



MASON COUNTY DETENTION CENTER

702 US 68, Maysville, KY 41056

606-564-3621 FAX 606-564-6580

Lisa Yeary, Jailer

EMPLOYMENT INFORMATION

Pre-Employment Conditions

- Must be at least 21 years of age
- Valid Kentucky driver's license
- High school diploma or GED
- Personal and employment reference check
- Criminal/Driving background check
- Pass drug screen
- OC Pepper Spray and Taser exposure
- Good Health

Requirements if Employed:

- At will employment
- Must be a resident of the State of Kentucky
- 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 Kentucky driver's license
- Computer experience preferred but not required
- 6 months probationary period

Employee Benefits:

- May advance in promotional system
- Required uniforms furnished
- Full-time Employees only:
 - State Employee Retirement System
 - Accrue one (1) 8 hour sick day per month
 - Earn 40 hours of vacation per year (after one year of service)
 - Health Insurance
 - Earn 16 hours personal time after one month of employment

I have read and understand the information listed on this document.

Applicant's Signature

Date

APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

(Print Only)

Date of Application

Last Name First Name MI

Street Address City State Zip Code

Telephone number(s): _____
Home Cell

Email Address: _____

Date of Birth: ____/____/____ Social Security Number: ____-____-____

JOB INTERESTS:

Type of employment seeking: ____ Full time ____ Part time

Position desired: _____ Date available for employment: _____

Salary Desired: _____

Available to work: _____
Days Nights Weekends Holidays

Ever applied to MCDC before? Yes No When: _____

Ever worked for MCDC before? Yes No When: _____

Reason for leaving? _____

Name of last supervisor at MCDC _____

EDUCATION AND TRAINING

Level	Name and Address of School	Grade Completed	Degree
High School			
College			
Vocational / Correspondence			

Other training (factory or office machines operated, special courses, military training, etc.) _____

Describe any honors received: _____

OTHER JOB-RELATED ACTIVITIES

List professional, trade, business or civic activities and offices held. May exclude membership which would reveal sex, religion, national origin, age, ancestry, or other protected status. _____

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

MILITARY

Have you served in the military? Yes No Branch: _____ Date of Discharge: _____ Final Rank: _____

EMPLOYMENT HISTORY

Start with the present or last job and provide a **complete** job history. It is suggested to submit a resume with the application to provide further details. *Explain any gaps in employment in comments section.*

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 _____ 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 _____ 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 _____ To _____
Address _____	Starting Salary: \$ _____ Per _____
_____	Final Salary: \$ _____ Per _____

Job Title _____	
Supervisor/Dept. _____	Phone number _____
Reason for leaving _____	May we contact? Yes _____ No _____

Comments (please explain any gaps in employment) _____

REFERENCES:

Give name, *daytime telephone number* and the best time to contact four (4) people who can provide a personal reference. Do not use relative or previous employers.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Do you know anyone who works at the Mason County Detention Center? Yes _____ No _____

If yes, list name(s):

YES NO

- _____ 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 position for which you are applying with or 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?
- _____ If yes, please give dates, charges and an explanation: _____

PREA (Prison Rape Elimination Act) Standard 115.17

- _____ Have you engaged in sexual abuse and/or sexual misconduct in any previous jobs or in the community?
- _____ Have you been convicted of engaging in sexual abuse and/or sexual misconduct?
- _____ Have you ever received an administrative or civil punishment for your role in the activity described above?

*If yes to any of the above questions, please provide dates, allegations, charges and details of these incidents:

I understand any false information made by me on this application, or any supplement document, will be sufficient grounds for immediate discharge if I am employed.

Applicant's Signature

Date

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(Please print)

Name: _____

Date: _____

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 MCDC?

What are your strongest assets? _____

What are your weaknesses (describe)? _____

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 Mason 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 Mason 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 reference I provide.

I understand that I will receive certification for OC Pepper Spray and Taser and understand that to receive certification, I must be exposed to the OC Pepper Spray and the Taser. 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 Mason County Detention Center's rules and regulations, policies and procedures. I understand and agree that while employed at the Mason 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 Mason County Detention Center.

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

MASON COUNTY STAFF USE ONLY:

Application Received: _____

Application Reviewed: _____

Scheduled for Interview: _____

Drug Tested (By/Date): _____

References Completed: _____

Applicant Contacted: _____

Hire Date: _____

Hired / Not Hired

By: _____

With: _____

Fingerprinted By/Date): _____

By/Date: _____

By/Date: _____