

Application for Employment Calloway County Jail

Ken Claud, Jailer
Committed to Community Safety and Efficient
Jail Management
310 N. 4TH ST.
MURRAY, KY 42071
(270) 753-6150/PHONE: (270) 759-5140/FAX

INSTRUCTIONS: PRINT IN BLACK INK OR TYPE. ANSWER EACH ITEM COMPLETELY AND ACCURATELY. INCOMPLETE ANSWERS MAY DISQUALIFY YOU. FALSE ANSWERS MAY LEAD TO DISMISSAL IF EMPLOYED.

TODAY'S DATE ____/____/____

NAME: MR.[] MS.[] _____
LAST NAME FIRST NAME MIDDLE INITIAL MAIDEN NAME (IF ANY)

ADDRESS _____
STREET, OR BOX NO. CITY STATE ZIP COUNTY

LENGTH OF TIME LIVING IN COUNTY OF RESIDENCE _____

SOCIAL SECURITY # _____-_____-_____ DATE OF BIRTH ____/____/____ E-MAIL _____

HOME PHONE # (_____) _____-_____ CELL PHONE # (_____) _____-_____

POSITION DESIRED _____ SALARY REQUIRED _____

DO YOU HAVE A VALID DRIVER'S LICENSE? YES[] NO[] LICENSE # _____ STATE _____

YES[] NO[] HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE PAST 8 YEARS? IF YES,
 LIST CONVICTIONS, DATES, AND PLACES. NOTE: CONVICTION OF A CRIME IS NOT AN AUTOMATIC REJECTION OF THIS APPLICATION BUT THE
 SPECIFIC SITUATION MAY BE REVIEWED UNDER KRS 335B.020.

DATE AVAILABLE FOR WORK: ____/____/____

SHIFT PREFERENCE: DAY [] EVENING [] NIGHT [] ROTATING []

TYPE OF WORK DESIRED:

PERMANENT FULL-TIME [] PERMANENT PART-TIME []

SKILLS: PLEASE LIST OTHER JOB SKILLS RELEVANT TO THE POSITION FOR WHICH YOU ARE
 APPLYING INCLUDING ANY COMPUTER SKILLS. CAN YOU TYPE? YES [] NO []

EDUCATION AND TRAINING: COMPLETE THOROUGHLY AND ACCURATELY. PLEASE INDICATE HIGHEST GRADE COMPLETED.
 GRADE [] HIGH SCHOOL [] GED [] COLLEGE [] OTHER []

SCHOOL	NAME AND ADDRESS OF SCHOOL	DATES ATTENDED FROM - TO	DATE OF GRADUATION	No. OF HOURS EARNED	FIELDS OF STUDY		DEGREE, DIPLOMA OR CERTIFICATE EARNED
					MAJOR	MINOR	
HIGH SCHOOL							
COLLEGE / UNIVERSITY							
GRADUATE COLLEGE							
VOCATIONAL/ BUSINESS/ TECH.							
OTHER							

Name _____ SSN _____ - _____ - _____

Employer _____ Phone # (_____) _____ - _____

Address _____

Dates of employment ____/____/____ to ____/____/____

Supervisor _____ Salary _____

Job duties: _____

Employer _____ Phone # (_____) _____ - _____

Address _____

Dates of employment ____/____/____ to ____/____/____

Supervisor _____ Salary _____

Job duties: _____

Employer _____ Phone # (_____) _____ - _____

Address _____

Dates of employment ____/____/____ to ____/____/____

Supervisor _____ Salary _____

Job duties: _____

Employer _____ Phone # (_____) _____ - _____

Address _____

Dates of employment ____/____/____ to ____/____/____

Supervisor _____ Salary _____

Job duties: _____

LICENSES OR CERTIFICATES: Please indicate if you have a license, certificate, or other authorization to practice a trade or profession. Teachers must show subject area and certification rank. You must provide a copy or verification of the license/certificate

License type _____ Name and Address of licensing agency _____

Current expiration ____/____/____ Original issue Date ____/____/____

License type _____ Name and Address of licensing agency _____

Current expiration ____/____/____ Original issue Date ____/____/____

Name _____ SSN _____

PROFESSIONAL ORGANIZATIONS' INDICATE CURRENT MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

ORGANIZATION	TITLE

CHARACTER REFERENCES' OTHER THAN RELATIVES INCLUDE TWO PERSONAL AND TWO PROFESSIONAL

NAME	ADDRESS	PHONE NUMBER

MILITARY INFORMATION: N/A []

ARE YOU A VETERAN? YES [] NO [] IF YES, BRANCH OF SERVICE: _____

CURRENT MILITARY STATUS: _____ YEARS OF SERVICE _____

IF DISCHARGED, TYPE DISCHARGE: _____

DATE OF DISCHARGE: ____/____/____

PLEASE READ AND SIGN THE FOLLOWING STATEMENT: I CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT, SHOULD INVESTIGATION AT ANY TIME SHOW ANY FALSIFICATION, I MAY NOT BE CONSIDERED FOR EMPLOYMENT, OR, IF EMPLOYED, I MAY BE DISMISSED AND DISQUALIFIED FROM FUTURE APPLICATION. I HEREBY AUTHORIZE KEN CLAUD, AND ANY AGENCY TO WHICH MY NAME IS REFERRED TO MAKE ALL NECESSARY INVESTIGATIONS CONCERNING ME, MY WORK HABITS, CHARACTER, OR MY ACTION IN ANY TRANSACTION. I AUTHORIZE KEN CLAUD TO RECEIVE AND MAKE AVAILABLE TO OTHER AGENCIES MY 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 THIS 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 COUNTY GOVERNMENT IS A DRUG FREE WORKPLACE AND THAT SUBSTANCE ABUSE TESTING MAY BE GIVEN AT ANY TIME.

DATE: ____/____/____

SIGNATURE: _____

INDICATE YOUR BEST TIME FOR A THIRTY MINUTE INTERVIEW BETWEEN THE HOURS OF 8:30 A.M. TO 4 P.M., MON. - FRI.

FIRST PREFERENCE: _____ NEXT PREFERENCE _____

CALLOWAY COUNTY JAIL IS AN EQUAL OPPORTUNITY EMPLOYER