

## PIKE COUNTY CORRECTIONAL FACILITY

175 PIKE COUNTY BLVD  
LORDS VALLEY, PA 18428

### INSTRUCTIONS TO APPLICANT CONDITIONS OF EMPLOYMENT

The Pike County Correctional Facility desires to hire Correctional Officers and support personnel of the highest standards who are qualified and reliable. In this regard, applicant screening falls into three categories: (1) competence; (2) character; (3) mental and physical health.

Corrections work involves unique and demanding conditions. Employee responsibilities include the potential danger of physical harm. The institution must be staffed 24 hours a day, 7 days a week which may require unforeseen mandatory overtime. You should be aware of these conditions and must accept them as a condition of employment.

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 these conditions of employment. Candidates **MUST** then sign this form signifying their awareness and acceptance of those conditions, and return this signed form with the application.
2. Absolute truthfulness is extremely important during the entire selection process. Integrity and truthfulness are important qualifications. A candidate's integrity is evaluated by his/her truthfulness throughout the employment process. **An incomplete application will result in disqualification for the position being applied for.**
3. **Each candidate MUST complete the application in its entirety. All questions must be answered and the application and the instructions sheet must be signed. Pages #11 and #12 are blank except for your signature on page #11. An incomplete application will be disapproved.**
4. Candidates will be required to pass a \*pre-employment examination\*, an oral interview, a \*physical agility test\*, and a drug screen test. Candidates will be finger printed.
5. A vigorous background investigation will be conducted that requires **applicants to submit copies of the following documents with their applications: Social Security Card, Naturalization Papers, Drivers License, GED, High School and/or College diplomas, and Military Records [DD-214].** The Pike County Correctional Facility will not employ any individual with any prior criminal conviction graded either as a felony (F1, F2, F3, F) or a misdemeanor of the first degree (M1), or (M2 of violence), or a critical conviction that is punishable in excess of one (1) year. Additionally, the Pike County Correctional Facility 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 Correctional Facility will not employ any individual with a criminal conviction that the Prison Board deems inappropriate for employment as a Correctional Officer in the Pike County Correctional Facility. 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.

6. Candidates **MUST** be High School Graduates or hold a GED Equivalency.
7. Candidates appointed will be on probation for a period of one (1) year.
8. Candidates **MUST** submit to a medical examination by a qualified physician and meet medical and physical standards.
9. Candidates **MUST** maintain prescribed levels of physical fitness, grooming, dress, and appearance.
10. Candidates **MUST** successfully complete the Pike County Correctional Facility basic training course. This basic training course includes physical training, CPR and Basic First Aid Certification.
11. Candidates **MUST** have a valid driver's license.
12. Presently, **Correctional Officers** are represented for purposes of collective bargaining by the American Federation of State, County and Municipal Employees (AFSCME), District Council 87. Sick leave, vacation and personal leave are determined by AFSCME union contract.\*
13. Candidates will be required to work swing shifts, including weekends, holidays, overtime and other hours as determined by the Warden.
14. Candidates **MUST** be able to report for work under any adverse weather condition.
15. Candidates **MUST** be willing to work "locked inside" the Correctional Facility unarmed and in direct contact with inmates.
16. Candidates **MUST** have telephone service where they can be reached, as well as an operational voice messaging mechanism. Candidates will be expected to respond to messages promptly.
17. Candidates **MUST** be 21 years of age as of their date of hire.
18. Qualified candidates will be chosen from an established list as a result of cumulative scoring which is based on an application, written examination and oral interview.\*
19. After application is submitted to Pike County Correctional Facility, the applicant shall provide the Correctional Facility any changes or updates to the information contained herein. Failure to do so could result in denial of application.

"I am willing to agree to the above 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 American with Disabilities Act (ADA) as it applies to employment.

\* ***Applicable to Correctional Officer Candidates Only.***

**PIKE COUNTY CORRECTIONAL FACILITY**  
175 PIKE COUNTY BOULEVARD  
LORDS VALLEY, PA 18428

**APPLICATION FOR EMPLOYMENT**

POSITION APPLIED FOR:

CLERICAL\_\_\_\_\_ CORRECTIONAL OFFICER\_\_\_\_\_ MAINTENANCE\_\_\_\_\_

FOOD PRODUCTION SUPERVISOR\_\_\_\_\_ TREATMENT\_\_\_\_\_

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 PREVIOUS ADDRESSES YOU HAVE RESIDED AT FOR PAST FIVE YEARS. IF YOU HAVE MORE THAN THREE (3) PREVIOUS ADDRESSES, ATTACH SHEETS IN THE SAME FORMAT AS 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 TELEPHONE: \_\_\_\_\_ 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**

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      NUMBER YEARS      GRADUATED      COURSE OF  
OF SCHOOL      ATTENDED      YES/NO      STUDY

HIGH SCHOOL \_\_\_\_\_

COLLEGE \_\_\_\_\_

TRADE OR BUSINESS \_\_\_\_\_

OTHER \_\_\_\_\_

OTHER \_\_\_\_\_

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

**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 FOR  
OMISSION OR FALSIFICATION.

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

3. HAVE YOU EVER BEEN CONVICTED OF A FELONY?  YES  NO.

4. HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR?  YES  NO.

5. HAVE YOU EVER HAD A PROTECTION FROM ABUSE ORDER LODGED AGAINST YOU?  
 YES  NO

6. HAVE YOU EVER BEEN BONDED?  YES  NO  
IF YES, FOR WHAT JOB(S)/POSITION(S)? \_\_\_\_\_

7. 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.

\_\_\_\_\_

8. 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

9. HAS ANY DRIVER'S LICENSE ISSUED TO YOU EVER BEEN SUSPENDED OR REVOKED?  
 YES  NO - IF "YES", EXPLAIN: ISSUING STATE \_\_\_\_\_, WHEN: \_\_\_\_\_  
WHY: \_\_\_\_\_

\_\_\_\_\_

10. HAVE YOU EVER BEEN CONVICTED OF A TRAFFIC VIOLATION?  YES  NO  
IF "YES", THEY MAY BE RELEVANT, BUT WILL NOT NECESSARILY BAR YOU FROM  
EMPLOYMENT.

\_\_\_\_\_

11. LIST ALL CITATIONS FOR VIOLATIONS OF TRAFFIC LAWS OR REGULATIONS:

\_\_\_\_\_  
DATE OF VIOLATION                      CITY/TOWN/STATE                      VIOLATION OR CHARGES

COURT DISPOSITION

DATE

- 12. ARE THERE ANY RESTRICTIONS ON YOUR LICENSE? [ ] YES [ ] NO
- 13. DO YOU HAVE ANY OUTSTANDING OR UNPAID TRAFFIC FINES? [ ] YES [ ] NO  
IF "YES", DESCRIBE IN FULL.

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- 14. CAN YOU TRAVEL OUT OF COUNTY, IF SO REQUIRED? [ ] YES [ ] NO
- 15. DO YOU HAVE YOUR OWN TRANSPORTATION? [ ] YES [ ] NO
- 16. DO YOU SPEAK, READ OR WRITE ANY FOREIGN LANGUAGES FLUENTLY?  
[ ] YES [ ] NO. IF "YES", WHAT FOREIGN LANGUAGES?

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- 17. 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 Corrections Officer or Civilian Employee with 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 photostatic or Xerox copy of this authorization shall be considered as effective and valid as the original.

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

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

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

Assistant Warden Jonathan Romance  
Investigator's Name Printed

PIKE COUNTY CORRECTIONAL FACILITY  
175 PIKE COUNTY BLVD  
LORDS VALLEY PA 18428

(570) 775-5500  
Fax (570) 775-5511

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**

\_\_\_\_\_  
**Date**

TO:

THIS IS AN INQUIRY CONCERNING:

NAME:

ADDRESS:

\_\_\_\_\_  
EMPLOYED BY YOU AS:

FROM:

TO:

\_\_\_\_\_  
SOCIAL SECURITY NUMBER:

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

\_\_\_\_\_  
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.

\_\_\_\_\_  
Assistant Warden

Note: A photostatic or Xerox 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

# EMPLOYMENT PREA QUESTIONNAIRE

The Pike County Correctional Facility will not hire anyone who may have contact with offenders and shall not enlist the services of any contractor or volunteer who may have contact with offenders, who –

- Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
- Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent, or
- Has been civilly or administratively adjudicated to have engaged in the activities described above.

All applicants must answer the following questions:

Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?

Have you been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent?

Have you been civilly or administratively adjudicated to have engaged in the activities described above?