# Cascade County

## Job Vacancy Announcement

| | |
|---|---|
| **Position: Adult Detention Officer** | **Closing Date: July 12, 2019** |
| **County Department: Sheriff's Office** | **Dept. Admin.: Sheriff Slaughter** |
| **Type of Position: Full-time** | **Salary: $ 17.76 per hour** |
| | **Must join AFSCME MT Council 9 Local #28** |
| **Applications available at Cascade County Human Resources Department, www.cascadecountymt.gov or Job Service. All application materials must be turned in to the Cascade County Human Resources Department and date stamped by 5:00 p.m. on the closing date.** | |

**POSITION DESCRIPTION**

An Adult Detention Officer guards inmates in penal or rehabilitative institution in accordance with established policies, procedures and as directed for public safety; may guard inmates in transit between the detention center, courtroom, prison, or other points; under the direct supervision of the shift supervisor or general supervision of the facility command staff; responsible for maintaining a secure detention facility and the safe custody of all inmates; performs a variety of technical and administrative tasks associated with facility operations and the incarceration of inmates; work includes the observation and accompaniment of inmates inside and outside the detention center and related care record keeping requirements; officers may be assigned to work any shift; patience and firmness are required in frequent contacts with inmates who are violent (murderer's, rapist, child molesters, fighters, etc.), suicidal, and mentally unstable; officers are also subjected to hazards associated with custody work including exposure to various hazards such as noise, a variety of physical conditions, close quarters and exposure to human body fluids; previous experience in a detention setting is desirable. *** **See Job Description for detail**.

**The successful applicant must meet the following requirements:**

- Graduation from High School or High School Equivalency (HSE) or GED **and;**
- Must be at least 18 years of age at the time of employment;
- Recruitment & selection processes will involve a written test, oral interview, extensive criminal background check and psychological evaluation;
- Must join AFSCME MT Council 9 Local #28;
- Employees must have successfully completed and passed the required tests.

**Certifications:**

- Successful completion of the Montana State Law Enforcement Academy Corrections/Detention Officer Basic required within one (1) year of employment;
- First Aid and CPR Certification required within one (1) year of employment;
- OC and Taser Certification required within one (1) year of employment;
- Ability to obtain additional licenses and/or certifications as required by the position. (Officer's that have been trained in Detention/Corrections at an out of State academy may be allowed to take the equivalency test provided at MLEA if the State the Officer was trained in has reciprocity.)

### *** MANDATORY APPLICATION PACKET REQUIREMENTS

**Each applicant is required to provide the following:**

- **Completed Cascade County Employment Application**
- **Complete signed and notarized supplemental forms with PREA signature sheet**
- **Copy of a picture ID**
- **Copy of Diploma, GED or HSE**
- **Signed copy of Job Description (acknowledges you have read and understand)**
- **Detailed resume of work experience**

***Sheriff's Office Employment Statement:***

Any individual with a felony conviction, a domestic violence conviction or outstanding warrants is ineligible for consideration for employment by the Cascade County Sheriff's Office.

***The successful applicant must possess a valid Montana Driver's License and join AFSCME MT Council 9 Local #28. The successful applicant shall serve a 1-year probationary period, and have a DPHHS and criminal background check conducted. The results thereof may disqualify the applicant from consideration for employment with the County.***

*Notice to Applicants:* Applicants who are claiming Veteran's or Handicap Preference **must** provide a DD-214 Document (Part 4) or DPHHS Handicap Certification **and** Employment Preference Form with their application for employment so Cascade County may apply the preference during the selection process.

**Cascade County makes reasonable accommodations for any known disability that may interfere with the applicant's ability to compete in the recruitment and selection process or an employee's ability to perform the essential duties of the job. For Cascade County to consider such arrangements, the applicants must make known any needed accommodations.**

**CASCADE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER**

# CASCADE COUNTY
# EMPLOYMENT APPLICATION

***AN EQUAL OPPORTUNITY EMPLOYER***

The information contained on this form is sought in good faith. It will not be used in any way to discriminate against any applicant for employment in violation of state and federal law. Published on June 7th, 2013.

For County Use

**IMPORTANT:** Please **type** or **print** in ink. You may respond to sections 4, 5, and 9 on separate sheets of paper if all relevant blocks are completed and the same format is followed. On each sheet, write your name and the job title of the position(s) for which you are applying. You may submit a legible photocopied application. If you photocopy your application, leave sections 1, 2, and 3 blank and complete these sections each time you apply. You must sign and date, in ink, each application you submit. **LATE, INCOMPLETE or UNSIGNED applications will not be considered.**

**PLEASE READ THE JOB VACANCY ANNOUNCEMENT CAREFULLY TO FIND:** (a) what attachments must be submitted (supplement questions, transcript, Employment Preference Form, etc.); (b) where to submit your application; (c) the required special qualifications or licenses; (d) the closing date for receipt of applications. An application tailored to the position is to your advantage.

Under state and federal law, qualified applicants with disabilities are entitled to **reasonable accommodations.** Modifications or adjustments may be provided to assist applicants to compete in the recruitment and selection process, to perform the essential duties of the job, or to enjoy equal benefits and privileges of employment available to other employees. An applicant must request an accommodation when needed. A description of the selection process and the essential job duties is included in the vacancy announcement.

**Employment Preference:** The **Veterans' Employment Preference Act** and the **Persons with Disabilities Employment Preference Act** provide preference in public employment for certain military veterans and people with disabilities, or the eligible relatives thereof. **An applicant claiming employment preference must complete an Employment Preference Form, available through Human Resources or your local Montana Job Service.** The applicant must indicate at the bottom of page five (5) that the necessary documentation is attached. Contact your local Montana Vocational Rehabilitation Services Office (Department of Public Health and Human Services) for detail on obtaining disabilities preference certification. For more information, contact your local Job Service.

**1.**

Name: _____
Last First M.I.

Address: _____
Street

_____
City State Zip Code

Phone Number: _____ _____ _____
Work Home Cell

**2.** What position are you applying for? (See Job Vacancy Announcement.)

Position: _____

Department: _____

Closing Date of Vacancy: _____

**3.** Have you ever been convicted of a crime involving theft, abuse, neglect, or mistreatment of an individual or any other felony/ misdemeanor (except routine traffic violations)? A conviction will not necessarily disqualify you for the position.

☐ **Yes** ☐ **No** **If yes, list on a separate sheet of paper the convictions.**

**4.** My signature below certifies that all information on this and all attached pages (checked below) are true, correct and complete to the best of my knowledge and contain no willful falsifications or misrepresentations. Falsifications or misrepresentations may disqualify me from consideration for employment with Cascade County or, if hired, may be grounds for termination at a later date. Employers may be contacted as references. In the spaces below, I have checked attachments, including those required in the job vacancy announcement. I understand that, if I am the final applicant for the applied position, a criminal background check may be conducted and the results thereof may disqualify me from consideration for employment with the County.

☐ Responses to Supplemental Questions ☐ Transcript ☐ DD-214 ☐ Resume ☐ DPHHS Certification

☐ Typing/Ten-key Certification ☐ Other (specify) _____

Signature: _____ Date: _____

**5. EDUCATION:** You may respond to this section on a separate sheet of paper (on each sheet write your name and job title for which you are applying) if all relevant blocks are completed and the same format is followed.

High School Name and Address: _____

| College, University, Other Schools & Training Courses Name and Location | Dates Attended | Did you receive a degree or certificate? | Date Received | Major or Minor Field | Credits Earned - Indicate Quarter or Semester Hours |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |

**6.** List **current** Professional Licenses, Registrations, or Certifications (engineering, medical, CPA, etc.)

| Licensing Agency Name and Location | Type of License | Endorsement/Restriction (if applicable) | Date Issued |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

**7.** If applying for skilled crafts jobs, are you a recognized journey level worker? ☐ Yes ☐ No

If Yes, what apprenticeship? Number of years:

**8.** Special skills - check the skills you possess. Specify speed/errors where requested.

☐ Typing ____ / ____ ☐ Data Entry ____ / ____ ☐ Ten-Key ____ / ____ ☐ Legal Terminology ☐ Medical Terminology

Other: _____

Computer Programming Languages (specify): _____

Computer Software: _____

_____

Equipment - List types of equipment you can operate and specify name or model you have used: _____

_____

**9. EXPERIENCE:** List your work and/or volunteer experience with emphasis on experience that is relevant to the position which you are applying. **Begin with your present or most recent experience.** Include military service 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 follow the same format as below. 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 you provide on this application is subject to verification. Previous employers may be contacted as references.

**May we contact your present employer?** ☐ Yes ☐ No

| Name & Complete Address of Employer | _____ |
|---|---|

Your Job Title: _____ Dates Employed: _____ / _____ to _____ / _____

Immediate Supervisor: _____ Avg. Hrs. Per Week: _____ Total Time Employed: _____

Phone Number: _____ ☐ Full-time ☐ Part-time ☐ Volunteer

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

Reason for Leaving:

| Name & Complete Address of Employer | _____ |
|---|---|

Your Job Title: _____ Dates Employed: _____ / _____ to _____ / _____

Immediate Supervisor: _____ Avg. Hrs. Per Week: _____ Total Time Employed: _____

Phone Number: _____ ☐ Full-time ☐ Part-time ☐ Volunteer

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

Reason for Leaving:

| Name & Complete Address of Employer | _____ |
|---|---|

Your Job Title: _____ Dates Employed: _____ / _____ to _____ / _____

Immediate Supervisor: _____ Avg. Hrs. Per Week: _____ Total Time Employed: _____

Phone Number: _____ ☐ Full-time ☐ Part-time ☐ Volunteer

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

Reason for Leaving:

| Name & Complete Address of Employer | _____ |
|---|---|

Your Job Title: _____ Dates Employed: _____ / _____ to _____ / _____

Immediate Supervisor: _____ Avg. Hrs. Per Week: _____ Total Time Employed: _____

Phone Number: _____ ☐ Full-time ☐ Part-time ☐ Volunteer

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

Reason for Leaving:

## APPLICANT SURVEY

Title VII of the U.S. Civil Rights Act requires Cascade County to "make and keep records relevant to the determinations of whether unlawful employment practices have been or are being committed." This is also a requirement of the Montana Human Rights Act and state and federal laws providing employment opportunities for veterans and persons with disabilities. The following survey helps to fulfill these requirements.

This survey information will be separated from the application, kept confidential, and used only for statistical reports, background checks, and other lawful uses. Analysis of the information you and others provide may be used to monitor recruitment and selection practices in County government.

| | |
|---|---|
| **10.** Name: _____ | Job Applied For: |
| | Department _____ |
| Social Security Number: _____ | Job Title _____ |
| | Location _____ |

**11. How did you first learn of this position?**

- ☐ Newspaper ad
- ☐ A friend/employee
- ☐ Posted in County Building
- ☐ Walk-in
- ☐ Job Service Posting
- ☐ Internet Listing
- ☐ Professional Publication
- ☐ Other (specify) _____

**12.** ☐ M (Male) ☐ F (Female) Date of Birth (month/day/year): _____ / _____ / _____

**13. RACE/ETHNICITY**

Please check the one box that best describes your race / ethnicity:

- ☐ **AMERICAN INDIAN or ALASKAN NATIVE**
- ☐ **ASIAN**
- ☐ **PACIFIC ISLANDER**
- ☐ **BLACK or AFRICAN AMERICAN**
- ☐ **HISPANIC or LATINO**
- ☐ **WHITE**
- ☐ **TWO OR MORE RACES**

**14. VETERAN or DISABILITY STATUS**

**Person with a disability:** ☐ Yes ☐ No (if yes, please see below)

**Veteran Status:**

Check the **one** box that best describes your veteran status:

- ☐ Disabled Vietnam Era Veteran
- ☐ Vietnam Era Veteran
- ☐ Veteran of Persian Gulf War
- ☐ Disabled Veteran of Other Campaign/War Era
- ☐ Veteran of Other Campaign/War Era
- ☐ Other Disabled Veteran
- ☐ Other Veteran

Check the **one** box that best describes your status as a preference eligible relative:

- ☐ A Spouse of Disabled Veteran
- ☐ Mother of a Veteran
- ☐ Spouse of totally (100%) Disabled Person
- ☐ Unremarried Surviving Spouse of a Veteran or Disabled Veteran

Do you have certification from the Montana Department of Public Health and Human Services for Persons with Disabilities Employment Preference? ☐ Yes ☐ No

## Please provide 3 PROFESSIONAL REFERENCES

(A professional reference is a reference from a person who can vouch for your qualifications for a job. A professional reference is typically a former employer, a colleague, a client, a vendor, a supervisor, or someone else who can recommend you for employment.)

**Please print legibly**

**1.**

Name: _____

Address: _____

City, State, Zip: _____

Phone, Cell Phone: _____

E-mail: _____

**2.**

Name: _____

Address: _____

City, State, Zip: _____

Phone, Cell Phone: _____

E-mail: _____

**3.**

Name: _____

Address: _____

City, State, Zip: _____

Phone, Cell Phone: _____

E-mail: _____

# --READ CAREFULLY--

**-- Do Not Write On This Page--**

**Please make sure all required information is included (see Job Vacancy Announcement).**

1. **Did you sign and date your application (page 1)?**

2. **Have you read the Job Vacancy Announcement to see what attachments must be submitted?**

3. **Have you checked boxes in Section 3 or 4 (page 1) to indicate what attachments you have included?**

4. **Did you indicate the specific Position Title in Sections 2 (page 1) and 10 (page 5)?**

5. **Did you include a complete address for each employer listed in Section 9 (pages 3 and 4)?**

6. **If you are claiming Veterans' Employment Preference or Persons with Disabilities Employment Preference, have you completed and attached the Employment Preference Form and Documentation (see information on page 1)?**

7. **Did you provide 3 professional references (page 6)?**

8. **Did you attach all the application materials required by the Job Vacancy Announcement?**

**CASCADE COUNTY SHERIFF'S OFFICE**
Jesse Slaughter – Sheriff | Cory Reeves – Undersheriff

3800 Ulm North Frontage Road, Great Falls, Montana 59404 406.454.6820 cascadecountymt.gov

# SUPPLEMENTAL FORMS MUST BE SIGNED IN FRONT OF A NOTARY & BE NOTARIZED

*- A LEGACY OF SERVICE SINCE 1887 -*

**CASCADE COUNTY SHERIFF'S OFFICE**
Jesse Slaughter – Sheriff | Cory Reeves – Undersheriff

3800 Ulm North Frontage Road, Great Falls, Montana 59404 406.454.6820 cascadecountymt.gov

# CONFIDENTIALITY

I, _____ understand the MCA
(print name)
Statutes, the Cascade County Policy and Sheriff's Office mandate concerning confidentiality. I understand that violation of these statutes and policies will result in disciplinary action, to include dismissal.

I understand that law enforcement information derived from investigations is confidential. This includes criminal investigative information, intelligence information, fingerprints and photographs and any other information or records made so by law.

I understand that employees should hold confidential all information deemed not for public consumption. That confidentiality of information obtained while in the performance of my duties will be respected and used responsibly and only disseminated to person(s) as directed by the Sheriff or his designee.

I understand that information gained through conducting administrative duties, as a member of an administrative board, administrative decision-making entity or the daily processing of the administrative decision-making information is confidential, and is not general knowledge to be released, unless authorized by the Sheriff or his designee.

**CASCADE COUNTY SHERIFF'S OFFICE**
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# PRE-EMPLOYMENT INVESTIGATION DISCOVERY WAIVER

As an applicant to the CASCADE COUNTY SHERIFF'S OFFICE for the position of

_____, I recognize that an employing law enforcement agency has a legal, as well as a moral obligation, to take every reasonable effort to ensure that persons employed by them as peace officers, or in other positions, conform to the very highest standards.

Therefore, I release and hold harmless the CASCADE COUNTY SHERIFF'S OFFICE and their officers, agents, or assigns, now and in the future, from any claim or damages in law or inequity on behalf of myself, my heirs, and assigns, for their refusal to make available any and all of the information contained in this pre-employment investigation, including, but not limited to, the identity(ies) of any person(s) and / or organization(s) which may have supplied information in the course of this investigation, as well as the substance of any information supplied.

**I hereby waive my right, now and in the future, to examine, review, or otherwise discover the contents of this investigation and all related documents thereto.**

Dated this _____ day of _____, 20_____

Signature of Applicant _____

State of Montana
County of _____

This instrument was acknowledged before me on _____ by _____.
*Print Name of Signer*

_____
*Notary Signature*
{Montana Notaries must complete the following, if not part of the stamp}

_____
*Printed Name*
Notary Public for the State of _____
Residing at _____
My Commission Expires: _____, 20___

Affix Seal/Stamp as close to Signature as Possible

# CASCADE COUNTY SHERIFF'S OFFICE

Jesse Slaughter – Sheriff | Cory Reeves – Undersheriff

3800 Ulm North Frontage Road, Great Falls, Montana 59404 406.454.6820 cascadecountymt.gov

## LETTER OF UNDERSTANDING

I am applying for a position with the CASCADE COUNTY SHERIFF'S OFFICE therefore I understand that there are certain requirements I must meet before I can be accepted into this position. I understand that I must submit to an extensive background investigation at a minimum, which consists of the following areas of concern:

- Review of my completed Personal History Statement
- Thorough criminal background checks
- Examination of my personal credit / financial report
- Evaluation of a Johnson, Roberts Personal History Questionnaire
- Thorough examination of prior employment

A Hiring Review Board will evaluate the results of this investigation and make a preliminary decision as to my potential suitability for employment. I may at this point receive a conditional offer of employment which will be followed by completion of some or all of the following tests, depending upon position being sought.

- Drug Screening Test
- Psychological evaluation
- Standard medical examination
- Physical abilities test
- Hearing test
- Firearms aptitude evaluation

The aforementioned tests will be administered in a manner selected by the CASCADE COUNTY SHERIFF'S OFFICE. I understand that the results of the tests are the property of the agency to which I have applied, and that I will not receive copies of the reports nor any information contained in them, except as it may relate to a serious condition discovered by the examining physician.

A second Hiring Review Board will evaluate all tests in considering the requirements of the job, along with previous information and will make a final decision as to my suitability for employment, before making recommendations to the Sheriff. The Sheriff will make the final selection(s).

I agree to assist in the expedient conclusion of these reviews and examinations. I understand that successful completion of this process does not guarantee employment with the CASCADE COUNTY SHERIFF'S OFFICE only that I will be considered for positions as they become available, pursuant to established rules and regulations of the CASCADE COUNTY SHERIFF'S OFFICE. I have read and understand the content and purpose of this Letter of Understanding. I agree to abide by these requirements as a condition of employment with the CASCADE COUNTY SHERIFF'S OFFICE.

Signature of Applicant _____

State of Montana
County of _____

This instrument was acknowledged before me on _____ by _____.
*Print Name of Signer*

_____
*Notary Signature*
{Montana Notaries must complete the following, if not part of the stamp}

_____
*Printed Name*
Notary Public for the State of _____
Residing at _____
My Commission Expires: _____, 20___

Affix Seal/Stamp as close to Signature as Possible

***- A LEGACY OF SERVICE SINCE 1887 -***

# CASCADE COUNTY SHERIFF'S OFFICE

Jesse Slaughter – Sheriff | Cory Reeves – Undersheriff

3800 Ulm North Frontage Road, Great Falls, Montana 59404 406.454.6820 cascadecountymt.gov

## AUTHORIZATION TO RELEASE INFORMATION

Name of Applicant _____
Please print your full name

Aliases _____

Date of Birth _____ SSN# _____

As an applicant for a position with the CASCADE COUNTY SHERIFF'S OFFICE I am required to furnish information for use in determining my qualifications and suitability. I realize that this agency will not release the information provided to them to any person, including myself. The information submitted to this agency is confidential and will be used only for investigating my suitability for law enforcement or related employment.

Toward this end, I authorize the release of any and all information that you may have concerning me, including information of a confidential or privileged nature. I hereby authorize all my previous employers, physicians, and professionals who may have examined or treated me, friends, acquaintances, credit reporting services public agencies, and all others, to furnish the CASCADE COUNTY SHERIFF'S OFFICE any and all information they may have concerning me.

I hereby release you, your organization, or others, from liability or damage which may result from furnishing the information requested. I further authorize that a photocopy of this form shall be for all intents and purposes, as valid as the original. I authorize you to retain a copy of this form in your files.

This release is valid for any information supplied within one (1) year of the date of my signature.

Signature of Applicant _____

State of Montana
County of _____

This instrument was acknowledged before me on _____ by _____.
*Print Name of Signer*

_____
*Notary Signature*
{Montana Notaries must complete the following, if not part of the stamp}

_____
*Printed Name*
Notary Public for the State of _____
Residing at _____
My Commission Expires: _____, 20___

Affix Seal/Stamp as close to Signature as Possible

***- A LEGACY OF SERVICE SINCE 1887 -***

**CASCADE COUNTY SHERIFF'S OFFICE**
Jesse Slaughter – Sheriff | Cory Reeves – Undersheriff

3800 Ulm North Frontage Road, Great Falls, Montana 59404 406.454.6820 cascadecountymt.gov

PREA:

(1) Have you engaged in sexual abuse in a prison, jail lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
(2) 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 or refuse; or
(3) Have you been civilly or administratively adjudicated to have engaged in the activity described in paragraph (2).

Yes_____ No_____
If yes, please list on a separate sheet of paper and attach.
Date _____
Signature _____

# Cascade County
# Job Description

| | |
|---|---|
| **Job Title** | **Adult Detention Officer** |
| **Department** | **Sheriff's Office** |
| **FLSA** | **Non-Exempt** |
| **Date** | **September 2015** |

## Job Summary

The Adult Detention Officer guards inmates at the Cascade County Regional Detention Center in accordance with established policies, procedures and as directed for public safety; may guard inmates in transit between the detention center, courtroom, prison, or other points; under the direct supervision of the shift supervisor or general supervision of the facility command staff; responsible for maintaining a secure detention facility and the safe custody of all inmates; performs a variety of technical and administrative tasks associated with facility operations and the incarceration of inmates; work includes the observation and accompaniment of inmates inside and outside the detention center and related care record keeping requirements; officers may be assigned to work any shift and performs other related duties as assigned.

## Distinguishing Class Features

Patience and firmness required in frequent contacts with inmates who are violent (murderers, rapists, child molesters, fighters, etc.), suicidal, and mentally unstable. Officers are also subjected to hazards associated with custody work including exposure to various hazards such as noise, a variety of physical conditions, close quarters and exposure to human body fluids.

## Essential Job Duties and Responsibilities

*(These are examples only; any one position may not include all of the listed examples nor do the listed examples include all functions, which may be found in positions of this class.)*

- Conducts head count to ensure each inmate is present;
- Monitors conduct of inmates in cellblocks or during work or recreational activities, according to established policies and procedures to prevent escape or violence;
- Inspects conditions of locks, window bars, grills, doors, and gates at detention facility to ensure security and help prevent escapes;
- Records information such as inmate identification, incidences of inmate disturbance, and keeps daily logs of inmates activities;
- Searches inmates, vehicles and conducts shakedowns of cells for valuables and contraband, such as weapons or drugs;
- Uses weapons, handcuffs, and physical force to maintain discipline and order among inmates;
- Inspects mail and property for the presence of contraband;
- Conducts fire, safety and sanitation inspections;
- Settles disputes between inmates;
- Observes meal distribution;
- Observes medication pass;
- Conducts equipment and tool inventories at the workstation and in the cellblocks (material safety data sheet);
- Attends trainings, meetings, conferences and workshops as requested and authorized;
- Observes, receives and otherwise obtains information from relevant sources;
- Enters, transcribes, records, stores or maintains information in written or electronic/magnetic form;
- Takes on responsibilities and challenges.

## Required Knowledge and Abilities

***Knowledge and understanding of:***

- Relevant equipment, policies, procedures, and strategies to promote effective local, state, or national security operations for the protection of people, data, property, and institutions;
- Laws, legal codes, court procedures, precedents, government regulations, executive orders and agency rules;
- Basic computer hardware and software, including the following applications: Word, Excel, Outlook and AS400;
- Prisoner restraint and transportation;
- First Aid and CPR;
- Behavior modification techniques;
- Self-defense techniques;
- Recordkeeping, report preparation, filing methods and records management techniques;
- Legal and law enforcement terminology;
- Safety rules, procedures and practices.

***Skills in:***

- Using tact, discretion, initiative and independent judgment within established guidelines;
- Reacting in an emergency and making sound, rational decisions, demonstrating good judgment;
- Monitoring/assessing inmate performance, and making improvements or taking corrective action;
- Social perceptiveness - being aware of others' reactions and understanding why they react as they do;
- Critical thinking using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions or approaches to problems;
- Active listening;
- Maintaining composure, keeping emotions in check, controlling anger, and avoiding aggressive behavior, even in very difficult situations;
- Educating and encouraging others to follow practices and procedures to accomplish work objectives.

***Ability to:***

- Analyze situations quickly and objectively, to recognize actual and potential danger, and to determine a proper course of action;
- Effectively cope with stressful situations, tactfully and with respect to the rights of others;
- Read, interpret and communicate laws, ordinances, rules and regulations, and apply such in the course of the work;
- Maintain an effective and professional working relationship with co-workers, supervisors, other county employees, other agency personnel, and citizens of varied racial and economic backgrounds contacted during the course of work and out of work;
- Prepare accurate, reliable and grammatically correct written reports containing findings, recommendations and legal terminology;
- Follow oral and written directions;
- Communicate effectively verbally and in writing;
- Consider the relative costs and benefits of potential actions to choose the most appropriate one;
- Use active listening skills;
- Concentrate on a task over time without being distracted;
- Pay attention to detail and accuracy;
- Handle inmate complaints, settle disputes, resolve grievances or conflicts, or otherwise negotiate with others;
- Inspect equipment, structures, or materials to identify cause of errors or other problems or defects;
- Accept constructive criticism;
- Deal effectively with stressful situations in a professional manner, which includes (suicides/attempted suicides, deaths, the mentally unstable, drunks, drug addicts; fighters);
- Provide personal assistance, medical attention, or personal care to others such as coworkers, customers, or patients;
- Be honest and ethical;
- Be reliable, responsible, dependable and fulfill obligations;
- Lead, take charge and offer opinions and direction;

- Perform heavy manual labor, including bending, stooping, reaching, carrying and lifting heavy objects weighing up to 50 lbs.;
- Use manual dexterity of both hands and feet to perform activities such as lifting overhead, twisting, climbing ladders and stairs, repetitive arm motion below, at, and above shoulder level;
- Walk 5-7 miles per day on a variety of surfaces such as concrete, pavement, dirt, and grass;
- Work while wearing required personal safety equipment which includes gloves, safety glasses, etc. as needed;
- Work independently and as a team member;
- Observe work hours;
- Demonstrate punctuality;
- Work collaboratively with management and co-workers;
- Observe established lines of authority;
- Deal with the public or other employees in a pleasant and courteous manner;
- Establish and maintain effective working relationships with supervisor, co-workers, and building occupants;
- Exercise sound judgment within established policies and procedures;
- Work extended hours, nights, weekends and holidays as needed.

## Reporting Relationships

General supervision is provided by a Sergeant or a higher level of personnel depending upon assignment; Chain of Command Corporal, Staff Sergeant, Sergeant, Lieutenant, Commander, Undersheriff, and Sheriff.

***Decision-making Authority:***
May exercise independent judgment in prioritizing emergency situations.

***Challenges and Problems:***
Challenged to prioritize work orders and jobs and being able to respond to emergency and security situations.

## Minimum Qualifications

***Education/Experience/Training:***

- Graduation from high school or HSE **and;**
- Must be at least of 18 years of age at the time of employment;
- Recruitment & selection processes will involve a written test, oral interview, extensive criminal background check and psychological evaluation;
- The Employer shall supply any shots necessary to the employees at the Employer's expense. These shots shall include TB Test, Hepatitis A and B or any other shots deemed necessary by the employer for the employee's safety.

***Desired Qualifications:***

- Previous experience in a detention setting.

***Certifications:***

- Successful completion of the Montana State Law Enforcement Academy Corrections/Detention Officer basic within one (1) year of employment;
- First Aid and CPR certification required within one (1) year of employment;
- OC and Taser certification required within six (6) months of employment.

***Sheriff's Office Employment Statement:***
Any individual with a felony conviction, domestic violence conviction or outstanding warrants is ineligible for consideration for employment by the Cascade County Sheriff's Office. Other types of convictions will be considered on a case by case basis.

## Essential Physical Abilities

***Essential Physical Abilities:***
The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- While performing the duties of the job, the employee is requir3ed to sit for extended periods;
- Must be able to control, restrain, and subdue individuals and defend against an attack;
- Frequently required to stand and walk; climb stairs; reach with hands and arms; stoop, kneel, crouch, or crawl; speak and hear; and lit and/or move up to, but not limited to 50 lbs.;
- Occasional required to walk and/or run on slippery, and/or uneven surfaces;
- Personal mobility which permits the employee to hear voice conversation and to communicate.

***Working Conditions:***
The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- Rotating shift work is required;
- Potential exposure to smoke, noxious odors, fumes, chemicals, needles, drugs, infectious diseases, blood borne pathogens, body fluids, and toxic substances are additional hazards of the position;
- Exposure to physical violence;
- The noise level in the work environment varies from low to sporadically loud.

_____ _____
Employee Signature Date

_____ _____
Detention Center Immediate Supervisor Signature Date

_____ _____
Human Resource Signature Date

Approved: September 2015

# EMPLOYMENT PREFERENCE FORM

Name: _____

Position Applied For: _____ Department Name: _____

Employment preference allows applicants to claim a preference under the Veterans' Public Employment Preference Act or the Persons with Disabilities Public Employment Preference Act. Applying for a preference is voluntary. All information related to a preference will be kept confidential and used only during the hiring process. Applicants hired by the state will have this information placed in a separate confidential selection file.

Contact your local Job Service Workforce Center for details on veterans' preference. Contact your local Montana Vocational Rehabilitation Services Office, Department of Public Health and Human Services (DPHHS) 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 were separated under honorable conditions, **AND** you 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 were a member of the Montana Army or Air National Guard who 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 were 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 or 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 DPHHS, **OR**

☐ **The spouse** of a totally (100%) disabled person certified by DPHHS **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.**

☐ DD-214 showing the character of discharge
☐ DPHHS Disability Certification
☐ Service-connected disability letter
☐ A document issued by the Office of the Adjutant General of the Montana National Guard certifying service

**SIGNATURE:** (typed or written): _____ **DATE SIGNED**: _____