

The Big Sandy Regional Detention Center
904 3rd Street, Paintsville, KY 41240
Employment Application

APPLICANTS WIL BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4

DATE _____

NAME _____
LAST FIRST MIDDLE MAIDEN

PRESENT ADDRESS _____
NUMBER STREET CITY STATE ZIP

EMAIL ADDRESS _____

HOW LONG _____ SOCIAL SECURITY# _____

HOME PHONE _____ SOC. SEC. CARD ISSUED BY _____

CELL PHONE _____ DOB _____ AGE _____

MUST BE 21 YRS OF AGE OR OLDER DAYS/HOURS AVAILABLE TO WORK

POSITION APPLIED FOR _____ NO PREF _____

SALARY DESIRED _____ WEEKDAYS ONLY _____

NIGHTS & WEEKENDS ONLY _____

HOW MANY HOURS CAN YOU WORK WEEKLY? _____ CAN YOU WORK NIGHTS? _____

EMPLOYMENT DESIRED _____ FULL TIME ONLY _____ PART TIME ONLY _____ FULL OR PART TIME

WHEN AVAILABLE FOR WORK? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
HIGH SCHOOL				
COLLEGE				
BUS. OR TRADE SCHOOL				
PROFESSIONAL SCHOOL				

HAVE YOU EVER BEEN ARRESTED ON A MISDEMEANOR OR FELONY CHARGE? ___NO ___YES

IF YES, EXPLAIN NUMBER OF CONVICTION(S), NATURE OF OFFENSE(S), LEADING TO CONVICTION(S), HOW RECENTLY SUCH OFFENSE(S) WAS/WERE COMMITTED, SENTENCE(S) IMPOSED, AND TYPE(S) OF REHABILITATION: _____

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DO YOU HAVE A DRIVERS LICENSE? ___ YES ___ NO

WHAT IS YOUR MEANS OF TRANSPORTATION TO WORK? _____

DRIVERS LICENSE
NUMBER _____ STATE OF ISSUE _____ ___ OPERATOR ___ COMMERCIAL ___ CHAUFFEUR

EXPIRATION DATE: _____

HAVE YOU HAD AN ACCIDENT DURING THE PAST THREE YEARS? _____ HOW MANY? _____

HAVE YOU HAD ANY MOVING VIOLATIONS IN THE LAST THREE YEARS? _____ HOW MANY? _____

TYPING ___ YES ___ NO WPM _____

COMPUTER ___ YES ___ NO

OTHER SKILLS:

PLEASE LIST REFERENCES OTHER THAN RELATIVES OR PREVIOUS EMPLOYERS.

NAME _____

NAME _____

POSITION _____

POSITION _____

COMPANY _____

COMPANY _____

ADDRESS _____

ADDRESS _____

TELEPHONE () _____

TELEPHONE () _____

NAME _____

NAME _____

POSITION _____

POSITION _____

COMPANY _____

COMPANY _____

ADDRESS _____

ADDRESS _____

TELEPHONE () _____

TELEPHONE () _____

AN APPLICATION FORM SOMETIMES MAKES IT DIFFICULT FOR AN INDIVIDUAL TO ADEQUATELY SUMMARIZE A COMPLETE BACKGROUND. USE ADDITIONAL PAPERS TO SUMMARIZE ANY ADDITIONAL INFORMATION NECESSARY TO DESCRIBE YOUR FULL QUALIFICATIONS FOR THE SPECIFIC POSITION FOR WHICH YOU ARE APPLYING.

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? ___ YES ___ NO

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? ___ YES ___ NO

SPECIALTY _____ DATE ENTERED _____ DISCHARGED DATE _____

WORK EXPERIENCE

PLEASE LIST YOUR WORK EXPERIENCE FOR THE PAST FIVE YEARS BEGINNING WITH YOUR MOST RECENT JOB HELD. IF YOU WERE SELF-EMPLOYED, GIVE FIRM NAME **ATTACH ADDITIONAL SHEETS IF NECESSARY**

NAME OF EMPLOYER

NAME OF LAST SUPERVISOR

ADDRESS

EMPLOYMENT DATES

CITY, STATE, ZIP

PAY OR SALARY

PHONE NUMBER

YOUR LAST JOB TITLE

REASON FOR LEAVING (BE SPECIFIC)

LIST JOB DUTIES, PERFORMED, SKILLS USED/LEARNED, PROMOTIONS.

NAME OF EMPLOYER

NAME OF LAST SUPERVISOR

ADDRESS

EMPLOYMENT DATES

CITY, STATE, ZIP

PAY OR SALARY

PHONE NUMBER

YOUR LAST JOB TITLE

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PLEASE LIST YOUR WORK EXPERIENCE FOR THE PAST FIVE YEARS BEGINNING WITH YOUR MOST RECENT JOB. IF SELF-EMPLOYED, PROVIDE FIRM NAME AND ATTACH ADDITIONAL INFORMATION IF NECESSARY.

NAME OF EMPLOYER	NAME OF LAST SUPERVISOR
ADDRESS	EMPLOYMENT DATES
CITY, STATE, ZIP	PAY OR SALARY
PHONE NUMBER	YOUR LAST JOB TITLE
REASON FOR LEAVING (BE SPECIFIC)	
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NAME OF EMPLOYER	NAME OF LAST SUPERVISOR
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CITY, STATE, ZIP	PAY OR SALARY
PHONE NUMBER	YOUR LAST JOB TITLE
REASON FOR LEAVING (BE SPECIFIC)	
LIST JOB DUTIES PERFORMED, SKILLS USED/LEARNED, PROMOTIONS.	

MAY WE CONTACT YOUR PRESENT EMPLOYER? ___ YES ___ NO

IF NOT, PLEASE EXPLAIN WHY _____

APPLICANT'S SIGNATURE

DATE

PLEASE ATTACH A RESUME, ANY CERTIFICATIONS, AWARDS, AND/OR SPECIAL TRAINING.

"I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.