

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS

Print in Black Ink or Type

Answer each item completely and accurately. Incomplete answers on this application may disqualify you or may cause delays.



Application Position:

Deputy Jailer Clerical Other: _____

McCracken County Jail

400 Clarence Gaines Street ~ Paducah, KY 42003
270-444-4730

PERSONAL INFORMATION

First Name: SSN: Home Phone:

Middle: Birth Date: Cell Phone:

Last Name: Suffix or Any Other Name: e-mail: _____

Address: City: State: Zip Code:

Are you a U.S. Citizen? Yes No Are you a legal permanent resident? Yes No Do you have a valid drivers license? Yes No State & License #:

Currently Employed in Corrections/Law Enforcement? Yes No Previously Employed in Corrections/Law Enforcement? Yes No Has your license ever been suspended or revoked? Yes No If YES, Reason & Date:

Have you ever been convicted of violating ANY law, other than traffic violations? Yes No If YES, list convictions & dates below.

Conviction Info:

Date Available for Work: Type of Work: Full Time Part Time Day Evening Night Any Shift Availability: _____

Education & Training

Complete accurately and mark highest grade or year completed at ALL levels of school below. Provide **originals** of following, if required: (1) GED certificate; (2) high school diploma/transcript; (3) vocational/technical school transcript; or (4) college transcript with an official seal & Registrar's signature. NOTE: Education must be verified 90 days after hire/promotion or appointment will be terminated.

GED High School Diploma 9th 10th 11th College: 1yr 2yrs 3yrs 4yrs 6yrs 7yrs 8yrs

School	Name/Address of School	Date Attended FROM:	Date Attended TO:	Hours Earned:	Major	Minor	Degree/Diploma/Certificate Earned?
High School							
Under Graduate College/University							
Graduate College/University							
Vocational/Business/Technical							
Corrections/Law Enforcement Academy/Training Program							

When documenting hours, please specify if college hours are per semester or quarter.

Licenses/Certifications or Language Proficiency

If you have a license/certificate related to a position, please provide a copy.

Examples are POPS Certification, a license to practice law, teacher certification, nurse license, EMT Certification, etc.

I hold a current license or certification as indicated below, and/or can communicate fluently with others in the below listed language(s)

License or Certification Title & Number	Original Issue Date	Current Expiration Date	Name, Address & Phone Number of Licensing Agency
Additional Languages you are proficient in			
	<input type="checkbox"/> I Can Speak this Language	<input type="checkbox"/> I Can Read and Write This Language	

Employment History

EMPLOYMENT HISTORY: Begin with your most recent job and provide as much detail as possible. Be sure to complete each blank in this section thoroughly and accurately as changes you wish to make after submitting this application must be verified by the employer. If you changed positions within the same organization and your duties changed, describe each job in a separate block. When listing job duties, **list those that took most of your time first**. If your application reflects incomplete or conflicting information (including employment dates and average hours) you will receive partial or no credit for that job. NOTE: You must complete this application form as resumes are not considered official, but may be submitted if signed and dated .

May we contact your present employer? Yes No

If no, please explain:

Employed From: To:

Position Title:

Starting Salary: Last Salary:

Average Hours Worked Per Week:

Reason For Leaving:

Employers Name:

Job
Duties

Address:

Type of Business:

Supervisor's Name:

Supervisor's Phone Number:

I was a supervisor from: To:

Additional Information:

Employed From: To:

Position Title:

Starting Salary: Last Salary:

Average Hours Worked Per Week:

Reason For Leaving:

Employers Name:

Job
Duties

Address:

Type of Business:

Supervisor's Name:

Supervisor's Phone Number:

I was a supervisor from: To:

Additional
Information:

Employed From: To:

Position Title:

Starting Salary: Last Salary:

Average Hours Worked Per Week:

Reason For Leaving:

Employers Name:

Job
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Average Hours Worked Per Week:

Reason For Leaving:

Employers Name:

Job
Duties

Address:

Type of Business:

Supervisor's Name:

Supervisor's Phone Number:

I was a supervisor from: To:

Additional
Information:

Professional Organizations: Indicate current membership in professional organizations.

Organization	Title	Date Membership Expires

Character References: Other than relatives, former employers or supervisors.

Name	Address	Phone Number

Certification of Information Provided

- IMPORTANT - THIS SECTION MUST BE COMPLETED - SIGNATURE - Please read and sign the following statement:

I certify, under penalty of law, that the information given in this application is correct and complete to the best of my knowledge. I am aware that, should an investigation at any time show falsification, I will not be considered for employment or, if employed, I could be dismissed. I hereby authorize the McCracken County Jail and agencies to whom my name is certified / referred to make all necessary investigations concerning me, my work habits, character, or my action in any transaction. I authorize the McCracken County Jail to receive my academic records or other material pertinent to my qualifications, and further authorize and request each former employer, person given as a reference, educational institution, or organization (including law enforcement agencies) to provide all information that may be sought in connection with my application. I understand and agree that I will be required to ratify the information contained in this application by signature as a condition of employment. I also understand that the McCracken County jail is a drug free workplace and that substance abuse testing may be requested during this application process or, if employed, at the discretion of the Jailer.

Date: _____

Signature: _____

Background Check Authorization

I, _____, do hereby authorize the McCracken County Jail to conduct a thorough background check, including any and all criminal and/or police records regarding my application for employment.

Date: _____

Signature: _____