>	
Number of Years Employed (include dates):	
Name and Year of Academy Attended:	
Certification Received: (Copies of all DCJS Certificates Required)	



**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*

**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

Rappahannock, Shenandoah and Warren County

6601 Winchester Road

Front Royal, Virginia 22630

Phone: (540) 622-6097

Fax: (540) 622-2846

Email: [information@rswregionaljail.com](mailto: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: \_\_\_\_\_