



Kenton County Detention Center  
3000 Decker Crane Lane  
Covington Kentucky 41017  
Terry Carl, Jailer

## Employment Application

### Personal Information

Applicant Name \_\_\_\_\_  
Last First Middle Maiden

Address \_\_\_\_\_  
Street City State Zip Code

Previous Address \_\_\_\_\_  
Street City State Zip Code

Are you at least 21 years of age \_\_\_\_\_ Social Security Number \_\_\_\_\_ Marital Status \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Drivers License Number \_\_\_\_\_ State \_\_\_\_\_

Place of Birth \_\_\_\_\_ US Citizens \_\_\_\_\_ Telephone Number \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_  
Name Address City/State/Zip Code Ph. number

### Position Information

Desired Position Correction's Officer \_\_\_\_\_ Data Entry \_\_\_\_\_ Medical \_\_\_\_\_ Office \_\_\_\_\_

Referral Yes \_\_\_ No \_\_\_ By Whom \_\_\_\_\_  
Name Phone Number

### Military Experience

Branch of Service \_\_\_\_\_ Date Entered \_\_\_\_\_ Date Discharged \_\_\_\_\_

Type of Discharge \_\_\_\_\_ Final Rank \_\_\_\_\_

Nature of Duties and/or Special Training Received \_\_\_\_\_

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## Honors or Special Awards

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## Employment Information (List chronologically previous employment)

Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Supervisor Name & Title \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Description of Work & Responsibilities \_\_\_\_\_

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Your Job Title \_\_\_\_\_ May we contact your employer Yes \_\_\_\_\_ No \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Supervisor Name & Title \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Description of Work & Responsibilities \_\_\_\_\_

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Your Job Title \_\_\_\_\_ May we contact your employer Yes \_\_\_\_\_ No \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Supervisor Name & Title \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Description of Work & Responsibilities \_\_\_\_\_

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Your Job Title \_\_\_\_\_ May we contact your employer Yes \_\_\_\_\_ No \_\_\_\_\_

Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

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Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Supervisor Name & Title \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Description of Work & Responsibilities \_\_\_\_\_  
\_\_\_\_\_

Your Job Title \_\_\_\_\_ May we contact your employer Yes \_\_\_\_\_ No \_\_\_\_\_

Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

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Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Supervisor Name & Title \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Description of Work & Responsibilities \_\_\_\_\_  
\_\_\_\_\_

Your Job Title \_\_\_\_\_ May we contact your employer Yes \_\_\_\_\_ No \_\_\_\_\_

Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

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Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Supervisor Name & Title \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Description of Work & Responsibilities \_\_\_\_\_  
\_\_\_\_\_

Your Job Title \_\_\_\_\_ May we contact your employer Yes \_\_\_\_\_ No \_\_\_\_\_

Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

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## Disciplinary Action

(If the answer to any of the questions is YES, attach a statement providing a detailed explanation)

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|---|-----------------|
| 1. Have you ever been a party to a civil suit?  | Yes_____No_____ |
| 2. Have you ever been arrested, charged with or convicted of any crime other than a minor traffic violation?                                    | Yes_____No_____ |
| 3. Has any civil action ever been taken against you by any government or administrative agency  | Yes_____No_____ |
| 4. Have you ever been dismissed or asked to resign or withdraw or placed on suspension or probation from any employer for disciplinary reasons? | Yes_____No_____ |
| 5. Have you ever been charged with a felony?  | Yes_____No_____ |
| 6. Have you ever filed for bankruptcy   | Yes_____No_____ |
| 7. Has your wages ever been garnished?  | Yes_____No_____ |

If you have answered yes to any of the above questions briefly explain your situation. If you were charged with a criminal offense and it was dismissed, please provide documentation showing the dismissal.

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## Education or Specialized Training

(List all High Schools, Colleges, University or Specialized Training)

Name of Institution	City/State	Month/Year	Degree/Major
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## Activities

(List all clubs, organizations, societies, and activities in which you have or currently a member)

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## References

Name	Address	Phone Number	Occupation or Business
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## Documentation Requirements

All applicant shall provide a photocopy of their Birth Certificate, DD-214, High School diploma, GED diploma certification of college transcript or undergraduate degree completion.

Please list those documents submitted:

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## Certification

I \_\_\_\_\_ hereby certify that to the best of my knowledge, that the information

Print Name

provided by me on this application is complete. I understand that any misrepresentation or material omission may be cause for rejection of my application and termination of my employment.

Date \_\_\_\_\_ Signature \_\_\_\_\_



Kenton County Detention Center  
3000 Decker Crane Lane  
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Personal Inquiry Waiver Authority for Release of Information

TO: Concerned Person or Authorized Representative of Any  
Organization, Institution or Repository of Records

Re: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last Name Middle First

Social Security #: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

I respectfully request and authorize you to furnish the Kenton County Detention Center or an authorized representative of the Kenton County Detention Center any and all information or records that you have concerning my work, school, military, reputation, financial and credit status. Please include any and all medical, physical and mental health records including all information of a confidential or privileged nature, and photostats of same if requested. This information is to be used to assist the facility in completing a background history for confidential use by the

**Kenton County Detention Center**

I hereby release you, your organization or others from any liability of damage which may result from furnishing the information requested above.

\_\_\_\_\_  
Sign Signature

\_\_\_\_\_  
Print Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date