

HOPKINS COUNTY JAIL

An Equal Opportunity Employer
APPLICATION FOR EMPLOYMENT

It is the policy of the Hopkins County Jail to provide employment, training, compensation, promotion, and other conditions of employment based on qualifications, without regard to race, color, religion, national origin, sex, age, marital or veteran status, the presence of non-job-related disability, or any other legally protected status.

(Print Only)	Date of Application			
Last Name	First Name		 Initial	
Street Address	C	lity	State	Zip Code
Primary Phone No.	Al	ternate Phone No		
E-mail address				
How did you find out about job opening?				
EDUCATION AND TRAINING	Address	<u>Degree</u>		Grade Completed
Elementary				
High School				
College				
Technical, military or vocational school				
OTHER ACTIVITIES				
May exclude membership which would reveal	sex, religion, national orig	in, age, ancestry, or other pr	rotected status	
SPECIAL SKILLS AND QUALIFICATIO	NS			
-		nlovmant or other avnerian	20	
Summarize special job-related skills and quali	neations acquired from em	proyment of other experience	<i>j</i> e	
MILITARY				
Have you served in the military? Yes	No	Branch of service		
Final rank	Type of discharge			

Employment History, beginning with the most recent

Employer:		Phone Number:		
Address:		Supervisor:		
Job Title:	Highest Salary:	Start Date:	End Date:	
Brief Description of Duties:				
Reason for Leaving:			May We Contact:	YES or NO
Employer:		Phone Number:		
Address:		Supervisor:		
Job Title:	Highest Salary:	Start Date:	End Date:	
Brief Description of Duties:				
Reason for Leaving:			May We Contact:	YES or NO
Employer:		Phone Number:		
Address:				
Job Title:				
Brief Description of Duties:				
Reason for Leaving:			May We Contact:	YES or NO
Employer:		Phone Number:		
Address:				
Job Title:		_		
Brief Description of Duties:				
Reason for Leaving:			May We Contact:	YES or NO
Employer:		Phone Number:		
Address:				
Job Title:		_		
Brief Description of Duties:				
Reason for Leaving:			May We Contact:	YES or NO
Employer:		Phone Number:		
Address:				
Job Title:		_		
Brief Description of Duties:				
Reason for Leaving:			May We Contact:	YES or NO

REFERENCES

	<i>laytime telephone number</i> and the best time to contact five people who can provide a personal reference. Do not use revious employers.
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Do you knov	v anyone who works at the Hopkins County Jail? No Yes (list names)
YES NO	
	Are you 21 years of age or older?
	Do you have a valid driver's license?
	Do you have a High School Diploma or G.E.D?
	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 been convicted of a felony?
	Since the age of 18, have you been convicted of a misdemeanor?
	If yes, please give dates, charges and an explanation
immediate di	that any false information made by me on this application, or any supplement document, will be sufficient grounds for scharge if I am employed. Under the "Freedom of Information Act", I give my permission for the Hopkins County Jail to by of my employment records retained by any of the above named employers. Signature Date
	Hiring Process
1. If your	application is selected you may be contacted to schedule an interview.
	ployment Screening begins if we considered you for employment after the interview:
	CIC background check and driver's license check.
	copy of your driver's license
	copy of your DD-214 if applicable. copy of your High School Diploma or G.E.D.
	ndergo a urinalysis (drug screen).
	ss a medical examination.
	Applications will be kept on file for six months.