

# SOUTHEASTERN OHIO REGIONAL JAIL

## Employment Application

16677 Riverside Drive

Nelsonville, Ohio 45764

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

(Office use only)

Application Received

\_\_\_\_\_ Date and Time

(Office use only)

Applicant was interviewed

on: \_\_\_\_\_, 20\_\_.

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. Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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 charged and/or 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?  Yes  No (If Yes, give date and explanation)

15. Have you ever been issued a license suspension?  Yes  No (If Yes, give date and explanation)

16. Have you ever been interviewed for a position at the Southeastern Ohio Regional Jail?  Yes  No

**EMPLOYMENT HISTORY (Begin with last or most recent employer, please include all employers)**

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: \_\_\_\_\_

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**\*If more space needed, use back of application. If emailing, send additional employment information as an attachment\***

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| <b>EDUCATION</b> |
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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: \_\_\_\_\_

|                            |
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| <b>COLLEGE COURSE WORK</b> |
|----------------------------|

| Name and Location of Institution | Degree Received (If any) | Major/Specialty | Dates Attended |
|----------------------------------|--------------------------|-----------------|----------------|
|----------------------------------|--------------------------|-----------------|----------------|

1. \_\_\_\_\_

2. \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

|               |
|---------------|
| <b>SKILLS</b> |
|---------------|

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 \*N/A+ \_\_\_\_\_

\_\_\_\_\_

|                   |
|-------------------|
| <b>REFERENCES</b> |
|-------------------|

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 \_\_\_ Yes \_\_\_ No

If yes, who and relationship with employee \_\_\_\_\_

|                      |
|----------------------|
| <b>CERTIFICATION</b> |
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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\***