



LAST NAME, FIRST MI

FOR ADMINISTRATIVE USE ONLY:	
DATE APPLICATION RECEIVED:	_____
DATE CONTACTED:	_____
DATE CONTACTED:	_____
DATE FOR INTERVIEW:	_____

FULTON COUNTY DETENTION CENTER APPLICATION FOR EMPLOYMENT

The Fulton County Detention Center is an equal opportunity employer and will 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.

PLEASE PRINT LEGIBLY !!

APPLICANT INFORMATION:

LAST NAME FIRST MIDDLE APPLICATION DATE

OTHER NAMES GO BY MAIDEN NAME

STREET ADDRESS CITY STATE ZIP

CELL PHONE EMAIL ADDRESS

SOCIAL SECURITY NO. DRIVER'S LICENSE NO. LICENSE STATE

TYPE OF EMPLOYMENT SEEKING: FULL TIME PART TIME

POSITION SEEKING: FLOOR DEPUTY CONTROL ROOM OTHER: _____

DATE AVAILABLE FOR EMPLOYMENT: _____ CURRENTLY EMPLOYED: YES NO

HAVE YOU EVER WORKED HERE AT FCDC: YES NO IF SO, WHEN? _____

ARE YOU A U.S. CITIZEN? YES NO IF NO, ARE YOU AUTHORIZED TO WORK IN THE U.S.? YES NO

HAVE YOU EVER SERVED IN THE MILITARY? YES NO BRANCH: _____

TYPE OF DISCHARGE: _____ FINAL RANK: _____

ARE YOU 21 YEARS OF AGE OR OLDER? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY CRIME? YES NO

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO

DO YOU HAVE A HIGH SCHOOL DIPLOMA, GED OR EQUIVALENT? YES NO

ARE YOU ABLE TO PERFORM THE ESSENTIAL DUTIES AND RESPONSIBILITIES OF THE POSITION YOU HAVE APPLIED FOR WITHOUT ACCOMODATION? YES NO

HAVE YOU EVER WORKED FOR A JAIL OR PRISON? YES NO IF SO, LIST ALL WORKED AT: _____

HAVE YOU EVER BEEN INVOLVED IN A P.R.E.A. INVESTIGATION AT A JAIL OR PRISON? YES NO

HAVE YOU ENGAGED IN SEXUAL ABUSE OR HARASSMENT IN ANY PREVIOUS EMPLOYMENT? YES NO

HAVE YOU EVER BEEN CONVICTED OF ENGAGING OR ATTEMPTING TO ENGAGE IN SEXUAL ACTIVITY IN THE COMMUNITY, FACILITATED BY FORCE, OVERT OR IMPLIED THREATS OF FORCE, COERCION, OR IF VICTIM DID NOT CONSENT OR WAS NOT ABLE TO CONSENT OR REFUSE? YES NO

HAVE YOU EVER BEEN CIVILLY OR ADMINISTRATIVELY ADJUDICATED TO HAVE ENGAGED IN THE SEXUAL ACTIVITY LISTED IN THE PREVIOUS QUESTION? YES NO

HAVE YOU HAD OR BEEN ACCUSED OF ANY INCIDENT OF SEXUAL HARASSMENT? YES NO

EDUCATION AND TRAINING:

NAME OF SCHOOL ADDRESS DEGREE/GRADUATE?

HIGH SCHOOL: _____ YES NO

COLLEGE: _____ YES NO

OTHER (BUSINESS/TECHNICAL/MILITARY): _____ YES NO

SPECIAL TRAINING OR SKILLS: _____

SPECIAL JOB-RELATED QUALIFICATIONS: _____

REFERENCES: PLEASE GIVE NAME, PHONE NUMBER AND BEST TIME TO CONTACT FIVER PEOPLE WHO CAN PROVIDE A PERSONAL REFERENCE. DO NOT USE RELATIVES OR PREVIOUS EMPLOYERS.

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

DO YOU KNOW ANYONE WHO WORKS AT OR HAS PREVIOUSLY WORKED AT THE FULTON COUNTY DETENTION CENTER? YES NO

IF YES, PLEASE LIST: _____

EMPLOYMENT HISTORY:

PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT HISTORY: _____

START WITH THE PRESENT OR LAST EMPLOYMENT AND PROVIDE A COMPLETE HISTORY. FEEL FREE TO SUBMIT A RESUME WITH THIS APPLICATION TO PROVIDE ADDITIONAL DETAILS. PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT HISTORY IN THE PREVIOUS SECTION.

EMPLOYER: _____ DATES WORKED: FROM _____ TO _____
ADDRESS: _____ STARTING SALARY: \$ _____ PER _____
JOB TITLE: _____ ENDING SALARY: \$ _____ PER _____
SUPERVISOR: _____ PHONE NUMBER: _____
REASON FOR LEAVING: _____ MAY WE CONTACT? YES NO

EMPLOYER: _____ DATES WORKED: FROM _____ TO _____
ADDRESS: _____ STARTING SALARY: \$ _____ PER _____
JOB TITLE: _____ ENDING SALARY: \$ _____ PER _____
SUPERVISOR: _____ PHONE NUMBER: _____
REASON FOR LEAVING: _____ MAY WE CONTACT? YES NO

EMPLOYER: _____ DATES WORKED: FROM _____ TO _____
ADDRESS: _____ STARTING SALARY: \$ _____ PER _____
JOB TITLE: _____ ENDING SALARY: \$ _____ PER _____
SUPERVISOR: _____ PHONE NUMBER: _____
REASON FOR LEAVING: _____ MAY WE CONTACT? YES NO

EMPLOYER: _____ DATES WORKED: FROM _____ TO _____
ADDRESS: _____ STARTING SALARY: \$ _____ PER _____
JOB TITLE: _____ ENDING SALARY: \$ _____ PER _____
SUPERVISOR: _____ PHONE NUMBER: _____
REASON FOR LEAVING: _____ MAY WE CONTACT? YES NO

EMPLOYER: _____ DATES WORKED: FROM _____ TO _____
ADDRESS: _____ STARTING SALARY: \$ _____ PER _____
JOB TITLE: _____ ENDING SALARY: \$ _____ PER _____
SUPERVISOR: _____ PHONE NUMBER: _____
REASON FOR LEAVING: _____ MAY WE CONTACT? YES NO

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**FULTON COUNTY DETENTION CENTER
APPLICANT'S STATEMENT**

- I. I agree to submit to and pass a post-offer pre-employment drug screen, a re-examination when required and to authorize the release of any medical information to FCDC. I also agree to submit to random drug testing and/or reasonable suspicion testing in accordance with the Fulton County Detention Center policy and procedures and the Fulton County Fiscal Court Personnel Manual.
- II. I understand that if accepted for employment, the offer does not constitute an employment contract, expressed or implied, and that employment and compensation may be terminated at any time by FCDC or me.
- III. I authorize all persons, schools, current employer, previous employers and organizations named in this application to provide FCDC with any relevant information that may be required to arrive at an employment decision.
- IV. I authorize FCDC to conduct a criminal background check for employment purposes. This will consist of an NCIC background check, a driving history check, criminal history and contacting of references and previous employers. I understand that a prior criminal conviction will not necessarily make me ineligible for employment. I understand that my signature below is hereby my consent to this background check and authorize the release of the information to the Fulton County Detention Center and relieve FCDC and anyone acting on our behalf from any and all claims or liabilities of any nature arising out of or from the preparation or disclosure of the information contained in this background investigation reports for employment purposes.
- V. I agree to cooperate with the investigator during the background checks and release those parties supplying information to FCDC from all liability and responsibility regarding such information. I authorize FCDC to contact any and all personal and previous employment references I provide and other persons deemed appropriate by the investigator.
- VI. I understand that I must provide a doctor's statement indicating that I am physically fit to perform the duties of a Deputy Jailer.
- VII. I understand that all employees are subject to 90 day probationary period.
- VIII. I understand that I must submit copies of my high school diploma, GED or college diploma
- IX. I understand that I must submit a copy of my DD214 if I have prior military service.
- X. I agree with FCDC to accept the provisions of the Workers' Compensation Laws.
- XI. I agree to abide by the policies, procedures, and directives of FCDC. I acknowledge that such policies, procedures, and directives may be subject to change without prior notice.
- XII. I understand that if I provide any false information during the hiring process, that I may be immediately disqualified as a candidate for employment and may be immediately discharged if I am already employed.
- XIII. I certify that my answers and responses on this application are true and complete to the best of my knowledge.

APPLICANT'S SIGNATURE

DATE