

ADMINISTRATION SECRETARY APPLICATION

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 employs a detailed hiring process. To facilitate hiring Administration Staff Members who are professional, qualified and reliable, applicant screening falls into three categories: (1) competence; (2) character; (3) mental and physical health.

Corrections work takes place in a unique and demanding environment. Job duties are performed in an environment where the potential danger of physical harm in the form of assaults by inmates or in quelling disturbances constantly exists. Applicants should contemplate working in these conditions and should understand that by applying to work at the Pike County Correctional Facility they are accepting the inherent risks which are involved with working in a Correctional Facility.

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 the conditions of employment outlined herein. Candidates **MUST** then sign this form signifying their awareness and acceptance of the conditions of employment at the Pike County Correctional Facility, and return this signed form with the application.
2. Absolute truthfulness on the part of employment candidates is extremely important throughout the entire selection process. The highest degree of integrity and truthfulness are requisite qualifications for all candidates for employment at the Pike County Correctional Facility.
3. **Each candidate MUST complete the application in its entirety. All questions must be answered and both the application and the instructions sheet must be signed. Pages #11 and #12 are left blank except placing your signature as indicated on page #11. Do not complete anything else on these pages. An incomplete application will result in the applicant's removal from consideration for employment.** All candidates will be required to attend an oral interview, as well as pass a physical examination, and a drug screen test.
4. A detailed background investigation will be conducted, 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.).
5. Candidates **MUST** be High School Graduates or hold a GED Equivalency.

6. Candidates appointed will be on probation for a period of one (1) year.
7. Candidates **MUST** submit to a medical examination by a qualified physician and meet medical and physical standards.
8. Administrative staff members **MUST** maintain prescribed levels of physical fitness, grooming, dress, and appearance.
9. Candidates **MUST** successfully complete the Pike County Correctional Facility basic training course. This course includes pertinent information such as security and emergency procedures, report writing, CPR and Basic First Aid Certification, to name a few.
10. Candidates **MUST** have a valid driver's license.
11. Sick, vacation and personal leave time available to Administration staff members is determined by the Pike County Commissioners.
12. Administration staff members will be required to adhere to an established work schedule, with certain rare schedule deviations determined by the Warden, or his designee.
13. Employment as a Administration Secretary is a full time position.
14. Personnel **MUST** be able to report for work under adverse weather conditions.
15. Candidates **MUST** be willing to work "locked inside" the facility unarmed, and may occasionally work in proximity to inmates.
16. Administration Secretaries **MUST** have a telephone number where they can be reached.
17. Candidates **MUST** be 21 years of age at the time of hiring.
18. Qualified candidates will be chosen from an established list as a result of total scoring based on application screen, qualifications and an 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

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 THE ADDRESS LISTED ABOVE FOR AT LEAST FIVE (5) YEARS, LIST BELOW PREVIOUS ADDRESSES YOU HAVE RESIDED AT FOR THE PAST FIVE YEARS. IF YOU HAVE MORE THAN THREE (3) PREVIOUS ADDRESSES, ATTACH SHEETS IN THE SAME FORMAT AS SEEN 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

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

NAME AND ADDRESS NUMBER YEARS GRADUATED COURSE OF
OF SCHOOL ATTENDED YES/NO 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 DISQUALIFY YOU FROM
EMPLOYMENT. NON-DISCLOSURE OF ANY ARREST WILL BE GROUNDS FOR REMOVAL FROM
CONTENTION FOR EMPLOYMENT.

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, GENDER, NATIONALITY, 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
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COURT DISPOSITION	DATE
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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: _____

I UNDERSTAND THAT ALL INFORMATION IS SUBJECT TO INVESTIGATION AND VERIFICATION. I SUBMIT THAT 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 they possess which pertain to me in order that they may determine my suitability for possible appointment as a Administration Secretary at 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 copy of this authorization shall be considered as binding and valid as the original.

Signature of Applicant

Print Name

Assistant Warden Robert McLaughlin

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

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 person identified above 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 us in our efforts 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 copy of this authorization shall be considered as effective and binding as the original.

**PIKE COUNTY CORRECTIONAL FACILITY
EMPLOYMENT HISTORY VERIFICATION**

NAME: _____ has provided 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