



**Multi-County Correctional Center  
Directions for Completing Employment Application**

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**Perspective employee applicants:**

It is imperative that the Multi-County Correctional Center operates at maximum efficiency. We are an Equal Opportunity Employer who requires all applicants to possess above average work habits and ethics. Applicants should be prepared for previous employers to be contacted and willing to provide at least three professional (not relatives) references. In addition along with the submission of the completed application, **all applicants should provide copies of any and all certifications, licenses, diplomas, degrees, and training in which they are claiming credit for.** All applications need to be either typed or filled out in black ink in the applicants own handwriting.

<b>References:</b>		
1. _____ (Name/Relationship)	2. _____ (Name/Relationship)	3. _____ (Name/Relationship)
(Phone Number) ___work ___Home	(Phone Number) ___work ___Home	(Phone Number) ___work ___Home
Best time to call? _____	Best time to call? _____	Best time to call? _____

**CERTIFICATION**

I certify that the answers I have made to all questions in this application are true and complete to the best of my knowledge. I understand that if this application is not completed in entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this application. I also understand that a background check may be required prior to employment, and that, in accordance with the Drug-Free Workplace Program, drug testing may be required. I waive all provisions of law forbidding colleges or universities which I attend, or past employers, from disclosing any information to the Human Resources Division, Department of Administrative Services, and/or the agency that holds the vacancy for which I am applying and to appropriate officials for recruitment purposes. I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Reform and Control Act.

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