



Office of Sheriff  
Of Pike County  
Milford, Pennsylvania 18337  
(570) 296-6459  
FAX (570) 296-3564

Kerry Welsh  
Sheriff

Jason Cameron  
Chief Deputy

## **PIKE COUNTY DEPUTY SHERIFF**

\$15.00 per hour starting salary

\$17.00 upon completion of the Act 2 Deputy Sheriff's Academy.

Medical benefits after 90 days of employment.

Paid vacation, sick and personal leave.

All equipment, including uniform and weapon, is provided.

*Physical fitness standards are attached. Please take the test prior to handing in your application and include the results with the application. Failure to complete the test within the standards does not immediately disqualify an applicant from consideration.*

All other mandatory requirements are attached to the application.

**ALL APPLICATIONS MUST BE SUBMITTED IN PERSON AT THE PIKE COUNTY SHERIFF'S OFFICE.**

Fill out the attached application for an opportunity to join our professional team of deputy sheriffs.

Sheriff Kerry Welsh



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### **Qualifications – Deputy Sheriff**

- Individuals must be a US citizen twenty-one years of age or older.
- Individuals must possess a valid Pennsylvania driver's license.
- Individuals must have a high school diploma or equivalent G.E.D. and must produce proof of same.
- Individuals must be in good physical condition with weight and height requirements of comparable normality.
- Individuals must be able to complete the physical and educational requirements for the position of Deputy Sheriff as set by the Deputy Sheriff's Education and Training Board. These currently include several physical fitness tests including a timed mile and a half run. The physical fitness test will be given several times prior to attending the Act 2 Deputy Sheriff's Academy. Unsuccessfully passing any requirements will result in termination.
- Individuals must within one year of hire complete all requirements of the Deputy Sheriff's Education and Training Act.

All Deputy Sheriff's are required to attend basic training academy of 760 Hours and attend continuing education courses of 24 hours every two years. Deputy Sheriff's also attend various in-house training programs as determined by the department training division. This instruction includes firearm qualifications once every year. All standards must be maintained for employment.

### **Minimum Requirements:**

1. Integrity, responsibility, and good judgment, demonstrated by prior personal, and work histories
2. Physically capable of performing all essential job requirements of the position of deputy sheriff
3. Providing false or incomplete information on the employment application or elsewhere in the hiring process will disqualify an applicant



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## PIKE COUNTY SHERIFF'S OFFICE

Pike County Sheriff's Office will not employ an individual with any prior criminal conviction graded either as a felony (F1, F2, F3, F) or a misdemeanor of the first or second degree (M1, M2). Additionally, the Pike County Sheriff's Office will not employ any individual who has been convicted of perjury, false statements to law enforcement, criminal fraud, embezzlement, identity theft, false impersonation or false identification, or other similar offenses which involve an element of deceitfulness, untruthfulness or falsification bearing on the individual's credibility or propensity to testify falsely. Further, The Pike County Sheriff's Office will not employ any individual with a criminal conviction that the Sheriff deems inappropriate for employment as a Deputy Sheriff in the Pike County Sheriff's Office. Individuals who have an active Protection From Abuse Order lodged against them are ineligible for employment. Individuals who are statutorily precluded from possession of a firearm are ineligible for employment.

While employed with the Pike County Sheriff's Office, any involvement with law enforcement shall be reported to the Sheriff immediately. This includes summary offenses, both criminal and vehicle.

# Deputy Sheriffs' Education and Training Board

## Physical Fitness Standards

The physical fitness test will consist of the following exercises:

- Vertical Jump
- One Minute Sit Up
- 300 Meter Run
- Maximum Push Up
- 1.5 Mile Run

The procedure and order for testing is as follows:

1. Warm up for 3 minutes; perform the Vertical Jump test and rest for 2 minutes.
2. Perform the One Minute Sit Up test and rest for 5 to 10 minutes.
3. Perform the 300 Meter Run, then rest for 5 to 10 minutes.
4. Perform the Maximum Push Up test, then rest for 5 to 15 minutes.
5. Do cardio-warm up for 2 to 3 minutes, then perform the 1.5 Mile Run and cardio-cool down for 5 minutes.

Students are required to pass all of the tests to pass the Physical Fitness course.

# Vertical Jump

## Procedures:

1. Subject stands under the Vertec and reaches as high as possible. (The Vertec is a device specifically made to accurately measure the vertical jump) The Vertec is adjusted so the bottom vane touches the subjects' fingertips. Agencies desiring to pretest do not need a Vertec. They can simply measure progress on a wall.
2. The subject jumps as high as possible and touches the highest vane possible to measure. The vanes are spaced  $\frac{1}{2}$  inch apart and rotate when touched. Prior to the jump, one foot must remain stationary on the floor.
3. Score is the total inches, to the nearest  $\frac{1}{2}$  inch.
4. The best of three trials is the score.

	Males	Females
< 20	20.0	14.0
20 – 29	20.0	14.0
30 – 39	18.6	12.0
40 – 49	15.5	9.6
50 – 59	13.5	-
60 +	-	-

# 1 Minute Sit Up

## Procedures:

1. The subject starts by lying on the back, knees bent, heels flat on the floor, with the hands with fingers laced behind the head. Avoid pulling on the head with the hands. The buttocks must remain on the floor with no thrusting of the hips.
2. A partner holds the feet down firmly.
3. The subject then performs as many correct sit-ups as possible in one minute.
4. In the up position, the individual should touch elbows to knees and then return until the shoulder blades touch the floor.
5. Score is total number on correct sit-ups. Any resting should be done in the up position.
6. Breathing should be as normal as possible; making sure the subject does not hold their breath.
7. Neck remains in the neutral position.
8. Do not pull on the head or neck.

	Males	Females
< 20	41	32
20 – 29	38	32
30 – 39	35	25
40 – 49	29	20
50 – 59	24	14
60 +	19	6

# 300 Meter Run

## Procedures:

1. Participant runs 300 meters at maximum level of effort. Time used to complete distance is recorded in seconds.
2. Participants should walk for 3-5 minutes immediately following test to cool down.

	Males	Females
< 20	59.0	71.0
20 – 29	59.0	71.0
30 – 39	58.9	79.0
40 – 49	72.0	94.0
50 – 59	83.2	-
60 +	-	-

# Maximum Push Up

## Procedures:

1. The hands are placed slightly wider than shoulder width apart, with fingers pointing forward. The administrator places one fist on the floor below the subject's chest. If a male is testing a female, a 3-inch sponge should be placed under the sternum to substitute for the fist.
2. Starting from the up position (elbows extended), the subject must keep the back straight at all times and lower the body to the floor until the chest touches the administrator's fist. Subject then returns to the up position. This is one repetition.
3. There is no time limit. Resting should be done only in the up position. Both hands must remain in contact with the floor at all times.
4. The total number of correct pushups is recorded as the score.

	Males	Females
< 20	29	15
20 – 29	29	15
30 – 39	24	11
40 – 49	18	9
50 – 59	13	-
60 +	10	-



# 1 ½ Mile Run

## Procedures:

1. Participants should not eat a heavy meal or smoke for at least 2-3 hours prior to the test. Participants should warm up and stretch thoroughly prior to the test.
2. The participant runs 1 ½ miles as fast as possible.
3. During the administration of the test, participants can be informed of their lap times. Finish times should be called out and recorded.
4. Upon test completion, a mandatory cool down period is enforced. The participants should walk slowly for about 5 minutes.

	Males	Females
< 20	12:29	15:05
20 – 29	12:29	15:05
30 – 39	12:53	15:56
40 – 49	13:50	17:11
50 – 59	15:14	19:10
60 – 69	17:19	20:55
70 – 79	19:43	23:47



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**DISCLOSURE REGARDING BACKGROUND PIKE COUNTY SHERIFF'S OFFICE** ("the Department") may obtain information about you from a criminal and general background check for employment purposes; which may include the assistance of agencies outside of "the Department". The background may contain information regarding your criminal history, and/or motor vehicle records ("driving records"), credit history, and may also contain other background information about you. As such, the background check may bear upon your character, general reputation, personal characteristics, and/or mode of living.

**ACKNOWLEDGEMENT AND AUTHORIZATION OF BACKGROUND INVESTIGATION:** I hereby authorize the conducting of a background check about me by **PIKE COUNTY SHERIFF'S OFFICE** at any time during the hiring process and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Pike County Sheriff's Office, 500 Broad St., Milford PA 18337, (570)296-6459 another outside organization and/or "the department" itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

By signing below you acknowledge that a comprehensive background investigation may be conducted for purposes of the hiring process and potential employment with "the Department".

Printed Name (First, Middle, Last): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# APPLICATION FOR EMPLOYMENT

## COUNTY OF PIKE, 506 BROAD STREET, MILFORD PA 18337

We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. All applicants are subject to a criminal background check. **WE ARE AN EQUAL OPPORTUNITY EMPLOYER.**

(PLEASE PRINT)

Position(s) Applied For		Date of Application		
How Did Your Learn About Us?		<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____		
Last Name		First Name		Middle Name
Address	Number	Street	City	State      Zip
Telephone Number (s)		Date of Birth		Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes     No

Have you ever filed an application with us before?  Yes     No  
If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes     No  
If Yes, give date \_\_\_\_\_

Are you currently employed?  Yes     No

May we contact your present employer?  Yes     No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment.*  Yes     No

On what date would you be available for work?

Are you available to work:     Full Time     Part Time     Shift Work     Temporary

Are you currently on "lay-off" status and subject to recall?  Yes     No

Can you travel if a job requires it?  Yes     No

Have you ever been convicted of a felony or misdemeanor?  Yes     No  
*Conviction will not necessarily disqualify an applicant from employment.*

If the answer to the above question is "Yes", please state the nature(s) and date(s) of the conviction(s). (The County will consider information provided here only to the extent to which it relates to your suitability for employment in the position for which you have applied). \_\_\_\_\_

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## EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate School				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training , apprenticeship, skills and extra-curricular activities.


Describe any job-related training received in the United States military.


## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*


## **ADDITIONAL INFORMATION**

### **Other Qualifications**

Summarize special job-related skills and qualifications acquired from employment or other experience.


### **Specialized Skills**

Check Skills/Equipment Operated

Production/Mobile  
Machinery (list):

Other (list):

Copier

Fax

\_\_\_\_\_

\_\_\_\_\_

CDL

Excel

\_\_\_\_\_

\_\_\_\_\_

Calculator

Internet Browsers

\_\_\_\_\_

\_\_\_\_\_

Computer

Word

\_\_\_\_\_

\_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application.


Note to Applications: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied. A description of the activities involved in such a job or occupation is attached.  YES  NO

### **REFERENCES**

Name

Phone # (     )

Address

Name

Phone # (     )

Address

Name

Phone # (     )

Address

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with our without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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

\_\_\_\_\_  
Date

**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview  Yes  No

Remarks \_\_\_\_\_

\_\_\_\_\_  
Interviewer

\_\_\_\_\_  
Date

Employed  Yes  No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date

**NOTES**

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

**FOR PERSONNEL DEPARTMENT USE ONLY**

Position(s) Applied for is Open:       Yes       No

Position(s) Considered For: \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

**NOTES:**



## **PIKE COUNTY** **DRUG-FREE WORKPLACE**

### **I. POLICY.**

It is the stated policy of Pike County to maintain a workforce that is free from drug, alcohol and other substance abuse. The use of illegal drugs and alcohol in the workplace seriously threatens the health, safety and welfare of all County employees and the general public. Drugs in the workplace also contribute to poor attendance, poor work performance and poor productivity.

In recognition of the dangers of drug use in the workplace, the unlawful manufacture, distribution, dispensation, possession, use, sale or transfer of drugs, alcohol or other controlled substance by any Pike County employee is prohibited in any County facility, on County property, in any County vehicle or while performing any duties on behalf of the County.

The illegal use of drugs off premises and off duty is also inconsistent with an employee's responsibilities to Pike County. Such use is prohibited by County employees to the extent that it results in the presence of drugs or their metabolites in the body of any employee while working, while on County premises, while in County vehicles or while on County business.

In some County Departments, drugs may be handled in the course of official duties relating to the search of offenders, visitors and County facilities. Such drugs and paraphernalia will be controlled and disposed of in accordance with established policies and procedures and applicable state laws.

It is a condition of employment with Pike County that all employees abide by the above prohibitions against the use of drugs. It is a further condition of employment that any employee convicted under a criminal drug statute must notify Pike County of the conviction no later than five (5) days after such conviction.

Pike County will take disciplinary action against any employee who violates this Policy, which may include termination of the employee, even for a first offense.

To maintain a drug-free workplace, employees are expected to remain free from the influence of illegal drugs and alcohol. Abstinence from illegal drug use and the ability to work free from the effects of alcohol are critical requirements of employment with Pike County.

The Pike County Commissioners will establish and implement drug and alcohol testing policies and procedures necessary to maintain a drug-free workplace. The Chief Clerk will be responsible for administering this program.

## **II. PROCEDURES.**

### **A. Applicant Testing:**

1. All job applicants who are considered for an offer of employment will be subject to a drug test by hair analysis as a condition of employment with Pike County. Thus, any job offer is automatically made contingent upon the applicant successfully passing the hair analysis drug test.
2. Any applicant who refuses to undergo a hair analysis drug test will be refused employment with Pike County. Any willful attempt to evade the drug test by shaving, cutting or altering the hair (head or body) in any way (unless hair loss is the result of a diagnosed medical condition) will be considered a refusal to test.
3. At the time of testing, the policy will be explained to the applicant. The applicant shall sign the "Statement of Drug-Free Workplace Policy" and the "Pike County Applicant Consent and Release From Liability" forms, sign and initial the appropriate chain of custody documentation, and provide a hair sample. The person who administers the test will witness the consent form and all chain of custody documentation as necessary.
4. In most cases, applicants will be notified of the results of the drug test within three (3) business days after receipt of the results by the County. If the results are negative, the applicant will be formally offered employment, provided that all other job requirements have been met. If the results are positive, and cannot be explained by legitimate prescription medication, the applicant will be denied employment.
5. If the results of the drug test are positive, the applicant may request a retest within three (3) days of receipt of the notice of the positive results, at the applicant's expense. If the results of the second test show no level of drug use, the applicant will be reimbursed for the cost of the retest and offered employment, provided that all other job requirements have been met.

### **B. Privacy of Test Documents:**

1. Results of the hair analysis drug test, and all documents pertaining to the test, shall remain confidential and shall remain confidential and shall not be released by Pike County, except to the applicant upon his or her written request. Only those individuals who are responsible for administering the drug test and for making the employment decision shall have access to these documents.

## **III. EFFECTIVE DATE.**

The effective date of this Drug-Free Workplace Policy shall be January 1, 2005. Further, this Policy shall supersede all prior drug policies for Pike County, including, but not limited to, any drug-free workplace provisions set forth in the Pike County Employment Policies and Practices Manual (the Pike County Employees' Manual).

**PIKE COUNTY DRUG AND ALCOHOL TESTING**

**STATEMENT OF DRUG-FREE WORKPLACE POLICY**

My signature below acknowledges that I have been informed of Pike County's drug testing policies and procedures, and that I have been provided a copy of Pike County's Drug-Free Workplace Policy. I also understand that drug testing is a condition of my employment with Pike County. I further agree to comply with the rules and regulations as described in the Policy, and that my failure to do so may lead to disciplinary action being taken against me, which may include termination, even for a first offense.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**PIKE COUNTY APPLICANT CONSENT AND RELEASE FROM LIABILITY**

I understand that Pike County has in effect a Drug-Free Workplace Policy which prohibits the unlawful manufacture, distribution, dispensation, possession, use, sale or transfer of drugs, alcohol or other controlled substances by its applicants for employment and all employees. I further understand that Pike County is committed to a drug-free workplace and has adopted a drug testing program as one method of implementing that policy.

I hereby consent to the taking of my hair samples by Pike County or its agents for purposes of the above drug testing program and to the testing of such samples by Psychemedics. I release and discharge Pike County, its officers, employees, agents and representatives, from any and all claims or liability arising from such drug test, including the testing process and procedures, and the analysis and disclosure of the results.

I hereby further consent to the release of any drug test reports on such samples, or other related medical information from Psychemedics, to the Chief Clerk of Pike County, the Pike County Commissioners and to such other applicable individuals who are responsible for making the employment decision. I further consent to the use of all such reports or other information in Pike County's assessment of my employment application and/or employment status. I do hereby release Psychemedics, Pike County, and their officers, employees, agents and representatives, from any and all claims or liability arising from the authorized release or use of the information derived from or contained in my test results.

If I should refuse to participate in the drug testing program, or should the test results be positive, my application for employment will be rejected. If the initial test results are positive and I choose to be retested, an opportunity for a retest will be available at my own expense, provided that I request a retest within three (3) days of receipt of the results. If the results from the retest indicate no level of drug use, I may then be offered employment, provided that all other job requirements have been met, and I will be reimbursed for the retest.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

Witnessed:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Print Name

\_\_\_\_\_

\_\_\_\_\_  
Title

\_\_\_\_\_  
Social Security Number