

**WESTERN VIRGINIA REGIONAL JAIL
SUPERINTENDENT
APPLICATION PACKAGE**

The Western Virginia Regional Jail is a 1000-bed correctional facility located in Roanoke County, Virginia. The Jail is a regional facility operated under the guidance of the Western Virginia Regional Jail Authority Board. The Authority Board is comprised of representatives from the Counties of Franklin, Montgomery, and Roanoke and the City of Salem. The Superintendent is responsible for overseeing the daily operations of the Jail.

The Authority is seeking a Superintendent to replace the retiring Superintendent. The current Superintendent has worked for the Authority for fourteen years including the last 10 years as Superintendent. The Authority is looking for an experienced, knowledgeable leader to lead the Jail in the future.

If you are interested in the Superintendent position, please submit a cover letter, resume, and a completed application package by February 26, 2021 at 4 p.m. to:

James Taliaferro, Chairman
Western Virginia Regional Jail
jtaliaferro@salemva.gov

or

114 North Broad Street
Salem, VA 24153

REGIONAL JAIL SUPERINTENDENT

The Western Virginia Regional Jail Authority Board is seeking an experienced, professional Corrections Administrator/Manager for its 1000 bed local correctional facility, located in Roanoke County, Virginia. Persons interested in this position may obtain a full job description and application package at www.wvarj.org Candidates should submit a cover letter, current resume along with a required application before 4:00 p.m. on Friday February 26, 2021 to James Taliaferro, Chairman, at jtaliaferro@salemva.gov or 114 North Broad Street, Salem, VA 24153. The Western Virginia Regional Authority Board is an Equal Employment Opportunity Employer.

Department:	Western VA Regional Jail	Pay Grade:	38
Reports To:	WVRJ Authority Board	FLSA Status:	Exempt
Last Revised:	01/20/2021	Last Reviewed:	01/20/2021

GENERAL STATEMENT OF DUTIES

Plans, directs, assigns and coordinates all activities and is responsible for the overall operations of the Regional Jail. Work is performed under the general supervision of the Western Virginia Regional Jail Authority Board.

ESSENTIAL JOB FUNCTIONS

Prepares and assures the adherence to all policies, orders, rules and regulations relative to the care, custody and security of inmates; provides leadership and supervision to sworn officers and civilian personnel in the areas of security confinement, transportation of inmates, medical treatment, food preparation and related activities and services;

Coordinates the preparation and management of the budget; assures effective and efficient use of budgeted funds, personnel, materials, facilities, and time;

Analyzes departmental financial or project data and makes recommendations;

Develops and implements goals, objectives, policies, procedures, operations, and special projects;

Coordinates the development of short and long range plans;

Reports on the status of the facility at Board meetings;

Develops and oversees programs for the enhancement of inmates;

Determines employee staffing needs; interviews and selects applicants; responsible for hiring, training and development; responsible for discipline and termination of employees;

Directs and oversees the work of supervisory personnel;

Serves as Board liaison to the news media;

Oversees the financial administration of State and Federal grants;

Maintains appropriate records and files;

Responds to emergencies;

Coordinates jail activities with other government or regulatory agencies;

Ensures compliance with Department of Corrections and American Correctional Association standards;

All other work as required.

KNOWLEDGE, SKILLS AND ABILITIES:

Thorough knowledge of the principles, practices and methods of modern penology and criminology; thorough knowledge of operations of the criminal justice system; thorough knowledge of laws applicable to correctional operations, including but not limited to Virginia Board of Corrections and American Correctional Association standards; general knowledge of budgeting and finance; general knowledge of human resources and employee issues, rights, and laws; ability to plan, organize and supervise a large staff and correctional facility; ability to establish and maintain effective working relationships with employees, other agencies and the public; ability to speak and write effectively to convey ideas and information; ability to prepare and manage a budget including revenue forecasting, capital expenditure budgeting and budgetary monitoring; ability to read, analyze, interpret and evaluate a variety of financial reports, legal documents, and scientific and technical journals.

POSITION REQUIREMENTS/PREFERENCES

Education	<p><u>Required:</u> Bachelor's degree in corrections, criminal justice, police science, public administration or a closely related field or equivalent experience is required.</p> <p><u>Preferred:</u> Supplemented with college level courses in psychology, sociology, criminology or related field.</p>
Experience	<p><u>Required:</u> At least ten years of progressive experience in corrections is required.</p> <p><u>Preferred:</u> Five years of experience as a superintendent or senior-level manager is preferred.</p>
Certifications/ Licenses	<p><u>Required:</u> Valid Virginia driver's license with good driving record.</p>
Knowledge, Skills and Abilities	<ul style="list-style-type: none">▪ Thorough knowledge of approved principles, techniques and practices of corrections work;▪ general knowledge of civil and corrections litigation;▪ thorough knowledge of court procedures and policies related to running a corrections facility;▪ thorough knowledge of institutions and management practices including the care and custody of inmates;▪ ability to cope with and handle interpersonal relationships;▪ ability to prepare records and reports;

- ability to establish positive working relationships with Virginia Court System personnel to include the judiciary and support staff;
- and thorough knowledge of basic computer software applications to include the Microsoft Suite of Programs.

Additional Requirements

Must be a citizen of the United States and be twenty-one (21) years of age. Subject to a complete criminal history background search with acceptable results. Upon hire, must be able to complete the minimum training standards as required by the Virginia Department of Criminal Justice Services and perform the duties of a Correctional Officer. Must also be able to perform the job as described in the Physical and Environmental Demands section of this job description.

Supervisory Responsibilities

This position supervises staff assigned.

OVERALL PHYSICAL STRENGTH DEMAND

LIGHT

Lift and/or exert force up to 20 lbs. occasionally, 10 lbs frequently, or insignificant amounts constantly OR requires walking or standing to a significant degree.

PHYSICAL DEMANDS

C = Continuously
5.5 to 8+ hours daily

F = Frequently
2.5 to 5.5 hours daily

O = Occasionally
Up to 2.5 hours daily

R = Rarely
Less than 1 hour per week

N = Never
Never occurs

Code	Physical Demand	Code	Physical Demand
F	Standing	F	Sitting
F	Walking	R	Lifting
R	Carrying	R	Pushing/Pulling
R	Reaching	R	Handling
O	Fine Dexterity	R	Kneeling
R	Crouching	R	Crawling
R	Bending	R	Twisting
R	Climbing	R	Balancing
C	Vision (Correction Required: 20/40)	C	Hearing
C	Talking	R	Foot Controls (driving, operation of equip, etc.)

ENVIRONMENTAL FACTORS

D = Daily	W = Several Times Per Week	M = Several Times Per Month	S = Seasonally	R - Rarely	N = Never
Code	Health and Safety	Code	Environmental Factors		
R	Mechanical Hazards	R	Dirt and Dust		
R	Chemical Hazards	R	Extreme Temperatures		
R	Electrical Hazards	R	Noise and Vibration		
R	Fire Hazards	R	Fumes and Odors		

JOB DESCRIPTION

R	Explosives	R	Wetness/Humidity
R	Communicable Diseases	R	Darkness or Poor Lighting
D	Physical Danger or Abuse		

PRIMARY WORK LOCATION

Office Environment

MACHINES, TOOLS, EQUIPMENT, WORK AIDS

Law enforcement equipment (firearms, handcuffs, restraint equipment, chemical agents),
Office equipment (computer, copier, radio, telephone)

PROTECTIVE EQUIPMENT REQUIRED

Personal Protective Equipment as needed (mask, eye protection, face shield, gloves)

DEADLINE:

(One per application)

Application Date:



5885 West River Road Salem, Virginia 24153
(540) 378-3700 FAX (540) 380-3143

Name: _____

Last First Middle

Present Address:		Telephone:
No.	Street	E-mail:
City	State	Zip Code

Please check the appropriate block: ☐ Male ☐ Female

EDUCATION/QUALIFICATIONS

Please check number of years of post-high school education ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7

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

ADDITIONAL TRAINING (Includes business, trade, armed services, correspondence or night school.)

Name of School	Subject	Duration of Course	Did you Finish?	Certificate Awarded?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

ADDITIONAL QUALIFICATIONS - Please describe any additional skills or qualifications that are relevant to the position for which you are applying, including any certifications:

Do you have a valid driver's license	<input type="checkbox"/> Yes <input type="checkbox"/> No	State of Issue _____
Do you have a valid Commercial Driver's License	<input type="checkbox"/> Yes <input type="checkbox"/> No	State of Issue _____
List Class	List endorsements, if any	

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	_____	Duties:	_____
	Employer	_____		_____
	Address	_____		_____
		_____		_____
	Phone	_____		_____
	Type of Business	_____		_____
	Immediate Supervisor	_____	Number employees supervised	_____
	Title	_____	Equipment used	_____
	Salary (Start)	_____	Salary (Final)	_____
	Dates (mm/yy)	_____	To (mm/yy)	_____
		Reason for Leaving	_____	
		Name, if different:	_____	

B	Job Title	_____	Duties:	_____
	Employer	_____		_____
	Address	_____		_____
		_____		_____
	Phone	_____		_____
	Type of Business	_____		_____
	Immediate Supervisor	_____	Number employees supervised	_____
	Title	_____	Equipment used	_____
	Salary (Start)	_____	Salary (Final)	_____
	Dates (mm/yy)	_____	To (mm/yy)	_____
		Reason for Leaving	_____	
		Name, if different:	_____	

C	Job Title	_____	Duties:	_____
	Employer	_____		_____
	Address	_____		_____
		_____		_____
	Phone	_____		_____
	Type of Business	_____		_____
	Immediate Supervisor	_____	Number employees supervised	_____
	Title	_____	Equipment used	_____
	Salary (Start)	_____	Salary (Final)	_____
	Dates (mm/yy)	_____	To (mm/yy)	_____
		Reason for Leaving	_____	
		Name, if different:	_____	

D	Job Title	_____	Duties:	_____
	Employer	_____		_____
	Address	_____		_____
		_____		_____
	Phone	_____		_____
	Type of Business	_____		_____
	Immediate Supervisor	_____	Number employees supervised	_____
	Title	_____	Equipment used	_____
	Salary (Start)	_____	Salary (Final)	_____
	Dates (mm/yy)	_____	To (mm/yy)	_____
		Reason for Leaving	_____	
		Name, if different:	_____	

E	Job Title _____	Duties: _____
	Employer _____	_____
	Address _____	_____
	_____	_____
	Phone _____	_____
	Type of Business _____	_____
	Immediate Supervisor _____	Number employees supervised _____
	Title _____	Equipment used _____
	Salary (Start) _____ Salary (Final) _____	Reason for Leaving _____
	Dates (mm/yy) _____ To (mm/yy) _____	Name, if different: _____

May we contact the employers listed above? ☐ Yes ☐ No

If No, please indicate by letter/number which one(s) you do not wish us to contact: _____

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 violation(s) 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): _____ County, City, State of Conviction(s): _____

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

For purposes of compliance with the Immigration Reform and Control Act, are you legally eligible for employment in the United States? ☐ Yes ☐ No

Under the Immigration Reform and Control Act of 1986, upon employment, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. In addition, you will be required to provide documentation to that effect.

Were you previously employed by WVRJ? ☐ Yes ☐ No If Yes, When _____

What date will you be available for work? _____

Western Virginia 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.

Position Applied For: _____ Date: _____

☐ Full-Time ☐ Part-Time

How did you find out about this employment opportunity?

☐ Internet

☐ WVRJ Website

☐ Other (please specify): _____

☐ Newspaper (please specify): _____

☐ Employee Referral

☐ Employment Agency (please specify): _____

☐ Other Source (please specify): _____

☐ Previous Employment

☐ Radio

☐ VEC – (VA Employment Commission)

Please check the block for the highest level of education you have completed (check only one)

- | | |
|---|--|
| <input type="checkbox"/> Less than 8th grade | <input type="checkbox"/> College graduate |
| <input type="checkbox"/> Completed 8th grade | <input type="checkbox"/> Attended graduate school |
| <input type="checkbox"/> Attended high school | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> High school graduate or equivalent | <input type="checkbox"/> Graduate study beyond master's requirements |
| <input type="checkbox"/> Attended college | <input type="checkbox"/> Ph.D. or professional degree |

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 Western Virginia 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.

Date

Signature of Applicant

Revised 5/2015

Invitation to Self-Identify

This company is subject to Executive Order 11246, as amended, which requires Federal contractors to ensure that applicants are employed and that employees are treated during employment without regard to their race, color, religion, sex, sexual orientation, gender identity, or national origin. We are therefore requesting information about race and gender in order to comply with government reporting requirements and in order to ensure equal employment opportunity.

Submission of this information is voluntary and will be kept confidential. Refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with Federal affirmative action regulations.

Name: _____ Date: _____

Position: _____ Birth Date: _____

☐ MALE ☐ FEMALE ☐ I CHOOSE NOT TO SELF-IDENTIFY

☐ WHITE (not Hispanic or Latino) ☐ BLACK or AFRICAN AMERICAN (not Hispanic or Latino)

☐ HISPANIC OR LATINO ☐ ASIAN (not Hispanic or Latino)

☐ AMERICAN INDIAN/ALASKA NATIVE (not Hispanic or Latino)

☐ NATIVE HAWAIIAN or PACIFIC ISLANDER (not Hispanic or Latino)

☐ TWO or MORE RACES (not Hispanic or Latino)

☐ I CHOOSE NOT TO SELF-IDENTIFY

This company is also subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, [38 U.S.C. 4212](#) (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment veterans in the following classifications:

- A “disabled veteran” is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability.
- A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to [Executive Order 12985](#).

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

☐ I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

☐ I AM NOT A PROTECTED VETERAN

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 6 of 7

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.ⁱ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- ☐ YES, I HAVE A DISABILITY (or previously had a disability)
- ☐ NO, I DON'T HAVE A DISABILITY
- ☐ I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

**WESTERN VIRGINIA REGIONAL JAIL
5885 WEST RIVER ROAD
SALEM, VIRGINIA**

PERSONAL HISTORY STATEMENT



Applicant Name: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Additional Contact Numbers:

Accepted By: _____

Date: _____

Time: _____

Western Virginia Regional Jail
PERSONAL HISTORY STATEMENT

INSTRUCTIONS: Fill out this questionnaire completely and accurately. All statements in your questionnaire are subject to verification. Incorrect statements may bar or remove you from employment. If space provided is inadequate, add additional pages and identify information by item number. If a question does not apply to you indicate by writing N/A in the answer blank. Type or print legibly in ink all responses.

PERSONAL

1. NAME _____
FIRST MIDDLE LAST Social Security Number

Any other names you are known by? _____

2. PRESENT MAILING ADDRESS _____
NUMBER & STREET CITY STATE ZIP CODE PHONE NO.

PERMANENT MAILING ADDRESS _____
NUMBER & STREET CITY STATE ZIP CODE PHONE NO.

3. HEIGHT _____ inches WEIGHT _____ lbs. SEX ___ male ___ female DATE OF BIRTH _____

4. PLACE OF BIRTH _____
CITY OR TOWN COUNTY STATE

5. COLOR OF EYES _____ COLOR OF HAIR _____

6. MARITAL STATUS ___single ___married ___widowed ___divorced ___estranged

7. DATE OF PRESENT MARRIAGE _____

8. SPOUSE'S FULL NAME (maiden name if applicable) _____

Spouse's Social Security Number _____ Date of Birth _____

9. Were you married before present marriage? ___Yes ___No If yes, list ex-wife's or husband's present name, address & telephone #.

All ex-wife's or husband's must be listed. _____

10. If estranged or divorced, list present address and phone number of spouse/ex-spouses. _____

11. If divorced, name court _____, City of _____
State of _____ where divorce was obtained.

12. If widowed - what was cause of wife or husband's death? _____

13. Do you have children? ____Yes ____No If yes, list full names and date of birth of each below and show address where they reside.

NAME OF CHILD	DATE OF BIRTH	ADDRESS

14. List below full names of all immediate relatives such as father, mother, sister, brothers, stepsisters, stepbrothers. If deceased give date of death in address space and mark deceased. Give mother's maiden name as her middle name.

NAME OF RELATIVE	RELATIONSHIP	DATE OF BIRTH	ADDRESS

15. SPECIAL SKILLS RELATED TO THE POSITION APPLIED FOR: _____

REFERENCES

16. Give the names of five responsible persons, other than relatives or past employers who could provide information about your character, ability, experience, personality, and other qualities. Please list complete mailing address, zip code and telephone number.

NAME

ADDRESS

TELEPHONE

RESIDENCES

17. List addresses for past 20 years starting with present address at top:

FROM
MO. YR.

TO
MO. YR.

ADDRESS OF RESIDENCE

CITY/STATE

LANDLORD

EDUCATION

18. List all schools attended:

Name of High School	Location City/State	Check if diploma received	
Name of College/University	Location City/State	Degrees Received	Major Field of Study

19. List any languages other than English which you can understand or speak.

--

WORK HISTORY

20. Are you now or have you ever been engaged in any business as an owner, partner, or corporate board member?

_____ Yes _____ No If yes, give details below:

21. If you have ever been discharged or forced to resign because of misconduct or unsatisfactory service give details:

22. Do you object to wearing a uniform? ☐ Yes ☐ No

23. Do you object to working nights? ☐ Yes ☐ No

24. Do you object to working shifts/weekends? ☐ Yes ☐ No

25. List all jobs you have held in the last fifteen years. Put your present or most recent job first. If you need more space you may attach additional sheets. Include military service in proper time sequence and temporary part-time jobs.

A. Title of present or last position _____			Starting Salary _____	Last Salary _____
Date employed			Name & title of supervisor	
			No. employees supervised by you	
Date separated			Phone No	Employer
Full-time	Years	Months	Address	
			Duties	
Part-time	Years	Months		
If part-time, number of hours worked per week			Reason for leaving	

B. Title of present or last position _____			Starting Salary _____	Last Salary _____
Date employed			Name & title of supervisor	
			No. employees supervised by you	
Date separated			Phone No	Employer
Full-time	Years	Months	Address	
			Duties	
Part-time	Years	Months		
If part-time, number of hours worked per week			Reason for leaving	

C. Title of present or last position _____			Starting Salary _____	Last Salary _____
Date employed			Name & title of supervisor	
			No. employees supervised by you	
Date separated			Phone No	Employer
Full-time	Years	Months	Address	
			Duties	
Part-time	Years	Months		
If part-time, number of hours worked per week			Reason for leaving	

D. Title of present or last position _____			Starting Salary _____	Last Salary _____
Date employed			Name & title of supervisor	
			No. employees supervised by you	
Date separated			Phone No	Employer
Full-time	Years	Months	Address	
			Duties	
Part-time	Years	Months		
If part-time, number of hours worked per week			Reason for leaving	

E. Title of present or last position _____			Starting Salary _____	Last Salary _____
Date employed			Name & title of supervisor	
			No. employees supervised by you	
Date separated			Phone No	Employer
Full-time	Years	Months	Address	
			Duties	
Part-time	Years	Months		
If part-time, number of hours worked per week			Reason for leaving	

F. Title of present or last position _____			Starting Salary _____	Last Salary _____
Date employed			Name & title of supervisor	
			No. employees supervised by you	
Date separated			Phone No	Employer
Full-time	Years	Months	Address	
			Duties	
Part-time	Years	Months		
If part-time, number of hours worked per week			Reason for leaving	

G. Title of present or last position _____			Starting Salary _____	Last Salary _____
Date employed			Name & title of supervisor	
			No. employees supervised by you	
Date separated			Phone No	Employer
Full-time	Years	Months	Address	
			Duties	
Part-time	Years	Months		
If part-time, number of hours worked per week			Reason for leaving	

26. HAVE YOU PREVIOUSLY SUBMITTED AN APPLICATION FOR EMPLOYMENT WITH THIS AGENCY?

____ Yes ____ No APPROXIMATE DATE:

27. List the names of all social, fraternal and professional organizations of which you are or have been a member. Indicate offices held, if any.

Name of Organization	Membership		Office Held
	From	To	

MILITARY SERVICE

28. WERE YOU EVER IN THE US MILITARY SERVICE OR ANY OTHER MILITARY ORGANIZATION?

_____ Yes _____ No

Branch of Service _____ Unit _____ Date of Enlistment _____

Date of Discharge _____ Service No. _____ Highest Rank _____

29. Selective service status/Draft board number _____

Draft Board Address _____

Present draft status or classification _____ Date of classification _____

30. List medals and decorations: _____

31. Type of Discharge: _____

32. If you are presently a member of the National Guard or any military reserve give the unit, location, and describe your obligation: _____

33. What is your reserve obligation? _____

34. What special training did you receive in the armed services that would be relevant to this position _____

35. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast or company punishment, or any other disciplinary action while a member of the armed forces?

_____ Yes _____ No If yes, explain below: _____

36. List any disciplinary action taken against you in the National Guard or other reserve unit:

ACTIVITIES

37. Do you drink alcoholic beverages? _____ Yes _____ No If yes, how often? _____

38. Have you ever been placed on probation? _____ Yes _____ No If yes, give details below:

39. Have you ever been required to pay a fine in excess of \$25.00? ____ Yes ____ No

If answer is yes, give details below: _____

40. Have you ever used any illegal substances such as marijuana, crack cocaine, or any or drug not prescribed by a physician?
____ Yes ____ No Comments:

41. Have you ever sold any amount of illegal drugs? ____ When? _____

42. Do you presently use any form of illegal drugs? _____

43. Have you ever been arrested or detained for investigation by any law enforcement agency, either as a juvenile or adult?
____ Yes ____ No If yes, explain below.

Date	Charge	Enforcement Agency	City and State	Disposition

44. If you have ever been fingerprinted by a police agency other than for an arrest, give details below. Your answer will be checked with the F.B.I. and other agencies:

AGENCY _____ DATE _____ PURPOSE

AGENCY _____ DATE _____ PURPOSE

AGENCY _____ DATE _____ PURPOSE

DRIVING INFORMATION

45. Can you operate a motor vehicle? ____ Yes ____ No Number of years driving experience _____

46. Have you ever been the operator of a motor vehicle involved in an accident which resulted in injury or death to a passenger or pedestrian, or property damage of more than \$500 ____ Yes ____ No If yes, explain in detail and disposition of case _____

47. Do you possess a valid operator's license from the State of Virginia? ____ Yes ____ No

Operator's License Number _____

48. Do you possess an operator's license issued by any state other than Virginia?

____ Yes ____ No If yes, give state and number _____

49. Was your license ever suspended or revoked? _____ Yes _____ No If yes, state which and give reasons?

50. Was your license ever restored? _____ Yes _____ No

51. Have you ever been refused an operator's license by any state? _____ Yes _____ No

52. Have your driving privileges ever been restricted? _____ Yes _____ No If yes, give details:

53. Has a motor vehicle being driven by you ever been involved in an accident? _____ Yes _____ No

If yes, give complete details for each accident whether collision or non-collision:

Date _____ Police Investigation? _____ Yes _____ No

Location _____ Cause of Accident _____

Date _____ Police Investigation? _____ Yes _____ No

Location _____ Cause of Accident _____

Date _____ Police Investigation? _____ Yes _____ No

Location _____ Cause of Accident _____

54. List any convictions for traffic violations:

LOCATION	APPROX. DATE	NATURE OF VIOLATION	PENALTY OR DISPOSITION

ATTITUDES

55. If you are applying for a correctional officer position, what are your feelings about the use of deadly force if it became necessary in the performance of official duties?

56. What are your feelings about drug/alcohol usage? _____

CAREER OBJECTIVES

57. Explain briefly your reasons for applying for this position? _____

58. Do you know of anything that would disqualify you for appointment as a Correctional Officer, or any other position, or would prevent you from fully discharging the duties of such a position?

Yes No If yes, explain: _____

CITIZENSHIP

59. Are you a citizen of the United States or do you have a valid appropriate permit to work in the United States issued by the U. S. Department of Justice or U. S. Department of Labor?

_____ Yes _____ No

(Upon employment, proof of citizen status or work authorization will be required.)

Applicants for law enforcement positions - Are you a U. S. Citizen?

_____ Yes _____ No

FINANCIAL STATUS

60. Do you have any supplementary income other than your present salary? ____ Yes ____ No

If yes, give name of company, agency, or person _____

61. Do you own or are you buying your home? ____ Yes ____ No

62. Do you rent? ____ Yes ____ No If yes, give Landlord and address _____

63. Do you own an automobile? ____ Yes ____ No If yes, complete the description below listing all vehicles.

64. Have you ever had an account placed in the hands of a collection agency? ____ Yes ____ No If yes, explain _____

65. Have you or your wife/husband ever had your pay attached? ____ Yes ____ No If yes, explain _____

66. Have you or your wife/husband ever been sued for any reason? ☐ Yes ☐ No If yes, explain _____

67. Have you or your wife/husband ever filed bankruptcy? Yes No If yes, explain _____

68. Have you or your wife/husband ever been a party in a civil action? Yes No If yes, explain _____

69. If you are applying for a correctional officer position and if married, does your spouse approve of you selecting a career as a Correctional Officer? Explain _____

70. If applying for a Correctional Officer position, please complete a short essay in the space below on the subject, "Why I want to enter the field of Corrections". Briefly explain your qualifications for this position. This will be evaluated primarily for legibility of writing, sentence structure, spelling and grammatical usage.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS QUESTIONNAIRE ARE TRUE AND COMPLETE AND UNDERSTAND THAT ANY MISSTATEMENTS OF MATERIAL FACTS WILL SUBJECT ME TO DISQUALIFICATION OR DISMISSAL.

Signature in Full _____

Date _____

ADDITIONAL INFORMATION

[illegible]