



# Pulaski County Detention Center

## Employment Application

Incomplete applications will not be given employment consideration

### Personal Information

Name (Last, First, MI)

Street Address

City, State, Zip

Sex:  Male  Female

Date of Birth

Email Address

Home Phone

Cellular Phone

Emergency Contact: Name:

Phone Number:

Address:

Social Security Number

Drivers License Number / State / Expiration

### Employment Desired

Position Applied For:

Date Available:

Desired hours: (full time, part time,)

Can you work all shifts?

How did you hear about this position?

### Education

High School

Name & Address

Diploma / GED (Specify)

Years of Study

College

Name & Address

Degree

Years of Study

Vocational

Name & Address

Certification

Years of Study

List any other forms of education or training not listed above which make help qualify you for this position.

### Employment Information

Have you ever been employed with this or any other corrections agency?

Yes  No

If "Yes" specify when and where:

Do you have any friends or family employed by this agency if "Yes" provide their names and relationship to you

Yes  No

Name

Relationship

Name

Relationship

Name

Relationship

**Employment History**

Current Employer	Start Date	End date	Functions of final position: 1. _____ 2. _____ 3. _____ 4. _____
Address			
City	State	Zip Code	
Phone Number	Starting Salary	Ending Salary	
Job Position	Supervisor:		
Reason for Leaving:			

What value did you bring to this employer?

Previous Employer	Start Date	End date	Functions of final position: 1. _____ 2. _____ 3. _____ 4. _____
Address			
City	State	Zip Code	
Phone Number	Starting Salary	Ending Salary	
Job Position	Supervisor:		
Reason for Leaving:			

What value did you bring to this employer?

Previous Employer	Start Date	End date	Functions of final position: 1. _____ 2. _____ 3. _____ 4. _____
Address			
City	State	Zip Code	
Phone Number	Starting Salary	Ending Salary	
Job Position	Supervisor:		
Reason for Leaving:			

What value did you bring to this employer?

**Employment History**

Previous Employer	Start Date	End date	Functions of final position:  1. _____  2. _____  3. _____  4. _____
Address			
City	State	Zip Code	
Phone Number	Starting Salary	Ending Salary	
Job Position	Supervisor:		
Reason for Leaving:			
What value did you bring to this employer?			

Previous Employer	Start Date	End date	Functions of final position:  1. _____  2. _____  3. _____  4. _____
Address			
City	State	Zip Code	
Phone Number	Starting Salary	Ending Salary	
Job Position	Supervisor:		
Reason for Leaving:			
What value did you bring to this employer?			

Previous Employer	Start Date	End date	Functions of final position:  1. _____  2. _____  3. _____  4. _____
Address			
City	State	Zip Code	
Phone Number	Starting Salary	Ending Salary	
Job Position	Supervisor:		
Reason for Leaving:			
What value did you bring to this employer?			

**Additional Personal Information**

List any professional, trade, business, personal interest or civic activities which you are currently involved:

1	2
3	4

List any languages other the English that you can speak, read or write

Spanish	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write
Chinese	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write
French	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write
Other	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write

No Foreign languages spoken, read or written

Identify **formal job training** that relates to your desired position.

Identify what **Skills or Certification** you possess related to your desired position.

If hired, **what value would you add** this this agency.

If hired are there any accommodations the agency would need to provide so that you can perform all essential functions and duties of the desired position.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If "YES", please explain:

Are You Currently Employed ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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May we contact your employer? If "No" Explain	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Are you currently on "lay off" status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If hired, can you provide proof of U.S citizenship, or proof of your legal right work in the U.S.? You will be required to complete <b>I9 Employee Eligibility to work Form.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If hired, do you have reliable means of transportation to and from work? If "No" please explain	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If hired, would you be able to travel or work overtime as needed or assigned?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Driving is required for a position with this agency and considered a condition of employment, Have you ever been convicted of Driving Under the Influence, or any traffic violation resulting in a loss of driving	<input type="checkbox"/> Yes <input type="checkbox"/> No
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privilege	
If "YES" please explain	
<b>Personal Background Information</b>	
<p>A criminal History inquiry will be conducted on each applicant, this agency will no automatically exclude applicants based upon criminal history without first reviewing the necessary details.</p> <p>Warning: your failure to accurately and honestly and completely answer each question may result in your elimination from consideration of employment. Any information later determined to be falsely described or factually inaccurate or incomplete will result in your termination from employment.</p>	
Have you ever been convicted of a felony or misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "YES" explain	
Have you ever been the subject of a court ordered restraining order or order of protection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "YES" explain	
Have you ever been arrested or accused of Domestic Battery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "YES" explain	
Have you ever lost your privilege to carry or possess a firearm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "YES" explain	
Have you ever been the subject of a criminal investigation regardless of conviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "YES" explain	
Have you ever been accused of Sexual Assault or Sexual Abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "YES" explain	
Have you ever been the subject of an investigation involving the victimization of another person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "YES" explain	
Have you ever been civilly or administratively adjudicated to have engaged in Domestic Battery, Sexual Assault, Sexual Abuse, Misconduct and or the victimization or abuse of another person.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "YES" explain	
Have you ever been the subject of an investigation involving the Department of Children and Family Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "YES" explain	
Have you been terminated from employment or resigned in lieu of termination for Sexual Abuse, Sexual Assault, Sexual Harassment and/or other victimizations of another person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "YES" explain	
Have you ever imitated an act of violence in the work place?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If "YES" explain

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**Personal Background Information**

Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, mental health institution, of other institution?

Yes  No

If "YES" explain

Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refused?

Yes  No

If "YES" explain

Are you currently under indictment or any criminal offense?

Yes  No

If "YES" explain

Are you currently awaiting trial for any criminal offense:

Yes  No

If "YES" explain

Are you currently serving a sentence of probation or parole

Yes  No

If "YES" explain

**Personal Reference**

Below: List three persons, not related to you who have knowledge of you work performance with in 5 years

Name:		Occupation:	
Company Name:		Address:	
Telephone:	E-Mail	Relationship & Years Acquainted	

Name:		Occupation:	
Company Name:		Address:	
Telephone:	E-Mail	Relationship & Years Acquainted	

Name:		Occupation:	
Company Name:		Address:	
Telephone:	E-Mail	Relationship & Years Acquainted	

Use space below to expand on any points or question asked previously on this application.

(Use Additional Paper if Necessary)

Please read each statement carefully and initial each acknowledging your understanding

**Equal Employment Opportunity Statement**

Pulaski County is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. Merit based decisions are determined by the applicants qualifications, referenced work history, back ground investigative information, and information obtained through an oral interview process. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to the terms and conditions of employment Pulaski County maintains a work environment that is free of discrimination due to race, religion, color, national orgin, physical, or mental disablility, age, or any other protected status as determined by Federal, State, or local laws. This policy applies to all terms and conditions of employment, including, but not limited to hiring, placement, promotion, termination, layoff, recall, transfers, leaves of absence, compensation, and training. Pulaski County will make reasonable efforts to accommodate those with physical or mental limitations of an otherwise qualified employee unless undue hardship would be place on Pulaski County

\_\_\_\_\_  
Initial

**Discrimination and Sexual Harassment Policy Statement**

Pulaski County declares zero tolerance for any form of unlawful discrimination, including sexual harassment, Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as: Unwelcomed sexual advances, request for sexual favors, any other verbal or physical conduct of a sexual nature constitutes sexual harassment. when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individuals employment: (2) Submission to or action of such conduct by an individual is used as the basis for employment decisions affecting individuals; (3) Such conduct has the purpose or effect of unreasonably interfering with an individuals work performance or creating an intimidating, hostile or offensive work enviroment.

\_\_\_\_\_  
Initial

**Dosclosure Concerning "Drug Free Workplace and Drug/Alcohol Testing**

Pulaski County operates under the Federal Drug Free Workplace Requirements. If you are offered a position with Pulaski county, you will be subjected to drug/alcohol testing as a condition of employment. Additionally testing will be repeated through out your employment Your failure to timely submit to drug/alcohol testing or your failure to pass such testing will result in revocation of any qualifying employment offers. Your failure to timely submit to drug/alcohol testing or your failure to pass future testing will result in your immediate termination. Negative "Clean" test results are required as a condition of employment.

\_\_\_\_\_  
Initial

**Testing Authorization**

If Offered a position with Pulaski County, I hereby agree to any legally permitted physical, psychological, skill, drug/alcohol, or medical test required by this agency as a condition of employment.

\_\_\_\_\_  
Initial

**At-Will Employment**

I understand and agree that if I am employed, my employment will be "at-will" which means that Pulaski County may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise Pulaski County will respect my right to terminate the employment relationship at any time, with or without cause and with or without notice. I further understand that any prior promise or representation contrary to the forgoing is binding on Pulaski County unless made in writing and signed by the Pulaski County Board of Commissioners

\_\_\_\_\_  
Initial

**Agency Obligation**

I understand and agree that Pulaski County's acceptance of the application is not to in any way imply or infer that a position for which I am qualified is open or that the agency has agreed to hire me. I

\_\_\_\_\_  
Initial

understand that the agency is under no obligation to hire me as the result of accepting this application.

Initial

**Accountability - Responsibility**

I understand it shall be my responsibility to maintain strict adherence to all facility policies, post orders, protocols, all lawful orders either written or verbal. My failure to maintain accountability for the described responsibilities can result in disciplinary action up to include termination.

Initial

**Complete and Accurate Information**

I hereby attest that I have not withheld any information that might adversely affect my chance for employment and that the answers given by me are accurate, truthful, and complete to the best of my ability. I further attest that I personally completed this application. I understand that any omission or misstatement of the material facts on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if i am employed, regardless of the time elapsed before discovery.

Applicants Signature

**Additional Information**

Please provide any additional information you would like the agency to know

Lined area for providing additional information.





- Recommend - For Hire
- Recommend - Do Not Hire
- Recommend - Hold for Reconsideration
- Recommend - Hold for Reinterview







