



## **INFORMATION FOR EMPLOYMENT**

### **PURPOSE AND USE**

The principle purpose of the information forms is to collect information needed to determine qualifications, suitability and availability of applicants for employment. Your completed form may be used to examine, rate and/or assess your qualifications and contact you concerning availability and/or interview.

### **EFFECTS OF NONDISCLOSURE**

Because the employment information forms request both optional (other skills, training, social security number, etc) and mandatory data (qualifications and biographical information, etc), it is in your best interest to answer all questions. Omission of an item means you may not receive full consideration for a position. Omission of information may also be grounds for not employing you, or for dismissing you after you begin work. All statements are subject to investigation, including a check of your finger prints, police records and former employers. All information you give will be considered in reviewing your application.

### **NOTICE**

Incomplete information will result in a delay in the processing of your application.

**Boyd County Detention Center**

William D. Hensley, Jailer

209 28th Street Ashland, KY 41129-Office 606-739-4224-Fax 606-989-2102

## APPLICANT'S STATEMENT

I agree to submit to and satisfactorily pass pre-employment drug screen by a qualified party of the detention center's choosing. I also agree to submit to random drug testing on a mandatory basis.

I understand, if accepted for employment, that this application does not constitute an employment contract, expressed or implied. An individual's employment and compensation can be terminated at any time at the option of either the Boyd County Detention Center or the employee.

I authorize all persons, schools, current employer, previous employers and organizations named in this application (and accompanying resume, if any) to provide the Boyd County Detention Center with any relevant information that may be required to arrive at an employment decision. I authorize the detention center to conduct an NCIC background check and investigate my driving record, criminal history and any other pertinent information as is necessary to arrive at an employment decision, in accordance with applicable detention center policy, procedure and law. I agree to cooperate in such investigations and release those parties supplying such information to the detention center from all liability or responsibility with respect to information supplied. I authorize the detention center to contact any and all personal and previous employment references I provide.

I agree to abide by the policies, procedures and directives of the employer. I acknowledge that such policies, procedures and directives may be changed, interpreted, withdrawn, or added to by the employer at any time, at the employer's sole option and without any prior notice to me.

I agree to conform to Boyd County Detention Center's rules and regulations, policies and procedures, I understand and agree that while employed at the Boyd County Detention Center I am not permitted to visit, converse or contract favors of any type to any inmate(s) or family member of inmate(s) incarcerated at the Boyd County Detention Center.

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Applicant's signature

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Date

Below for Boyd County Staff use only:

Application Received:	_____
Application Reviewed:	_____
Scheduled For Interview:	_____
NCIC Complete:	_____
Drug Screen:	_____
References Completed	_____
Applicant Contacted:	_____
Hiring Date:	_____



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## BOYD COUNTY DETENTION CENTER

An Equal Opportunity Employer

### APPLICATION FOR EMPLOYMENT

It is the policy of the Boyd County Detention Center to provide employment, training, compensation, promotion, and other conditions of employment based on qualifications, without regard to race, color, religion, national origin, sex, age, marital or veteran status, the presence of non job-related disability, or any other legally protected status.

*(Print Only)*

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Name you go by

\_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Male  Female

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone number (s)

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Cell phone number (s)

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
How did you find out about job openings within our facility?

#### JOB INTERESTS

Type of employment seeking (choose one): \_\_\_\_\_ Full time \_\_\_\_\_ Part time

Position seeking (choose one or more): \_\_\_\_\_ Floor Deputy \_\_\_\_\_ Control Room \_\_\_\_\_ Admin/Clerical/Transportation

Date available for employment: \_\_\_\_\_

Currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

#### EDUCATION AND TRAINING

\_\_\_\_\_  
Address \_\_\_\_\_ Degree \_\_\_\_\_ Grade Completed

High School \_\_\_\_\_

College \_\_\_\_\_

Graduate School \_\_\_\_\_

Apprentice, business, technical, military or vocational school \_\_\_\_\_

\_\_\_\_\_  
Other training or skills (factory or office machines operated, special courses, military training, etc.) \_\_\_\_\_

\_\_\_\_\_  
Describe any honors received \_\_\_\_\_

**OTHER JOB-RELATED ACTIVITIES**

List professional, trade, business or civic activities and offices held. May exclude membership which would reveal sex, religion, national origin, age, ancestry, or other protected status. \_\_\_\_\_

**SPECIAL SKILLS AND QUALIFICATIONS**

Summarize special job-related skills and qualifications acquired from employment or other experience. \_\_\_\_\_

**MILITARY**

Have you served in the military? Yes \_\_\_\_\_ No \_\_\_\_\_ Branch of service \_\_\_\_\_

Final rank \_\_\_\_\_ Type of discharge \_\_\_\_\_

Nature of Duties and / or special training received: \_\_\_\_\_

Honors or special awards: \_\_\_\_\_

Copy of DD214 Attached: \_\_\_\_\_ Yes \_\_\_\_\_ No If no reason: \_\_\_\_\_

**Have you ever previously been employed at the Boyd County Detention Center:** \_\_\_\_\_

**If yes when and reason for departure.** \_\_\_\_\_

**EMPLOYMENT HISTORY**

Start with the present or last job and provide a **complete** job history. It is suggested to submit a resume with the application to provide further details. *Explain any gaps in employment in comments section.*

Employer _____	Dates worked: From _____ To _____
Address _____	Starting salary: \$ _____ Per _____
Job title _____	Final salary: \$ _____ Per _____
Supervisor/Dept. _____	Phone number _____
Reason for leaving _____	May we contact? Yes _____ No _____

Employer _____	Dates worked: From _____ To _____
Address _____	Starting salary: \$ _____ Per _____
Job title _____	Final salary: \$ _____ Per _____
Supervisor/Dept. _____	Phone number _____
Reason for leaving _____	May we contact? Yes _____ No _____

Employer _____	Dates worked: From _____ To _____
Address _____	Starting salary: \$ _____ Per _____
Job title _____	Final salary: \$ _____ Per _____
Supervisor/Dept. _____	Phone number _____
Reason for leaving _____	May we contact? Yes _____ No _____

Employer _____	Dates worked: From _____ To _____
Address _____	Starting salary: \$ _____ Per _____
Job title _____	Final salary: \$ _____ Per _____

Supervisor/Dept. \_\_\_\_\_

Phone number \_\_\_\_\_

Reason for leaving \_\_\_\_\_

May we contact? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer \_\_\_\_\_

Dates worked: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Starting salary: \$ \_\_\_\_\_ Per \_\_\_\_\_

Job title \_\_\_\_\_

Final salary: \$ \_\_\_\_\_ Per \_\_\_\_\_

Supervisor/Dept. \_\_\_\_\_

Phone number \_\_\_\_\_

Reason for leaving \_\_\_\_\_

May we contact? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer \_\_\_\_\_

Dates worked: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Starting salary: \$ \_\_\_\_\_ Per \_\_\_\_\_

Job title \_\_\_\_\_

Final salary: \$ \_\_\_\_\_ Per \_\_\_\_\_

Supervisor/Dept. \_\_\_\_\_

Phone number \_\_\_\_\_

Reason for leaving \_\_\_\_\_

May we contact? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments (please explain any gaps in employment) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

Give name, *daytime telephone number* and the best time to contact five people who can provide a personal reference. Do not use relatives or previous employers.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

Do you know anyone who works at the Boyd County Detention Center? No \_\_\_\_\_ Yes (list names) \_\_\_\_\_

YES    NO

- \_\_\_\_\_    \_\_\_\_\_    Are you 21 years of age or older?
- \_\_\_\_\_    \_\_\_\_\_    Do you have a valid driver's license?
- \_\_\_\_\_    \_\_\_\_\_    Do you have a high school or GED diploma?
- \_\_\_\_\_    \_\_\_\_\_    Do you have a Social Security card?
- \_\_\_\_\_    \_\_\_\_\_    Are you legally eligible for employment in the U.S.?
- \_\_\_\_\_    \_\_\_\_\_    Can you provide documentation verifying your eligibility?
- \_\_\_\_\_    \_\_\_\_\_    Are you able to perform the essential duties and responsibilities of the position for which you are applying with or without accommodation?
- \_\_\_\_\_    \_\_\_\_\_    Since the age of 18, have you ever been charged with or convicted of a misdemeanor or felony?
- \_\_\_\_\_    \_\_\_\_\_    If yes, please give dates, charges and an explanation \_\_\_\_\_

\_\_\_\_\_

PREA Standard 115.17

- \_\_\_\_\_ Have you engaged in sexual abuse and/or sexual misconduct in any previous jobs or in the community?
- \_\_\_\_\_ Have you been convicted of engaging in sexual abuse and/or sexual misconduct?
- \_\_\_\_\_ Have you ever received an administrative or civil punishment for your role in the activity described above?
- \_\_\_\_\_ If yes to any of the above questions, please provide dates, allegations, charges and details of these incidents:

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Are you available to work any shift and day of the week?    Yes    NO

Write a statement on why you would be the best person for this position:

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What are your strongest assets: \_\_\_\_\_

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What are your weaknesses (Describe)? \_\_\_\_\_

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Where do you see yourself in 5 years? \_\_\_\_\_

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What do you hope to accomplish with this type of career? \_\_\_\_\_

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I understand that any false information made by me on this application, or any supplement document, will be sufficient grounds for immediate discharge if I am employed. I understand I must also complete the "applicant's statement" listed on the reverse side.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

# Boyd County Detention Center

## Pre-employment Consent Form

I agree to submit to pre-employment drug testing as required by Boyd County Detention Center Policy. I understand that the specimens I provide will be analyzed for the presence of drugs. I authorize release of the test results to the Boyd County Detention Center officials. I understand my employment is contingent upon passing the pre-employment test.

I understand that the Boyd County Detention Center has a “zero-tolerance” policy with respect to abuse of drugs and alcohol and that ongoing compliance is a condition of employment. I agree to comply and understand that violation of the regulation or policy may result in penalties up to and including dismissal.

X \_\_\_\_\_

Signature

Date

X \_\_\_\_\_

Witness

Date

# Boyd County Detention Center

Request for Local & NCIC Record Check

Please fill out upper portion of form

Name = \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Present Address: \_\_\_\_\_ How long? \_\_\_\_\_

Previous Address \_\_\_\_\_ How long? \_\_\_\_\_

Description: Sex \_\_\_\_\_ Race \_\_\_\_\_ Eye color \_\_\_\_\_ Hair color \_\_\_\_\_

Birth date \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Place of birth \_\_\_\_\_

Drivers License number \_\_\_\_\_ Driver's OL State \_\_\_\_\_

Social Security number \_\_\_\_\_

## Official use only

Date of Request: \_\_\_\_\_ By: \_\_\_\_\_  
F.C.R.J Official

## Kentucky State Police results:

The above named person had been checked and our files reveal:

Traffic Arrest	Yes	No
Accidents:	Yes	No
Criminal Arrest:	Yes	No
Details of Arrest Attached	Yes	No

Remarks:

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Central Records

# NOTICE

Withholding or failure to provide accurate and truthful information on this application shall be grounds for immediate termination of employment. All prospective employees will have a criminal background check run and all new employees shall have a drug screen performed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_