



CAMPBELL COUNTY DETENTION CENTER
601 CENTRAL AVENUE
NEWPORT, KENTUCKY 41071
PHONE: 859-431-4611 FAX: 859-431-5147
EMAIL: csteele@campbellcountyky.org
<http://ccdc.campbellcounty.ky.gov/>

EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION: Date: _____

Name: _____
Last First Middle Maiden

Mailing Address: _____
Street

City State Zip Code

Telephone Numbers: Home: _____ Work: _____ Cell: _____

Email Address: _____

Are you at least 21 years of age Yes No

Do you have a valid driver's license? Yes No

If yes, State _____ License/ID No. _____ Date of Expiration _____

Are you authorized to work in the U.S.? Yes No

If you are an alien authorized by the USCIS to work in the United States, please provide the following:

Current Visa Status: _____ Expiration of employment authorization, if any: _____

POSITION INFORMATION: Full-Time Part-Time Either

Position Applying For: _____

What days/hours are you available to work? _____

Have you ever been or are you currently employed by the Campbell County Fiscal Court? Yes No

If yes, list dates and name the department you worked in: _____

How did you learn of this opening? Newspaper County Website Other _____

Employee Referral: Yes No

If yes, by whom: _____
Name Phone Number

Do you have any relatives, by blood or marriage, currently employed by the Campbell County Detention Center or Fiscal Court? Yes No

If the answer to either of the preceding two questions is YES, please state the following information:

Name and position held of relative currently employed _____

What is their relationship to you _____

EDUCATION AND SPECIALIZED TRAINING:

Did you receive a High School Diploma or GED?

Yes

No

High School Name _____

Address _____

Use the table below to list your post-secondary educational achievements including college, technical or vocational courses completed.

1) College/University Name & Location:	Degree Awarded? Yes No If yes, what year?	Type of Degree Associates Bachelors Masters Doctorate	Major: No. of Yrs completed:
2) College/University Name & Location:	Degree Awarded? Yes No If yes, what year?	Type of Degree Associates Bachelors Masters Doctorate	Major: No. of Yrs completed:
3) Technical/Vocational School & Location:	Completed? Yes No If yes, what year?	Course of Study	No of weeks/credits completed:
4) Technical/Vocational School & Location:	Completed? Yes No If yes, what year?	Course of Study	No of weeks/credits completed:

ADDITIONAL QUALIFICATIONS AND SKILLS:

Outline briefly any other skills, education, training experience (special courses, work training programs, armed forces training, etc.), spoken languages, honors or special awards that would be beneficial in the position for which you are applying and may be helpful in considering your qualifications. Please include relevant volunteer or other community activities (attach additional sheet if necessary).

Describe any software programs or special equipment you have experience working with:

MILITARY EXPERIENCE:

Have you served in the armed forces? Yes No

Branch of Service _____ Date Entered _____ Date Discharged _____

Type of Discharge _____ Final Rank _____

Describe your duties and any special training that would assist you in the position for which you applied:

ACTIVITIES:

Please list all clubs, organizations, societies, and activities in which you have or are currently a member.

DOCUMENTATION REQUIREMENTS

Please provide a photocopy of your Birth Certificate, High School Diploma, GED, certification of college transcript or undergraduate degree completion, Military Discharge papers (if applicable) and Driver's License.

- 1) Birth Certificate Yes No

- 2) High School Diploma or GED Yes No
Certification of College Transcript or Undergraduate Degree Completion

- 3) Military Discharge papers (if applicable) Yes No

- 4) Driver's License Yes No

WORK HISTORY:

Give complete information regarding your present and former employment, beginning with the most recent. Include any employment with Campbell County Fiscal Court (a resume may not substitute for completing this information).

1) Current/Most Recent Employer		Street Address, City, State, Zip	
Supervisor Name and Phone		Your Job Title	
Date of Employment From: To:	Salary:	Reason for Leaving:	
Duties and Responsibilities:			
May we contact your employer? Yes No			
2) Employer		Street Address, City, State, Zip	
Supervisor Name and Phone		Your Job Title	
Date of Employment From: To:	Salary:	Reason for Leaving:	
Duties and Responsibilities:			
May we contact this employer? Yes No			
3) Employer		Street Address, City, State, Zip	
Supervisor Name and Phone		Your Job Title	
Date of Employment From: To:	Salary:	Reason for Leaving:	
Duties and Responsibilities:			
May we contact this employer? Yes No			

WORK HISTORY (continued):

4) Employer		Street Address, City, State, Zip	
Supervisor Name and Phone		Your Job Title	
Date of Employment From: To:	Salary:	Reason for Leaving:	
Duties and Responsibilities:			
May we contact this employer? Yes No			
5) Employer		Street Address, City, State, Zip	
Supervisor Name and Phone		Your Job Title	
Date of Employment From: To:	Salary:	Reason for Leaving:	
Duties and Responsibilities:			
May we contact this employer? Yes No			
6) Employer		Street Address, City, State, Zip	
Supervisor Name and Phone		Your Job Title	
Date of Employment From: To:	Salary:	Reason for Leaving:	
Duties and Responsibilities:			
May we contact this employer? Yes No			

DISCIPLINARY ACTION:

Convictions will not automatically disqualify you. Each situation is considered using the following criteria:

- 1) nature and gravity of offenses, 2) time passed since conviction and/or completion of sentence,
- 3) nature of job held or sought.

1. Have you ever been party to a civil suit? Yes _____ No _____
2. Have you ever been convicted of a Misdemeanor or Traffic Violation? Yes _____ No _____
3. Have you ever been arrested, charged or convicted of any other crime? Yes _____ No _____
4. Has any civil action ever been taken against you by any government or administrative agency? Yes _____ No _____
5. Have you ever been dismissed or asked to resign or withdraw or placed on suspension or probation from any employer for disciplinary reasons? Yes _____ No _____
6. Have you ever been convicted of a felony? Yes _____ No _____
Please Note: If convicted of a felony, you are automatically disqualified from employment with Campbell County Detention Center.
7. Have you ever filed for bankruptcy? Yes _____ No _____
8. Has your wages ever been garnished? Yes _____ No _____

If the answer to any of these questions is YES, briefly describe your situation. If you were charged with a criminal offense and it was dismissed, please provide documentation showing the dismissal.

REFERENCES (Non-family)

- | | |
|-----------------------------------|---------------------|
| 1) Name _____ | Phone _____ |
| Address _____ | Occupation _____ |
| How do you know each other? _____ | For how long? _____ |
| | |
| 2) Name _____ | Phone _____ |
| Address _____ | Occupation _____ |
| How do you know each other? _____ | For how long? _____ |
| | |
| 3) Name _____ | Phone _____ |
| Address _____ | Occupation _____ |
| How do you know each other? _____ | For how long? _____ |

ADDITIONAL INFORMATION:

Please use the space below to summarize any additional information that you feel is necessary to describe your full qualifications. If more space is needed, please attach additional sheets.

CERTIFICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION:

I hereby affirm that the information provided on this application (and accompanying documents, if any) is true and complete to the best of my knowledge. I understand that giving false information and/or significant omissions may result in my disqualification for consideration for employment and/or my application from further consideration for my employment and may be justification if either is discovered subsequent to my employment. I hereby consent and authorize an investigation of my past by allowing Campbell County Detention Center to contact education institutions, current and previous employers, references, and to perform a background check.

I waive any and all rights of privilege, privacy, and/or confidentiality I may have in the information provided by me, by references and/or others whom I have indicated may be contacted.

I hereby release any and all individuals, companies and organizations to provide requested data and/or information to the Campbell County Detention Center, it's agents and employees, so that the Detention Center may verify the contents of this application on my suitability for employment.

I understand that a medical examination to ascertain my ability to perform essential functions of the job may be required. I have read in full and understand the above, and agree that a reproduced copy of this affirmation and authorization will be valid as the original.

Applicant's Signature: _____ Date: _____