



BOONE COUNTY JAIL
3020 CONRAD LANE
BURLINGTON, KY 41005

PHONE: 859-334-2143

For questions regarding an application please contact
Captain Rachael Montgomery at email:
rmontgomery@boonecountyky.org

PLEASE READ THIS CAREFULLY:

Please print all information clearly.

All information must be completed in detail.

You must include a copy of:

- *Birth Certificate
- *Verification of highest level of education completed
- *Military Discharge Papers

Submit the finished application with requested copies in person at the Boone County Jail, 3020 Conrad Lane, Burlington, KY 41005 or email to rmontgomery@boonecountyky.org

The submission of this application does not mean that you will receive an appointment.

POSITION INFORMATION: Date application submitted: _____

Position Applying For: _____

What days/hours are you available to work? _____

PERSONAL INFORMATION:

Name: _____
Last First Middle Maiden

Present Address: _____
Street

City State Zip Code

Phone Numbers: Home: _____ Cell: _____

Email Address: _____

Height: _____ Weight: _____ Color Hair: _____ Color Eyes: _____

Age: _____ Date of Birth: _____ Sex: M ___ F ___ Soc. Security Number: _____

Do you have a valid driver's license? Yes ___ No ___ If yes, State: _____

Drivers License No.: _____ Exp. Date _____ Are you at least 21 years of age? Yes ___ No ___

Person to notify in case of an emergency: _____

Address: _____ Phone Number: _____

QUESTIONNAIRE:

Have you ever been arrested, charged or convicted of any misdemeanor or felony crime? Yes____ No____

Have you ever been dismissed, asked to resign, placed on suspension or probation from any employer for disciplinary reasons? Yes____ No____

Have you ever filed bankruptcy? Yes____ No____

Have your wages ever been garnished or assigned? Yes____ No____

Have you ever had a driver's license suspended or revoked? Yes____ No____

Have you ever found it necessary to sue a former employer? Yes____ No____

Have you ever filed or collected workman's compensation insurance due to an on the job injury? Yes____ No____

Have you ever used any kind of illegal or dangerous drugs? Yes____ No____

Have you ever had a drinking problem? Yes____ No____

Are you a U.S. citizen? Yes____ No____

MILITARY EXPERIENCE:

Have you ever served in the Armed Forces? Yes____ No____ Branch of Service:_____

Entry Date:_____ Type of Discharge:_____ Date Discharged:_____

REFERENCES: (Non-family)

Name_____ Phone_____

Address_____ Occupation_____

How do you know each other?_____ How long known?_____

Name_____ Phone_____

Address_____ Occupation_____

How do you know each other?_____ How long known?_____

Name_____ Phone_____

Address_____ Occupation_____

How do you know each other?_____ How long known?_____

EDUCATION INFORMATION:

Did you receive a High School Diploma or GED? Yes____ No____

High School Name & Address:_____ Date of Graduation:_____

Did you attend college? Yes____ No____ Type of Degree:_____

College Name & Address:_____ Date of Graduation:_____

Major:_____ Minor:_____ GPA:_____

WORK HISTORY:

MAY ME CONTACT YOUR PRESENT EMPLOYER ? Yes _____ No _____

EMPLOYER:		STREET ADDRESS, CITY, STATE & ZIP:	
SUPERVISOR'S NAME AND PHONE NO:		YOUR JOB TITLE:	
DATE OF EMPLOYMENT: From: To:	SALARY:	REASON FOR LEAVING:	
JOB DUTIES AND RESPONSIBILITIES:			

EMPLOYER:		STREET ADDRESS, CITY, STATE & ZIP:	
SUPERVISOR'S NAME AND PHONE NO:		YOUR JOB TITLE:	
DATE OF EMPLOYMENT: From: To:	SALARY:	REASON FOR LEAVING:	
JOB DUTIES AND RESPONSIBILITIES:			

EMPLOYER:		STREET ADDRESS, CITY, STATE & ZIP:	
SUPERVISOR'S NAME AND PHONE NO:		YOUR JOB TITLE:	
DATE OF EMPLOYMENT: From: To:	SALARY:	REASON FOR LEAVING:	
JOB DUTIES AND RESPONSIBILITIES:			

WORK HISTORY:

EMPLOYER:		STREET ADDRESS, CITY, STATE & ZIP:	
SUPERVISOR'S NAME AND PHONE NO:		YOUR JOB TITLE:	
DATE OF EMPLOYMENT: From: To:	SALARY:	REASON FOR LEAVING:	
JOB DUTIES AND RESPONSIBILITIES:			

CERTIFICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION:

The information contained in this application is of a personal nature and will be treated as confidential. Upon submitting this application I realize that sufficient inquiry will be made to assure the validity of the information provided.

I certify that all of the foregoing information provided on this application is true and complete to the best of my knowledge. I understand that giving false information and/or significant omissions may result in my disqualification for consideration for employment.

I understand that a medical examination to ascertain my ability to perform essential functions of the job will be required.

Applicant's Signature _____

Date _____

***** COMPLETE THIS SECTION ONLY IF APPLYING FOR MEDICAL POSITION *****

GENERAL INFORMATION:

Current CPR? Yes____ No____ Current TB? Yes____ No____

Professional License Number and Issuing State: _____

Have you ever had a professional license revoked, reviewed, suspended or limited in any way? Yes____ No____

If yes, please explain: _____

OFFICE USE ONLY:

2nd INTERVIEW

Applicant was interviewed on: _____ 20____ at _____ am/pm BY: _____ Y ____ N ____

HIRE

Applicant was interviewed on: _____ 20____ at _____ am/pm BY: _____ Y ____ N ____