Barren County Detention Center

Application For Employment

Applicant Information:

Name:_____
(First) (Middle) (Last)

Address: _____
(Street) (City) (State) (Zip)

Phone: _____Email: _____Date of Birth: _____

Social Security #: _____Driver's License #: _____

Position Applied For: _____Referred by: _____

Are you a U.S. Citizen?	☐YES	☐NO	If not, are you authorized to work in the U.S.?
Have you worked for BCDC before?	☐YES	☐NO	If so, when?
Have you ever been convicted of a felony charge?	☐YES	☐NO	If yes, when?
Do you have your own transportation?	☐YES	☐NO	
Are you seeking full-time employment?	☐YES	☐NO	If no, explain?
Are you 21 years of age or older?	☐YES	☐NO	

Military Service:

Are you currently in the National Guard?	☐YES	☐NO	Where?
Branch:	**Rank:**		**Date of Service:**

Education:

Highschool: _____City: _____ State: _____

Start Date:_____ Finish Date:_____ Graduated: ☐Yes ☐No

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College: _____ City: _____ State: _____

Start Date: _____ Finish Date: _____ Graduated: ☐Yes ☐No

Degree:_____

List any special skills, certifications, or trainings received:

_____

_____

_____

_____

Employment History:

Name: _____ Address: _____

Phone: _____Supervisor: _____

Salary: _____

Employment Start Date: _____ Employment End Date: _____

Position Held: _____ Promotions: _____

Reason For Leaving: _____

Name: _____ Address: _____

Phone: _____Supervisor: _____

Salary: _____

Employment Start Date: _____ Employment End Date: _____

Position Held: _____ Promotions: _____

Reason For Leaving: _____

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Name: _____ Address: _____

Phone: _____Supervisor: _____

Salary: _____

Employment Start Date: _____ Employment End Date: _____

Position Held: _____ Promotions: _____

Reason For Leaving: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my dismissal.

I understand that I will be required to submit a drug screen.

I understand that The Barren County Detention Center would like to do a criminal background check for employment purposes.

Check if applicable: ☐- I do not give my consent to a criminal background check

I understand that I am subject to work any shift (days, nights, weekends) and Holidays at the discretion of the facility.

Print Name	Signature	Date