



Marion County Detention Center

Employment Application

201 Warehouse Rd., Lebanon, KY 40033 -- PH: (270) 692-5802, FX: 699-9067

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Present Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Permanent Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

| | | | | | |
|--|---------------------------------|--------------------------------|--|---------------------------------|--------------------------------|
| Are you a citizen of the United States? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Have you ever worked for the Fiscal Court? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? | _____ | |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain: | _____ | |
| Are you 21 Years of Age or Older? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Date of Birth: | _____ | |

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

General

Subjects of Special Study or Research Work: _____

Job Related Skills (typing, driver's license, etc.): _____

Activities Other Than Religious (Civic, Athletic, etc.) _____

Exclude organizations, the name of character of which indicated the race, sex, color or national origin of its members.

Current / Former Employment

Current Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

References

Please list three professional references. List persons not related to you, whom you have known at least one year.

Full Name: _____ Relationship: _____

Company & Position: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company & Position: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company & Position: _____ Phone: (____) _____

Address: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain:

Disclaimer / Authorization / Signature

If you are to be hired by MCDC / MCFC, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

I certify that the facts contained in this application (and accompanying resume, if any) are true and correct to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Detention Center or Fiscal Court.

I understand that my employment is conditioned on a background check. I authorize the Marion County Detention Center / Marion County Fiscal Court to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the company, without giving me prior notice of such disclosure, in addition, I release MCDC / MCFC, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

AUTHORIZATION

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or MCDC / MCFC. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon MCDC / MCFC unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by MCDC / MCFC and as permitted by law. I consent to such examinations and test, and I request that the examining doctor disclose to MCDC / MCFC the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Marion County Fiscal Court's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate MCDC / MCFC to hire. If hired, I agree to abide by all MCDC / MCFC work rules, policies and procedures. MCDC / MCFC retain the right to revise its policies or procedures, in whole or in part, at any time.

Signature: _____ Date: _____