

# CAROLINE DETENTION FACILITY

BOWLING GREEN, VA

## APPLICATION FOR EMPLOYMENT

The Caroline Detention Facility is an Equal Opportunity Employer. We are committed to excellence through diversity.

Please complete this application in full, even if you attach a resume. The application must be fully completed to be considered for hire.

### PERSONAL INFORMATION

Name (Last, First, MI)

Address		City	State	Zip
Primary Contact Number	Secondary Contact Number	Email Address		

One must be at least 21 years old to work at the Caroline Detention Facility. Do you meet this requirement? Yes \_\_\_ No \_\_\_

Do you have a valid driver's license? Yes \_\_\_ No \_\_\_ Are you legally authorized to work in the U.S.? Yes \_\_\_ No \_\_\_

Have you resided in the United States for the last three (3) consecutive years? Yes \_\_\_ No \_\_\_

What is your citizenship status? \_\_\_\_\_

Do you have a valid social security card issued & approved by the U. S. Social Security Administration? Yes \_\_\_ No \_\_\_

Have you ever been granted military or government security clearance? Yes \_\_\_ No \_\_\_ If yes, level: \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_ If yes, when & where? \_\_\_\_\_

Have you ever been convicted for the violation of any law in military or criminal court that has not been sealed, annulled, or deleted from record? Yes \_\_\_ No \_\_\_ If yes, when and where? \_\_\_\_\_ Type of conviction: \_\_\_\_\_

Do you use illegal drugs? Yes \_\_\_ No \_\_\_ If yes, to what extent? \_\_\_\_\_

Have you ever experimented with **ANY** illegal drugs? Yes \_\_\_ No \_\_\_ Date of most recent experimentation: \_\_\_\_\_

Have you ever been involved in a transaction where illegal drugs were bought, sold, traded or stolen? Yes \_\_\_ No \_\_\_  
If yes, describe your involvement: \_\_\_\_\_

If selected, are you willing to submit to a Pre-Employment Drug Screening test? Yes \_\_\_ No \_\_\_

If selected, do you authorize full disclosure of all personal records in order for an agent of this organization to conduct a thorough background investigation? Yes \_\_\_ No \_\_\_

Other than English, what language(s) do you read, speak, and/or write? \_\_\_\_\_ Read \_\_\_ Write \_\_\_ Speak \_\_\_  
\_\_\_\_\_ Read \_\_\_ Write \_\_\_ Speak \_\_\_

How did you hear about this employment opportunity? \_\_\_\_\_

### POSITION

Position Applying For	Date Available	Desired Annual Salary	Full Time _____ Part Time _____
			If P/T, Hours available: _____

This facility is a 24 hour/7 days per week operation. Are you available to work any schedule necessary? Yes \_\_\_ No \_\_\_

If No, what days/hours are you available? \_\_\_\_\_

### EDUCATION

Do you have a High School Diploma or GED? Yes \_\_\_ No \_\_\_

High School	City, ST	Years Attended (From-To)	Grade Completed
College/University	City, ST	Years Attended (From-To)	Degree(s) Achieved

## EMPLOYMENT HISTORY

Please provide information from your last five (5) years of employment.

If you are currently working, may we contact your employer? Yes \_\_\_\_ No \_\_\_\_

<b>Employer (1)</b>	Job Title		Dates Employed
Work Phone	Supervisor		Last Pay Rate
Address	City	State	Zip
<b>Employer (2)</b>	Job Title		Dates Employed
Work Phone	Supervisor		Last Pay Rate
Address	City	State	Zip
<b>Employer (3)</b>	Job Title		Dates Employed
Work Phone	Supervisor		Last Pay Rate
Address	City	State	Zip
<b>Employer (4)</b>	Job Title		Dates Employed
Work Phone	Supervisor		Last Pay Rate
Address	City	State	Zip

## REFERENCES

Name	Title	Relationship	Phone

## SIGNATURE DISCLAIMER

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

<b>Name (Please Type or Print)</b>	<b>Signature</b>	<b>Date</b>

# Caroline Detention Facility Background Investigation Release



Name: \_\_\_\_\_

Address: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Race: \_\_\_\_\_

Birthplace: \_\_\_\_\_  
City/County State Country

I am a prospective (check one):  Employee  Contractor  Volunteer

By my signature, I authorize and consent to the release and disclosure to the Caroline Detention Facility any and all information or records requested regarding me, including, but not necessarily limited to, my employment records, volunteer experience, military records, financial information, birth & citizenship records, arrests/convictions (criminal & traffic), and any other background information, including any incidence of sexual misconduct, according to the Prison Rape Elimination Act (PREA).

I have authorized this information to be released, either in writing or via telephone, in connection with my potential work relationship with the Caroline Detention Facility. Any person, firm, organization, or corporation providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. Such information will be held in confidence in accordance with agency guidelines.

A photocopy or facsimile of this release form will be valid as an original, even though the photocopy does not contain my original signature.

\_\_\_\_\_  
Applicant Signature & Date

\_\_\_\_\_  
Witness Signature & Date