

Roanoke Valley Detention Commission

An Equal Opportunity Employer

Application for Employment

Employees of the Roanoke Valley Detention Commission and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, handicap, sex or age.

Position applied for _____ Position Number _____

PERSONAL DATA

1. Legal Name _____
Last First Middle
2. Address _____
Number and Street
City State Zip Code
3. Social Security Number _____
4. Home Phone (____) _____
5. Business Phone (____) _____
6. Are you 18 years of age or older? Yes ☐ No ☐

EDUCATION

7. A. Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12
- B. Have you completed high school or high school equivalent program? Yes ☐ No ☐
If yes, specify: Name of School: _____
- C. Circle number of years of post high school education: 1 2 3 4 5 6 7

Name and Location of Institution (Post High School)	Hrs. Completed	Degree Received	Major or Specialty	Minor	Dates Attended

EXPERIENCE

9. Use supplemental experience form(s) for additional space. Starting with the most recent, describe ALL paid, military and applicable volunteer experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items.

a.

Job Title

Employer

Address

Phone

Type of Business

Immediate Supervisor

Title

Salary (start)

(finish)

Dates: from (mo/yr)

to (mo/yr)

Full-time

Part-time

Hours/Week

Duties

Number and titles of employees you supervised

Equipment used

Reason for leaving

Your name, if different from present

b.

Job Title

Employer

Address

Phone

Type of Business

Immediate Supervisor

Title

Salary (start)

(finish)

Dates: from (mo/yr)

to (mo/yr)

Full-time

Part-time

Hours/Week

Duties

Number and titles of employees you supervised

Equipment used

Reason for leaving

Your name, if different from present

c.

Job Title

Employer

Address

Phone

Type of Business

Immediate Supervisor

Title

Salary (start)

(finish)

Dates: from (mo/yr)

to (mo/yr)

Full-time

Part-time

Hours/Week

Duties

Number and titles of employees you supervised

Equipment used

Reason for leaving

Your name, if different from present

EXPERIENCE: (Continued)

a. **Job Title** _____ **Duties** _____

Employer _____

Address _____

Phone _____
Type of Business _____

Immediate Supervisor _____
Title _____

Salary (start) _____
(finish) _____
Dates: from (mo/yr) _____
to (mo/yr) _____
Full-time _____ **Part-time** _____
Hours/Week _____

Number and titles of employees you supervised _____

Equipment used _____

Reason for leaving _____

Your name, if different from present _____

Have you ever been dismissed or forced to resign? Yes _____ No _____ If so, please explain: _____

- e. Use this space for additional information you think would help us evaluate your application, including training, seminars, workshops, special achievements or specialized skills: _____

- f. Automated word processing (specify equipment): _____

Typing speed: _____ wpm Shorthand speed: _____ wpm Dictaphone: Yes _____ No _____

- g. License (to include driver's and commercial driver's license, if applicable), certificate or other authorization to practice a trade or profession:

Type	License Number	Expiration Date	Granted by (Licensing Board)

If you have a valid commercial driver's license issued by the Commonwealth of Virginia, what class is it?

A _____ B _____ C _____ Endorsements _____

EXPERIENCE: (Continued)

10. List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

MISCELLANEOUS

11. Check appropriate box(es):

- a. Which shift will you accept: ☐ Day ☐ Evening ☐ Night ☐ Rotating ☐ Weekends
Specify shift hours: _____
- b. Which job status would you accept: ☐ Full-time ☐ Part-time (specify) _____
- c. Which employment status would you accept: ☐ Regular (benefits) ☐ Temporary (no benefits)
- d. Have you ever worked for the Roanoke Valley Detention Commission before? ☐ Yes ☐ No
- e. For the purposes of compliance with the *Immigration Reform and Control Act of 1986*, are you legally eligible for employment in the United States? ☐ Yes ☐ No
- f. Are you willing to provide your own transportation if necessary for your employment? ☐ Yes ☐ No
- g. Do you believe you qualify for a veteran's preference? ☐ Yes ☐ No
- h. Have you ever been convicted of a law violation(s), including moving traffic violations but excluding offenses committed before your eighteenth birthday which were finally adjudicated in a Juvenile Court or under a youth offender law? ☐ Yes ☐ No

If yes, list all such convictions, including court location and approximate date: _____

AVAILABILITY

12. When will you be available to start work? (No date necessary if you are available as soon as you give two (2) weeks notice.) _____ Month _____ Day _____ Year

CERTIFICATION — *Each application requires current date and original signature.*

13. I hereby certify that all entries and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture of my employment with the Roanoke Valley Detention Commission. I further authorize the Roanoke Valley Detention Commission to obtain my criminal history record and check my driving record now and during the course of my employment as the Commission may deem necessary.

I understand that the Commission may be required to provide information concerning my application for employment and my employment history to Federal and State agencies for use in any employment-related investigations or inquiries.

Signature _____ Date _____