

APPLICATION FOR EMPLOYMENT

TODD COUNTY DETENTION CENTER
AN EQUAL OPPORTUNITY EMPLOYER
201 E. MCREYNOLDS
ELKTON, KY 42220

PERSONAL INFORMATION

DATE _____

SOC. SEC # _____

NAME _____

Last

First

Middle

PRESENT ADDRESS _____

Street or Box No.

City

State

Zip Code

TELEPHONE NUMBER _____ ARE YOU A U.S. CITIZEN? _____

DATE OF BIRTH _____ (Federal and State Laws prohibit practices that discriminate on the basis of age)

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE CONTACT YOUR EMPLOYER? _____

EDUCATION	NAME OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
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GRADE SCHOOL _____

HIGH SCHOOL _____

COLLEGE _____

TRADE, BUSINESS, TECH
OR CORRESPONDENCE

CERTIFICATIONS OR LICENSES _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ IF SO GIVE DETAILS _____

FORMER EMPLOYERS (List last employer first)

<u>DATE</u> <u>MONTH AND YEAR</u>	<u>NAME & ADDRESS OF EMPLOYER</u>	<u>SALARY</u>	<u>POSITION</u>	<u>REASON</u> <u>FOR LEAVING</u>
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FROM
TO

FROM
TO

FROM
TO

REFERENCES: (Give the names of three persons not related to you, whom you have known for one year or more.)

<u>NAME</u>	<u>ADDRESS</u>	<u>BUSINESS</u>	<u>YEARS KNOWN</u>
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1.

2.

3.

PHYSICAL RECORD: Do you have any physical defects that prevent you from any work you are considering? ____
If yes explain _____

Have you ever been in the military? _____ If yes what branch? _____

Years of service? _____ Type of discharge? _____

Are you presently taking any prescription medications? _____

If yes please state type of medications and condition requiring it. _____

IN CASE OF AN EMERGENCY NOTIFY: _____

Please write below your objective as a prospective employee for the Todd County Detention Center.

I HEREBY AUTHORIZE THE TODD COUNTY DETENTION CENTER TO INVESTIGATE ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION, OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHERMORE, I UNDERSTAND AND AGREE THAT EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT AND PREVIOUS NOTICE. I FURTHER STATE THAT I HAVE BEEN GIVEN A SIGNED COPY OF THIS DISCLOSURE STATEMENT.

Date _____ Signature _____