

**APPLICATION FOR EMPLOYMENT
GRAVES COUNTY JAIL
RANDY HALEY - JAILER**

103 East South Street - Mayfield, Kentucky 42066 - Phone: 270-247-4373

**Instructions: Print in black ink or type. Answer each item completely and accurately.
Incomplete answers may disqualify you. False answers may lead to dismissal if employed.**

Social Security No: _____ - _____ - _____ Date of Birth: ____/____/____ Today's Date: ____/____/____

Home Phone No.: () _____ - _____ Work No.: () _____ - _____ Other Phone No.: () _____ - _____

Positions Desired: Title: _____ Title: _____

Mr. Mrs. _____
Last Name First Name Middle Maiden

Address: _____

Length of time living in county of residence: _____

Do you have a Driver's License? Yes No License No.: _____

Have you been convicted or forfeited bail for a traffic violation other than a parking violation? Yes No

Have you been convicted or forfeited bail for a traffic violation involving an emergency vehicle? Yes No

Have you been convicted of a felony, misdemeanor, DUI violation or other offense not applicable to question 1 or 2 above? Yes No

Have you had a civil judgement entered against you arising from a situation(s)? Yes No

Have you been certified by a court or other public agency as being habitually addicted to or an abuser of alcoholic beverages, drugs or controlled substance? Yes No

Do you have a physical or mental or other disability for which you are requesting a medical restriction, and accommodations under the American with Disabilities Act (ADA) or any condition that would prevent you from performing any job at the Graves County Jail? Yes No

If you answered "YES" to any of the above questions, you must attach an explanation on a separate sheet including copies of court documents, disciplinary actions, or physician's statements if applicable but the specific situation may be reviewed under KRS 335B.020

Date available for work: _____ Shift availability: Day Evening Night

Rotating Shift Preference: _____ Salary Desired: _____

Type of Work Desired: Full Time Part Time

Skills: Can you type? Yes No Word Process: Yes No NOTE: Please list any other job skills relevant to the position for which you are applying including any computer skills: _____

Education and Training: Complete thoroughly and accurately. Please indicate the highest grade completed:

Grade School: _____ High School: _____ College: _____

Have you passed a G.E.D. test? NA Yes No

Name of High School: _____ Dates Attended: _____

College/University/Other: _____
Name Dates

Professional Organizations: Indicate current memberships in professional organizations:

Name _____ Title _____
Name _____ Title _____
Name _____ Title _____

Character References: Other than relatives, include two other personal and one professional:

Name _____ Address: _____ Phone _____
Name _____ Address: _____ Phone _____
Name _____ Address: _____ Phone _____

Military Information: _____ NA

Are you a Veteran? Yes No If yes, type of discharge: _____ Date _____
Years of service _____ Branch _____ Current Status _____

Employment History:

Place: _____ Address _____
Dates of Employment: _____ to _____ Previous Job Title: _____
Type of Business: _____ Reason for Leaving: _____
Previous Salary: _____ Job Duties: _____

Place: _____ Address _____
Dates of Employment: _____ to _____ Previous Job Title: _____
Type of Business: _____ Reason for Leaving: _____
Previous Salary: _____ Job Duties: _____

Place: _____ Address _____
Dates of Employment: _____ to _____ Previous Job Title: _____
Type of Business: _____ Reason for Leaving: _____
Previous Salary: _____ Job Duties: _____

Licenses or Certificates: Please indicate if you have a license, certificate or other authorization to practice a trade or profession:

License/Certificate: _____
License/Certificate: _____

PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

I certify that the information given in this application is correct and complete to the best of my knowledge. I am aware that, should investigation at any time show any falsification, I may not be considered for employment, or, I may be dismissed and disqualified from future application. I hereby authorize Randy Haley and any agency to which my name is referred to make all necessary investigations concerning me, my work habits, character or my action in any transaction. I authorize Randy Haley to receive and make available to other agencies my records or other material pertinent to my qualifications, and further authorize and request each former employer, person given as a reference, educational institution, or organization (including law enforcement agencies) to provide all information that may be sought in connection with this application, I understand and agree that I will be required to ratify the information contained in this application by signature as a condition of employment. I also understand that county government is a drug free workplace and that substance abuse testing may be given at any time. I understand a full background check will be done and my employment is contingent upon this investigation.

Signature of Applicant: _____ **Date:** ____/____/____