

# Franklin County Regional Jail- Job Information

**Job Classification:** Correctional Officer

**Job Description:** Monitors inmate behavior throughout the facility. Maintains the safety and security of the facility at all times. Conduct headcounts. Check all areas and inmates for contraband. Transport inmates to various areas as needed. Perform various administrative duties , as needed, in the preparation of reports and required paperwork. Follow and enforce facility policy and procedures.

**Qualifications:**

- 1) Must be 21 years of age.
- 2) Must have no felony, or serious misdemeanor convictions or be under indictment
- 3) Must submit to a drug screen.
- 4) Must pass a background check.
- 5) Must have a high school diploma or GED.
- 6) Must be a US citizen.
- 7) Must be bondable.

**Duties:**

- 1) Is a sworn peace officer.
- 2) Carries a firearm in the course of duty.
- 3) Transports prisoners as needed.
- 4) Attend required facility training programs.
- 5) Monitor inmate behavior and movement throughout the facility.
- 6) Conduct headcounts.
- 7) Prepares incident reports, maintain duty logs and conduct rounds.
- 8) Escorts inmates throughout the facility.
- 9) Follow and enforce facility policy and procedure.
- 10) Maintain Care, Custody and Control of all inmates

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I am applying for a job with the Franklin County Regional Jail and understand that the position applied for is that of a Correctional Officer. I understand this position requires shift work and that I may be required to work other shifts on short notice or on an emergency basis. Fixed hours and set days off are **not** guaranteed with any position with the Franklin County Regional Jail.

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.

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Signature

Date

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Witness

Date

FRANKLIN COUNTY REGIONAL JAIL  
400 COFFEE TREE ROAD  
P.O. BOX 4068  
FRANKFORT, KY 40604  
AN EQUAL OPPORTUNITY EMPLOYER

Social Security Number: \_\_\_\_\_ Position for which you are applying: \_\_\_\_\_

Are you willing to work any shift? \_\_\_\_ Yes \_\_\_\_ No. Comments: \_\_\_\_\_

Last name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Maiden: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Have you been convicted of any felony, violation or misdemeanor as an adult (over 18)? \_\_\_\_ Yes \_\_\_\_ No

If yes, list below. A conviction includes any fines paid, probation served, or jail sentences (omit parking tickets, include moving violations). 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 the Franklin County Regional Jail \_\_\_\_ Yes \_\_\_\_ No. If yes, when? \_\_\_\_\_

Have you previously been employed by the Franklin County Regional Jail? 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:  
Military

**Circle highest grade completed:** Grade school 1 2 3 4 5 6 7 8 High School 9 10 11 12 College 1 2 3 4 Graduate 1 2 3 4

References: List three references, not related to you, you have known for at least one year.

Name	Complete address	Telephone	Years known
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment Experience: Begin with your present or last job, and describe in detail each specific job (starting and leaving dates). List all applicable experience which qualifies 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: \_\_\_\_\_

Type of business: \_\_\_\_\_ Start date: \_\_\_\_\_ Leaving date: \_\_\_\_\_

Starting position: \_\_\_\_\_ Salary: \_\_\_\_\_ Present or last Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_ Supervisors Position Title: \_\_\_\_\_

Please describe your duties and responsibilities: \_\_\_\_\_

Explain reason for leaving or wanting to leave: \_\_\_\_\_

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

Type of business: \_\_\_\_\_ Start date: \_\_\_\_\_ Leaving date: \_\_\_\_\_

Starting position: \_\_\_\_\_ Salary: \_\_\_\_\_ Present or last Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_ Supervisors Position Title: \_\_\_\_\_

Please describe your duties and responsibilities: \_\_\_\_\_

Explain reason for leaving or wanting to leave: \_\_\_\_\_

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

Type of business: \_\_\_\_\_ Start date: \_\_\_\_\_ Leaving date: \_\_\_\_\_

Starting position: \_\_\_\_\_ Salary: \_\_\_\_\_ Present or last Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_ Supervisors Position Title: \_\_\_\_\_

Please describe your duties and responsibilities: \_\_\_\_\_

Explain reason for leaving or wanting to leave: \_\_\_\_\_

May we contact previous employers? \_\_\_\_\_ Yes \_\_\_\_\_ No.



### 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: \_\_\_\_\_

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### Documentation Requirements

All applicants shall provide a photocopy of their Birth Certificate, Drivers License, DD-214, High School diploma, GED diploma, certification of college transcript or undergraduate degree completion.

Please list those documentations submitted: \_\_\_\_\_

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### Certification

I \_\_\_\_\_ hereby certify that to the best of my knowledge, the information provided by me  
Print Name

On this application is complete. I understand that any misrepresentation or material omission may be cause for rejection of my application and termination of my employment.

X

Signature

Date

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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. The only thing that will be considered is the sentence structure, punctuation, spelling and clarity.)

In the space provided below please describe any event that will demonstrate your writing ability.

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# Franklin County Regional Jail

## Pre-employment Consent Form

I agree to submit to pre-employment drug testing as required by Franklin County Fiscal Court and the Franklin County Regional 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 Medical Review Officer, Franklin County officials and Franklin County Regional Jail officials. I understand my employment is contingent upon passing the pre-employment test.

I understand that the Franklin County Regional Jail has a “zero-tolerance” policy with respect to abuse of drugs and alcohol and that ongoing compliance is a condition of employment. I agree to comply and understand that violation of the regulation or policy may result in penalties up to and including dismissal.

X

Signature

Date

X

Witness

Date

# Franklin County Regional Jail

Request for Local & NCIC Record Check  
Please fill out upper portion of form

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Present Address: \_\_\_\_\_ How long? \_\_\_\_\_

Previous Address: \_\_\_\_\_ How long? \_\_\_\_\_

Description: Sex \_\_\_\_\_ Race \_\_\_\_\_ Eye color \_\_\_\_\_ Hair color \_\_\_\_\_

Birth date \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Place of birth \_\_\_\_\_

Drivers License number \_\_\_\_\_

Social Security number \_\_\_\_\_

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## Official use only

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Date of Request: \_\_\_\_\_ By: \_\_\_\_\_  
F.C.R.J Official

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## Kentucky State Police results:

The above named person had been checked and our files reveal:

Traffic Arrest Yes \_\_\_\_\_ No \_\_\_\_\_

Accidents: Yes \_\_\_\_\_ No \_\_\_\_\_

Criminal Arrest: Yes \_\_\_\_\_ No \_\_\_\_\_

Details of Arrest Attached Yes \_\_\_\_\_ No \_\_\_\_\_

Remarks:

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Central Records

# 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 run and all new employees shall have a drug screen performed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_