



MEHERRIN RIVER REGIONAL JAIL

Employment Application

9000 Boydton Plank Road
PO Box 10
Alberta Virginia 23821



POSITION APPLIED FOR

Job Title:

PERSONAL INFORMATION

Last Name:	First Name:	Middle Name:	Email Address:
Street Address:	City:	State:	Zip Code:
Home Phone Number:	Work Phone Number:	Cellular Phone Number:	
Date Available:	Date of Birth:	Social Security No:	Desired Salary:
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for Meherrin River Regional Jail? YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, when?	
Do you have any relatives employed by Meherrin River Regional Jail? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, please identify:	

CRIMINAL HISTORY

Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain:
Have you ever been convicted of a misdemeanor? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain:
Have you ever been arrested or detained by the police? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain:
Have you ever been arrested or convicted of domestic assault? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain:
Have you ever been convicted of a moving traffic violation in the past 24 months? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain:
Have you ever been dismissed or requested to resign from a former position? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain:
Prior legal names known by:	

DRUG USE

Have you ever, as a juvenile or adult, experimented, possessed or used any type of illegal substances or drugs? YES NO If yes, explain in detail:

FINANCIAL STATUS

Have you ever claimed bankruptcy, had your wages garnished, or had a civil judgement against you? YES NO If yes, explain in detail:

OPERATOR'S LICENSE

Driver's License Type: (Complete Driver's License Information if required in the job description)	Driver's License State:	Driver's License Number:	
Driver's License Date Received:	Driver's License Expiration Date:	Operator's License Number:	State:
Has your operator's license ever been suspended or revoked? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, date:	Jurisdiction:	
Have you ever been convicted of driving while your license was suspended or revoked? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, date:	Jurisdiction:	
Have you ever been charged or convicted of any type of alcohol or drug related offense? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, date:	Jurisdiction:	
Have you ever held an operator's license in another state? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, list all locations:		

EDUCATION

High School	Address:		
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
High School	Address:		
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College/ Technical School	Address:		
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

Starting with the most recent, describe all paid, military and applicable voluntary experience. Please include any prior jail or law enforcement exp.

(Use Supplementary Experience Form for additional space.)

PREVIOUS EMPLOYMENT		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

REFERENCES	
PLEASE LIST THREE (3) PROFESSIONAL REFERENCES.	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS ADDRESSES	
Please list any previous addresses for the past ten years:	
Address:	Dates:
Address:	Dates:
Address:	Dates:
Address:	Dates:
Address:	Dates:
Address:	Dates:
Address:	Dates:
Address:	Dates:
Address:	Dates:
Address:	Dates:
Address:	Dates:
Address:	Dates:
Address:	Dates:
Address:	Dates:

MILITARY SERVICE	
Branch:	From: To:
Rank at discharge:	Type of Discharge:
If other than honorable, explain:	

DISCLAIMER AND SIGNATURE
<p>My signature below gives authority to request any school or institution of learning, creditor, past or present employer or law enforcement agency to release information contained in their records to the proper official presenting this authorization for use in conducting research specifically relating to my suitability as an employee of Meherrin River Regional Jail.</p> <p>I certify that my answers are true and complete to the best of my knowledge. I understand that false statements on this application shall be considered sufficient cause for the withdrawal of an offer or subsequent dismissal if employed. I understand this information is for use by Meherrin River Regional Jail and will be safeguarded against unauthorized disclosure to any agency or individual. I understand that if employment is offered, such employment shall be conditional upon successful completion of a probationary period.</p> <p>BY SIGNING BELOW, I certify that I have read and agree with these statements.</p>
<p>_____ Signature</p> <p>_____ Date</p>

SUPPLEMENTAL EXPERIENCE FORM

Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		