

# Correctional Officer Application



## Instructions to the Applicant

To receive a permanent appointment as a Correctional Officer with this agency, you must at the time of employment meet the following criteria:

1. You must be at least 21 years of age.
2. You must be a United States Citizen
3. You must have no felony conviction(s), including any felony convictions that have been expunged.
4. You must have no felony behavior involving use, production, transportation, or sale of illegal drugs or narcotics.
5. You must have a High School diploma or equivalent.
6. You must currently have or be able to maintain a Kansas Driver's License.
7. You must be able to qualify for vehicle insurance in the use of motor vehicles.
8. You may be required to meet certain job related sight and hearing standards essential for daily job functions.
9. As a condition of employment you may be required to pass the following job related:
  - A. Physical Agility
  - B. Background Investigations
  - C. Psychological Examination
  - D. Polygraph Examination
  - E. Drug Screen
  - F. Medical Examination
  - G. Written Examinations

Correctional Officers must be certified by a correctional training class or will attend training after being hired

Correctional officers work closely with inmates during the booking in and booking out process. Officers take care of inmate processing, dealing with inmates and their needs. Officers will be in charge of taking care of inmate meals, medication, and transporting inmates to court and to and from other facilities. Officers work rotating schedules which include nights, weekends and holidays.

Pay Range is \$9.00 - \$13.50 per hour

Insurance is Blue Cross/Blue Shield, Health and Dental. Single is paid in full, Family is partially paid by county. AFLAC is available by request.

Retirement is KPERS

The completion of this form is a requirement for consideration for employment with this agency

All statements are subject to verification. Inaccuracies or incomplete statements may cause for your application to be removed from the hiring list.

In accordance with The Privacy Act of 1974, disclosure of your Social Security number is voluntary. The Social Security number will be used for identification purposes to assure that proper records are obtained.

I have read and understand the above statements and do agree to the terms and conditions of completing the applications.

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Name

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Date

RUSSELL COUNTY SHERIFF'S OFFICE  
210 E. 4<sup>th</sup> Russell, KS 67665  
785-483-2151 785-483-3681 FAX  
www.russellcountysheriff.org  
John R. Fletcher                      Max E. Barrett  
Sheriff                                      Undersheriff



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**Personal Information**

Name: \_\_\_\_\_

Last

First

Middle

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_

Date of Birth (dd/mm/yyyy) \_\_\_\_\_ Social Security # \_\_\_\_\_

Are you a United States Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

If Not Explain. \_\_\_\_\_

This position requires the person qualify for and obtain a Kansas Driver's License as you must qualify for automobile insurance. Please answer the following questions.

Driver's License #: \_\_\_\_\_ State \_\_\_\_\_

Have you been convicted of any criminal offenses other than minor traffic violations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes explain: \_\_\_\_\_

Have you been convicted of a felony that has been expunged from this state, any other state, or any military jurisdiction that would be considered a Kansas felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes explain: \_\_\_\_\_

Do you have any criminal charges pending? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes type of charge: \_\_\_\_\_

Date of charge: \_\_\_\_\_ Location of charge: \_\_\_\_\_

Disclosure of a misdemeanor criminal record will not necessarily disqualify you for employment consideration. Each conviction will be evaluated on its own merit with respect to time, circumstances, and seriousness, in relation to the job for which you are applying. However, failure to disclose such information may result in disqualifying you from employment consideration or termination of employment.

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**Education and Special Skills**

Education	Name & Location of School	Year Graduated	Major Diploma/Degree
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High School: \_\_\_\_\_

College/University: \_\_\_\_\_

College/University: \_\_\_\_\_

Other Training/Education: \_\_\_\_\_

Please list those skills you have acquired that are relevant to the job(s) for which you are applying: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Account for any time that you were unemployed by stating the date and nature of your activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you authorize inquiry about you from your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

I certify that I have made no misrepresentation in this application and I have not withheld information in my statements and answers to questions. I hereby give my full permission for any and all information in this application to be investigated. I am aware that any misrepresentation may cause my application to be rejected or may cause dismissal if I am hired before such misrepresentations are discovered.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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**Employment Experience**

Start with your present or last job through your last three employers. Please include related military service assignments and volunteer activities. You may exclude employment information which may indicate race, age, color, sex, national origin, disability, or other protected information.

1.

Employer: \_\_\_\_\_ Dates Employed From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Job Title \_\_\_\_\_

Supervisor: \_\_\_\_\_ Hourly Rate/Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

Work Performed:

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Reason for Leaving:

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2.

Employer: \_\_\_\_\_ Dates Employed From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Job Title \_\_\_\_\_

Supervisor: \_\_\_\_\_ Hourly Rate/Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

Work Performed:

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Reason for Leaving:

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3.

Employer: \_\_\_\_\_ Dates Employed From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Job Title \_\_\_\_\_

Supervisor: \_\_\_\_\_ Hourly Rate/Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

Work Performed:

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Reason for Leaving:

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4.

Employer: \_\_\_\_\_ Dates Employed From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Job Title \_\_\_\_\_

Supervisor: \_\_\_\_\_ Hourly Rate/Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

Work Performed:

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Reason for Leaving:

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