

**Bertie-Martin Regional Jail****Application for Employment**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, martial or veteran status, sexual orientation, or any other legally protected status.	
Position(s) Applied For:	Date of Application:
How did you learn about us:    ___ Employment Agency    ___ Advertisement    ___ Friend ___ Relative                        ___ Walk-In                        ___ Other	
Last Name: _____ First Name: _____ Middle Name: _____	
Address: _____ City: _____ State: _____ Zip Code: _____	
Telephone Number: _____	Social Security Number: _____ - _____ - _____
Date of Birth: _____	Email Address: _____

Are you currently 21 years of age?

Yes ☐ No ☐

PLEASE NOTE: If you are not 21 years old or older, you cannot be considered for employment at Bertie-Martin Regional Jail.

Have you ever been employed with BMRJ before?    Yes ☐ No ☐    If yes, give date: \_\_\_\_\_

Are you currently employed?

Yes ☐ No ☐

May we contact your present employer?

Yes ☐ No ☐Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? (Proof of citizenship or immigration status will be required upon employment) Yes ☐ No ☐

On what date would you be available to start? \_\_\_\_\_

Are you available to work:    ☐ Full Time    ☐ Part Time    ☐ Shift Work    ☐ Temporary

Are you currently on lay-off status and subject to recall?

Yes ☐ No ☐

Do you have a dependable means of transportation to and from work?

Yes ☐ No ☐

Have you ever been charged with or convicted of a misdemeanor or a felony?

Yes ☐ No ☐**Education**

	Name/Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergrad College				
Grad/Professional				
Other (Specify)				

## Additional Information

State any additional information that you feel may be helpful to us in considering your application for Employment.

Can you perform the essential functions of the job for which you are applying, with or without accommodations? ☐ Yes, with Accommodations ☐ Yes, without Accommodations ☐ No

Explain any required accommodations: \_\_\_\_\_

## Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected services.

Employer:	Date Employed	Work Performed
	From: To:	
Address:	Hourly Rate / Salary	
City, State, Zip Code:	Starting:	
Telephone:	Final:	
Job Title:	Supervisor's Name:	Reason for leaving:

Employer:	Date Employed	Work Performed
	From: To:	
Address:	Hourly Rate / Salary	
City, State, Zip Code:	Starting:	
Telephone:	Final:	
Job Title:	Supervisor's Name:	Reason for leaving:

Employer:	Date Employed	Work Performed
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Telephone:	Final:	
Job Title:	Supervisor's Name:	Reason for leaving:

Employer:	Date Employed	Work Performed
	From: To:	
Address:	Hourly Rate / Salary	
City, State, Zip Code:	Starting:	
Telephone:	Final:	
Job Title:	Supervisor's Name:	Reason for leaving:

References (Do not list relatives)

<p>1. Name _____ Telephone Number _____</p> <p>Mailing Address _____</p> <p>How long have you known this person? _____</p> <p>2. Name _____ Telephone Number _____</p> <p>Mailing Address _____</p> <p>How long have you known this person? _____</p> <p>3. Name _____ Telephone Number _____</p> <p>Mailing Address _____</p> <p>How long have you known this person? _____</p>
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## Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained on this application for employment as maybe necessary in arriving at an employment decision. This application for employment shall be considered active for a period of then not to exceed 45 days. 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 knowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of a "at will" nature, which means that the Employee may resign at any time and 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 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.

Signature of Applicant \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

### For Office Use Only

Application received by:

\_\_\_\_\_

Date Application Received:

\_\_\_\_\_

Notes: