

BOYLE COUNTY DETENTION CENTER

Job Classification: Deputy Jailer

Job Description: Includes, but not limited to: Monitors inmate behavior throughout the facility, maintains the safety and security of the facility at all times, conducts Headcounts, checks all areas and inmates for contraband, transport inmates to various areas as needed, performs various administrative duties, as needed, in the preparation of reports and required paperwork, answer subpoenas to testify in court and follows and enforce facility Policy and Procedures. **Minimum Qualifications:**

1. Must be at least 21 years of age.
2. Must not have any felony or serious misdemeanor convictions or be under indictment for such.
3. Must submit to and pass a drug screen.
4. Must pass an intensive background check.
5. Must have graduated from an accredited High School or GED program.
6. Must be a US citizen.
7. Must be bondable.
8. Must be physically able to walk, bend, lift and stand for 12 hour shifts.
9. Must be physically able to perform the duties of Deputy Jailer.
10. Must possess a Valid KY Driver's License
11. Must have a good driving record.

Duties (include but not limited to):

1. Is a sworn Peace Officer.
 2. Carries a firearm in the course of duty.
 3. Transports prisoners as needed.
 4. Attends required facility training programs and staff meetings.
 5. Monitor inmate behavior and movement throughout the facility.
 6. Conduct Headcounts.
 7. Prepares incident reports, conducts hourly Cell checks, Safety Checks and Cell Searches.
 8. Escorts inmates throughout the facility.
 9. Follow and enforce facility Policy and Procedures at all times.
 10. Maintain Care, Custody and Control of all inmates.
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I am applying for a job with the Boyle County Detention Center and understand that the position applied for is that of Deputy Jailer. I understand this position requires shift work and that I may be required to work other shifts and/or overtime on short notice or on an emergency basis. Fixed hours and set days off are **not** guaranteed with any position with the Boyle County Detention Center.

This facility will attempt in all cases to give sufficient notice of any schedule change, except in cases of emergency or staff shortage. Attendance of Officer Training and Staff Meetings are mandatory requirements.

In applying for this position, I understand the requirements and conditions of employment and freely agree to accept them and agree to work any assigned shift or duty station.

Applicant states that he/she does not have any conditions or restrictions that would prevent him/her to perform the duties of Deputy Jailer as described in this application, including an allergy to OC/PAVA.

Signature

Date

Witness

Date

BOYLE COUNTY DETENTION CENTER
1860 South Danville By-Pass
Danville, KY. 40422
AN EQUAL OPPORTUNITY EMPLOYER

Social Security Number: _____ - _____ - _____ Position applied for: DEPUTY JAILER

Are you applying for (circle all that apply) Full Time / Part Time

Are you willing to work any shift? YES or NO. Comments: _____

Last Name: _____ First: _____ Middle: _____ Maiden: _____

Street Address: _____ City: _____ St: _____ Zip: _____

Phone Number: () _____ - _____ Date of Birth: _____ / _____ / _____

Have you been convicted of any felony, violation or misdemeanor as an adult (18 and over) ___Yes ___No
If yes, list below. A conviction includes any fines paid, probation served, jail sentences or **Traffic Violations** (omit parking tickets). Conviction of a crime is not an automatic rejection. The specific situation will be reviewed. Failure to reveal information on this question is a cause for automatic rejection.

Have you ever applied for employment with BCDC? ___Yes ___No. If Yes, when? _____

Have you previously been employed by BCDC or any other Boyle County Fiscal Court position? ___Yes ___No. If yes, list date, department and Job title: _____

EDUCATION AND TRAINING:

Grade School: Address: Dates:

High School: Address: Dates:

College: Address: Dates:

Voc/Business: Address: Dates:

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Graduate: 1 2 3 4

High School Diploma ___Yes ___No GED: ___Yes ___No College Degree: _____

REFERENCES: List three (3) references, not related to you, you have known for at least one year:

Name	Complete Address	Telephone	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment Experience: Begin with your present or last job and describe, in detail, each specific job. List all applicable experience which may qualify you for position sought. It is very important that you describe your duties and responsibilities under each position listed. A resume may be attached. **Do not substitute a resume for this section.**

Company Name: _____ Address _____ Phone: _____

Type of Business: _____ Start Date: _____ Leave Date: _____

Starting Position: _____ Start Salary: _____ Last Position: _____ Last Salary: _____

Name of Immediate Supervisor: _____ Supervisors Title: _____

Please describe your duties and responsibilities: _____

Explain reason for leaving or wanting to leave: _____

May we contact this employer? ___ Yes ___ No. If No, why? _____

Company Name: _____ Address _____ Phone: _____

Type of Business: _____ Start Date: _____ Leave Date: _____

Starting Position: _____ Start Salary: _____ Last Position: _____ Last Salary: _____

Name of Immediate Supervisor: _____ Supervisors Title: _____

Please describe your duties and responsibilities: _____

Explain reason for leaving or wanting to leave: _____

May we contact this employer? ___ Yes ___ No. If No, why? _____

Company Name: _____ Address _____ Phone: _____

Type of Business: _____ Start Date: _____ Leave Date: _____

Starting Position: _____ Start Salary: _____ Last Position: _____ Last Salary: _____

Name of Immediate Supervisor: _____ Supervisors Title: _____

Please describe your duties and responsibilities: _____

Explain reason for leaving or wanting to leave: _____

May we contact this employer? ___ Yes ___ No. If No, why? _____

Please explain any lapse in employment greater than 30 days: _____

Military Experience:

Branch of Service: _____ Date Entered: _____ Date Discharged: _____

Type of Discharge: _____ Final Rank: _____

Nature of Duties and/or Special Training Received: _____

Honors or Special Awards: _____

Documentation Requirements:

All applicants shall provide a photocopy of their Driver's License, DD-214 (if applicable), High School or GED Diploma, Certification of college transcript or undergraduate degree completion.

Please list those documentations submitted: _____

Certification:

I, _____ certify that the answers given herein are true and complete.

I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the EMPLOYEE may resign at any time and that the EMPLOYER may discharge the EMPLOYEE at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such a change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the employer.

Applicant Signature **Date**

Writing Assignment: This portion of the application process must be completed here at the facility. This portion is to see if the applicant can effectively communicate a story in writing. Please use proper sentence structure, punctuation, spelling and clarity.

In the space provided below, please write at least two paragraphs explaining “Why you should be hired as a Deputy Jailer.” :

Math: This portion of the application process must be completed here at the facility. Please show all work. You may use the back of this page if needed for calculations.

1. 89
 x 69

2. 9879
 -6796

3. 5786
 4689
 8867
 8543
 + 5878

4. 3.99
 +39.9

5. 12 $\overline{) 336}$

BOYLE COUNTY DETENTION CENTER

Pre-employment Consent Form

I, _____ agree to submit to pre-employment drug testing as required by
Print Name

Boyle County Fiscal Court and the Boyle County Detention Jail Policy. I understand that the specimens I provide will be analyzed for the presence of drugs. I authorize release of the test results to the nurse

representing the contracted healthcare provider, Ephraim Mcdowell Medical Center, Boyle County officials and Boyle County Detention Center Officials.

I understand my employment is contingent upon passing the pre-employment test.

I understand that the Boyle County Detention Center has a "Zero-Tolerance" policy with respect to abuse of drugs and alcohol and that ongoing compliance and drug screening is a condition of employment. I agree to comply and understand that violation of this regulation or policy may result in penalties up to and including dismissal.

Signature Date

NOTICE

WITHHOLDING OR FAILURE TO PROVIDE ACCURATE AND TRUTHFUL INFORMATION ON THIS APPLICATION SHALL BE GROUNDS FOR IMMEDIATE TERMINATION OF EMPLOYMENT. ALL PROSPECTIVE EMPLOYEES WILL HAVE A CRIMINAL BACKGROUND CHECK AND ALL NEW EMPLOYEES SHALL HAVE A DRUG SCREEN PERFORMED.

SIGNATURE: _____ DATE: _____

