

P.O. Box 1350 Henderson, KY 42419 Phone: 270-827-5560 btodd@hendersonky.us www.hendersoncountydentention.com

Henderson County Detention Center Employment Information

Pre-Employment Conditions

- Must be at least 21 years old
- Valid driver's license
- High school or GED diploma
- Social security card

- Personal and employment reference checks
- Criminal / Driving background check
- Pass Drug Screen
- OC Pepper spray exposure
- Good Health (must be able to go up and down stairs)

Requirements if Employed:

- At will employment
- Drug tested
- Required to follow all policies and procedures
- Enforcement application
- Required to work weekends
- Required to work all shifts
- Required to have a valid driver's license
- Computer experience preferred but not required
- 90 day probationary period which may be extended
- Employee will take a polygraph test upon request during employment
- All floor deputies are required to be certified to carry pepper spray which will require the employee to be exposed to the pepper spray during certification
- AGREE TO BE LIABLE FOR ANY COSTS OF ATTORNEY'S FEES REASONABLY INCURRED FOR THE REIMBURSEMENT OF TRAINING EXPENSES, UNIFORMS, AND REPLACEMENT COSTS IN THE AMOUNT OF \$1780.00 IF EMPLOYED FOR LESS THAN ONE YEAR.

Employee Benefits:

- May advance in promotional system
- Required uniforms furnished
- Henderson County participates in Kentucky State County Employee Retirement System
- Life Insurance: \$30,000 policy, premiums paid by the county
- Accrue 6 hours sick time per month
- Earn 80 hours of vacation per year (after one year of service)
- Health Insurance: County Contributes approximately 75% toward monthly premium
- Deferred Compensation Plan

I have read and understand the information listed on this document.



BRUCE TODD Henderson County Jailer

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Henderson County Detention Center

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

It is the policy of the Henderson 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)			<u>(home)</u>	(cell)
E-mail address				
JOB INTERESTS				
Type of employment seeking (cho	oose on	e):	Full timePart time	
Position desired:		D	ate available for employment: Salary Desired:	
Currently employed?	Yes	No	If yes, may we inquire of your present employer? Yes No	
Ever applied to HCDC before?	Yes	No	When:	
Ever worked for HCDC before?	Yes	No	When:	
Reason for leaving?				
Name of last supervisor at HCDC	•			

EDUCATION AND TRAINING

Level	Name and Address of School	Grade Completed	Degree
High School			
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	d or R	eserve	s: Yes	No	Date Obligati	on 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.*

EmployerAddress	Dates worked: Starting salary:		To Per
Job title	Final salary:	\$	Per
Supervisor/Dept.	Phone number		
Reason for leaving	May we contact?	Yes	No
Employer	Dates worked:	From	То
Address	Starting salary:	\$	Per
	Final salary:	\$	Per
Job title			
Supervisor/Dept.	Phone number		
Reason for leaving	May we contact?	Yes	No
Employer	Dates worked:	From	То
Address	Starting salary:	\$	Per
	Final salary:	\$	Per
Job title			
Supervisor/Dept.	Phone number		
Reason for leaving	May we contact?	Yes	No
Employer	Dates worked:	From	То
Address	Starting salary:	\$	Per
	Final salary:	\$	Per
Job title			
Supervisor/Dept.	Phone number		
Reason for leaving	May we contact?	Yes	No
Employer	Dates worked:	From	То

Address	Starting salary: \$	Per
	Final salary: \$	Per
Job title		
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.	1	
2.	2	
3.	3.	
4	4	

Do you know anyone who works at the Henderson County Detention Center? No `	Yes (list names)	
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YES	NO	
		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?
		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 R	Rape Elimination Act) Standard 115.17
		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.



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Name:	Dat	e:
Are you available to work any shift any day of the week?	Yes	No
Where do you see yourself in the next five (5) years?		
Write a statement on why you would be the best person to	be chosen	as a deputy at HCDC?
What are your strongest assets?		
What are your weaknesses (Describe)?		
What are your weaknesses (Describe)?		
What do you hope to accomplish with this type of career? _		

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 Henderson 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 Henderson 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 90 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 Henderson County Detention Center's rules and regulations, policies and procedures, I understand and agree that while employed at the Henderson 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 Henderson County Detention Center.

IF EMPLOYED FOR LESS THAN ONE YEAR, I AGREE TO BE LIABLE FOR ANY COSTS OF ATTORNEY'S FEE REASONABLY INCURRED FOR THE REIMBURSEMENT OF TRAINING EXPENSES, UNIFORMS AND REPLACEMENT COSTS IN THE AMOUNT OF \$1815.00.

Cost Analysis Associated with Em	ployment
Uniform	\$290.00
Replacement Uniforms	\$290.00
Training Expenses	\$600.00
(Basic jailer, CPR, First Aid)	
Attorney Fees	\$600.00
-	
Total \$	1,780.00

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.

plicant's signature	Date
Below for Henderson County Staff use only:	
Application Received:	
Application Reviewed:	By:
Scheduled For Interview:	With:
NCIC Complete:	
Drug Screen:	
References Completed	
Applicant Contacted:	By:
Hiring Date:	
Duty Location/ Shift Assignment:	