

**APPLICATION  
CO. JAIL  
FOR EMPLOYMENT**

**UNION**



We consider applicants for all positions without regard to race, color, religion, sex, national origin, age marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legal protected status.

As employers/governmental contractors, we comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with government record keeping, reporting and other legal requirements, we request that you please fill out the Application. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. YOUR COOPERATION IS VOLUNTARY.

(PLEASE PRINT)

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

Position(s) Applied For \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Walk-In  
 Employment Agency  Other \_\_\_\_\_

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

Address \_\_\_\_\_  
Number Street City State Zip

Telephone/cell phone \_\_\_\_\_ Social Security Number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Female Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age \_\_\_\_\_

Are you 21 years of age or older? \_\_\_\_\_yes \_\_\_\_\_no

Have you filed an application here before? \_\_\_\_\_yes \_\_\_\_\_no If Yes, give date \_\_\_\_\_

Have you ever been employed here before? \_\_\_\_\_yes \_\_\_\_\_no If Yes, give date \_\_\_\_\_

Are you employed now? \_\_\_\_\_yes \_\_\_\_\_no May we contact your present employer/ \_\_\_\_\_yes \_\_\_\_\_no

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
\_\_\_\_\_yes \_\_\_\_\_no (Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? \_\_\_\_\_

Are you available to work \_\_\_\_\_Full Time \_\_\_\_\_Part Time?

Are you on a lay-off and subject to recall? \_\_\_\_\_yes \_\_\_\_\_no

Can you travel if a job requires it? \_\_\_\_\_yes \_\_\_\_\_no

Have you been convicted of a felony offences? \_\_\_\_\_no \_\_\_\_\_yes

If yes, please explain \_\_\_\_\_

Have you been convicted of misdemeanor offences? \_\_\_\_\_no \_\_\_\_\_yes

If yes, please explain \_\_\_\_\_

# EMPLOYMENT EXPERIENCE

Start with you present or last job. Include military service assignment and volunteer activities. You may exclude organization name which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer	Telephone	Date Employed		Worked Performed
Address		From	To	
Job Title		Hourly Rate/ Salary		
Supervisor		Starting	Final	
Reason for Leaving				
Employer	Telephone	Date Employed		Worked Performed
Address		From	To	
Job Title		Hourly Rate/ Salary		
Supervisor		Starting	Final	
Reason for Leaving				
Employer	Telephone	Date Employed		Worked Performed
Address		From	To	
Job Title		Hourly Rate/ Salary		
Supervisor		Starting	Final	
Reason for Leaving				
Employer	Telephone	Date Employed		Worked Performed
Address		From	To	
Job Title		Hourly Rate/ Salary		
Supervisor		Starting	Final	
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Do you have a valid driver's license? \_\_\_\_\_

**Special Skills and Qualifications**

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

Veteran of the U. S. Military service? \_\_\_\_\_yes \_\_\_\_\_no

If Yes, Branch \_\_\_\_\_

Check one of the following:

Race/Ethnic Group: \_\_\_\_\_White \_\_\_\_\_Black \_\_\_\_\_Hispanic

\_\_\_\_\_American Indian/Alaskan Native \_\_\_\_\_Asian / Pacific Islander

Indicate languages you speak, read and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held. ( You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status):

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Give name, address and telephone number of three references who are not related to you and are not previous employers.

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Special Employment notice to Disabled Veterans, Vietnam Era Veterans, and Individual With Physical or Mental Handicaps.

Government contractors are subject to 38 USC 2012 of the Viet Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have physical or mental handicap you are invited to volunteer this information which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

\_\_\_\_\_ Handicapped Individual \_\_\_\_\_ Disabled Veteran \_\_\_\_\_ Vietnam Era Veteran

Signed \_\_\_\_\_

	Elementary	High	College/ University	Graduate/ Professional
School Name				
<b>Years Completed/Degree</b>	<b>4 5 6 7 8</b>	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/ Degree				
Describe Course Of Study:				
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities				

**Honors Received:** State any additional information you feel may be helpful to us in considering your application.

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### Applicant's Statement

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

For Personnel Department Use Only	
Arrange Interview <input type="checkbox"/> Yes <input type="checkbox"/> No	
Remarks _____ _____	Interview _____ Date _____
Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Employment _____ Hourly Rate/
Job Title _____	Salary _____ Department _____
By _____	_____
NAME AND TITLE	DATE