

SOUTHEASTERN OHIO REGIONAL JAIL

Employment Application

16677 Riverside Drive

Nelsonville, Ohio 45764

Phone (740) 753-4060 Fax (740) 753-2644

Jeremy Tolson, Warden

(Office use only)

(Office use only)

Application Received

Applicant was interviewed

on: _____, 20__.

Date and Time

at: _____pm/am.

All questions in this application must be answered fully (except where optional) in order for you to be considered an applicant for employment or promotion. Please type or print all information (**using blue ink if printing**).

A resume or any additional information (such as certificates, etc) should be attached. You may use the back of any page if additional space is needed to complete any of the questions asked below.

GENERAL INFORMATION (Please type or print legibly)

1. Position Applying For (Check): Corrections Officer Cook Maintenance Medical Staff Administrative Any position

2. Social Security Number: _____

3. Full Name: _____

4. Address: _____

5. Daytime Telephone Number: _____ Evening Telephone Number: _____

6. Are you legally eligible to work in the United States? Yes No

7. Do you have a valid Driver's License? Yes No

8. Driver's License Number: _____ Issuing State: _____

9. When would you be available to start work? _____

10. Are you available to work weekends, holidays, and rotating shifts? Yes No

11. Check which status you are applying for: Part-Time Full- Time Internship Volunteer

12. Have you ever been convicted of a (non-traffic) misdemeanor or minor misdemeanor? Yes No (If Yes, give date and explanation)

13. Have you ever been charged and/or convicted of a felony? Yes No (If Yes, give date and explanation)

14. Have you **ever** been convicted of a traffic violation or issued a license suspension? Yes No (If Yes, give date and explanation)

EMPLOYMENT HISTORY (Begin with last or most recent employer)

Agency Name: _____ Position Title: _____

Address: _____ Dates Employed: _____

City/State/Zip: _____ Starting Salary: _____ Ending Salary: _____

Agency Telephone: _____ Reason for Leaving: _____

Immediate Supervisor: _____ Number of employees you supervised: _____

May we contact this employer for references and/or verification? Yes No (Please initial your answer)

Major Duties: _____

Agency Name: _____ Position title: _____

Address: _____ Dates Employed: _____

City/State/Zip: _____ Starting Salary: _____ Ending Salary: _____

Agency Telephone: _____ Reason for Leaving: _____

Immediate Supervisor: _____ Number of employees you supervised: _____

May we contact this employer for references and/or verification? Yes No (Please initial your answer)

Major Duties: _____

EMPLOYMENT HISTORY (Begin with last or most recent employer)

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City/State/Zip: _____ Starting Salary: _____ Ending Salary: _____

Agency Telephone: _____ Reason for Leaving: _____

Immediate Supervisor: _____ Number of employees you supervised: _____

May we contact this employer for reference and/or verification? _____ Yes _____ No (Please initial your answer)

Major Duties: _____

Agency Name: _____ Position Title: _____

Address: _____ Dates Employed: _____

City/State/Zip: _____ Starting Salary: _____ Ending Salary: _____

Agency Telephone: _____ Reason for Leaving: _____

Immediate Supervisor: _____ Number of employees you supervised: _____

May we contact this employer for references and/or verification? _____ Yes _____ No (Please initial your answer)

Major Duties: _____

EDUCATION

Do you have a High School Diploma? ___ Yes ___ No Date Received: _____

Name and location of High School Attended: _____

Do you have a GED? ___ Yes ___ No Date Received: _____ Highest Grade Completed: _____

COLLEGE COURSE WORK

Name and Location of Institution Attended	Degree Received (If any)	Major/Specialty	Dates
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1. _____
2. _____

Please list certifications and/or licenses, applicable to this position:

SKILLS

Specify skills you have that are applicable to this position (i.e. Technical, Clerical, Medical, Formal training, etc.):

Typing/Keyboarding (____)WPM
 Personal Computer
 Shorthand
 Microsoft Word
 Other
 (List)

REFERENCES

List names of persons that can provide us with **work-related information** and vouch for your integrity and professionalism:

			(ex. Former Employer, Co-Worker)
NAME	AGENCY/TITLE	DAYTIME PHONE	RELATIONSHIP

1. _____
2. _____
3. _____

Do you have any friends or family members employed at the Southeastern Ohio Regional Jail _____

If yes, who and relationship with employee _____

CERTIFICATION

EACH APPLICATION REQUIRES ORIGINAL SIGNATURE AND CURRENT DATE

I HEREBY CERTIFY THAT ALL ENTRIES ON THIS APPLICATION INCLUDING ATTACHMENTS ARE TRUE AND COMPLETE. I AGREE AND FULLY UNDERSTAND THAT ANY FALSIFICATION OF INFORMATION HEREIN, REGARDLESS OF TIME OF DISCOVERY, MAY CAUSE FORFEITURE ON MY PART OF ANY EMPLOYMENT WITH THE SOUTHEASTERN OHIO REGIONAL JAIL. I UNDERSTAND THAT INFORMATION ON THIS APPLICATION IS SUBJECT TO VERIFICATION. I CONSENT TO REFERENCES, FORMER EMPLOYEES, AND EDUCATIONAL INSTITUTIONS LISTED TO BE CONTACTED REGARDING THIS APPLICATION. I AUTHORIZE INVESTIGATION OF MY BACKGROUND FOR ANY CRIMINAL OR UNLAWFUL ACTIVITY. BY THE SUBMISSION OF THIS DOCUMENT, I HEREBY AGREE THAT I SHALL EXECUTE THE EMPLOYER'S PRE AND POST EMPLOYMENT MEDICAL EXAMINATION AND DRUG TESTING CONSENT FORMS. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE. I ACKNOWLEDGE THAT THE COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE MY EMPLOYMENT BUT ONLY CONSIDERATION FOR THE POSITION(S) STATED HEREIN.

Applicant's Signature

DATE

**Email to hrofficer@seorj.com or print and mail to: HR Officer
16677 Riverside Dr
Nelsonville, Oh 45764**

UNSIGNED APPLICATIONS WILL BE DESTROYED AND DISCARDED.

ELECTRONICALLY SUBMITTED APPLICATIONS MAY BE SIGNED AT TIME OF INTERVIEW