

# CRITTENDEN COUNTY DETENTION CENTER



## PLEASE READ CAREFULLY

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that an incomplete application may be cause for rejection of the application.  
*(Indicate N/A in areas that do not apply to you. Don't leave any blanks)*

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

It is the policy of this department that the critical mission of all personnel staff justifies maintenance of a drug-free work environment through the use a reasonable employee drug-testing program. **A negative result of a drug test is a condition of employment.** Refusal to supply the necessary samples in a reasonable and timely manner or producing a positively confirmed test result for the presence of illegal drugs will result in your being denied employment with the county. The Crittenden County Detention Center desires to protect its employees and the public by insuring that its employees are fit to perform their duties. The Crittenden County Detention Center is committed to developing and administering a fair and consistent policy to promote and maintain a drug-free work environment. All applicants will be required to undergo pre-employment drug testing upon an offer of employment.

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age, height, weight, or disability. We assure you that your opportunity for employment with us depends solely on your qualifications.

Thank you for completing this application form and for your interest in The Crittenden County Detention Center.

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Applicant Signature

Print

Date

Application for Employment for Crittenden County Detention Center

# APPLICATION FOR EMPLOYMENT

(Please Print Clearly)

Confidential

## Personal Information

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

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street City State Zip Code Phone Number \_\_\_\_\_

Permanent Address (if Different than Present Address) \_\_\_\_\_  
Street City State Zip Code Phone Number \_\_\_\_\_

If you cannot be reached at above phone number, where may we contact you? Name of Person \_\_\_\_\_ Phone \_\_\_\_\_

## Employment Desired

| Type of Work Desired | Shift | Salary |  |
|----------------------|-------|--------|--|
| First Choice         |       |        | Will You Accept Employment of: <input type="checkbox"/> Full Time? <input type="checkbox"/> Part Time? <input type="checkbox"/> Temporary? |
| Second Choice        |       |        | Are You 18 Yrs. of Age or Older? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Third Choice         |       |        | Are You Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
|                      |       |        | May We Contact Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
|                      |       |        | How Did You Learn Of This Opening? _____   |

## Education

Circle Highest Grade Completed: 8 9 10 11 12 13 14 15 16

Scholastic Honors Received \_\_\_\_\_

| Type of School               | Name of School | Location (City, State) | Courses Taken | Completed   | Type of Degree or Certificate Received |
|------------------------------|----------------|------------------------|---------------|---|--|
| Grammar or Grade School      |                |                        |               | <input type="checkbox"/> No<br><input type="checkbox"/> Yes             |  |
| High School                  |                |                        |               | <input type="checkbox"/> No<br><input type="checkbox"/> Yes             |  |
| College                      |                |                        |               | <input type="checkbox"/> No<br><input type="checkbox"/> Yes: _____ Date |  |
| Vocational or Business       |                |                        |               | <input type="checkbox"/> No<br><input type="checkbox"/> Yes: _____ Date |  |
| Professional Education       |                |                        |               | <input type="checkbox"/> No<br><input type="checkbox"/> Yes: _____ Date |  |
| Laboratory or X-Ray Training |                |                        |               | <input type="checkbox"/> No<br><input type="checkbox"/> Yes: _____ Date |  |

Extracurricular Activities While in School \_\_\_\_\_

Member of Professional Organizations \_\_\_\_\_

Honors Received, Volunteer or Community Service or Other Qualifications You Have Which You Feel Are Related to the Position for Which You Are Applying: \_\_\_\_\_

Were you in the U.S. Armed Forces?  Yes  No If yes, what branch? \_\_\_\_\_

Dates of Duty: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Rank at Discharge \_\_\_\_\_

## Professional Licenses and/or Certifications

| Type | Organization or State Issued | Date Issued | Number | Verif. |
|------|------------------------------|-------------|--------|--------|
|      |                              |             |        |        |
|      |                              |             |        |        |
|      |                              |             |        |        |

**Employment Record (list last or present position first)**

| Present and Former Employers  | Dates Employed         | Salary Range                   | Position & Duties |
|---|------------------------|--------------------------------|-------------------|
| Name _____<br>Address _____<br>City/State/Zip _____<br>Supervisor _____ Phone _____ | From _____<br>To _____ | Starting _____<br>Ending _____ |                   |
| Name _____<br>Address _____<br>City/State/Zip _____<br>Supervisor _____ Phone _____ | From _____<br>To _____ | Starting _____<br>Ending _____ |                   |
| Name _____<br>Address _____<br>City/State/Zip _____<br>Supervisor _____ Phone _____ | From _____<br>To _____ | Starting _____<br>Ending _____ |                   |
| Name _____<br>Address _____<br>City/State/Zip _____<br>Supervisor _____ Phone _____ | From _____<br>To _____ | Starting _____<br>Ending _____ |                   |
| Name _____<br>Address _____<br>City/State/Zip _____<br>Supervisor _____ Phone _____ | From _____<br>To _____ | Starting _____<br>Ending _____ |                   |
| Name _____<br>Address _____<br>City/State/Zip _____<br>Supervisor _____ Phone _____ | From _____<br>To _____ | Starting _____<br>Ending _____ |                   |

If your former employment references, education or military service are under a name other than indicated on front of application, please indicate below.

Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No If Yes, for what, when and where? \_\_\_\_\_

Conviction of a criminal offense will not necessarily preclude your employment.

Use this space to give us further information which will assist us in placing you, including at least two personal references not related to you, whom you have known at least one year.

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

**Do Not Answer Questions In This Area - To Be Completed After Employed**

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ Sex \_\_\_\_\_ Nationality \_\_\_\_\_ Number and Ages of Children \_\_\_\_\_

Notify In Case of Emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

What Language(s) (Other than English) Do You Speak? \_\_\_\_\_

**Employment Understanding (Please Read and Sign)**

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

| Please Indicate Days and Hours You Are Available For Work (Be Specific) |      |      | Availability Record   |
|---|------|------|---|
| Day   | From | To   |   |
| Sunday  | A.M. | A.M. | Primary position desired _____  |
|   | P.M. | P.M. | Will you accept another position? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Monday  | A.M. | A.M. | If so, what? _____  |
|   | P.M. | P.M. | Are you available to work:      Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Rotating Shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Tuesday   | A.M. | A.M. | Do you limit your annual earnings due to Social Security or other reasons?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No  |
|   | P.M. | P.M. |   |
| Wednesday   | A.M. | A.M. | If yes, please state what is the maximum amount you wish to earn _____  |
|   | P.M. | P.M. |   |
| Thursday  | A.M. | A.M. | If your availability changes, it is your responsibility to fill in an "Availability Card" indicating the changes. Such changes will be effective, then, for any future employment.  |
|   | P.M. | P.M. |   |
| Friday  | A.M. | A.M. | I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department head or administrator of this institution.               |
|   | P.M. | P.M. |   |
| Saturday  | A.M. | A.M. | _____   |
|   | P.M. | P.M. |   |

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

| Interviewers Comments |      |          |
|-----------------------|------|----------|
| Interviewer           | Date | Comments |
|                       |      |          |
|                       |      |          |
|                       |      |          |

| Reference and Prior Employment Check |              |                  |
|--------------------------------------|--------------|------------------|
| Individual Contacted                 | Name of Firm | Results of Check |
|                                      |              |                  |
|                                      |              |                  |
|                                      |              |                  |

| For Personnel Office Use |                           |                     |
|--------------------------|---------------------------|---------------------|
| Hired _____              | For what department _____ | Position _____      |
| Salary _____ per         | Year<br>Month<br>Hour     | Starting Date _____ |