



**EMPLOYMENT HISTORY** – please provide information regarding your last three employers.

May we contact your employer(s) for a reference?  Yes  No

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Salary: \_\_\_\_\_

Employment Date Begin: \_\_\_\_\_ Employment Date End: \_\_\_\_\_

Position Held: \_\_\_\_\_ Promotions: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Salary: \_\_\_\_\_

Employment Date Begin: \_\_\_\_\_ Employment Date End: \_\_\_\_\_

Position Held: \_\_\_\_\_ Promotions: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Salary: \_\_\_\_\_

Employment Date Begin: \_\_\_\_\_ Employment Date End: \_\_\_\_\_

Position Held: \_\_\_\_\_ Promotions: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my dismissal.

I understand I will be required to consent to a drug screen.

I understand that Barren County Detention Center would like to do a criminal background check for employment purposes.

Check if applicable:  I do not give consent to a criminal background check.

I understand I am subject to working Days, Evenings, Nights and Holidays at the discretion of the facility.

Print Name

Signature

Date