



DANNY CLARK, JAILER  
 LESLIE COUNTY DETENTION CENTER  
 493 DETENTION ROAD  
 P.O. Box 1893  
 HYDEN, KENTUCKY 41749

PHONE: (606) 672-3548      FACSIMILE: (606) 672-2127

## LESLIE COUNTY DETENTION CENTER

### APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

It is the policy of the Leslie County Detention Center to provide employment, training and promotion opportunities based on qualifications, without regard to race, color, religion, national origin, sex, age, marital or veteran status, the presence of non-job-related disability, or any other legally protected status.

*(Print Only)*

\_\_\_\_\_ Date of Application

\_\_\_\_\_ Last Name

\_\_\_\_\_ First Name

\_\_\_\_\_ Middle Initial

\_\_\_\_\_ Street Address

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip Code

Telephone Number(s) \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

### JOB INTERESTS

Type of employment seeking (choose one): \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time

Position Desired \_\_\_\_\_ Date Available for Employment \_\_\_\_\_ Salary Desired \_\_\_\_\_

Currently employed? \_\_\_\_ Yes \_\_\_\_ No    If yes, may we inquire of your present employer? \_\_\_\_ Yes \_\_\_\_ No

Ever applied to LCDC before? \_\_\_\_ Yes \_\_\_\_ No    When: \_\_\_\_\_

Ever worked for LCDC Before? \_\_\_\_ Yes \_\_\_\_ No    When: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Name of last supervisor at LCDC: \_\_\_\_\_

## EDUCATION AND TRAINING

Level	Name and Address of School	Grade Completed	Degree
High School/GED (please specify)			
College			
Vocational/ Correspondence			

Other training (factory or office machines operated, special courses, military training, etc.): \_\_\_\_\_

\_\_\_\_\_

Describe any honors received: \_\_\_\_\_

## OTHER JOB-RELATED ACTIVITIES

List professional, trade, business or civic activities and offices held. May exclude membership which would reveal sex, religion, national origin, age, ancestry, or other protected status. \_\_\_\_\_

\_\_\_\_\_

## SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience. \_\_\_\_\_

\_\_\_\_\_

## MILITARY

Have you served in the military? \_\_\_Yes \_\_\_No Branch \_\_\_\_\_ Date of Discharge \_\_\_\_\_

Final Rank \_\_\_\_\_ Presently serving in National Guard or Reserves? \_\_\_Yes \_\_\_No

Date Obligation Ends: \_\_\_\_\_

## EMPLOYMENT HISTORY

Start with the present or last job and provide a **complete** job history. It is suggested to submit a resume with the application, to provide further details. *Explain any gaps in employment in comments section.*

Employer \_\_\_\_\_ Dates Worked: From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_  
Job Title \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_  
Supervisor/Dept. \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ May we contact? \_\_\_\_\_ Yes \_\_\_\_\_ No

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Job Title \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_  
Supervisor/Dept. \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ May we contact? \_\_\_\_\_ Yes \_\_\_\_\_ No

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Job Title \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_  
Supervisor/Dept. \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ May we contact? \_\_\_\_\_ Yes \_\_\_\_\_ No

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Address \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_  
Job Title \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_  
Supervisor/Dept. \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ May we contact? \_\_\_\_\_ Yes \_\_\_\_\_ No

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Employer \_\_\_\_\_ Dates Worked: From \_\_\_\_\_ To \_\_\_\_\_  
 Address \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_  
 Job Title \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_  
 Supervisor/Dept. \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_ May we contact? \_\_\_\_\_ Yes \_\_\_\_\_ No

Comments (please explain any gaps in employment) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES**

Give name, *daytime telephone number* and the best time to contact four people who can provide a personal reference. Do not use relatives or previous employers.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Do you know anyone who works at the Leslie County Detention Center? No \_\_\_\_\_ Yes \_\_\_\_\_ (list names)

<u>YES</u>	<u>NO</u>	
_____	_____	Are you 21 years of age or older?
_____	_____	Do you have a valid driver's license?
_____	_____	Do you have a high school or GED diploma?
_____	_____	Do you have a Social Security card?
_____	_____	Are you legally eligible for employment in the U.S.?
_____	_____	Can you provide documentation verifying your eligibility?
_____	_____	Are you able to perform the essential duties and responsibilities of the position for which you are applying with or without accommodation?
_____	_____	Do you smoke?
_____	_____	Have you ever had an Emergency Protection Order or Domestic Violence Order placed against you?
_____	_____	Since the age of 18, have you ever been convicted of a felony?
_____	_____	Since the age of 18, have you ever been convicted of a misdemeanor?
		If yes, please give dates, charges and an explanation _____
		_____

PREA (Prison Rape Elimination Act) Standard 115.17

YES

NO

\_\_\_\_\_      \_\_\_\_\_      Have you engaged in sexual abuse and/or sexual misconduct in any previous jobs or in the community?

\_\_\_\_\_      \_\_\_\_\_      Have you been convicted of engaging in sexual abuse and/or sexual misconduct?

\_\_\_\_\_      \_\_\_\_\_      Have you ever received an administrative or civil punishment for your role in the activity described above?

\_\_\_\_\_      \_\_\_\_\_      If yes to any of the above questions, please provide dates, allegations, charges and details of these incidents:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that any false information made by me on this application, or any supplement document, will be sufficient grounds for immediate discharge if I am employed.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

*Applications will be kept on file for one year from date of application.*

## **APPLICANT'S STATEMENT**

I agree to submit to and satisfactory pass pre-employment drug screen by a qualified party of the detention center's choosing. I also agree to submit to random drug testing on a mandatory basis.

I understand, if accepted for employment, that this application does not constitute an employment contract, expressed or implied. An individual's employment and compensation can be terminated at any time at the option of either the Leslie County Detention Center or the employee.

I authorize all persons, schools, current employer, previous employers and organizations named in this application (and accompanying resume, if any) to provide the Leslie County Detention Center with any relevant information that may be required to arrive at an employment decision. I authorize the detention center to conduct an NCIC background check and investigate my driving record, criminal history and any other pertinent information as is necessary to arrive at an employment decision, in accordance with applicable detention center policy, procedure and law. I agree to cooperate in such investigations and release those parties supplying such information to the detention center from all liability or responsibility with respect to information supplied. I authorize the detention center to contact any and all personal and previous employment references I provide.

I understand that I will receive certification for OC Pepper Spray and understand that to receive certification, I must be exposed to the OC Pepper Spray. I understand that all employees are subject to a 180 day probationary period (which may be extended). I agree to abide by the policies, procedures and directives of the employer. I acknowledge that such policies, procedures and directives may be changed, interpreted, withdrawn, or added to by the employer at any time, at the employer's sole option and without any prior notice to me.

I agree to conform to Leslie County Detention Center's rules and regulations, policies and procedures, I understand and agree that while employed at the Leslie County Detention Center, I am not permitted to visit, converse or contract favors of any type to any inmate(s) or family member of inmate(s) incarcerated at the Leslie County Detention Center. **IF EMPLOYED, I FURTHER AGREE TO BE LIABLE FOR ANY COSTS OR ATTORNEY'S FEES REASONABLY INCURRED FOR THE REIMBURSEMENT OF TRAINING EXPENSES AND UNIFORM REPLACEMENT COST, IF EMPLOYED FOR LESS THAN ONE YEAR.**

I understand that any false answers or statements made by me on this application, statement, or any supplement in connection with the above-mentioned investigations, will be sufficient grounds for immediate discontinuation of consideration for employment and immediate discharge, if I am employed.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

Below for Leslie County Detention Center Staff use only:

Application Received: \_\_\_\_\_

Application Reviewed: \_\_\_\_\_

Scheduled for Interview: \_\_\_\_\_

Drug Tested: \_\_\_\_\_

Emailed to HR: \_\_\_\_\_

References Completed: \_\_\_\_\_

Applicant Contacted: \_\_\_\_\_

Hiring Date: \_\_\_\_\_

By: \_\_\_\_\_

With: \_\_\_\_\_

By: \_\_\_\_\_

Duty Location/Shift Assignment: \_\_\_\_\_