



CONFINEMENT OFFICER HIRING

Responsibilities: Under the direction of the shift Corporal, the DeKalb County Confinement Officer is responsible for maintaining the safety and security for employees, inmates and visitors of the DeKalb County Jail by upholding the laws, rules and regulations that pertain to the Sheriff's Office as well as those that relate to the confinement of individuals housed within the DeKalb County Jail.

Requirements:

- High school diploma or GED
- Valid Driver's license
- Must be 18 years of age or older

Benefits:

- Confinement Officer Base Pay: \$21.56/hour
- Discounted YMCA membership
- Promotes from within
- Longevity Pay
- 8hr shifts (6a-2p); (2p-10p); (10p-6a)
- Paid Time Off (PTO), Holiday pay, Medical, dental, vision, life/disability insurance, retirement plans

All questions can be directed to: 1st Sgt Jared Ulrick

Direct line: 260-925-3365 EXT 4462

Email: julrick@co.dekalb.in.us

Internal Use Only

Name: _____
Last, First, Middle Initial

Date: _____
Time: _____
Initial: _____

Confinement Officer Application Sheriff's Office DeKalb County



STATEMENT OF EQUAL EMPLOYMENT OPPORTUNITY

The DeKalb County Sheriff's Office is an Equal Opportunity Employer and will accept applications, hire qualified applicants, administer all terms and conditions of employment and make available all benefits and compensation of employment without regard to race, color, creed, religion, sex, national origin, disability or age, except when such constitutes a bona fide occupational qualification necessary for proper and efficient administration of the agency.

INSTRUCTIONS & GENERAL INFORMATION

1. Read each item carefully. ***NOTE: This application is PDF fillable.**
2. This application can be printed in your own handwriting (Black or Blue ink) or typed.
3. All items must be completed and **necessary documentation** included.
4. If additional space is needed, attach a supplemental page at the end of the application.
5. The completed application can be returned by E-mail, personally delivered, or mailed to:

**DeKalb County Sheriff's Office
215 E. 8th St.
Auburn, IN 46706
Attn: 1st Sgt Jared Ulrick**

Email Option: julrick@co.dekalb.in.us

POLICY REGARDING THE APPLICANT INFORMATION SUMMARY

1. The failure to comply with instructions and policy regarding this phase of the applicant selection process may result in the rejection of the application.
2. The failure to accurately and truthfully complete this application may result in the rejection of the application.
3. The failure to return this application by the specified date may result in the rejection of the application.
4. Applications will not be accepted without complete addresses, phone numbers, and zip codes.
5. It is the responsibility of the applicant to advise or forward any changes relative to applicant's name, address, and phone number.

If you are in need of assistance in completing the application form, feel free to contact the Jail 1st Sgt at (260) 925-3365 EXT 4462

MINIMUM QUALIFICATIONS – CONFINEMENT OFFICER
NO EXCEPTIONS ARE MADE TO THE FOLLOWING MINIMUM QUALIFICATIONS

1. CITIZENSHIP: An applicant must be a citizen of the United States of America.
2. AGE: An applicant must be at least Eighteen (18) years of age.
3. FELONY CONVICTION: An applicant may not be appointed if he/she has a judgment of conviction for a felony.
4. HIGH SCHOOL GRAD: An applicant must be a graduate of a duly accredited high school and must supply a copy of his/her transcripts with the completed application form. An applicant who had received a G.E.D. from an accredited high school or the Military shall be considered as having graduated from an accredited high school.
5. CHARACTER: An applicant must be of “good moral character”.

Moral Character Issues

Traffic, Juvenile, and Criminal Arrests

All candidate’s traffic or criminal histories will be reviewed and may serve as a basis for disqualification from the selection process. Convictions, arrests, and admissions will be assessed with particular attention given but not limited to the pattern of violations, seriousness, surrounding circumstances, number of incidents, and their recency. Conduct that occurred in the recent past would be considered more damaging than conduct that happened several years ago. Juvenile arrests or misdemeanor arrests may not be grounds for disqualification but these will be evaluated on a case-by-case-basis. Conviction of a felony or the reasonable belief the candidate committed a felony will be cause for immediate disqualification.

Completeness and the truthfulness on the application is highly important. It is much better to admit to perceived faults on the application than to omit information. Do not omit information because of a lack of space for a response on the application form. If more space is needed to explain special circumstances use a separate sheet of paper, note the corresponding section and question number, and describe the incident, circumstances and outcome in as much detail as is needed. Applications that are incomplete may not be reviewed. All requested documentation must accompany the application unless prior approval has been given. **Your ability to follow instructions will be judged based in large part on the application you submit.**

Candidates will be judged on a wide variety of skills and traits throughout the selection process including honesty, integrity, courage, communication skills, education, adaptability, common sense, work ethic and special skills among others.

APPLICANT STEPS – DEKALB COUNTY SHERIFF'S OFFICE

1. Applicant returns completed application along with signed and notarized waiver forms
 - a. Mandatory documents to be attached to the application are:
 - i. Copy of Valid Drivers License
 - ii. Copy of Birth Certificate
 - iii. Copy of High School Diploma or GED
 - iv. Copies of all transcripts and degrees
 - v. Copy of DD214 (Armed Services Discharge)
 - vi. DCS History Check
2. Selected applicants will undergo application review and preliminary background check
3. Selected applicants will be invited to a face to face interview with command staff
4. Selected applicants will undergo extensive background check
5. Selected applicants will undergo polygraph evaluation
 - a. You will be contacted for scheduling
6. Conditional offer of employment
7. After conditional offer, subject will undergo a psychological evaluation and drug screening
8. Successfully complete Indiana Jail Officer School (if not obtained already)



DeKalb County Sheriff's Office Employment Application



PERSONAL HISTORY

- A. Name (last, first, middle) _____
- B. Home Phone No. (____) _____ - _____ Cell Phone No. (____) _____ - _____
Email: _____
- C. Present Residence:
- _____
- (Number) (Street) (City) (State) (ZIP)
- D. Social Security Number _____
- E. List all other names you have used including nicknames and maiden names. If you have ever used any last names other than your true name, list the period of time during in which it was used and the circumstances for its use. If you have ever legally changed your name, list the date, place, and the court. This information is required to assist the department in conducting the applicant's background investigation.
- _____

- F. Birth Date (month, day, year): _____
Place of birth (city, state): _____
- G. Height _____ Weight _____ Color of Eyes _____ Color of Hair _____
- H. Marital Status:
- Single _____ Married _____ Divorced _____ Separated _____ Widowed _____
- I. Are you a United States Citizen? Yes _____ No _____
- J. Have you filled an application with us before? Yes _____ No _____
- K. Have you been employed with us before? Yes _____ No _____ If yes, When _____
- L. Do you have any friends, family, or relatives that work here? Yes _____ No _____
- M. Date available for work _____
- N. What is your desired salary range _____
- O. Shift Preference: 1st Shift (6a-2p) _____ 2nd Shift (2p-10p) _____ 3rd Shift (10p-6a) _____

RESIDENCES

A. In chronological order, with the most current first, list all of your residences in the last five years:

<u>Dates</u>		<u>Address</u>			
From---To	Number	Street	City	State	ZIP
_____ - _____	_____	_____	_____	_____	_____
_____ - _____	_____	_____	_____	_____	_____
_____ - _____	_____	_____	_____	_____	_____
_____ - _____	_____	_____	_____	_____	_____

EDUCATION

	<u>Years Attended</u>		<u>Address</u>	<u>Degree / Diploma</u>
	From	To		
High Schools				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Colleges / Universities				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Other, Vocational Technical, etc				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List Extra-curricular clubs and activities you participated in during high school and college. Include sports and hobbies as well as professional, trade, business or civic organizations to which you have belonged during the past 5 years. (Exclude memberships that would reveal race, religion, national origin, or any other similarly protected status)

Organization or Activity	Offices held
_____	_____
_____	_____
_____	_____

EMPLOYMENT RECORD

1. Name of Company: _____
Employment Dates: From _____ To _____
Address & ZIP code: _____
Phone Number: (____) ____-____
Position Held: _____
Supervisor's Name: _____
Reason for Leaving: _____ Final Salary _____
May we contact this employer ? Yes _____ No _____
2. Name of Company: _____
Employment Dates: From _____ To _____
Address & ZIP code: _____
Phone Number: (____) ____-____
Position Held: _____
Supervisor's Name: _____
Reason for Leaving: _____ Final Salary _____
May we contact this employer ? Yes _____ No _____
3. Name of Company: _____
Employment Dates: From _____ To _____
Address & ZIP code: _____
Phone Number: (____) ____-____
Position Held: _____
Supervisor's Name: _____
Reason for Leaving: _____ Final Salary _____
May we contact this employer ? Yes _____ No _____

MILITARY SERVICE

- A. Are you registered with the Selective Service?
Yes _____ No _____
Selective Service Number: _____
- B. Have you ever served on active duty in the Armed Forces of the United States?
Yes _____ No _____
Which branch of service _____ Dates of Active Duty: _____

DRIVER RECORD

- A. List all vehicle operator licenses you currently hold or have held:

Include a COPY of your current license

License Type (Oper. / Chauff / CDL)	Licensing State	License Number	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ARREST / FELONY / MISDEMEANOR COVICTION RECORD

- A. Have you ever been convicted of a felony offense? Yes ____ No ____

If yes, provide the following:

Date	Place	Disposition
_____	_____	_____
_____	_____	_____

- B. Have you ever been convicted of a misdemeanor offense? Yes ____ No ____

If yes, provide the following:

Date	Place	Disposition
_____	_____	_____
_____	_____	_____

- C. In the past, have you ever consumed an illegal drug or narcotic? Yes ____ No ____

If Yes, please explain in detail _____

REFERENCES

List three current references. (Excluding relatives, current and former employers):

1. Name: _____

 Address and ZIP Code: _____

 Daytime Telephone Number: (_____) _____ - _____

 Cell Phone: (_____) _____ - _____

 Occupation: _____

 How long have you known this individual? _____

2. Name: _____

 Address and ZIP Code: _____

 Daytime Telephone Number: (_____) _____ - _____

 Cell Phone: (_____) _____ - _____

 Occupation: _____

 How long have you known this individual? _____

3. Name: _____

 Address and ZIP Code: _____

 Daytime Telephone Number: (_____) _____ - _____

 Cell Phone: (_____) _____ - _____

 Occupation: _____

 How long have you known this individual? _____

To be returned with completed application

Misdemeanor Crime of Domestic Violence Notice

The Omnibus Consolidated Appropriations Act of 1997 made it unlawful for any person convicted of a “Misdemeanor Crime of Domestic Violence” to possess, or receive firearms or ammunition. “Misdemeanor crime of Domestic Violence” is generally defined as any offense – whether or not explicitly described in a statute as a crime of Domestic Violence – which has as its factual basis, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by the victims current or former domestic partner, parent or guardian. The term “convicted” is generally defined by the statute as excluding anyone whose conviction has been expunged or set aside, or has received a pardon.

This prohibition DOES apply to all Law Enforcement Officer. If this statute affects you, you would not be eligible for appointment as a police officer with the DeKalb County Sheriff’s Office.

Have you ever been convicted of a misdemeanor crime of Domestic Violence within the meaning of the statute?

Yes _____ No _____

Signature _____

To be returned with completed application

APPLICANT STATEMENT OF TRUTHFULNESS

Please read the following statement and sign to certify your understanding.

I certify that all information I have provided in order to apply for and secure work with the DeKalb County Sheriff's Office is true, complete and correct.

I understand that all the information I have provided is subject to verification and that any information found to be false, incomplete or misrepresented in any respect, will be sufficient cause to 1) cancel further consideration of this application, or 2) if already appointed; I may be subject to discharge from employment.

I have expressly authorized, without reservation, the DeKalb County Sheriff's Office, its representatives, employees or agents to contact all references, and any other persons in order to obtain any and all information deemed necessary by them to verify the accuracy of all information provided by me in this application or at other points throughout the entire process including interviews. I have signed a RELEASE OF INFORMATION WAIVER FORM, which is also attached to this application.

I understand that the DeKalb County Sheriff's Office does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant from consideration on a basis prohibited by applicable local, state or federal law.

Printed Name_____

Signature_____

Date _____

To be returned with completed application

AUTHORIZATION RELEASE OF INFORMATION

This release, when presented by a duly authorized representative of the DeKalb County Sheriff's Office, constitutes my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.

Specifically, I authorize the release of the following data or records to the DeKalb County Sheriff's Office: Employment, Educational, Medical, Psychological; Selective Service; Police and Criminal; Motor Vehicle and Driving; Financial and Credit; Polygraph Examinations; and the UNDELETED copy my military separation document and medical records from the appropriate Military Records Center and Department of Veterans Affairs.

This authorization is given in connection with a background investigation being conducted relative to my application for, or continued employment with, the DeKalb County Sheriff's Office. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing an investigation, which may provide pertinent data for the DeKalb County Sheriff's Office, to consider my suitability for employment.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part upon this release authorization, will be considered in determining my suitability for employment by the DeKalb County Sheriff's Office. I understand that all materials pertaining to this background investigation become the property of the DeKalb County Sheriff's Office and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the confidential information or source of information will not be revealed to me.

I understand that in the event the investigating agency finds conduct that is illegal or unbecoming of a police officer and I am currently serving in the capacity of a police officer in a jurisdiction, the investigating agency has my permission to disclose the information to my current employer.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Printed Name _____

Signature _____

Date _____