

Residential History
Metropolitan Department of Corrections
Corrections Officer Applicant

Information regarding your current and former residences is needed to complete a thorough investigation of your background. Our background check includes interviewing your neighbors about your conduct, attitudes, etc. Please list your current address, and then proceed to list the most recent address, etc. Please provide the names and addresses of your neighbors, as well as the length of time that you have known each neighbor for the past ten years. **Any** information that is incorrect, misleading or omitted could disqualify you from the process.

CURRENT ADDRESS:

Address _____ Length of Time _____ Dates _____

City _____ State _____ Zip _____

1) **Neighbor's Name** _____ Phone (____) _____ - _____

Address _____ Length of Time _____ Dates _____

City _____ State _____ Zip _____ Best time to contact _____

2) **Neighbor's Name** _____ Phone (____) _____ - _____

Address _____ Length of Time _____ Dates _____

City _____ State _____ Zip _____ Best time to contact _____

3) **Neighbor's Name** _____ Phone (____) _____ - _____

Address _____ Length of Time _____ Dates _____

City _____ State _____ Zip _____ Best time to contact _____

PREVIOUS ADDRESS:

Address _____ Length of time _____ Dates _____

City _____ State _____ Zip _____

1) **Neighbor's Name** _____ Phone (____) _____ - _____

Address _____ Length of Time _____ Dates _____

City _____ State _____ Zip _____ Best time to contact _____

2) **Neighbor's Name** _____ Phone (____) _____ - _____

Address _____ Length of Time _____ Dates _____

City _____ State _____ Zip _____ Best time to contact _____

PREVIOUS ADDRESS:

Address _____ Length of time _____ Dates _____

City _____ State _____ Zip _____

1) **Neighbor's Name** _____ Phone (____) _____ - _____

Address _____ Length of Time _____ Dates _____

City _____ State _____ Zip _____ Best time to contact _____

2) **Neighbor's Name** _____ Phone (____) _____ - _____

Address _____ Length of Time _____ Dates _____

City _____ State _____ Zip _____ Best time to contact _____

PROFESSIONAL REFERENCE

Please provide the following references. Understand that these individuals will be required to provide a letter of recommendation for you during the background investigation phases of the process. Do not put down anyone that will not be willing to write such recommendation.

PROFESSIONAL REFERENCE #1

Full Name: _____

Address _____

City _____ State _____ Zip _____

Home telephone _____ Cell _____ E-mail address: _____

Length of time reference has known applicant _____ Best time to contact reference _____

PROFESSIONAL REFERENCE #2

Full Name: _____

Address _____

City _____ State _____ Zip _____

Home telephone _____ Cell _____ E-mail address: _____

Length of time reference has known applicant _____ Best time to contact reference _____

PROFESSIONAL REFERENCE #3

Full Name: _____

Address _____

City _____ State _____ Zip _____

Home telephone _____ Cell _____ E-mail address: _____

Length of time reference has known applicant _____ Best time to contact reference _____

I _____ certify that the above referenced information on my residencies is correct to the best of my ability.

Signed

Date

SOCIAL REFERENCE

Please provide the following references. Understand that these individuals will be required to provide a letter of recommendation for you during the background investigation phases of the process. Do not put down anyone that will not be willing to write such a recommendation.

Social Reference #1

Full Name: _____

Address _____

City _____ State _____ Zip _____

Home telephone _____ Cell _____ E-mail address: _____

Length of time reference has known applicant _____ Best time to contact reference _____

Social Reference #2

Full Name: _____

Address _____

City _____ State _____ Zip _____

Home telephone _____ Cell _____ E-mail address: _____

Length of time reference has known applicant _____ Best time to contact reference _____

Social Reference # 3

Full Name: _____

Address _____

City _____ State _____ Zip _____

Home telephone _____ Cell _____ E-mail address: _____

Length of time reference has known applicant _____ Best time to contact reference _____

_____ **certify that the above referenced information on my
residencies is correct to the best of my ability.**

Signed

Date



AUTHORIZATION TO RELEASE INFORMATION

I _____, having filed an application for employment with the Louisville Metro Corrections Department, consent herein to have an investigation made as to my moral character, reputation and fitness for the position for which I have applied. Furthermore, I agree to give any additional information that may be required during the conduct of that investigation.

I also authorize and request every person, firm, company, corporation, partnership, governmental agency, court, association, medical professional, medical facility or institution, school, college, or branch of the military having control over any documents, records reports, or other written information pertaining to me, to cooperate and allow inspection or provide copies of such documents, records, reports, tests administered through any Metro Government Agency for screening purposes or other written information to the Louisville Metro Corrections Department, or any of its agents or representatives.

I hereby release, exonerate, and discharge the (employer's name) _____, it's agents and representatives, and any person or entity so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such written documents, records, reports, or other written information to the said Louisville Metro Corrections Department or its agents or representatives.

It has been fully explained to me, and I fully understand that refusal to grant this authorization will not necessarily void my application. This authority shall continue for one year from the above date, unless sooner revoked by me in writing.

Applicant Signature

Date

CONFIDENTIAL WORK REFERENCE REQUEST

Corrections Applicant

Metropolitan Department of corrections
 Administrative Office
 400 South Sixth Street
 Louisville, KY 40202

***Complete form in ink**

TO BE COMPLETED BY APPLICANT

Applicant Name: _____

Company Name _____

Alias / Maiden Name: _____

Address: _____

Social Security Number: _____ - _____ - _____

City: _____ State: _____ Zip: _____

Last Position Held: _____

Telephone: () _____ - _____ Fax _____ - _____

Dates of Employment _____

I have applied to the Jefferson County Corrections Department for the position of _____ and I desire that they be fully advised of my record with former employers. I, therefore, respectfully request that you furnish the necessary information concerning my employment with your organization, and I hereby release you from any and all liability of damages for providing the information requested.

 Applicant Signature

 Date

The individual indicated above has applied for a position with the Metropolitan Department of Corrections and has authorized us to contact you for an employment reference. We would appreciate your response to the questions listed below. If you have any questions, please call (502) 574-2307.

COMPANY RESPONSE

Are Dates and position correct?

Yes No

If not, please supply correct information.

From: _____ To: _____

Please supply a brief description of duties:

Reason for separation: Laid Off Resigned Discharged Other: _____

Would you re-employ or recommend the above listed? Yes No

If no, please explain: _____

Please place a check mark for the following:

	Excellent	Good	Fair	Poor	Unsatisfactory	Unable to Evaluate
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilizing Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Name (Please Print)

 Title

 Signature

 Date