

DCJS PRE-EMPLOYMENT REGISTRATION FORM

Submit within 10 days after student acceptance to:

Department of Criminal Justice Services

805 East Broad Street, Richmond, Virginia 23219

Please type or print clearly

Student's Name:

Last: _____ First: _____ MI: _____

Social Security No: _____/_____/_____

Sex: Male _____ Female: _____

RACE: (circle the one that applies)

African American

Hispanic

Asian/ Pacific Isl.

Native American

Caucasian

Other (explain): _____

EDUCATION:

Less than High School (GED) High School or Equivalent Some College

Associate Degree Four Year Degree Post Graduate Degree

Certified Academy Accepting Student: _____

Date of Acceptance: _____

Type of Training for which accepted: (Check all below that apply)

Law Enforcement Jail/Inmate Security

Court Security/Civil Process Dispatch/Communications Officer

Check is attached, payable to Treasurer, Commonwealth of Virginia for \$100.00: Yes No

The individual listed above has met all requirements as required by the Guidelines for approval of pre-employment training as established by the Department of Criminal Justice Services.

ATTEST: I certify that the above statements are true and correct to the best of my knowledge.

Signature of Student: _____ Date: _____

Submitted by: _____

Academy Director: _____

State of Virginia; County/City of witness: _____

Subscribed and sworn to before me this _____ day of _____

My Commission expires: _____

SIGNATURE OF NOTARY PUBLIC

HOLD HARMLESS AGREEMENT/RELEASE OF LIABILITY FOR
PIEDMONT REGIONAL CRIMINAL JUSTICE TRAINING ACADEMY
PRE-EMPLOYMENT TRAINING

I, _____, an applicant to the Piedmont Regional Criminal Justice Training Academy Pre-Employment Training Program understand that this program may involve activities and situations where my safety, comfort and wellbeing may be jeopardized.

I, _____, understand that criminal justice training is dangerous. This training requires situations that depict what a criminal justice professional must do when faced with "real life" experiences. I have been advised that I may be required to actively participate in physical confrontations, where physical injury may occur.

I, _____, understand that this program may require strenuous physical exercise and place me in situations that could create psychological stress at times where I must make spontaneous judgments.

I fully recognize the risk involved in these activities and do hereby assume full responsibility for such risks and release Piedmont Regional Criminal Justice Training Academy and its agents from any and all liability arising from my participation in the Piedmont Regional Criminal Justice Training Academy Pre-Employment Training Program.

APPLICANT SIGNATURE: _____

DATE: _____

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____

My Commission expires: _____

SIGNATURE OF NOTARY PUBLIC

WAIVER & RELEASE FOR BACKGROUND INVESTIGATION

I, _____, am presently applying for pre-employment as a recruit (student) for _____ which I acknowledge and understand, must thoroughly investigate the following, but not limited to: my employment background, criminal history, personal background, education, credit history and reports, possible military records and references in order to evaluate my qualifications for a position as a recruit (student). I understand that it is in the public's interest that all relevant information in this regard, including my personal and employment history with my current and former employers, be disclosed to the Piedmont Criminal Justice Training Academy (PRCJTA). By this release, I hereby authorize any representative of all of my former employers, which have been fully disclosed and identified in my employment application, to divulge any information in its files, including my personnel file, pertaining to my employment records and history. I further authorize the release of such information, including photocopies, upon request to any representative of the PRCJTA. I also authorize all former employers identified in my employment application to permit a review and full disclosure of all records, or any part thereof, concerning myself and my employment with those former employers, by and to any duly authorized agent of the PRCJTA. Said records are or may be of public, private, or confidential nature. The intent of this authorization is to permit all former employers identified in my employment application to provide, and for the PRCJTA to obtain, full and free access to ALL records with the specific purpose of permitting the PRCJTA to conduct a thorough background investigation regarding me. It is my specific intent to provide the PRCJTA with access to personnel information, however personal or confidential it may appear to be. I authorize all former employers and their representatives, which have been fully disclosed and identified in my employment application, to release any and all public and private information that it may have concerning me, my work record, my background and reputation, including photocopies of those documents. My military service records (if applicable), education records, my financial status, my credit history and reports, my criminal history record, including my arrest record(s) and records compiled during or as the result of a criminal investigation(s) of me. Efficiency ratings, work performance evaluations, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had, an interest. Attendance records, polygraph examinations, and any

internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed and I authorize any PRCJTA staff, that may have already completed a background investigation on me, to share any and all information with internal staff or board members. I hereby release all former employers identified in my employment application, and, if applicable, their elected and appointed officials, employees and agents and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release all former employers identified in my employment application, and, if applicable, its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind; which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct all former employers identified in my employment application to release such information upon request of the representative of the PRCJTA, regardless of any agreement I may have made with the former employer to the contrary. I also authorize law enforcement agencies with whom I may have applied for employment in the past or in the future to share their background investigative information with the PRCJTA in order to ascertain my suitability for service as a recruit (student). I release and hold harmless all of those law enforcement agencies, the PRCJTA staff, its elected and appointed officials, agents and employees from and against any and all liability which might result from conducting such an investigation. Including any damages of whatever kind which may at any time result to me, my heirs, family or associates because of such investigation. I recognize and understand my rights under Title 5, United States Code, Section 552a, The Privacy Act of 1974, with regard to access and disclosure of records. I waive those rights with the understanding that information furnished by any former employer will be used by the PRCJTA in conjunction with recruit (student) procedures. A photocopy or facsimile of this release form will be valid as an original thereof, even though the said photocopy or facsimile does not contain an original writing of my signature. This waiver is valid for a period of one year from the date of my signature as listed below. Should there be any question as to the validity of this release, you may contact me at the address listed in the application or this agreement. I agree to indemnify and hold harmless the person, to whom this request is presented, as well as his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Sworn to (or affirmed) and subscribed before me this _____ day of _____, in the year of 20 _____.

_____ (Notary)

_____ Applicant's Full Name (Printed)

_____ Applicant's Signature

_____ Applicant's Street Address

_____ City State Zip