

BARREN COUNTY DETENTION CENTER

APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION: NAME: (First) (Middle) (Last) ADDRESS: (City) (State) (Zip) (Street) PHONE:() EMAIL: SOCIAL SECURITY #______DRIVERS LICENSE #____ POSITION APPLYING FOR: REFERRED BY: Are you a citizen of the United States? YES If no, are you authorized to work in the U.S? If so, when? Have you worked for BCDC before? NO YES Have you ever been convicted of a If yes, when? YES NO felony charge? Do you have your own transportation? YES NO NO If no, explain. Are you seeking full time YES П employment? YES NO Are you 21 years of age or older? MILITARY SERVICE Are you presently in the National Where? YES П NO Guard? Date of Service: Branch: Rank: **EDUCATION:** State: City: High School: To: Graduated: Yes No Degree: From: State: College: City: To: Graduated: Yes No Degree: From: List any special skills, certifications or training received:

May we contact your employer(s) for		your last three employers.
Name:	Address:	
City/State/Zip		Phone:
Supervisor:	Salary:	
Employment Date Begin:	Employment Date E	End:
Position Held:	Promotions:	
Reason for Leaving:		
Name:	Address:	
City/State/Zip		Phone:
Supervisor:	Salary:	
Employment Date Begin:	Employment Date End:	
Position Held:	Promotions:	
Reason for Leaving:		
Name:	Address:	
City/State/Zip		Phone:
Supervisor:	Salary:	
Employment Date Begin:	Employment Date E	ind:
Position Held:	Promotions:	
Reason for Leaving:		
	DISCLAIMER AND SIGNATURE	Average Control of the Control of th
I certify that my answers are true and co	mplete to the best of my knowledge.	
If this application leads to employment, interview may result in my dismissal.	I understand that false or misleading i	information in my application or
I understand I will be required to conser	t to a drug screen.	
I understand that Barren County Detent	on Center would like to do a criminal	background check for employment
purposes. Check if applicable: I do not give con	nsent to a criminal background check.	
I understand I am subject to working Da		he discretion of the facility.
Print Name	Ciamatana	
THE NAME	Signature	Date