

PIKE COUNTY CORRECTIONAL FACILITY
175 PIKE COUNTY BLVD
LORDS VALLEY , PA 18428

**INSTRUCTIONS TO APPLICANT
CONDITIONS OF EMPLOYMENT**

In order to select personnel of the highest standards, the Pike County Correctional Facility desires to hire Correctional Officers and support personnel who are qualified and reliable. Applicant screening falls into three categories: (1) competence; (2) character; (3) mental and physical health.

Corrections work involves unique and demanding conditions. Job duties include the potential danger of physical harm in the form of assaults by inmates or in quelling disturbances. The institution must be staffed 24 hours a day, 7 days a week. You should be aware of these conditions and be willing to accept them.

If you are unwilling to comply with any one of the conditions listed below, you will **NOT** be considered for employment at the Pike County Correctional Facility.

1. Prior to being hired, each candidate is required to read these conditions of employment. Candidates **MUST** then sign this form signifying their awareness and acceptance of those conditions, and return this signed form with the application.
2. Absolute truthfulness is extremely important during the entire selection process. Integrity and truthfulness are important qualifications. The way a candidate's integrity is evaluated is by his/her truthfulness throughout the employment process.
3. **Each candidate MUST complete the application in its entirety. All questions must be answered and application and the instructions sheet must be signed. Pages #11 and #12 are left blank except for your signature on page #11. An incomplete application shall be viewed as an expression of indifference and the application will be disapproved.**
4. Candidates will be required to take and pass a pre-employment examination, a written examination for that particular position being applied, an oral interview, a physical agility test, and a drug screen test. Candidates will be finger printed.
5. A vigorous investigation will be initiated, that will require candidates to produce copies of many documents (e.g. Social Security Card, Naturalization Papers, Drivers License, GED, High School and/or College diplomas, Military Records [DD-214], etc.).
6. Candidates **MUST** be High School Graduates or hold a GED Equivalency.
7. Candidates appointed will be on probation for a period of one (1) year.
8. Candidates **MUST** submit to a medical examination by a qualified physician and meet medical and physical standards.

9. Correctional Officers **MUST** maintain prescribed levels of physical fitness, grooming, dress, and appearance.
10. Candidates **MUST** successfully complete the Pike County Correctional Facility basic Correctional Officer course. This course includes physical training, CPR and Basic First Aid Certification.
11. Candidates **MUST** have a valid driver's license.
12. Presently, Correctional Officers are represented for purposes of collective bargaining by the American Federation of State, County and Municipal Employees (AFSCME), District Council 87. Sick days, vacation and personal leave are determined by AFSCME union contract.
13. Correctional Officers will be required to work swing shifts, including weekends, holidays, overtime and other hours as determined by the Warden.
14. Being appointed as a Correctional Officer is a full time position.
15. Personnel **MUST** be able to report for work under adverse weather conditions.
16. Candidates **MUST** be willing to work "locked inside" the institution unarmed and in direct contact with inmates.
17. Correctional Officers **MUST** have a telephone number where they can be reached.
18. Candidates **MUST** be 21 years of age at the time of hiring.
19. Qualified candidates will be chosen from an established list as a result of total scoring based on application screen, written examination and oral interview.

"I am willing to agree to the above conditions of employment"

(APPLICANT'S SIGNATURE)

(DATE)

The Pike County Correctional Facility is in compliance with the Equal Employment Opportunity Commission (EEOC) and American With Disabilities Act (ADA) as it applies to employment.

PIKE COUNTY CORRECTIONAL FACILITY

175 PIKE COUNTY BOULEVARD

LORDS VALLEY, PA 18428

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR:

CLERICAL_____ CORRECTIONAL OFFICER_____ MAINTENANCE_____

FOOD PRODUCTION SUPERVISOR_____ TREATMENT_____

TODAY'S DATE: _____

APPLICANT'S NAME (Print): _____

(LAST)

(FIRST)

(MIDDLE)

ARE YOU KNOWN BY ANOTHER NAME OR NAMES? YES_____ NO_____

IF SO, BY WHAT OTHER NAME(S) ARE YOU KNOWN: _____

CURRENT ADDRESS: _____

NUMBER & STREET

MAILING ADDRESS (IF DIFFERENT): _____

(CITY)

(STATE)

(ZIP CODE)

IF YOU HAVE NOT LIVED AT ADDRESS LISTED ABOVE FOR AT LEAST FIVE (5) YEARS, LIST BELOW PREVIOUS ADDRESSES YOU HAVE RESIDED AT FOR PAST FIVE YEARS. IF YOU HAVE MORE THAN THREE (3) PREVIOUS ADDRESSES, ATTACH SHEETS IN THE SAME FORMAT AS BELOW AND AFFIX SIGNATURE.

(1) _____

(STREET)

(CITY) (COUNTY)

(STATE)

(ZIP CODE)

FROM: _____ TO: _____

(2) _____

(STREET)

(CITY) (COUNTY)

(STATE)

(ZIP CODE)

FROM: _____ TO: _____

(3) _____

(STREET)

(CITY) (COUNTY)

(STATE)

(ZIP CODE)

FROM: _____ TO: _____

HOME TELEPHONE: _____ WORK PHONE: _____

(# YOU CAN BE REACHED 8 TO 5)

CELL PHONE: _____

E-MAIL ADDRESS (IF APPLICABLE): _____

SOCIAL SECURITY NUMBER: _____

ARE YOU A PIKE COUNTY RESIDENT ? [] YES [] NO

EDUCATION

GRADE SCHOOL HIGH SCHOOL COLLEGE

CIRCLE LAST YEAR COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6

	NUMBER YEARS ATTENDED	GRADUATED YES/NO	COURSE OF STUDY
HIGH SCHOOL _____			
COLLEGE _____			
TRADE OR BUSINESS _____			
OTHER _____			
OTHER _____			

DO NOT GIVE MILITARY SCHOOLS IN THIS SECTION.

EMPLOYMENT EXPERIENCE

LIST BELOW, BEGINNING WITH YOUR PRESENT OR MOST RECENT JOB OR UNEMPLOYMENT WORKING BACK **TEN (10) YEARS**, EACH PERIOD OF EMPLOYMENT AND PERIOD OF UNEMPLOYMENT YOU HAVE HAD. IF YOU WERE DISCHARGED FROM ANY EMPLOYMENT, OR REQUESTED TO RESIGN, SO STATE UNDER "REASON FOR SEPARATION". LIST EACH PROMOTION OR TRANSFER AS A SEPARATE JOB EVEN IF THEY WERE WITH THE SAME EMPLOYER. IF YOU HAVE MORE THAN THREE (3) SEPARATE PERIODS OF EMPLOYMENT, USE ATTACHED SHEETS IN THE SAME FORMAT AS BELOW AND AFFIX SIGNATURE. DO NOT LEAVE ANY TIME PERIODS UNACCOUNTED FOR.

1. EMPLOYER: _____

COMPLETE MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

JOB TITLE: _____

BASIC DUTIES: _____

NAME/TITLE OF IMMEDIATE SUPERVISOR: _____

DATES EMPLOYED: FROM _____ TO: PRESENT

REASON FOR SEPARATION: _____

LAST HOURLY RATE OR SALARY: _____

[] FULL TIME [] PART TIME

2. EMPLOYER: _____
COMPLETE MAILING ADDRESS: _____

TELEPHONE NUMBER: _____
JOB TITLE: _____
BASIC DUTIES: _____
NAME/TITLE OF IMMEDIATE SUPERVISOR _____
DATES EMPLOYED: FROM _____ TO _____
REASON FOR SEPARATION: _____
LAST HOURLY RATE OR SALARY: _____

3. EMPLOYER: _____
COMPLETE MAILING ADDRESS: _____

TELEPHONE NUMBER: _____
JOB TITLE: _____
BASIC DUTIES: _____
NAME/TITLE OF IMMEDIATE SUPERVISOR: _____
DATES EMPLOYED: FROM _____ TO _____
REASON FOR SEPARATION: _____
LAST HOURLY RATE OR SALARY: _____

FULL TIME PART TIME

ARE YOU PRESENTLY ON A LAY-OFF STATUS FROM ANY PREVIOUS EMPLOYERS AND SUBJECT TO RECALL? YES NO

HAVE YOU EVER BEEN BARRED OR DISQUALIFIED FROM EMPLOYMENT BY ANY CITY, STATE, OR FEDERAL AGENCY? YES NO

MILITARY INFORMATION

1. HAVE YOU SERVED IN THE ARMED SERVICES? YES _____ NO _____
BRANCH OF SERVICE: _____
DATES OF SERVICE: FROM _____ TO _____
MILITARY OCCUPATIONAL SPECIALTY (MOS) _____

2. ARE YOU CURRENTLY IN THE NATIONAL GUARD OR RESERVES? YES NO

GENERAL INFORMATION

1. HOW DID YOU HEAR ABOUT THIS POSITION? NEWSPAPER AD _____ FRIEND _____
OTHER _____

2. HAVE YOU EVER BEEN ARRESTED, OR PLEAD GUILTY, OR NOLO CONTENDERE TO A CRIME?
VIOLATIONS? [] YES [] NO

IF YES, DESCRIBE IN FULL (CRIME[S] AND DATES. DISPOSITION, ARRESTS AND CONVICTIONS)
MAY BE RELEVANT IF JOB-RELATED, BUT WILL NOT NECESSARILY BAR YOU FROM
EMPLOYMENT. NON-DISCLOSURE OF ANY ARREST WILL BE GROUNDS FOR REMOVAL FOR
OMISSION OR FALSIFICATION.

3. HAVE YOU EVER BEEN BONDED? [] YES [] NO
IF YES, FOR WHAT JOB(S)/POSITION(S)? _____

4. LIST TRADES OR PROFESSIONAL ORGANIZATIONS OF WHICH YOU ARE A MEMBER,
INCLUDING OFFICES HELD. YOU MAY EXCLUDE THOSE THAT WOULD REVEAL RACE, COLOR,
RELIGION, SEX, NATIONAL ORIGIN, AGE, HANDICAP OR OTHER PROTECTED STATUS.

5. DO YOU HAVE A CURRENT PA OR OTHER STATE DRIVERS LICENSE? [] YES [] NO
IF NO, EXPLAIN _____

DRIVERS LICENSE NO.	STATE	DATE ISSUED	EXP DATE	CLASS
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6. HAS ANY DRIVER'S LICENSE ISSUED TO YOU EVER BEEN SUSPENDED OR REVOKED?
[] YES [] NO - IF "YES", EXPLAIN: ISSUING STATE _____, WHEN: _____
WHY: _____

7. HAVE YOU EVER BEEN CONVICTED OF A TRAFFIC VIOLATION? [] YES [] NO
IF "YES", THEY MAY BE RELEVANT, BUT WILL NOT NECESSARILY BAR YOU FROM
EMPLOYMENT.

8. LIST ALL CITATIONS FOR VIOLATIONS OF TRAFFIC LAWS OR REGULATIONS:

DATE OF VIOLATION	CITY/TOWN/STATE	VIOLATION OR CHARGES
_____	_____	_____
COURT DISPOSITION		DATE

9. ARE THERE ANY RESTRICTIONS ON YOUR LICENSE? [] YES [] NO

10. DO YOU HAVE ANY OUTSTANDING OR UNPAID TRAFFIC FINES? [] YES [] NO
IF "YES", DESCRIBE IN FULL.

11. CAN YOU TRAVEL OUT OF COUNTY, IF SO REQUIRED? [] YES [] NO

12. DO YOU HAVE YOUR OWN TRANSPORTATION? [] YES [] NO

13. DO YOU SPEAK, READ OR WRITE ANY FOREIGN LANGUAGES FLUENTLY?
[] YES [] NO. IF "YES", WHAT FOREIGN LANGUAGES?

14. GIVE THE NAMES OF THREE (3) PERSONAL REFERENCES **NOT** RELATED TO YOU OR TO EACH OTHER. (**YOU MUST SUPPLY FULL MAILING ADDRESS**).

1. NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER: _____

2. NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER: _____

3. NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER: _____

ALL INFORMATION IS SUBJECT TO INVESTIGATION AND VERIFICATION. ALL QUESTIONS HAVE BEEN ANSWERED COMPLETELY AND I UNDERSTAND THAT MY ELIGIBILITY FOR HIRE MAY BE BASED ON A RATING OF THIS APPLICATION. MY SIGNATURE AFFIRMS THAT ALL INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND THAT I UNDERSTAND THAT ANY MISSTATEMENT OF FACT MAY RESULT IN DISQUALIFICATION OR DISMISSAL.

(APPLICANT'S SIGNATURE)

(DATE)

PIKE COUNTY CORRECTIONAL FACILITY

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, do hereby authorize the Veteran's Administration, United States Army, Navy, Air Force, Marines, Coast Guard, Military Reserves, all Law Enforcement Agencies, City, State, and Federal Tax Bureaus, NCIC, Welfare and Unemployment Services, Credit Bureaus, Schools and Universities to furnish the Pike County Correctional Facility with any and all available information and copies of records and the outcome of any investigations ongoing or discontinued regarding me in order that they may determine my suitability for possible appointment as a Corrections Officer or Civilian Employee with the Pike County Correctional Facility.

I hereby release all persons and the County of Pike from any liability which might otherwise result from the release of said information to any member of the County of Pike, or the Pennsylvania State Police.

I authorize the Pike County Correctional Facility to make inquiry of my present and past employers regarding my character, integrity, and reputation. (Make note if you do not wish to have your present employer contacted and why).

Yes, you may contact my present employer.

No, I do not want my present employer contacted.

Explain: _____

Note: A photostatic or Xerox copy of this authorization shall be considered as effective and valid as the original.

Signature of Applicant

Print Name

Investigator's Signature

Assistant Warden Jonathan Romance
Investigator's Name Printed

PIKE COUNTY CORRECTIONAL FACILITY
175 PIKE COUNTY BLVD
LORDS VALLEY PA 18428

(570) 775-5500

Fax (570) 775-5511

CRIMINAL HISTORY CHECK

NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

CURRENT ADDRESS _____

SEX: _____

RACE: _____

HEIGHT: _____

WEIGHT: _____

EYE COLOR: _____

HAIR COLOR: _____

**PIKE COUNTY CORRECTIONAL FACILITY
175 PIKE COUNTY BLVD, LORDS VALLEY PA 18428**

(570)775-5500

Fax (570)775-5511

Date

TO:

THIS IS AN INQUIRY CONCERNING:

NAME:

ADDRESS:

EMPLOYED BY YOU AS:

FROM:

TO:

SOCIAL SECURITY NUMBER:

In accordance with the Privacy Act of 1975, I hereby give my written consent and request and authorize you to turn over any and all employment records relating to my employment.

I acknowledge by this authorization that I release you from any obligations contained therein.

I further request that such records be forwarded to the Pike County Correctional Facility Investigator, named below,

Applicant's Signature

The above named person is an applicant for employment in the Pike County Correctional Facility and states that he/she was employed by you in the capacity and for the period(s) shown above.

You can assist this department in its effort to appoint competent persons of good character if you will furnish the information requested on the reverse side of this letter. All information will be treated as confidential.

Your cooperation and prompt reply will be greatly appreciated.

Assistant Warden

Note: A photostatic or Xerox copy of this authorization shall be considered as effective and valid as the original.

**PIKE COUNTY CORRECTIONAL FACILITY
EMPLOYMENT HISTORY VERIFICATION**

NAME: _____ has given the information listed below regarding employment with your organization. Would you please confirm this information.

Job Held: _____

Confirm

Comments:

Reason for Separation: _____

Confirm

Comments:

Dates Employed: _____

Confirm

Comments:

Hourly rate or salary: Starting _____ Final: _____

Basic Duties: _____

Confirm

Comments:

Signature/Date

Title or Position

Business Phone