



**MADISON COUNTY DETENTION CENTER
EMPLOYMENT APPLICATION**

PLEASE PRINT:

_____		_____			
POSITION APPLIED FOR		DATE OF APPLICATION			
_____		_____		_____	
LAST NAME		FIRST NAME		MIDDLE NAME /INITIAL	

ADDRESS: NUMBER		STREET	CITY	STATE	ZIP

_____		_____		_____	
TELEPHONE		DOB		SOCIAL SECURITY NUMBER	

Have you ever been employed with the Madison County Detention Center? Yes No

If yes, please give Date: _____

Are you currently employed?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? (Proof of citizenship or immigration as status will be required upon employment.)..... Yes No

On what date would you be available to work? _____

What hours are you applying for? ____ full time ____ part time ____ Shift

Are you currently on layoff status or subject to recall?..... Yes No

Have you ever been convicted of a felony? Yes No

EDUCATION: Please list your highest level of education.

	High School	Undrgraduate College or University	Graduate School or Professional
School Name and Location			
Years Completed			
Date Graduated			
Diploma/Degree			
Describe Honors Received			
Any Additional Skills or Information			

Describe any specialized training, apprenticeships, skills or extra-curricular activities you have completed that would aid in your ability to perform the position applied for:

REFERENCES:

Give name, address and telephone number of (3) references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

Have you ever had any job related training in the United States Military **Yes No**
If yes please describe.

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job for which you applied? Yes No
A description of the activities involved in this job are available upon request.

EMPLOYMENT EXPERIENCE

Start with you present or last job. Include any job related military assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status. If you need more space please continue on another piece of paper.

Employer: _____ Address: _____
City: _____ State: _____
Supervisor: _____ Dates Employed: From _____ to _____
Reason for Leaving: _____
Starting hourly rate: _____ Ending hourly rate: _____

Employer: _____ Address: _____
City: _____ State: _____
Supervisor: _____ Dates Employed: From _____ to _____
Reason for Leaving: _____
Starting hourly rate: _____ Ending hourly rate: _____

Employer: _____ Address: _____
City: _____ State: _____
Supervisor: _____ Dates Employed: From _____ to _____
Reason for Leaving: _____
Starting hourly rate: _____ Ending hourly rate: _____

Employer: _____ Address: _____
City: _____ State: _____
Supervisor: _____ Dates Employed: From _____ to _____
Reason for Leaving: _____
Starting hourly rate: _____ Ending hourly rate: _____

APPLICANTS STATEMENT: I certify that all the answers given herein are true and 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 90 days.

I hereby understand and acknowledge that, unless otherwise defined in applicable law, any employment relationship with this organization is of an “at will” nature. Which means that the employee can resign at any time and the employer can discharge the employee at any time with or without cause. I further understand that this “at will” employment relationship may not be changed by any written document or conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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

Signature of applicant

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition, or handicap, or any other legally protected status. As an employer with an affirmative action program, we comply with Government regulations, including affirmative action responsibilities where they apply.

APPLICATION PROCESS: To receive consideration, applicants must complete this application in full. A resume may be submitted, along with the application, but is not required.