



ALBEMARLE-CHARLOTTESVILLE REGIONAL JAIL
160 PEREGORY LANE
CHARLOTTESVILLE, VIRGINIA 22902

PHONE: (434) 977-6981 FAX: (434) 977-9617

Colonel Ronald Matthews
Superintendent

Dear Applicant:

Thank you for your interest in a position with the Albemarle-Charlottesville Regional Jail. Your application will remain in our active files for one year. If you are interested in any additional positions that become available, contact our Human Resources Specialist and request your application be considered for that position.

Please complete the Personal History Statement included and attach all requested documents. Virginia State Law requires these documents--they **must** be provided before your application can be processed further. The cover sheet gives specific information on how to fill out the personal history forms. All paperwork must be filled out and returned within five to ten working days.

To have an application activated, the following documents **must** be submitted:

- 1.) A complete and signed application
- 2.) A completed EEO Form (top portion required)
- 3.) Copy of Birth Certificate, High School Diploma and/or copies of college transcripts (if applicable), Social Security Card, Driver's License and Military Discharge (DD214).

Included with this letter is an Albemarle-Charlottesville Regional Jail application and a description of the selection process. Should you have any questions, please feel free to call our Human Resources Specialist at (434) 977-6981 extension 210.

Good luck in your search for a position!

Sincerely,

Colonel Ronald Matthews
Superintendent



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IMPORTANT!

A SIGNIFICANT PART OF THE APPLICATION PROCESS CONSISTS OF AN EVALUATION OF OUR ABILITY TO FOLLOW DIRECTIONS SINCE THIS FACTOR IS DIRECTLY RELEVANT TO THE POSITION YOU ARE APPLYING FOR.

It is imperative you answer all questions completely and accurately. Any omissions or incomplete information will directly impact your standing. If additional space is needed for any answer, please continue on page ten.

ATTENTION:

It is necessary for you to furnish the following documents, or copies, at the time you submit your personal history statement:

- Birth Certificate
- High School Diploma or Equivalency Certificate
- Social Security Card
- Driver's License
- Military Discharge (DD214)

NOTE: A Financial Report may be required.

I understand all the information contained herein is confidential. This document will be used to verify my personal history and assist in determining my employment suitability. All information is subject to a thorough review by an investigator and verification by a polygraph examiner. Any deliberately false, misleading, inaccurate, incomplete or untruthful information will be cause for denial of employment with the Albemarle-Charlottesville Regional Jail.

I HEREBY VERIFY ALL OF THE INFORMATION CONTAINED HEREIN IS ACCURATE AND TRUE.

DATE: _____

SIGNATURE: _____



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AUTHORIZATION FOR RELEASE OF INFORMATION

Full Legal Name (type or print)

Social Security Number

Date of Birth

I hereby respectfully request and authorize you to furnish any investigator, or duly accredited representative, of the Albemarle-Charlottesville Regional Jail bearing this release, or copy thereof, any and all information you have concerning me and my Criminal History/Motor Vehicle Violations Report.

I hereby waive all rights to view, or have access to, any information given to the Albemarle-Charlottesville Regional Jail as part of the background investigation. I hereby release you, your organization or others from liability, or damage, that may result from furnishing the information requested to be released above. Background investigations for civilian positions are completed routinely when employment provides access to the secure perimeter of the facility.

Given under my hand this _____ of _____
Day Month Year

Signature of Applicant

Commonwealth of Virginia - County/City of _____

on _____, _____
Month Day Year Applicant's Name

personally appeared before me and acknowledged his/her signature to the above statement.

My commission expires the _____ of _____
Day Month Year

Signature of Notary Public



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**EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION
APPLICANT INFORMATION FORM**

Dear Applicant:

Information required on this form will be used solely for purposes of reporting and evaluating Albemarle-Charlottesville Regional Jail's process in its equal employment and affirmative action practices. By law, this information CANNOT and WILL NOT be used in a discriminatory manner in determining employability, evaluation of performance or employment promotion.

Please return this form along with your application to our Human Resources Specialist.
Thank you!

NAME: _____
Last First MI

ADDRESS: _____
Street Address or PO Box

City, State and Zip Code

SOCIAL SECURITY NUMBER: _____

DATE: _____

POSITION APPLIED FOR: _____

HOW DID YOU LEARN OF THIS VACANCY? (Please circle one)

01 = Mail

02 = College Placement Office (Please give name of college) _____

03 = Job Service

04 = County Employee

05 = Newspaper Ad (Please give name of newspaper) _____

06 = Community Organization (Please give name of organization) _____

07 = State Office

08 = College Recruitment Fair (Please give name of college/university) _____

09 = Walk In

10 = Other (Please specify) _____



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CURRENT PHONE NUMBER:

LAST NAME		FIRST NAME		MIDDLE NAME			ALL OTHER MAIDEN NAMES BY FORMER MARRIAGES NAMES INCLUDING	
MONTH	DATE OF BIRTH		YEAR	PLACE OF BIRTH (CITY-TOWN-COUNTY)			STATE	SOCIAL SECURITY NUMBER
RACE	SEX	AGE	HEIGHT	WEIGHT	HAIR	EYES	POSITION FOR WHICH YOU ARE BEING RECOMMENDED	
HOME ADDRESS		STREET		CITY-TOWN-COUNTY			STATE	ZIP CODE
PREVIOUS ADDRESS		STREET		CITY-TOWN-COUNTY			STATE	ZIP CODE
<hr/> AUTHORIZATION FOR RECORDS CHECK-SIGNATURE							<hr/> DATE	

DO NOT WRITE BELOW THIS LINE

CRIMINAL HISTORY/MOTOR VEHICLE VIOLATION RECORD

RECORDS CHECK RUN BY:

 SIGNATURE

 DATE

 APPLICATION PROCESSED BY

 DATE COMPLETED

REVIEWED BY: DEPUTY SUPERINTENDENT OR DESIGNEE

 SIGNATURE

 DATE



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NOTICE TO APPLICANTS

The Albemarle-Charlottesville Regional Jail is committed to a drug/alcohol free workplace. As a condition of employment, all candidates are required to be tested for illegal substances.

Positive results on this pre-employment test will result in the denial of employment with the Albemarle-Charlottesville Regional Jail.



ALBEMARLE-CHARLOTTESVILLE REGIONAL JAIL

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Colonel Ronald Matthews
Sumerintendent

Job(s) applied for:

- 1. _____ Rate of Pay Expected: _____ per _____
- 2. _____ Rate of Pay Expected: _____ per _____

PERSONAL: _____ **Date:** _____

Full Legal Name: _____
(Last Name, First Name, Middle) (Social Security Number)

Present Address: _____
(No.) (Street) (No Post Office Box)

(City) (State) (Zip)

How many years at this address? _____ **Telephone Number: Area Code ()** _____
Daytime Number: Area Code () _____

VERIFICATION OF ELIGIBILITY TO WORK

The Albemarle-Charlottesville Regional Jail adheres to the Immigration Reform and Control Act of 1986, which requires new employees to present documentation of citizenship or the authorization to work in the United States. If the Albemarle-Charlottesville Regional Jail employs you, you will have to present, a social security card and U. S. birth certificate plus a driver's license or other photo identification, i.e. state, federal or military I.D.

For purposes of compliance with Section 40.1-11.1 of the Code of Virginia, entitled "Employment of Illegal Immigrants," please state whether you are legally eligible for employment in the United States: (You are legally eligible foremployment if you are a United States citizen or if you have an appropriate permit to work in the United States through the Department of Justice or the United States Department of Labor.) **Yes** **No**

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge

I authorize you to make such investigation and inquiries to my personal references, previous employers, and other legally related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or other persons from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information given on my application form(s) or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the Albemarle-Charlottesville Regional Jail

Signature of Applicant (in ink)

Position Applying For: _____
PERSONAL HISTORY STATEMENT

PERSONAL DATA

NAME (Print):

First, Middle, Last

MAIDEN NAME (Print):

First, Middle, Last

LIST ANY OTHER NAME OR NAMES YOU HAVE USED IF DIFFERENT FROM INDICATED ABOVE (include all nicknames):

Have you ever legally changed your name: () Yes () No If Yes,

From: _____ To: _____

Court Jurisdiction: _____ Date: _____

**PRESENT ADDRESS: (Number, Street, City, State, Zip Code
PHYSICAL ADDRESS (NO POST OFFICE BOX)**

TELEPHONE NUMBER:

Area Code

Home: () _____

Work: () _____

SOCIAL SECURITY NUMBER

DATE OF BIRTH

PLACE OF BIRTH (CITY and STATE):

PLACE WHERE YOU GREW UP (CITY and STATE):

IF APPLICABLE; PLACE OF NATURALIZATION:

City and State: _____

Date of Naturalization: _____

Naturalization Certificate Number: _____

NAME OF FATHER: _____ FATHER=S OCCUPATION: _____

ADDRESS IF STILL LIVING: _____ PHONE NUMBERS:

Area Code

Home: () _____

_____ ZIP CODE: _____ Work: () _____

NAME OF MOTHER: _____ MOTHER=S CCUPATION: _____

ADDRESS IF STILL LIVING: _____ PHONE NUMBERS:

Area Code

Home: () _____

ZIP CODE: _____ Work: () _____

**IF YOU WERE RAISED BY SOMEONE OTHER THAN YOUR NATURAL PARENTS, INDICATE WHO YOU LIVED WITH
BETWEEN THE AGES OF 13 YEARS OLD AND 18 YEARS OLD:**

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE NUMBERS:

Area Code

Home: () _____

ZIP CODE _____ Work: () _____

IF EITHER PARENT IS REMARRIED, GIVE NAME AND ADDRESS OF STEP PARENTS:

A. _____

B. _____

PERSONAL DATA

List the names of your Brothers and Sisters, giving ages and addresses of each. Also include any Step-Brothers and Step-Sisters. Continue on separate page

	NAME	AGE	ADDRESS
1			
2			
3			
4			

What is your present Marital Status? Single Married Separated Divorced Widowed

List name and address of spouse: _____

List name and address of children: (1) _____

(2) _____

(3) _____

Have you used, tried or experimented with any habit forming or unlawful drug such as but not limited to, Hallucinogens, Barbiturates, Marijuana or any controlled substance in any form? Yes No **If Yes, Explain.**

	DRUG TYPE	TOTAL USAGE	LAST DATE USED (MONTH / YEAR)
1			
2			
3			

Are you now or have you ever been a member or supported the basic tenets and belief of any group association or organization, which advocates aggression or violence towards any person or group of persons because of race, religion, or ethnic origin? Yes No **If Yes, Give complete**

details: _____

Have you ever applied for employment with any Law Enforcement or Correctional Entity to include Federal, State, or Local Employer? Yes No **If Yes, List:**

	DATE	AGENCY	POSITION	STATUS
1				
2				
3				

Have you ever been denied employment with any Law Enforcement or Correctional Entity to include Federal, State or Local Employer? (Exclude Medical Reasons) Yes No **If Yes, Explain:**

EDUCATION

Have you ever attended or been enrolled in a police or correctional academy or school?

Yes No **If Yes, Give:**

Name of School Course Dates Attended

1. _____
2. _____
3. _____

	High School	G. E. D.	College/University	Graduate/Professional
School Name				
Grade Number of Years Completed (Circle) Year Graduated	9 10 11 12		1 2 3 4	1 2 3 4
Diploma/Degree Year Graduated				
Describe specialized training, apprenticeship, skills or selected extra curricular activities.				

MILITARY DATA

Have you ever been a member of any Branch of Military Services / Armed Forces in the United States or a Foreign country?

Yes No **If Yes, Give Branch Name:**

Service Number: _____ **Date Entered**

Date Discharged or Pending B Discharge _____ **Number of Enlistments:**

Highest Rank: _____ **Primary Duties:**

Type of Discharge: **Honorable General Dishonorable**

During your Military Service as outlined above,

A. Were you ever disciplined? Yes No

Did you ever receive a Summary or Deck Court Martial, (including Article 15) Yes No

B. Did you ever appear before your commanding officer or other person representing him for disciplinary reasons? Yes No **If Yes, List:**

	DATE	CHARGE (S)	DISPOSITION
1.			
2.			
3.			

EMPLOYMENT EXPERIENCE

List each job held. Start with your present or most recent job. Include military service assignments and volunteer activities. YOUR APPLICATION WILL NOT BE CONSIDERED UNLESS YOU PROVIDE ALL INFORMATION REQUESTED BELOW. STATING "SEE RESUME" WILL MAKE YOUR APPLICATION INVALID.

Employer		DATES		WORK PERFORMED
Address		From	To	
		SALARY		
City State Zip		Starting	Final	
Job Title Supervisor		_____ Hr _____ Hr		
		_____ Wk _____ Wk		
Telephone Number:		_____ Mo _____ Mo		Full-Time Part-Time
Reason for Leaving:				Hours Per Week: _____
Employer		DATES		WORK PERFORMED
Address		From	To	
		SALARY		
City State Zip		Starting	Final	
Job Title Supervisor		_____ Hr _____ Hr		
		_____ Wk _____ Wk		
Telephone Number:		_____ Mo _____ Mo		Full-Time Part-Time
Reason for Leaving:				Hours Per Week: _____
Employer		DATES		WORK PERFORMED
Address		From	To	
		SALARY		
City State Zip		Starting	Final	
Job Title Supervisor		_____ Hr _____ Hr		
		_____ Wk _____ Wk		
Telephone Number:		_____ Mo _____ Mo		Full-Time Part-Time
Reason for Leaving:				Hours Per Week: _____

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Employer		DATES		WORK PERFORMED
Address		From	To	
		SALARY		
City State Zip		Starting	Final	
Job Title Supervisor		_____ Hr	_____ Hr	
		_____ Wk	_____ Wk	
Telephone Number:		_____ Mo	_____ Mo	Full-Time Part-Time
Reason for Leaving:				Hours Per Week: _____
Employer		DATES		WORK PERFORMED
Address		From	To	
		SALARY		
City State Zip		Starting	Final	
Job Title Supervisor		_____ Hr	_____ Hr	
		_____ Wk	_____ Wk	
Telephone Number:		_____ Mo	_____ Mo	Full-Time Part-Time
Reason for Leaving:				Hours Per Week: _____
Employer		DATES		WORK PERFORMED
Address		From	To	
		SALARY		
City State Zip		Starting	Final	
Job Title Supervisor		_____ Hr	_____ Hr	
		_____ Wk	_____ Wk	
Telephone Number:		_____ Mo	_____ Mo	Full-Time Part-Time
Reason for Leaving:				Hours Per Week: _____

RESIDENTIAL INFORMATION

CHRONOLOGICALLY, List all your Residences for the past Ten (10) Years, starting with your present address. Also give the name and current address of two nearest neighbors, roommates, landlords, realty company, etc.

DATES	COMPLETE ADDRESS	NEIGHBORS COMPLETE NAME AND ADDRESS
From:		1.
Present:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.

LIST THREE PEOPLE WHO WOULD HAVE KNOWLEDGE OF YOUR QUALIFICATIONS. PLEASE, DO NOT INCLUDE RELATIVES.

NAME	ADDRESS	TELEPHONE NUMBER	OCCUPATION
		()-	
		()-	

NOTICE TO APPLICANTS

CRIMINAL INVESTIGATION

It is the policy of Albemarle-Charlottesville Regional Jail to request criminal and driving records (for certain positions) on applicants during the screening process. Officers must be eligible for a Virginia Operators License and remain eligible in order to work for the Albemarle-Charlottesville Regional Jail.

Applicants with criminal or traffic convictions may be rejected for employment where there is a demonstrable relationship to the job for which the applicant is applying. The Albemarle-Charlottesville Regional Jail will consider the nature, gravity, and time of the offence rather than automatically excluding applicants solely on the basis of a conviction. Arrest records will have no bearing on the selection process; however, an applicant may be required to provide additional information before being allowed to continue in the selection process.

If, when requested, you do not sign the " Criminal History" or " Motor Violation Record Request" form, you will not be considered for employment.

For applicants for positions at the Albemarle-Charlottesville Regional Jail

Applicants for positions at the Albemarle-Charlottesville Regional Jail will be required to submit fingerprints for an FBI criminal history records check. In addition, a Financial Report may be required.

Have you ever been convicted of any felony, any crime involving moral turpitude, or any offence involving the sexual molestation, physical or sexual abuse or rape of a child? YES NO If yes, describe in full.

ARREST RECORD				
Have you ever been charged or arrested for any Criminal Offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, List:				
	DATE	JURISDICTION	CHARGE (S)	DISPOSITION
1				
2				
3				
4				
DRIVING RECORD				
In what state are you currently licensed to drive?				
Permit Number: _____ Expiration Date: _____				
Has you permit or privilege to drive ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No				
List all Traffic Tickets that you have ever received in Virginia and all other states.				
	DATE	JURISDICTION	REASON (S)	
1				
2				
3				
4				

THANK YOU

Thank you for your interest in Albemarle-Charlottesville Regional Jail.

WHAT HAPPENS NEXT

Your application will be reviewed and placed in our **ACTIVE FILES** for consideration. It is your responsibility to have all the required supporting documents sent to the Recruiter.

WHEN A VACANCY OCCURS

After the position announcement closing date, your application will be reviewed by the Recruiter to determine if you meet the criteria as set by the Albemarle-Charlottesville Regional Jail. If your credentials have met the qualifications for the position, your application will be sent to the Superintendent for review.

The Superintendent determines which candidate will be interviewed. After this determination, the Office Administrator will be in contact with those of you who are scheduled for an interview.

NOTIFICATION OF EMPLOYMENT

The official notification of employment comes from the Superintendent. If selected for a position, the Office Administrator of your starting date and the terms and conditions of employment will inform you. You will be asked to come to the Jail to enrol in the benefits program.

APPLICATION RENEWAL Your main application will remain in the **ACTIVE FILES** for one year from the date of receipt. It will be retained as **INACTIVE** for two additional years unless an application renewal is requested. Your application will be returned to the **ACTIVE FILES** only upon receipt of the renewal request. For each additional position you are interested in, you will need to call the Recruiter and ask that your application be considered for the position.

You are encouraged to keep the Recruiter informed of changes, which occur in the information submitted in your original application. If you have questions concerning the selection process, you are encouraged to call the Recruiter.

EQUAL OPPORTUNITY EMPLOYER

Albemarle-Charlottesville Regional Jail does not discriminate on the basis of race, colour, national origin, gender, religion, age or disability in employment.

Revised: May 2, 2005