

FLATHEAD COUNTY, MONTANA

Position Vacancy Announcement



POSITION: ADULT and JUVENILE DETENTION OFFICERS

DEPARTMENT: SHERIFF'S DEPARTMENT PHONE NO. (406) 758-5687

NUMBER POSITIONS OPEN: 3

 FULL TIME PERMANENT DATE OPENED: May 20, 2008

PART TIME TEMPORARY DATE CLOSED: June 20, 2008

 SEASONAL

RANGE: Sheriff: 2/1 SALARY: \$14.09/hr

TYPING TEST REQUIRED: No Yes = 25 gross words per minute

PLEASE NOTE: Any required typing or skill test must be completed before the position closing date and the certificate must be attached to your application. Please contact the Flathead Job Service Workforce Center for information on how to complete the required test(s).

EXAMPLE OF DUTIES/COMMENTS:

Part Time positions, with County Benefits pro rated for hours worked. Part Time Officers are eligible to apply for next full time position. Works, fill in for Full Time Officers scheduled vacation, school absences and sick call ins. Please note the physical requirements attached. **NOTE TESTING DATES AND YOU MUST SUBMIT A COMPLETED APPLICATION.**

APPLICATION FORMS FOR THIS POSITION CAN BE OBTAINED AT:

Flathead Job Service Workforce Center
427 1st Avenue East
Kalispell MT 59901

OR ONLINE AT FLATHEAD COUNTY'S WEB SITE:

<http://www.co.flathead.mt.us/commiss/jobs/POSTapp.pdf>

**ALL COMPLETED APPLICATIONS MUST BE RETURNED TO FLATHEAD JOB SERVICE
WORKFORCE CENTER BY 5:00 P.M. ON THE CLOSING DATE**

For applications submitted by fax, the signed original must be delivered to the
Flathead Job Service Workforce Center within 5 business days.

IF YOU HAVE QUESTIONS ABOUT THIS OPENING? Call: (406) 758-5687

QUALIFICATIONS FOR DETENTION OFFICER

Required Knowledge, Skills, and Abilities

Applicant must have good oral and written communication skills coupled with computer literacy, including typing. The ability to learn quickly, solve problems and good judgment while acting under pressure is mandatory. Applicant must have acute observation skills, be self-motivated and assertive. Integrity and good interpersonal skills are imperative. **We are looking for career oriented candidates who can effectively manage inmate behavior in the jail setting using conflict resolution skills. We will train qualified applicants in these areas.**

Special Qualifications:

1. Applicant must have a high school diploma or equivalent.
2. Applicant must be in possession of a valid driver's license or be able to obtain a Montana driver's license before hiring date.
3. Must be a citizen of the United States.
4. All applicants who have been convicted of a criminal offense may be disqualified. A habitual law violator will also be disqualified. Circumstances surrounding all arrests and convictions will be carefully considered and evaluated in determining the fitness of the candidate for employment. Conviction of a felony will be grounds for automatic disqualification.
5. Must be able to complete and be certified as a Montana Basic Detention Officer within the first year of employment. This will involve traveling to and staying in Helena for a period of three (3) weeks.
6. Must become certified in Adult CPR and Basic First Aid before the end of the first month of employment.
7. Must be able to lift 50 pounds, drag 100 pounds and negotiate stairs.

Examination Requirements:

1. All applicants must successfully pass written, physical and drug tests.
2. The procedure for the physical fitness test is attached. The "Waiver of Responsibility" must be completed and included in your application. **Applications received without this completed form will not be considered.**
3. The physical fitness test may be waived **if the applicant has successfully completed the Montana POST test within the last six months.**
4. Applicants must request their score from the Montana Board of Crime Control (406-444-3604) be sent directly to the Flathead County Sheriff. **There will be no exceptions.**

Investigation of the Applicant:

Each applicant must sign the attached waiver, waiving any objections to a full investigation of their past by the Flathead County Sheriff's Office. **Applications received without this completed waiver will not be considered.**

You must submit a completed application that includes both signed release forms.

(Both are attached to this announcement.)

Detention Officer Job Description

Detention Officers are primarily concerned with the supervision of inmates within the Detention Facility. In this position you must:

1. Work weekly and rotational shifts, holidays & weekends.
2. Deal with and work under stressful conditions.
3. Be able to receive and follow written/verbal orders correctly.
4. Make quick decisions and accept responsibility.
5. Maintain confidentiality.
6. Have a working knowledge of computer, basic typing of 25 wpm, gross.
7. Complete the receiving and processing of arrested persons.
8. Inspect all inmates living quarters within the facility.
9. Write grammatically correct reports and documentation.
10. Transport inmates, as necessary.

TESTING DATES AND TIMES

The physical testing will be done on **Wednesday, June 25, 2008, at 1:00 pm** in the Community Room of the Flathead Justice Center, 920 South Main Street, Kalispell, Montana. The running will be the same day but in another location. Please come prepared to complete all the physical requirements listed on the "Physical Fitness Test", attached.

The Second Phase will be on **Thursday, June 26, 2008, at 9:00 am** in the same location, 920 South Main Street, Kalispell. This will be a video scenario testing. This testing will address decision making skills, reading, writing, and basic math. These tests will be sent out to be scored.

This is the only notice of testing dates you will receive.

**FLATHEAD COUNTY SHERIFF'S OFFICE
PHYSICAL FITNESS TEST**

DETENTION APPLICANTS

The Flathead County Sheriff Office physical fitness test consists of three areas:

1. Aerobic Capacity
2. Strength
3. Flexibility

These four fitness areas have been shown to be predictive of job performance ratings and sick time for officers at 30th percentile of the Cooper fitness test.

You will be required to perform the following:

1. **Sit-Ups** - The score is the number of sit-ups properly performed in one minute.
2. **Push-Ups** - The score is the number of correct push-ups performed in one minute.
3. **Sit and Reach** - The score is the inches reached, with fifteen inches being at the toes and one inch being near your knees.
4. **1.5 Mile Run** - The score is in minutes and seconds

The applicant must pass every test using the performance requirements below:

	Males Age					Females Age				
	20-29	30-39	40-49	50-59	60+	20-29	30-39	40-49	50-59	60+
Sit-ups	35	32	27	21	17	29	22	17	12	4
Push-ups	26	20	15	10	8	20	15	10	9	3
1.5 Mile Run	13:08	13:48	14:33	16:16	18:39	15:56	16:46	18:26	20:17	22:34
Sit & Reach	15.5	14.5	13.3	12.0	11.3	18.3	17.3	16.5	15.5	14.4

WAIVER OF RESPONSIBILITY

I, _____, understand that as part of my application process, I will be required to participate in a strenuous physical fitness test. I hereby agree that I will not hold the Flathead County Sheriff's Office or its representatives liable for any injury or damages that may be the result of my participation in this test.

OR

I have called MBCC and my scores for the written ____ and / or the physical ____ tests will be forwarded by MBCC.

Applicant Signature

Date

RELEASE FOR INFORMATION

TO WHOM IT MAY CONCERN

I have applied for a position with the Flathead County Sheriff's Office. In connection with that application, I hereby authorize the Flathead County Sheriff's Office to obtain any records available which refer to my credit history, educational background, medical and mental health history, military service and criminal history.

I hereby authorize any person or agency which receives this release from the Flathead County Sheriff's Office, to release any information concerning me that is maintained in said person's or agency's files including information of a confidential or privileged nature. I hereby release any person or agency which releases such information to the Flathead County Sheriff's Office, and the Flathead County Sheriff's Office from any liability or damage which may result from furnishing the information requested.

I understand that any information discovered or communicated to the investigator or agent conducting this background investigation suggesting possible criminal behavior shall be promptly communicated to the appropriate jurisdictional investigating agency.

I authorize and release any and all information related to any agreement, understanding, memoranda, or contract, verbal or written, and that any previous employer is released from liability for releasing any documents, recordings, images, or digital data related to the factual circumstances of my separation from employment with any previous employer.

Please furnish any information concerning the below named individual to the following address:

Flathead County Sheriff
800 South Main
Kalispell, MT 59901

Applicant's Signature

Date Signed

Printed Name

Social Security Number

Street Address

Date of Birth

City State Zip

Place of Birth

STANDARD APPLICATION FOR POSITION OF PEACE OFFICER IN THE STATE OF MONTANA

The information contained on this form is sought in good faith. It will not be used in any way to discriminate against any application for employment in violation of state or federal law.

INSTRUCTIONS:

Please complete this application by typing or printing in ink. An application tailored to the position is to your advantage.

Section 12 of this form may be used to continue or explain answers or to provide other information relative to your qualifications or availability.

LATE, INCOMPLETE, or UNSIGNED applications will NOT be considered.

This agency is committed to make reasonable accommodation to any known disability that may interfere with an applicant's ability to compete in the selection process or an employee's ability to perform the duties of the job. If you would like us to consider any such accommodation, please notify us at the time of need.

THE VETERANS' EMPLOYMENT PREFERENCE ACT AND THE HANDICAPPED PERSONS' EMPLOYMENT PREFERENCE ACT provide preference in public employment for certain military veterans and handicapped persons or their eligible relatives. Contact your local Vocational Rehabilitation Services Office (Department of Social and Rehabilitation Services) for details on obtaining handicapped person's certification. Contact your local Veteran's Affairs Office (Department of Military Affairs) for details on obtaining veteran's preference certification. For more information, contact your local Job Service. If you are claiming either employment preference, you must complete the Employment Preference insert.

1.	Name _____ <i>Last First MI</i>
2.	Social Security Number _____
3.	Address _____ <i>Street</i> _____ <i>City State Zip Code</i>
4.	Phone No. (____) _____ (____) _____ <i>Work Home</i>
5.	E-mail address _____
6.	Do you have a valid Driver's License? <input type="checkbox"/> YES <input type="checkbox"/> NO

My signature below certifies that all information on this and all attached pages is true, correct, and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. Falsifications or misrepresentations may disqualify me from considerations for employment, or if hired, may be grounds for termination at a later date. EMPLOYERS MAY BE CONTACTED AS REFERENCES.

SIGNATURE: _____ DATE SIGNED: _____

6. EDUCATION

<p>A. High School Name: _____</p> <p>B. Received:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Diploma or Equivalency Certificate</p> <p style="padding-left: 20px;"><input type="checkbox"/> None - If "NONE", Highest Grade Completed _____</p>	<p>C. Address of High School Awarding Diploma or Equivalency Certificate:</p> <p>_____</p> <p>_____</p>
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D. College or University Location of School	Dates Attended	Credit Hours Earned Sem. / Qtr.	Degrees Received (BA,MA,etc)	Date of Degree	Major Field	Minor Field

E. Other Schools or Training Which Helps You Qualify Name, Location	Dates Attended	Did You Complete?	Title/Description of Course	Total Hours

7. PROFESSIONAL LICENSES, REGISTRATION, OR CERTIFICATES (EMT, GVW, Diver, POST, et c.)

Name and Complete Address of Licensing Agency	Type of License	Endorsement/Restriction (if Applicable)	Date Licensed

8. SPECIAL SKILLS ~ Check the skills you possess. Specify speed/errors where requested.

<input type="checkbox"/> Typing ____/____	<input type="checkbox"/> 10 Code	<input type="checkbox"/> Medical Terminology
<input type="checkbox"/> Accident Investigation	<input type="checkbox"/> Legal Terminology	<input type="checkbox"/> Photo Skills
<input type="checkbox"/> Computer Software _____	<input type="checkbox"/> Other (<i>List in Section #11 of this form</i>)	
<input type="checkbox"/> Computer Languages (specify) _____		

9. EQUIPMENT - List types of equipment you can operate and specify name or model you have used (Radio Equipment, Computer Equipment, Video Equipment, Alcohol Consumption Testing Equipment, etc.) *Continue in Section #11 if more space is needed.*

10. **EXPERIENCE:** Begin with your present or most recent job and list your work experience with emphasis on experience that is relevant to the position for which you are applying. Include military service and any volunteer work experience that would help you qualify. List each promotion as a separate position. You may respond to this section on a separate sheet of paper if all questions in the blocks are answered and the same format is followed. On each sheet write your name and job title for which you are applying. This information must be completed even if a resume' is submitted.

Notice to applicants: Information that you provide on this application is subject to verification. Previous employers may be contacted as references. Do you want to be informed before we contact your present employer? YES NO

NAME & ADDRESS of Employer

Type of Business _____
Dates Employed ____/____/____ to ____/____/____
Average Hrs. Per Week _____

Your Job Title _____ Full-time Part-time Volunteer

Immediate Supervisor(s) _____ Phone Number (____) _____

Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments)

Reason for Leaving: _____

NAME & ADDRESS of Employer

Type of Business _____
Dates Employed ____/____/____ to ____/____/____
Average Hrs. Per Week _____

Your Job Title _____ Full-time Part-time Volunteer

Immediate Supervisor(s) _____ Phone Number (____) _____

Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments)

Reason for Leaving: _____

ADDITIONAL EMPLOYMENT EXPERIENCE

NAME & ADDRESS of Employer

Type of Business
Dates Employed
Average Hrs. Per Week

Your Job Title [] Full-time [] Part-time [] Volunteer

Immediate Supervisor(s) Phone Number

Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments)

Blank lines for describing duties

Reason for Leaving:

NAME & ADDRESS of Employer

Type of Business
Dates Employed
Average Hrs. Per Week

Your Job Title [] Full-time [] Part-time [] Volunteer

Immediate Supervisor(s) Phone Number

Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments)

Blank lines for describing duties

Reason for Leaving:

NAME & ADDRESS of Employer

Type of Business
Dates Employed
Average Hrs. Per Week

Your Job Title [] Full-time [] Part-time [] Volunteer

Immediate Supervisor(s) Phone Number

Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments)

Blank lines for describing duties

Reason for Leaving:

EMPLOYMENT PREFERENCE FORM

Name Social Security Number

Position Applied For
Job Title Position No. Department Name

To claim preference under the **Veterans' Public Employment Preference Act** or the **Persons with Disabilities Public Employment Preference Act**, complete the following. Providing the following information is voluntary but must be included with the application in order to claim employment preference. This information will be kept confidential and will only be used during the hiring process to apply employment preference. Applicants hired by the state will have this information placed in a separate confidential selection file. Contact your local Job Service for details on veterans' preference. Contact your local Montana Vocational Rehabilitation Services Office, Department of Public Health and Human Services (PHHS) for details on obtaining persons with disabilities preference certification.

1. To claim **Veterans' Employment Preference** you must be a U.S. Citizen and (check one of the boxes below):

A Veteran, if

1. you have been separated under honorable conditions, **AND** have served more than 180 consecutive days of active federal military duty other than for training in the Army, Air Force, Navy, Marines, or Coast Guard or were a member of the reserves who served on federal military duty during a period of war or in a campaign or expedition for which a campaign badge is authorized.
2. You are or have been a member of the Montana Army or Air National Guard who has satisfactorily completed a minimum of 6 years service in armed forces, the last 3 of which have been served in the Montana Army or Air National Guard.

A Disabled Veteran, if

1. you have been separated under honorable conditions from military duty, **AND**
2. you have an established Armed Forces service-connected disability **OR** are receiving compensation, disability retirement benefits, or pension from the U.S. Department of Veterans Affairs or military department, **OR** you have received a Purple Heart.

The spouse of a disabled veteran if the veteran's disability prevents him/her from working.

The unremarried surviving spouse of a veteran or disabled veteran.

The mother of a veteran, if

1. THE VETERAN died under honorable conditions while serving in the Armed Forces, OR THE VETERAN has a service-connected, permanent, and total disability, **AND**
2. YOUR SPOUSE is totally and permanently disabled, **OR** YOU are the unremarried widow of the father of the veteran.

2. To claim **Montana Persons with Disabilities Employment Preference** you must be (check one of the boxes below):

A person with a disability certified by PHHS, **OR**

The spouse of a totally (100%) disabled person certified by PHHS **AND have** resided continuously in Montana for at least 1 year immediately before applying for employment.

3. **In the box below, check the attachment you have included to document your eligibility for employment preference.**

- | | |
|--|--|
| <input type="checkbox"/> DD-214 showing the character of discharge | <input type="checkbox"/> Service-connected disability letter |
| <input type="checkbox"/> PHHS Disability Certification | <input type="checkbox"/> A document issued by the Office of the Adjutant General of the Montana National Guard certifying service. |

SIGNATURE (typed or written):

DATE SIGNED: