Blue Ridge Regional Jail Authority

Employment Application

www.brrja.state.va.us

P. O. Box 6078, Lynchburg, VA 24505

Phone: (434) 847-3100

Fax: (434) 847-5134

Email applications to humanresources@brrja.state.va.us

To Applicant: Employees of the BRRJA and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability veteran status, marital status, sex, sexual orientation, gender identity or age.(Resumes are appreciated but are not a substitute for a completed BRRJA Employment Application.)

☐ Full-Time ☐ Part-Time ☐ Internship

Please check which site you are interested in working for → ☐ ACADC (Amherst) ☐ BADC (Bedford) ☐ CCADC (Campbell) ☐ HCADC (Halifax) ☐ LADC (Lynchburg)

Position Applying For: _____

Name: _____

First Middle Last

Present Address: _____

_____

City State Zip Code

Home Phone: _____ Cell Phone: _____ Email: _____

Are you legally eligible to work in the United States? ☐ Yes ☐ No

Are you a citizen of the United States? ☐ Yes ☐ No

Do you hold a valid VA Driver's License? ☐ Yes ☐ No Issuing State: _____

When are you eligible to work? _____

Please make HR aware if you were referred by a current employee of BRRJA.

Do you have any friends, relatives, or acquaintances working for BRRJA? ☐ Yes ☐ No

If hired, do you have transportation to/from work? ☐ Yes ☐ No

EDUCATION/QUALIFICATIONS:

High School Diploma or equivalent? ☐ Yes ☐ No Issuing State: _____

Name & Location of Institution	Degree Received	Major or Specialty	Minor	Dates Attended
1.				
2.				
3.				

ADDITIONAL TRAINING: (Includes business, trade, armed services, correspondence or online classes)

Name of School	Subject	Duration of Course	Did You Finish?	Certificate Awarded
1.				
2.				
3.				

CERTIFICATIONS/SKILLS: Licenses and skills that are applicable to this position (i.e. equipment operations, specialized software formal training, foreign language interpretation, etc.)

Certifications/Skills	Licenses
1.	
2.	
3.	

EMPLOYMENT HISTORY: *Begin with your most recent employer*

Job Title: _____ Duties: _____

Employer _____ _____

Address _____ _____

_____ _____

Phone _____ _____

Type of Business _____ _____

Immediate Supervisor _____ _____

Title _____ Number of Employees Supervised_____

Reason for Leaving _____ Equipment Used _____

Dates (mm/yy) _____ To (mm/yy) _____ Name if different from now _____

Job Title: _____ Duties: _____

Employer _____ _____

Address _____ _____

_____ _____

Phone _____ _____

Type of Business _____ _____

Immediate Supervisor _____ _____

Title _____ Number of Employees Suervised_____

Reason for Leaving _____ Equipment Used _____

Dates (mm/yy) _____ To (mm/yy) _____ Name if different from now _____

Job Title: _____ Duties: _____

Employer _____ _____

Address _____ _____

_____ _____

Phone _____ _____

Type of Business _____ _____

Immediate Supervisor _____ _____

Title _____ Number of Employees Supervised_____

Reason for Leaving _____ Equipment Used _____

Dates (mm/yy) _____ To (mm/yy) _____ Name if different from now _____

Job Title: _____ Duties: _____

Employer _____ _____

Address _____ _____

_____ _____

Phone _____ _____

Type of Business _____ _____

Immediate Supervisor _____ Number of Employees Supervised _____

Title _____ Number of Employees Supervised _____

Reason for Leaving _____ Equipment Used_____

Dates (mm/yy) _____ To (mm/yy) _____ Name if different from now _____

Revised 05/17/24

REFERENCES: **List three persons who are not related to you who know your qualifications and character.**

Name	Address	Phone	Relationship	Occupation
1.				
2.				
3.				

May we contact the employers listed? Yes ☐ No ☐

If no, please indicate which one(s) and why _____

_____

_____

MISCELLANEOUS: Have you ever been convicted of any violation(s) of the law? ☐ Yes ☐ No

If so please check the type of violation(s): ☐ Felony ☐ Misdemeanor ☐ Traffic (moving) Violation – excluding minor traffic violations

Description of offenses(s): _____

_____

_____

Date of Charge(s): _____

Date of Convictions(s) _____

County, City, State of Convictions(s) _____

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

ALL APPLICATIONS ARE KEPT ON FILE FOR ONE (1) YEAR FROM DATE OF RECEIPT

CERTIFICATION – SIGNATURE AND DATE

I hereby certify that all entries on this application including attachments are true and complete, and I agree and fully understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment with Blue Ridge Regional Jail Authority. I understand that information on this application is subject to verification and I consent to references, former employers, and educational institutions listed being contacted, as well as criminal history, credit, background, and DMV checks being performed regarding this application.

_____ _____

APPLICANT'S SIGNATURE DATE

Revised 05/17/24

EEO REPORTING INFORMATION

This information will be used to comply with State and Federal Equal Employment Opportunity Laws and related reporting requirements. This information will NOT be kept with your application for employment and will NOT be used for making employment decisions. Federal Law prohibits unlawful discrimination on the basis of race, age, sex, sexual orientation, religion, national origin, or disability. We are therefore requesting this information to comply with government reporting requirements and in order to ensure equal opportunity employment.

Name: _____ Date: _____

Position: _____ Birth Date: _____

Identifying Choices:

- ☐ Male
- ☐ Female
- ☐ Black or African American
- ☐ White
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Pacific Islander
- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Other
- ☐ Choose Not to Identify

How did you find out about this employment opportunity?

- ☐ Internet
- ☐ BRRJA Website
- ☐ Employment Agency
- ☐ Previously Employee Specify _____
- ☐ Employee Referral Specify _____
- ☐ Other
- ☐ Billboard
- ☐ Radio

Military Status if Applicable:

- ☐ Active Duty
- ☐ Active Reservist
- ☐ Active Member National Guard
- ☐ Veteran

Do you have a Disability:

☐ Yes ☐ No

Revised 05/17/24

Blue Ridge Regional Jail Authority

PREA Disclosure Form

Name: _____ **Date:** _____
(print)

☐ **Applicant** ☐ **Evaluation** ☐ **Promotion** ☐ **Volunteer**

I hereby attest that I have never:

- Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution as defined in 42 USC 1997;
- Been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to con sent or refuse;
- Been civilly or administratively adjudicated to have engaged in the activity described above;
- Engaged in any incident of sexual harassment.

I agree to submit to a background investigation to include a criminal history check regarding, but not limited to, the misconducts listed above.

The following will constitute grounds for immediate termination, denied employment, or removal as a volunteer with the Blue Ridge Regional Jail Authority:

- Refusing to disclose or provide information on this release or to the BRRJA Administrator about past behavior or any relevant information, at this time, or any time in the future.
- Falsifying information or any material omissions regarding such misconduct.
- Findings of sexual misconduct.
- Refusing to sign this release.

Signature: _____