

# **FOOD PRODUCTION SUPERVISOR 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 Food Production Supervisors 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. The institution must be staffed 24 hours a day, 7 days a week, 365 days a year. Applicants should contemplate working in these conditions and should understand that by applying to work at the Pike County Correctional Facility they are accepting these 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.

5. Candidates **MUST** be High School Graduates or hold a GED Equivalency.
6. Newly hired employees 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. Food Production 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 days, vacation and personal leave are determined by the Pike County Commissioners.
12. Food Production staff members will be required to adhere to an established work schedule, with certain rare schedule deviations determined by the Facility Director of Food Services, the Warden, or his designee.
13. Employment as a Food Production Supervisor 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, as they directly supervise inmate workers.
16. Food Production Supervisors **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 screening, qualifications written examination and oral interview.

"I agree to the eighteen conditions of employment"

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(APPLICANT'S SIGNATURE)

(DATE)

The Pike County Correctional Facility is in compliance with the Equal Employment Opportunity Commission (EEOC) and Americans 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 ADDRESS LISTED ABOVE FOR AT LEAST FIVE (5) YEARS, LIST BELOW THE 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 PHONE: \_\_\_\_\_ 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**

**DO NOT GIVE MILITARY SCHOOLS IN THIS SECTION**

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

**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 FROM  
CONSIDERATION 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", THIS 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?

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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.

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(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 Food Production Supervisor 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

\_\_\_\_\_  
Investigator's Signature

Assistant Warden Robert McLaughlin  
Investigator's Name Printed

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**

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**Date**

TO:

THIS IS AN INQUIRY CONCERNING:

NAME:

ADDRESS:

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EMPLOYED BY YOU AS:

FROM:

TO:

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SOCIAL SECURITY NUMBER:

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In accordance with the Privacy Act of 1975, I hereby give my written consent, 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,

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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.

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Assistant Warden

Note: A 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