



BOURBON COUNTY REGIONAL DETENTION CENTER
"Go Forth and Make A Difference"

APPLICATION FOR THE POSITION OF
DEPUTY JAILER

- Prior to submitting this application, applicants should carefully read all documents.
- All required documentation must be submitted with the application
- Application must be completed in its entirety or shall be subject to disqualification for consideration

Name _____ / _____ / _____
Last First MI Social Security Number

Address _____
Street City State Zip

Phone (____) _____ (____) _____ (____) _____
Home Mobile Other

Are you 21 years of age or older? (please circle) YES NO

Do you have at least a GED or High School Graduate? (please circle) YES NO

Date Available For Work: _____

EDUCATION HISTORY

High School _____ Year Graduated _____

College Attended _____ Years Attended _____

Course of Study _____

Degree Earned _____ Hours completed _____

Trade of Vocational _____ Years Attended _____

Special Skills/Computer Training, ETC. _____

EMPLOYMENT HISTORY (if applicable) Provide information for your last three employers

Employer and Address _____

Dates Employed _____

Position Held _____ Salary _____

Supervisor's Name _____

Reason for leaving _____

Employer and Address _____

Dates Employed _____

Position Held _____ Salary _____

Supervisor's Name _____

Reason for leaving _____

Employer and Address _____

Dates Employed _____

Position Held _____ Salary _____

Supervisor's Name _____

Reason for leaving _____

MILITARY SERVICE AND RANK (if applicable) _____

Are you currently employed? (please circle) YES No

May we contact your current employer? (please circle) YES No

Have you ever been convicted of a felony or misdemeanor charge (not including traffic charges) with the exception of DUI charges? (please circle) YES No

If yes, please explain _____

REFERENCES (give the names of three persons not related to you whom you have known for at least one year)

	Name	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give all information concerning my previous employment and any pertinent information that may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

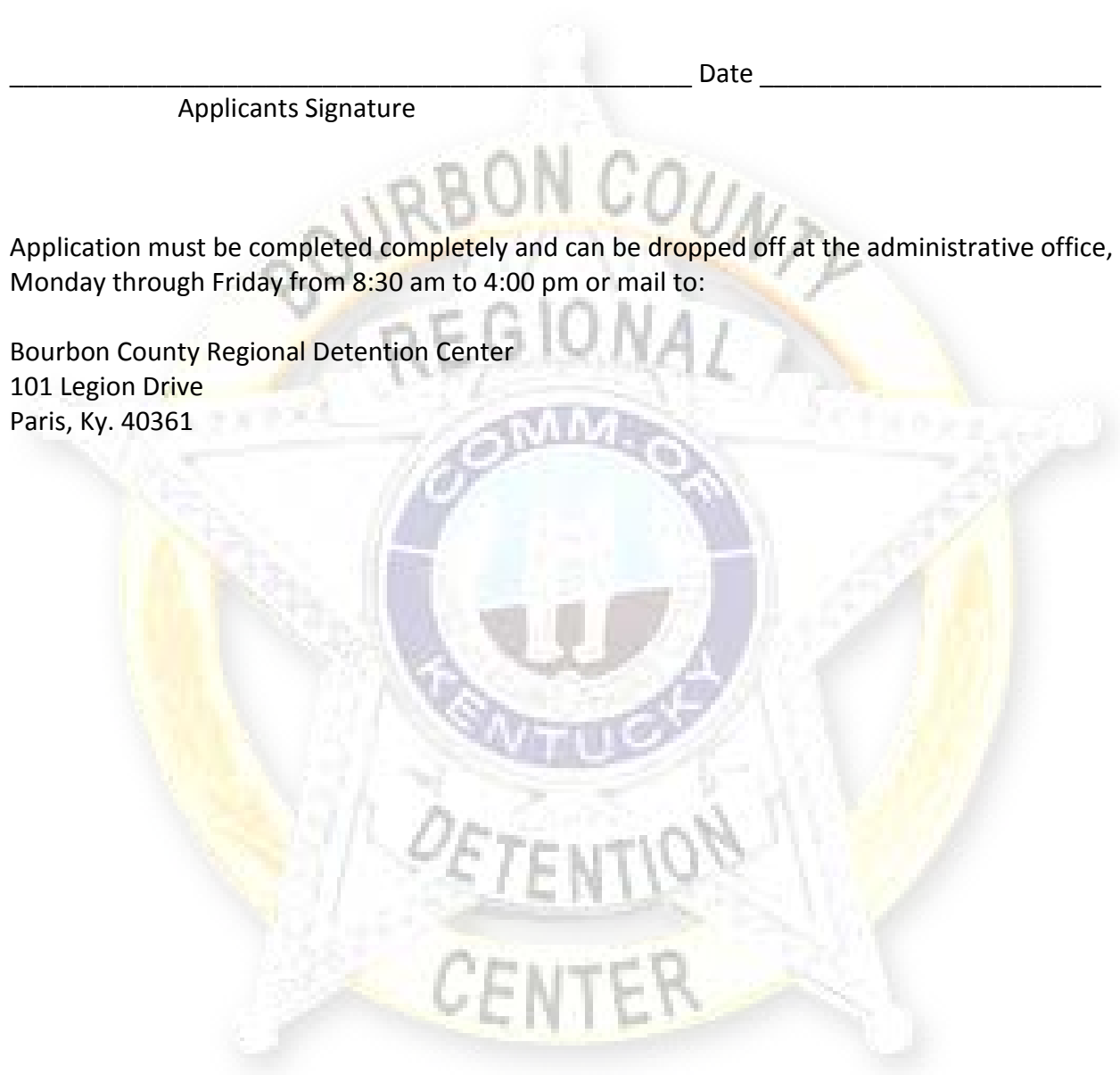
This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws.”

If employed I further agree to be liable for any cost of attorney’s fees reasonably incurred for the reimbursement of training fees, uniforms and issued equipment if employed for less than a year.

_____ Date _____
Applicants Signature

Application must be completed completely and can be dropped off at the administrative office, Monday through Friday from 8:30 am to 4:00 pm or mail to:

Bourbon County Regional Detention Center
101 Legion Drive
Paris, Ky. 40361



AUTHORIZATION OF CRIMINAL BACKGROUND CHECK

I, _____, am seeking employment with The Bourbon County Regional Detention Center and do authorize The Bourbon County Regional Detention Center to perform a criminal background check. I understand that a criminal background check is performed on anyone seeking employment at The Bourbon County Regional Detention Center. I understand the following information is required in order to perform an accurate background check. By signing this form, I further agree and authorize The Bourbon County Regional Detention Center to retrieve any information from previous employers that maybe pertinent to my employment with The Bourbon County Regional Detention Center.

Please Print Legibly

Name (First, Middle, Last Name)

_____/_____/_____
Social Security Number

_____/_____/_____
Month Day Year
Date of Birth

Driver License Number

Race _____ Gender _____

Date

Applicants Signature

BACKGROUND CHECK COMPLETED BY _____

Date Completed _____

Criminal History (if any)

