ALBEMARLE-CHARLOTTESVILLE REGIONAL JAIL 160 Peregory Lane

Charlottesville, VA 22902



Phone: (434) 977-6981 www.acrj.org

Dear Applicant:

Thank you for your interest in a position with the Albemarle-Charlottesville Regional Jail. Please complete the included Employment Application in its entirety and attach all requested documents. Virginia State Law requires these documents are submitted before your application can be processed further.

Your application will remain in our active files for six months. If you are interested in any additional positions that become available, contact our Human Resources Department and request your application be considered for that position.

Should you have any questions, please feel free to call our Human Resources Department at (434) 977-6981 Ext. 210.

Good luck in your search for a position!

Sincerely,

Colonel Martin Kumer

Superintendent

ALBEMARLE-CHARLOTTESVILLE REGIONAL JAIL



160 Peregory Lane Charlottesville, VA 22902

Phone: (434) 977-6981 www.acrj.org

NOTICE TO APPLICANTS

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 submit the information on a separate sheet of paper.

Please attach the following documents, or copies, at the time you submit your application:

- Birth Certificate
- High School Diploma or Equivalency Certificate
- Social Security Card
- Driver's License

If applicable:

- Military Discharge (DD214 Long Form)
- Naturalization Certificate showing US citizenship
- Appropriate permit to work in the United States through the Department of Justice or United States Department of Labor (non-sworn positions only)
- Diploma(s) showing certification of basic training for law enforcement and/or corrections
- Advanced training certificates or summaries
- College transcript(s)

You may submit your application and the required documents listed above by delivering it to the receptionist at the jail or by mailing it to the jail at the address below. Please, <u>do not</u> fax your application and/or the required documents.

Albemarle-Charlottesville Regional Jail Attn: Human Resources Department 160 Peregory Lane Charlottesville, VA 22902

I understand all the information contained herein is confidential. These documents 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.
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Signature: _	Date:	
~		



ALBEMARLE-CHARLOTTESVILLE REGIONAL JAIL 160 Peregory Lane Charlottesville, VA 22902

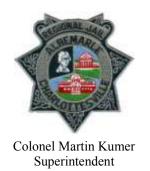
Phone: (434) 977-6981 www.acrj.org

Colonel Martin Kumer Superintendent

AUTHORIZATION FOR RELEASE OF INFORMATION

(MUST BE COMPLETED WITH A NOTARY PUBLIC BEFORE SUBMISSION OF APPLICATION)

Full Legal Name (type or print))	Social Security Numb	oer	
Date of Birth (mm/dd/yyyy)		-		
educational facility or anyone l representative, of the Albemarl	listed by me on le-Charlottesvil ng me, my Crii	y employer, previous or current, a my application to furnish any inv lle Regional Jail bearing this relea minal History/Motor Vehicle Viol (PREA Standard 115.17).	restigator, or duly accredited se, or copy thereof, any and	all
Regional Jail as part of the bac liability, or damage, that may r	kground invest esult from furn	ess to, any information given to the igation. I hereby release you, you ishing the information requested the eted routinely when employment	or organization or others from to be released above. Backg	round
Given under my hand this		of Month	Year	
	Day	Month	r ear	
	Signatur	re of Applicant		
Commonwealth of Virginia - C	·	re of Applicant		
on	County/City of Day		licant's Name	
on Month Personally appeared before me	Day and acknowled	,Year App dged his/her signature to the abov	licant's Name e statement.	
on Month Personally appeared before me	Day and acknowled	,Year — App	licant's Name e statement.	



ALBEMARLE-CHARLOTTESVILLE REGIONAL JAIL

160 Peregory Lane Charlottesville, VA 22902

Phone: (434) 977-6981 www.acrj.org

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Position applied for:
1 Rate of Pay Expected: per
EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION APPLICANT INFORMATION
Information required below 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.
How did you learn of this vacancy? (Please check one)
= Mail
= College Placement Office (Please give name of college)
= Job Service
= Albemarle-Charlottesville Regional Jail Employee (Please give name of employee)
= Newspaper Ad (Please give name of newspaper)
= Community Organization (Please give name of organization)
= State Office
= College Recruitment Fair (Please give name of college/university)
= Walk In
= Other (Please specify)
<u>VERIFICATION OF ELIGIBILITY TO WORK</u>
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, U. S. birth certificate, and a driver's license. Individuals applying for sworn officer positions must be a United States Citizen.
For purposes of compliance with Section 40.1-11.1 of the Code of Virginia, entitled "Employment of Illegal Immigrants," pleas state whether you are legally eligible for employment in the United States: (You are legally eligible for employment 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) \Box Yes \Box No
AGREEMENT
I certify the answers given herein are true and complete to the best of my knowledge.
I understand 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.
Signature: Date:



ALBEMARLE-CHARLOTTESVILLE REGIONAL JAIL

160 Peregory Lane Charlottesville, VA 22902

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AUTHORIZATION FOR RECORDS REVIEW

Last Name		First Name Middle Name						Maiden, Former Marriages(s) Name(s), and/or Alias		
Month	Date of Birth Day	h Place of Birth (City-Town-County) Year					State	Social Security Number		
Race	Sex	Age	Height	Weight	Hair	Eyes		Position Applied For		
	Home Address	St	reet	City-Town- Co	ounty		State	Zip Code		
			AUT	ΓHORIZATION I	FOR RECOF	RDS CHECK				
				Signat	ture	-		Date		
			<u>DO</u> CRI MINAL H	<i>NOT WRITE</i> ISTORY/MOTOR	R VEHICLE V	THIS LIN TOLATION	E RECORD			
	RECORDS CHE	CK RUN BY: _								
		SIG	NATURE					DATE		
	APPLICATION	PROCESSED B	Y:							
		SIG	NATURE					DATE		
	REVIEWED BY									
		SIG	NATURE					DATE		

PERSONAL DATA								
Telephone Numbers (Inclu	ding Area Code):							
Home:	Work:	Cell:	 					
	ged your name: () Yes () No If	Yes,						
From:	To:		Data					
If applicable, place of natu			Date					
	ranzauon:							
Naturalization Certificate Number:								
	City and S	State of Res	sidence:					
	City and S	state of Res	idence:	612				
old:	one other than your natural parents, in	iaicate wn	o you lived with between the a	ges of 13 years old and 18 years				
	······	Rela	ationship(s):					
City and State of Residenc	e:		• • • • • • • • • • • • • • • • • • • •					
	ied, give name and city and state of res							
•			• •					
				• • • • • • • • • • • • • • • • • • • •				
List the names, ages, an	d city and state of residence of your	r brothers	, sisters, step-brothers, and	l/or step-sisters.				
XXXX	Name	Age	City and	State of Residence				
1								
2								
3								
4								
v i	arital Status? 🗆 Single 🗆 Married	-						
	pouse:							
List name and address of c	2.							
	3.							
	experimented with any habit formi a or any controlled substance in an	_	•					
barbiturates, Marijuan		y torm:	□ Yes □ No If Y	es, explain:				
	Drug Type		Total Usage	Date Last Used				
1								
2								
3								
organization, which advo	a ever been, a member or supported the cates aggression or violence towards digang associate with active gang me	any persoi		e of race, religion or ethnic				

		DENTIAL INFOR						
Chronologically, list all your residences for the past ten (10) years, starting with your present address.								
Dates		Complete Address						
From:								
Present:								
From:								
То:								
From:								
То:								
From:								
То:								
List any other states you	have ever lived in, if not li	isted above:						
		EDUCATION						
=	ed or been enrolled in a po	Course		es Attended				
	High School	G. E. D.	College/University	Graduate/Professional				
Name of School								
Grade Number of Years Completed (Check One)	9 10 11 12		1 2 3 4	1 2 3 4				
Graduated (Yes or No)								
Year Graduated								
Diploma/Degree								
	EDUCATION	SUPPLEMENTAL	INFORMATION					

	MILITARY DATA						
country Service Date Di	?	of any Branch of Military Servi Yes, Give Branch Name: Date Ente ischarge: Primary Duties: _	red: Number of Enlistments:				
Type of	Discharge (Check one):	Honorable General	Dishonorable				
A. We Did B.	Did you ever appear be		r other person representing hi				
Date Charge(s) Disposition				ition			
1.							
2.							
3.							
		MILITARY SUPPLEMEN	ITAL INFORMATION				
		EMBI OVACENTA	CVDEDIENCE				
		EMPLOYMENT					
Have yo Agency		oyment with any Law Enforcement If Yes, list:	at or Correctional Entity to include	de Federal, State or Local			
1	Date	Agency	Position	Status			
2							
3 4							
5							
6		L	1				

EMPLOYMENT EXPERIENCE

List each job held. Start with your present or most recent job. Include military service assignments and volunteer activities. Please provide all of the requested information below. Stating "See Resume" will make your application invalid.

Employer:		From:		DATES To	:		Work Performed:	
Address:		SALARY						
		Starting:		Final:				
Job Title	Supervisor		_Hr _	1	Hr			
Job Title	Super visor	-	_Wk _		Wk			
Telephone Number:			_Mo		Мо	Check one:	Full-Time	Part-Time
Reason for Leaving:						Hours Per Weel	k:	_
Employer:		From:		DATES To			Work Performed:	
Address:		SALARY						
		Starting:		Final:				
_			Hr _	1	Hr			
Job Title	Supervisor		_Wk _		Wk			
Telephone Number:			_Mo		Мо	Check one:	Full-Time	Part-Time
Reason for Leaving:						Hours Per Weel	k:	_
Employer:		From:		DATES To	:		Work Performed:	
Address:		SALARY						
		Starting:		Final:				
Job Title	Supervisor		_Hr _	1	Hr			
oob Tute	Super visor		_Wk _	·	Wk			
Telephone Number:			_Mo _		Mo	Check one:	Full-Time	Part-Time
Reason for Leaving:						Hours Per Weel	k:	

EMPLOYMENT EXPERIENCE

List each job held. Start with your present or most recent job. Include military service assignments and volunteer activities. Please provide all of the requested information below. Stating "See Resume" will make your application invalid.

Employer:		From:		DATES To:		Work Performed:	
Address:		SALARY					
		Starting:		Final:			
Job Title	Supervisor		Hr _	Hr			
Job Hue	Super visor		Wk _	Wk			
Telephone Number:			Мо	Мо	Check one:	Full-Time	Part-Time
Reason for Leaving:					Hours Per Week:		_
Employer:				DATES		Work Performed:	
Address:		From:		To:			
Address:		SALARY					
		Starting:		Final:			
		-	Hr _	Hr			
Job Title	Supervisor		_Wk _	Wk			
Telephone Number:			Mo	Мо	Check one:	Full-Time	Part-Time
Reason for Leaving:					Hours Per Week:		_
n .				D. I TING		W I D C	
Employer:		From:		DATES To:		Work Performed:	
Address:		SALARY					
		Starting:		Final:			
		-	Hr _	Hr			
Job Title	Supervisor		Wk _	Wk			
Telephone Number:			Mo	Мо	Check one:	Full-Time	Part-Time
Reason for Leaving:					Hours Per Week:		_

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 offense 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.

hysical 	or sexual abuse or	rape of a child? Yes \square	No ☐ If yes, describe	in full:
		A	RREST RECORD	
Have y	ou ever been cha	arged, arrested or convicted	l for any Criminal Offense?	Yes □ No If Yes, list:
	Date	Jurisdiction	Charge(s)	Disposition
1				
2				
3				
4				
	<u>.</u>	DI	RIVING RECORD	•
			xpiration Date:	
List al		vilege to drive ever been su ou have ever received in Vi	-] No
	Date	Jurisdiction	Re	eason(s)
1				
2				
3				
4				

REFERENCES							
List three people who would have knowledge of your qualifications. Please do not include relatives.							
Name City and State of Residence Telephone Number (Including Area Code)							

<u>NARRATIVE</u>
Explain in your own words why you desire to work in the position you have applied for. In addition, indicate what qualifications you possess for this position. (Print or Type)

CONTINUATION PAGE If any additional space was needed for any answer, please continue here:

SELECTION PROCESS

THANK YOU

Thank you for your interest in a position with the 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 attached with the application at the time it is submitted.

WHEN A VACANCY OCCURS

After the position announcement closing date, your application will be reviewed 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 appropriate Department Head for review.

The Department Head or designee determines which candidate(s) will be interviewed. After this determination, the Department Head or designee will contact you to schedule an initial first interview.

If you are applying for a <u>sworn officer position</u>, you will be required to complete a mile and a half run in twenty minutes or less.

Upon completion of all interviews and testing (if applicable), the Department Head or designee will contact you to inform you if you have or have not been selected for an interview with the Superintendent.

NOTIFICATION OF EMPLOYMENT

The official notification of selection for employment comes from the Superintendent to the Department Head or designee. If selected for a position, the Department Head or designee will inform you of your selection and set up a start date and review the terms and conditions of employment. You will be asked to come to the jail to receive your initial hire paperwork (i.e. physical, benefits, etc.) with the Human Resources Department.

APPLICATION AMENDMENTS

Your main application will remain in the active files for six months from the date of receipt. For each additional position you are interested in, you will need to contact the Human Resources Department and ask your application be considered for each position.

You are encouraged to keep the Human Resources Department 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 Human Resources Department.

EQUAL OPPORTUNITY EMPLOYER

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

Revised: April 12, 2016