



VIRGINIA PENINSULA REGIONAL JAIL

Employment Application



EXPERIENCE

Starting with the most recent, describe all paid, military, and applicable voluntary experience. Highlight the knowledge, skills, and abilities that demonstrate your qualifications for this position. Use additional attachments if necessary.

A	Job Title _____ Employer _____ Address _____ Phone _____ Type of Business _____ Immediate Supervisor _____ Title _____ Dates (mm/yy) From _____ To _____	Duties: _____ Number of employees supervised _____ Equipment used _____ Reason for leaving _____ Name, if different _____
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B	Job Title _____ Employer _____ Address _____ Phone _____ Type of Business _____ Immediate Supervisor _____ Title _____ Dates (mm/yy) From _____ To _____	Duties: _____ Number of employees supervised _____ Equipment used _____ Reason for leaving _____ Name, if different _____
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C	Job Title _____ Employer _____ Address _____ Phone _____ Type of Business _____ Immediate Supervisor _____ Title _____ Dates (mm/yy) From _____ To _____	Duties: _____ Number of employees supervised _____ Equipment used _____ Reason for leaving _____ Name, if different _____
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D	Job Title _____ Employer _____ Address _____ Phone _____ Type of Business _____ Immediate Supervisor _____ Title _____ Dates (mm/yy) From _____ To _____	Duties: _____ Number of employees supervised _____ Equipment used _____ Reason for leaving _____ Name, if different _____
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May we contact the employers listed above? Yes No
 If no, please indicate by letter which one(s) you do not wish us to contact: _____



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REFERENCES

List three persons who are not related to you who know your qualifications or your character.

Name	Address	Phone	Relationship	Occupation

MISCELLANEOUS

Other than violations committed as a juvenile (under 18 years of age), have you ever been convicted of any violations of the law? Yes No

Please note the type of violation(s):

Felony Misdemeanor Traffic (moving) violation – excluding minor traffic violations

Description of offense(s): _____

Date of charge(s): _____ Date of conviction(s): _____ City and State of conviction(s): _____

If more than one offense, please include additional information on an attached sheet.

Were you previously employed by VPRJ? Yes No If yes, when: _____

What date will you be available for work? _____

Virginia Peninsula Regional Jail monitors its advertising sources to ensure our employment opportunities are posted with sources utilized most often by prospective applicants. Please tell us how you heard about this employment opportunity.

Internet – Please specify site _____ Employment Agency (please specify) _____

VPRJ Website Newspaper (please specify) _____

Virginia Employment Commission Employee Referral From _____

Previous Employment Radio Other Source _____

CERTIFICATION

I certify that all information provided on this application is true, accurate, and complete. I understand that the falsification, misrepresentation, or omission of facts on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

I understand that all information on this application is subject to verification and I consent to criminal history and driving record background checks, if applicable. I further understand that I may have to pass a physical examination as a condition of my employment and that I may be required to provide a copy of my driving record. You are authorized to execute an affidavit for release of information from references, former employers, and educational institutions regarding this application. I hereby release the Virginia Peninsula Regional Jail from any/all liability of whatever kind and nature resulting from obtaining and having an employment decision based on such information.

I acknowledge that I have read and understand the above statements and by submission of this application, hereby grant permission to confirm the information supplied on this application.

Signature of Applicant: _____ Date: _____



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ADDITIONAL EXPERIENCE

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E	Job Title _____ Employer _____ Address _____ Phone _____ Type of Business _____ Immediate Supervisor _____ Title _____ Dates (mm/yy) From _____ To _____	Duties: _____ Number of employees supervised _____ Equipment used _____ Reason for leaving _____ Name, if different _____
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F	Job Title _____ Employer _____ Address _____ Phone _____ Type of Business _____ Immediate Supervisor _____ Title _____ Dates (mm/yy) From _____ To _____	Duties: _____ Number of employees supervised _____ Equipment used _____ Reason for leaving _____ Name, if different _____
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G	Job Title _____ Employer _____ Address _____ Phone _____ Type of Business _____ Immediate Supervisor _____ Title _____ Dates (mm/yy) From _____ To _____	Duties: _____ Number of employees supervised _____ Equipment used _____ Reason for leaving _____ Name, if different _____
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H	Job Title _____ Employer _____ Address _____ Phone _____ Type of Business _____ Immediate Supervisor _____ Title _____ Dates (mm/yy) From _____ To _____	Duties: _____ Number of employees supervised _____ Equipment used _____ Reason for leaving _____ Name, if different _____
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Applicant Release of Information



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

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

Any academic Dean, Registrar, Principal, Guidance Counselor, or any 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

FROM: _____

Name	Address
Place of Birth	Date of Birth
Social Security Number	

(Completion of this item is optional. Failure to submit a social security number on this form will not prohibit employment. A Social Security number may be required on other forms prior to employment.)

I have applied for employment with the Virginia Peninsula Regional Jail in Williamsburg, Virginia. I am aware that my background is to be investigated thoroughly. I hereby authorize and request the release of all information you may have concerning me (including a transcript of any academic record) to the Virginia Peninsula Regional Jail Authority Investigator or his/her representative upon presentation of this release or copy thereof.

Applicant's Signature
Date

Approved by: RW Date: 6/22/26