

WOODFORD COUNTY DETENTION CENTER  
INFORMATION FOR EMPLOYMENT  
DEPUTY JAILER

## PURPOSE AND USE

The principle purpose of the information forms is to collect information needed to determine qualifications, suitability and availability of applicants for employment as a Deputy Jailer. Your completed form may be used to examine, rate and/or assess your qualifications and contact you concerning availability and/or interview.

## EFFECTS OF NONDISCLOSURE

Because the employment information forms request both optional (other skills, training, social security number, etc.) and mandatory data (qualifications and biographical information, etc.), it is in your best interest to answer all questions. Omission of an item means you may not receive full consideration for a position. Omission of information may also be grounds for not employing you, or for dismissing you after you begin work. All statements are subject to investigation, including a check of your fingerprints, police records and former employers. All information you give will be considered in reviewing your application.

**NOTICE:** Incomplete information will result in a delay in the processing of your application.

# WOODFORD COUNTY DETENTION CENTER

## **DRUG SCREENING POLICY**

It is the policy of the Woodford County Detention Center to provide and promote a drug free work place.

1. All employees shall submit to a drug screen upon request of the Jailer or his designee.
2. If an employee has a drug problem comes forward, admits to their drug problem and requests assistance, they will be given time off without pay for treatment. Their position will be held, for a reasonable period of time, until treatment is completed. The Detention Center will not pay for treatment. Upon returning to work, they will be subject to routine drug screens to ensure that they stay drug free. The length of the routine drug test will be determined by the Jailer and the specific employee. After that the employee must submit to a drug test and if tests positive, will be immediately terminated.
3. Any employee testing positive on a random drug test, or failing to submit to a random drug test will be subject for immediate termination.
4. All information collected, i.e., names of individual taking test, whether they tested positive or negative, will be totally confidential. Anyone violating this policy of confidentiality will be subject to immediate termination.
5. If an employee tests positive on a drug test and they state that they are drug free, they may request to be re-tested. Pending the outcome, the employee will be suspended with pay. If the re-test comes back positive, the employee will pay for the drug test and be subject to immediate termination.

# WOODFORD COUNTY DETENTION CENTER

## DEPUTY JAILER JOB DESCRIPTION

**Position Summary:** Responsible for the care and custody of inmates in accordance with statutory and Woodford County Detention Center requirements.

**Essential Duties and Responsibilities include the following:**

Maintain discipline over inmates; admittance and booking of inmates to Detention Center; escort inmates to and from court or other required appointments; assist in the cleaning and sanitation of the Detention Center, keep records and make reports verbally and in writing. Under supervision, this position also supports the department by performing other work as assigned. This position requires shift work including nights, weekends and holidays and is subject to call back within 24 hours if the needs of the facility require it.

**Qualifications:**

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

**Education/Experience:**

Completion of a high school education or equivalent; or any equivalent combination of training and experience which provides the required knowledge, skills and abilities. Must be at least 21 years of age and possess a valid Kentucky driver's license.

Must not have been convicted of a felony or misdemeanor, excluding traffic violations and/or minor convictions. It is at the discretion of the Jailer as to whether such violations and/or convictions are related to the job and are a basis for rejection of an employment application.

Subject to an extensive background check. May be required to undergo psychological and/or other pre-employment testing. In addition, he/or she must possess a high degree of integrity and be a sober, order and law-abiding citizen. Individuals with histories of offenses of assault and/or sexual abuse will not be eligible for employment consideration.

**Reasoning Ability:**

Ability to solve practical problems and deal with a variety of concrete variables in situations where some standardization exists. Ability to interpret a variety of instructions furnished in written, verbal, diagram, or schedule form.

**Physical Demands:**

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to use hands to search and restrain. The employee walks continuously throughout the Detention Center. The employee must regularly deal with inmates and therefore must have the strength and physical ability to deal with them effectively. Additionally, the employee must have the strength and agility found at the level of medium work (exerting 20-50 pounds of force) and including occasional very heavy work (exerting in excess of 100 pounds).

WOODFORD COUNTY DETENTION CENTER  
 GARY A. GILKISON, JAILER  
 204 BEASLEY DRIVE  
 VERSAILLES KY 40383  
 (859) 873-3196 FAX (859) 873-1014

# EMPLOYMENT APPLICATION

DATE OF APPLICATION:

## APPLICANT INFORMATION

Last Name:	First:	M.I.
Maiden Name	Alias	
Street Address		Apt/Unit #
City	State	ZIP
Phone	Alt. Phone	
E-mail address		

## POSITION APPLYING FOR

Title	Desired Salary	
Date Available	Full Time	Part Time

## EDUCATION

High School	Address	
Graduated? YES ___ NO ___	Date of Graduation	
Issuer of GED	Address	
Date Received		
Business or Technical School		
Dates Attended	Major	Degree
College		
Dates Attended	Major	Degree
Graduate School		
Dates Attended	Major	Degree

List in Reverse Chronological order all employment. If unemployed for a period, include the dates of unemployment.

**PRESENT EMPLOYER**

Name of Employer:		
Address:		
City	State	ZIP
Phone:( )	Job Title:	
Dates of Employment: From:	To:	
Supervisor's Name:	Ending Salary:	
Specific Duties and Responsibilities:		
Reason for Leaving:		

**PREVIOUS EMPLOYER**

Name of Employer:		
Address:		
City	State	ZIP
Phone:( )	Job Title:	
Dates of Employment: From:	To:	
Supervisor's Name:	Ending Salary:	
Specific Duties and Responsibilities:		
Reason for Leaving:		

**PREVIOUS EMPLOYER**

Name of Employer:

Address:

City

State

ZIP

Phone:( )

Job Title:

Dates of Employment: From:

To:

Supervisor's Name:

Ending Salary:

Specific Duties and Responsibilities:

Reason for Leaving:

**PREVIOUS EMPLOYER**

Name of Employer:

Address:

City

State

ZIP

Phone:( )

Job Title:

Dates of Employment: From:

To:

Supervisor's Name:

Ending Salary:

Specific Duties and Responsibilities:

Reason for Leaving:

**PREVIOUS EMPLOYER**

Name of Employer:

Address:

City

State

ZIP

Phone:( )

Job Title:

Dates of Employment: From:

To:

Supervisor's Name:

Ending Salary:

Specific Duties and Responsibilities:

Reason for Leaving:

Have you ever been dismissed or asked to resign from any employment or position you have held? YES\_\_\_\_NO\_\_\_\_

If yes, explain. \_\_\_\_\_

May we contact your present employer? YES\_\_\_\_NO\_\_\_\_

Have you ever applied for a position with any law enforcement agency? YES\_\_\_\_NO\_\_\_\_

If yes, on a separate sheet, list the agency to which you applied, the date, whether you were accepted or rejected & why.

**MILITARY RECORD**

Have you ever served on active duty in the armed forces? YES\_\_\_\_NO\_\_\_\_

Branch of Service:

Serial Number:

From:

To:

Type of Discharge:

Are you a member of the reserve? YES\_\_\_\_NO\_\_\_\_ Are you a member of the National Guard? YES\_\_\_\_NO\_\_\_\_

Has any type of disciplinary action been taken against you in the service? YES\_\_\_\_NO\_\_\_\_

Do you claim veteran's preference? YES\_\_\_\_NO\_\_\_\_ If yes, attach copy of DD-214

**FINANCIAL STATUS**

What is your present annual income?

Do you have any sources of income other than your salary or that of your spouse? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, specify.

Are you indebted to anyone? YES \_\_\_\_\_ NO \_\_\_\_\_ Have you ever filed for bankruptcy? YES \_\_\_\_\_ NO \_\_\_\_\_

**COURT DATA**

Have you ever been arrested or charged with any violation including traffic, but excluding parking tickets? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, list below.

Date	Location/Dept/Court	Charge	Disposition

Do you have a valid driver's license? YES \_\_\_\_\_ NO \_\_\_\_\_ License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Has your driver's license ever been revoked or suspended? YES \_\_\_\_\_ NO \_\_\_\_\_

**REFERENCES**

Please list three references (not relatives) who have known you at least 5 years.

Name:	Occupation:
Home address & phone:	
Work address & phone	

Name:	Occupation:
Home address & phone:	
Work address & phone	

Name:	Occupation:
Home address & phone:	
Work address & phone:	

# WOODFORD COUNTY DETENTION CENTER

## AUTHORITY TO RELEASE INFORMATION

I, \_\_\_\_\_, have applied for employment with the Woodford County Detention Center and request that they are provided access, pertinent to their investigation, into all personal records which may be of interest to them. This authorization includes, but is not limited to, background, educational, employment, medical and credit histories, whether privileged or not. This document is executed in consideration of the Jailer considering my application and shall serve as a release of liability to all parties furnishing such information to the Detention Center and their authorized agents.

### Confidentiality of Information:

I recognize the Woodford County Detention Center's right to treat, at its discretion, certain sources of information as Confidential and to withhold from me or my agent the names of such sources and the information obtained thereof.

A photocopy of this release shall be considered as effective and binding as the original hand executed copy.

Print/Type Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date