

**ADAM SMITH
CHRISTIAN COUNTY JAILER**

410 West 7th Street
Hopkinsville, KY 42240
Office: 270/887-4152
Fax: 270/887-0024

APPLICATION FOR EMPLOYMENT





ADAM SMITH



Christian County Jailer
410 West 7th Street
Hopkinsville, KY 42240

Phone (270) 887-4152
Fax (270)887-4450

DEPUTY JAILER
Full Time Positions

The Christian County Jail is a professional, safety and security organization. Deputy Jailers are considered the front line of ensuring the safety and security for the inmates and the entire community of Christian County. In the performance of their duty, deputy jailers are called upon to make difficult decisions and must exercise discretion. Deputy Jailers must be faithful to their position as a member of the jail staff, to the principles of a professional jail operation and the objectives of the agency. This is a sworn law enforcement position with limited powers of arrest. Individuals in this position can expect to regularly work and interact with county, state, and federal inmates. This is a challenging career with room for personal growth and advancement. No prior law enforcement experience is required.

Applicants Must: Be at least 21 years of age
Be physically capable of doing a lot of walking/standing for the entire shift
Undergo a thorough Background Check and Pre-Employment Drug Screening

Applicants Must Fill out an Application Packet and Provide Copies of the Following Documents:

Diploma/GED
Active Driver's License
Birth Certificate
Social Security Card
DD-214 (if prior military)

Salary and Benefit Information

Once hired, you can look forward to a competitive starting salary of \$35,360.10. As well as an excellent benefits package following a 90-day Probationary Period, which includes:

Twelve (12) Paid Holidays per year
Ten (10) Paid Vacation days, after 1 year employment
Participation in the KPPA Retirement Program
Single Medical Coverage Plan, paid for by the Christian County Government
(Family Medical Coverage and Supplemental Insurance Plans offered)
Opportunities for advancements include:

- Supervisory positions
- Designated Armed Response Team
- Investigations
- Interdiction
- Community Service Program Deputy

CHRISTIAN COUNTY JAIL

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Christian County Jail, whether the said records are of a public, private or confidential nature.

The intent of this authorization to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of loans, the records of commercial or retail credit agencies, including credit reports and/or ratings, and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, and the U.S. Veteran's Administration, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the Christian County Jail. I also certify that any person (s) who may furnish such information concerning me shall not be held accountable for giving this information, and I hereby release said person (s) from any and all liability which may be incurred as a result of furnishing such information.

A copy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Witness

Signature (include Maiden Name)

Date

Address

Date of Birth

Social Security Number

Phone Number (include area code)

CHRISTIAN COUNTY JAIL
APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex, religion, disability or national origin.

PERSONAL INFORMATION

Date: _____

Name: _____
Last First Middle Social Security Number

Address: _____
Street Date of Birth

City State Zip Code Phone Number

Referred by: _____

EMPLOYMENT DESIRED IF AVAILABLE

Position: Deputy Jailer _____

Type of work desired: Full-time Part-time Date available for work: _____

Are you currently employed? Yes No

May we contact your employer? Yes No

Do you have a valid Drivers License? Yes No Drivers License Number: _____

Have you ever had a felony conviction? Yes No

Have you ever had a misdemeanor conviction involving Domestic Violence? Yes No

Do you have any active emergency protective orders or domestic violence orders against you? Yes No

Have you been charged with a DUI, or any other traffic offense? Yes No

Have you ever been charged and/or convicted with any misdemeanor or felony offense? Yes No

If you answered yes to any of the above, please list conviction (s), date (s), and place (s).

EDUCATION AND TRAINING

School	Name and Address of School	Dates Attended	Date of Graduation	Degree, Diploma, or Certificate Earned
High School:				
College:				
Vocational, Business or Technical:				
Other:				

GENERAL

Subjects of special study or research work: _____

Job related skills: _____

PERSONAL REFERENCES: (List three persons not related to you, whom you have known for at least one year)

Name	Address	Years Acquainted	Business	Phone Number (s)

EMPLOYMENT HISTORY

(List at least four employers with the most recent first)

Dates of Employment	Name and Address of Employer	Salary	Position	Reason for Leaving	Contact Person and Phone Number (s)
From:					
To:					
From:					
To:					
From:					
To:					
From:					
To:					
From:					
To:					
From:					
To:					

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

SIGNATURE _____ DATE _____

DO NOT WRITE BELOW THIS LINE

NOTES: _____
