

AMY BRADY

Henderson County Jailer

380 Borax Drive P. O. Box 979 Henderson, KY 42419

Phone: 270-827-5560 www.hendersoncountydetention.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 \$1815.00 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 one half (1/2) sick day 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

T	hove road	and	undonstan	d thai	nformation	listed on	this document
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Applicant's Signature	Date	



(Print Only)

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Henderson County Detention Center

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

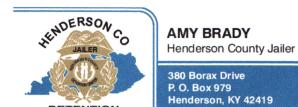
It is the policy of the Henderson County Detention Center to provide employment, training, and promotion opportunities based on qualifications, without regard to race, color, religion, national origin, sex, age, marital or veteran status, the presence of non job-related disability, or any other legally protected status.

•				Date of Applica	ation	
Last Name				First Name		fiddle Initial
Street Address				City	State	Zip Code
Telephone number	(s)			(home)		_(cell)
E-mail address						
JOB INTERESTS						
Type of employmen	nt seeking (cho	ose on	e):	Full timePart time		
Position desired: _		nordoniya qadasii noodyo	D	Pate available for employment: Salary De	esired:	
Currently employed	1?	Yes	No	If yes, may we inquire of your present employer? Yes	No	
Ever applied to HC	DC before?	Yes	No	When:		
Ever worked for Ho	CDC before?	Yes	No	When:	Mandaga barang managandan	
Reason for leaving?)					
EDUCATION AN						
Level	Name and A	Addres	s of So	chool	Grade Completed	Degree
High School						
College		volgen galle garma gjaljelik krest volten pr				
Vocational/ Correspondence						
Other training (fact	ory or office m	achine	s oper	ated, special courses, military training, etc.)		
Describe any honor	s received					

OTHER JOB-RELATED ACTIVITIES

List professional, trade, business or civic activities and offices held.	May exclude membership wh	nich would re	eveal sex, religion,
national origin, age, ancestry, or other protected status.			
SPECIAL SKILLS AND QUALIFICATIONS			
Summarize special job-related skills and qualifications acquired from	n employment or other experi	ence.	
MILITARY			
Have you served in the military? Yes No Branch:	Date of Discharge:	Final	Rank:
Presently serving in National Guard or Reserves: Yes No	Date Obliga	ation Ends: _	
EMPLOYMENT HISTORY			
Start with the present or last job and provide a complete job history. further details. <i>Explain any gaps in employment in comments section</i>		sume with th	ne application to provide
Employer	Dates worked:	From	To
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	and the same of th		
Supervisor/Dept	Phone number		
Reason for leaving	May we contact?	Yes	No

Employer	Dates	worked:	From	To	
Address	Starti	ng salary:	\$	Per	
-	Final	salary:	\$	Per	
Job title					
Supervisor/Dept.					
Reason for leaving May we contact? Yes					
Comments (please	explain any gaps in employment)				
REFERENCES				S	
relatives or previo	the telephone number and the best time to contact four people who causemployers.	an provide a	a personal re	rerence. Do not use	
			wheelige to the stress could be all the second about		
4					
Do you know anyo	one who works at the Henderson County Detention Center? No		Yes (list r	ames)	
PREA (Prison Rap	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 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 of yes, please give dates, charges and an explanation De Elimination Act) Standard 115.17 Have you engaged in sexual abuse and/or sexual misconduct in any plant yes you been convicted of engaging in sexual abuse and/or sexual phase and/or acquired.	? 	os or in the c		
	Have you been convicted of engaging in sexual abuse and/or sexual Have you ever received an administrative or civil punishment for your figure to any of the above questions, please provide dates, allegations any supplementary false information made by me on this application, or any supplementary false information made by me on this application, or any supplementary false information made by me on this application, or any supplementary false information made by me on this application, or any supplementary false information made by me on this application, or any supplementary false information made by me on this application, or any supplementary false information made by me on this application.	ur role in the	e activity de nd details of	these incidents:	
	ge if I am employed.	we want	,	and the second	
Applicant's signat	ure Date				



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Henderson County Detention Center

APPLICATION FOR EMPLOYMENT

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Name:	Date	2:	
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 do now have to consult the side this to see the			
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 1	Employment
Uniform	\$290.00
Replacement Uniforms	\$290.00
Training Expenses	\$600.00
(Basic jailer, CPR, First Ai	d)
Attorney Fees	\$600.00
Drug Test	\$ 35.00
Total	\$1,815.00

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.

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