

Application for Employment Lauderdale County Sheriff's Office Lauderdale County Detention Center

**We are an Equal
Opportunity
Employer**

The application must be fully completed to be considered. Please complete each section, even if you include a resume. Please print or write clearly.

Position

Position Applied For Corrections Deputy	Position Type Full-Time Part-Time
Date of Application	Available Start Date

Personal Information

Name				
Address		City	State	Zip
Phone Number	Mobile Number		Email Address	
Date of Birth	Weight	Eye Color	Hair Color	Gender
Social Security Number			Driver License Number	
Marital Status (Select One)				
Married	Single	Divorced	Widowed	Separated
Do you have any dependent children? If so, how many?				
Are you a resident of Lauderdale County?				
Are you related to anyone employed by Lauderdale County? If so, what is their name and department?				
Have you ever been Arrested, Placed under Bond, Charged or Cited for Violations of any Law? If so, please explain.				
Do you have any special training? If so, please explain.				

Work History

Please read carefully. In the areas below, please list all of your work experience, beginning with your most recent job. It is very important that you provide accurate information about each employer, your job duties, and accurate dates of employment. We will not consider job experience that does not contain the required information. If more space is needed, please attach extra copies to your application.

Name of Employer	Dates Employed (MM/YY)	Ending Pay
	From: / To: /	
Address	Job Duties	
Phone Number		
Supervisor	Other Notes	
Job Title		
Reason for Leaving		

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Job Title		
Reason for Leaving		

Additional Information

			Yes	No
Have you served in the Armed Forces of the United States?				
Branch	Date of Discharge	Type of Discharge		

Education

School	School Name	Years Attended	Major/Minor
High School			
College			

Applicant Comments

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As part of this application you are also required to attach the following:

1. Copy of Driver's License
2. Copy of Social Security Card
3. A Copy of your GED Certificate or HS Diploma
4. College Transcripts if Applicable
5. Applications can be dropped off in person at the Detention Center located at 653 South Seminary Street, Florence, AL; or they can be emailed to lcdcadmin@lauderdalecountyal.gov

READ CAREFULLY BEFORE SIGNING

I hereby certify that the answers to the questions on this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentation on my part forfeits all my rights to employment. I also agree to this application being made a part of my permanent record with the department and may be used by them for any lawful purpose. I further agree, that if I am employed, I will perform my duties regardless of assignments and duties, when ordered by a superior officer. I also agree if I am employed, to attend schools and training courses when offered or ordered by the department.

I agree that my signature (electronic or written) on this application is binding and enforceable. I acknowledge and agree that by submitting this signature electronically, I waive all rights to dispute the validity of my signature on this application.

I certify that I have read, fully understand, and accept all terms of this employment application.

Signature

Date

Lauderdale County Sheriff's Office Background Investigation Consent

I, _____, hereby authorize the Lauderdale County Sheriff's Office and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal or police records (including those maintained by both public and private organizations) and all public records for the purpose of confirming the information contained on my application and/or obtaining other information, which may be material to my qualifications as a volunteer or for employment and, if applicable, during my tenure of my volunteering or employment with the Lauderdale County Sheriff's Office.

I release the Lauderdale County Sheriff's Office and/or its agents and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

Signed: _____

Date: _____