



## Rappahannock, Shenandoah, and Warren Regional Jail



### Application for Employment

Please read carefully the contents of this application. This packet is part of the initial phase of the application process. It is imperative that all questions are completely answered in detail. This document will be used to verify your personal background and suitability for employment. Any false, misleading, incomplete, or untruthful responses to any questions will disqualify you from the application process.

For questions that require a “YES” or “NO” response, place a check in the space provided. If a category or question does not apply, place N/A (not applicable) in the designated area. If additional space is needed for any item, please continue a written statement on the provided “Additional Information” page at the end. If you need more space when completing the employment history section, use the Employment History Application Page on the website to complete the last ten years of employment history.

Please complete the Personal History Statement included and attach all requested documents. Virginia State Law requires these documents must be provided before your application can be processed further. To have an application considered, the following **must** be submitted:

- A complete and signed application,
- Copy of Birth Certificate or other proof of United States citizenship,
- Driver’s License,

All enclosed documents to include the Personal History statement must be typed and completed by the applicant, and each question answered accurately. Please be sure to review all sections in detail, including signature required forms. An incomplete package or resume-only submission will also disqualify you from the application process.

Should you have any questions, please contact our **Human Resources Specialist at (540)-622-8694.**

***Send completed documents by mail or in-person to:***

***RSW Regional Jail Department of Human Resources 6601 Winchester Road Front Royal, Virginia 22630.***

***Or by email to: [HR@rswregionaljail.com](mailto:HR@rswregionaljail.com)***

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*If contacted for an interview you will need to bring the following documentation:*

- *High School Diploma or equivalent certificate*
- *College Diploma or copies of college transcripts (if applicable)*
- *Social Security Card*
- *Military Discharge (DD214) Member 1 and 4 forms (if applicable)*
- *Name change documentation from the court (if applicable)*
- *Marriage certificate (if applicable)*

# Personal History Statement

## Personal Data

|  |                             |  |
|--|-----------------------------|--|
| Position applying for:   |                             |  |
| Name (First, Middle, Last):  |                             | Maiden Name:   |
| List any other name(s) you have used if different from above (Include all nicknames)                 |                             |  |
| Have you ever legally changed your name?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                             | If yes, Court/Jurisdiction and Date of Change:           |
| Present Home Address:  |                             | Mailing Address: <i>(if different from home address)</i> |
| Telephone & E-mail: <i>(preferred method)</i>  | Social Security Number:     |  |
| Home: <input type="checkbox"/>   | Date of Birth (mm/dd/yyyy): |  |
| Work: <input type="checkbox"/>   | Height:                     |  |
| Extension:   | Weight:                     |  |
| Cell: <input type="checkbox"/>   | Hair Color:                 |  |
| E-mail:  | Eye Color:                  |  |
| <b><i>All Sworn Jail Officer applicants are required to be United States citizens</i></b>            |                             |  |
| Place of Birth (City, State)   |                             | Where did you grow up (City, State):                     |
| If applicable; place of Naturalization (City, State):  | Date of Naturalization:     | Certificate Number:                                      |
| Father's Information:  |                             | Mother's Information:                                    |
| Father's Name:   |                             | Mother's Name:   |
| Address:   |                             | Address:   |
| City, State, Zip:  |                             | City, State Zip:   |
| Home Phone:  |                             | Home Phone:  |
| Work Phone:  |                             | Work Phone:  |
| Father's Occupation:   |                             | Mother's Occupation:                                     |
| If you were raised by someone other than your natural parents, provide the following information:    |                             |  |
| Name:  |                             | Relationship:  |
| Address:   |                             | Home Phone:  |
| City, State, Zip:  |                             | Work Phone:  |
| If either parent is remarried, give name and address of stepparents:                                 |                             |  |
| A.   |                             |  |
| B.   |                             |  |



|  |         |           |        |
|--|---------|-----------|--------|
| Do you use any tobacco products such as cigarettes, cigars, pipes, chewing tobacco, or snuff?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                      If Yes, please list:  |         |           |        |
|  |         |           |        |
| Are you currently, or have you ever been, a member of or affiliated with any communist or subversive organization, or any political party, or organization which advocates the overthrow of the United States Government?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                      If Yes, explain:  |         |           |        |
|  |         |           |        |
| Are you currently, or have you ever been, a member of or supported the basic tenets and beliefs of any group, association, or organization which advocates aggression or violence toward any person or group of persons because of race, religion, or ethnic origin?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                      If Yes, explain:           |         |           |        |
|  |         |           |        |
| Do you know or have you ever known anyone that is currently, or has previously been incarcerated at RSW Regional Jail or any other correctional facility? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If Yes, list:  |         |           |        |
|  |         |           |        |
| Have you ever applied for employment with our agency or any other law enforcement agency? <i>(Include Federal, State, Local, or any other Public Safety Employer)</i><br><b>Note if you are currently in another agency process, you are required to provide periodic updates to the applicant investigator</b><br>Additional Information Use the Additional Information Section |         |           |        |
| Date:  | Agency: | Position: | Status |
|  |         |           |        |
|  |         |           |        |
|  |         |           |        |
| <b>If denied by any of the agencies; listed above, please explain why in the additional information section</b>  |         |           |        |
| Have you ever taken a polygraph examination? <input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes, provide the reason and where administered:   |         |           |        |
|  |         |           |        |

## Arrest Record

|   |               |            |  |
|---|---------------|------------|--|
| Have you ever been investigated, detained, charged, or arrested for any criminal offense as a <b>Juvenile</b> or <b>Adult</b> ? |               |            | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>If Yes:</i> |
| Date:   | Jurisdiction: | Charge(s): | Disposition: Ex: Found Guilty, Dismissed, Nolle Prosequi, etc.             |
|   |               |            |  |
|   |               |            |  |
| Have you ever been convicted of a felony?   |               |            | <input type="checkbox"/> Yes <input type="checkbox"/> No                   |

## Education

|  |          |  |                 |              |
|--|----------|--|-----------------|--------------|
| High School:   | Address: | Year Graduated                                 |                 |              |
| Grade/Year completed:<br><input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12          |          | If G.E.D., provide date and state if issuance: |                 |              |
| Colleges, Universities, Other Schools Attended   | Address  | Date(s) Attended                               | Year            | Degree Award |
|  |          |  |                 |              |
|  |          |  |                 |              |
| Have you ever been suspended, dismissed, or expelled from any school? <input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes, explain |          |  |                 |              |
|  |          |  |                 |              |
| Have you attended a police or public safety academy? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, provide:</i>            |          |  |                 |              |
| Name of Academy and Address:   |          | List of Certifications                         | Dates Attended: |              |
|  |          |  |                 |              |
|  |          |  |                 |              |
|  |          |  |                 |              |
|  |          |  |                 |              |

## Financial Data

|   |           |                         |                         |
|---|-----------|-------------------------|-------------------------|
| Are you currently delinquent on any account or have accounts in collections? <input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes, explain:                                  |           |                         |                         |
|   |           |                         |                         |
| Have your wages ever been garnished? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, why?</i>   |           |                         |                         |
| Have your tax returns ever been held? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, why?</i>  |           |                         |                         |
| Have you ever filed for bankruptcy or been adjudicated bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes; please provide</i>                                   |           |                         |                         |
| Date of Discharge:  | Location: | Court and Jurisdiction: | Amount of indebtedness: |
|   |           |                         |                         |
|   |           |                         |                         |
| Explain the circumstances for any bankruptcy:   |           |                         |                         |
|   |           |                         |                         |
| Have you had or do you have any pending judgments in court, repossessions or foreclosures, etc?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes, where and how much? |           |                         |                         |
| Have you ever been a plaintiff or dependent in a civil action? <input type="checkbox"/> Yes <input type="checkbox"/> No   |           |                         |                         |
| If Yes, give details such as date, place jurisdiction, amount of each judgment, and final disposition.  |           |                         |                         |
| Do you pay alimony or child support? <input type="checkbox"/> Yes <input type="checkbox"/> No   |           | Mo. Amount:             | Total per year:         |
| Payments made to whom and why?  |           | Details:                |                         |
|   |           |                         |                         |

## Military Data

|  |           |   |
|--|-----------|---|
| Have you ever been a member of any branch of the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, Please provide:</i> |           |   |
| Were you ever disciplined, or did you ever receive an Article 15, or court-martial?  |           | <input type="checkbox"/> Yes <input type="checkbox"/> No                |
| Did you ever appear before any command personnel for discipline reasons?   |           | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes,</i> |
| Date:  | Charges:  | Disposition:  |
|  |           |   |
|  |           |   |
|  |           |   |
| Were you ever the subject of any criminal investigation or arrested by military authorities concerning any alleged misconduct?                         |           | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes,</i> |
| Date:  | Location: | Allegation(s)/Disposition(s):   |
|  |           |   |
|  |           |   |
|  |           |   |
|  |           |   |
| Have you ever been turned down, denied entry, or rejected by any branch of the Armed Forces for any reason?  |           | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes,</i> |
| Date:  | Branch:   | Reason:   |
|  |           |   |
|  |           |   |
|  |           |   |
|  |           |   |
| <b>If you have been part of the United States military, you must supply both sections of your DD-214 Member 1 and Member 4</b>                         |           |   |

## Motor Vehicle Driving History

|   |  |  |
|---|--|--|
| In what state are you currently licensed to drive?  |  |  |
| Operator's License Number:  |  | Expiration Date: <input type="text"/>                    |
| Is your address current on your operator's license?   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are there any restrictions or special conditions attached with your operator's license?                         |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If Yes, explain:</i>   |  |  |
|   |  |  |
| List any other state(s) in which you have been licensed to operate a motor vehicle – include the permit number: |  |  |

## Employment History (last 10 years)

List each job held. Start with your current or most recent employer. Include any periods of unemployment, employment from unclaimed income, volunteer work, military service, and part-time work. YOUR APPLICATION WILL NOT BE CONSIDERED UNLESS YOU PROVIDE **ALL** INFORMATION REQUESTED BELOW. *If you need additional space, make additional copies of this page and attach to the end of the application.*

|                     |   |  |                 |
|---------------------|---|--|-----------------|
| Employer Name       | Dates<br>From: _____ To: _____          | Job Title:   |                 |
| Address:            | City: _____                             | State: _____   | ZIP: _____      |
| Telephone:          | Salary:<br>Starting: _____ Final: _____ | Status:<br><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time | Hours per week: |
| Duties:             |   |  |                 |
| Reason for leaving: |   |  |                 |

|                     |   |  |                 |
|---------------------|---|--|-----------------|
| Employer Name       | Dates<br>From: _____ To: _____          | Job Title:   |                 |
| Address:            | City: _____                             | State: _____   | ZIP: _____      |
| Telephone:          | Salary:<br>Starting: _____ Final: _____ | Status:<br><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time | Hours per week: |
| Duties:             |   |  |                 |
| Reason for leaving: |   |  |                 |

|                     |   |  |                 |
|---------------------|---|--|-----------------|
| Employer Name       | Dates<br>From: _____ To: _____          | Job Title:   |                 |
| Address:            | City: _____                             | State: _____   | ZIP: _____      |
| Telephone:          | Salary:<br>Starting: _____ Final: _____ | Status:<br><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time | Hours per week: |
| Duties:             |   |  |                 |
| Reason for leaving: |   |  |                 |

|                     |   |  |                 |
|---------------------|---|--|-----------------|
| Employer Name       | Dates<br>From: _____ To: _____          | Job Title:   |                 |
| Address:            | City: _____                             | State: _____   | ZIP: _____      |
| Telephone:          | Salary:<br>Starting: _____ Final: _____ | Status:<br><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time | Hours per week: |
| Duties:             |   |  |                 |
| Reason for leaving: |   |  |                 |

|  |  |
|--|--|
| Have you ever been fired or terminated for any reason from any employer?                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If Yes, give the date of each discharge, the place of employment, and an explanation in detail:</i>     |  |
|  |  |
| Have you ever left employment without giving notice?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If Yes, give the end date, the place of employment, and an explanation in detail:</i>                   |  |
|  |  |
| Have you ever quit a job after being notified that you would be fired?                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If Yes, give the date of forced resignation, the place of employment, and an explanation in detail:</i> |  |
|  |  |

## References

| <i>List five persons you have known for at least one year; please do not include relatives.</i> |        |  |                                 |                                      |                              |
|---|--------|--|---------------------------------|--------------------------------------|------------------------------|
| 1.  | Name:  |  | Address:                        |                                      |                              |
|   | Phone: |  | Occupation:                     |                                      | E-mail: <input type="text"/> |
|   |        |  |                                 |                                      |                              |
| 2.  | Name:  |  | Address:                        |                                      |                              |
|   | Phone: |  | Occupation:                     |                                      | E-mail: <input type="text"/> |
|   |        |  |                                 |                                      |                              |
| 3.  | Name:  |  | Address:                        |                                      |                              |
|   | Phone: |  | Occupation:                     |                                      | E-mail: <input type="text"/> |
|   |        |  |                                 |                                      |                              |
| 4.  | Name:  |  | Address:                        |                                      |                              |
|   | Phone: |  | Occupation:                     |                                      | E-mail: <input type="text"/> |
|   |        |  |                                 |                                      |                              |
| 5.  | Name:  |  | Address:                        |                                      |                              |
|   | Phone: |  | Occupation:                     |                                      | E-mail: <input type="text"/> |
|   |        |  |                                 |                                      |                              |
| Where did you hear about us?  |        |  |                                 |                                      |                              |
| <input type="checkbox"/> Employee Name:   |        | <input type="checkbox"/> Family Member |                                 | <input type="checkbox"/> RSW Website |                              |
| <input type="checkbox"/> Internet, which site:  |        |  | <input type="checkbox"/> Other: |                                      |                              |







# 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: \_\_\_\_\_