

**Henry County Community Corrections  
POSITION POSTING FOR: Field Officer**

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<b>DEPARTMENT:</b>	<b>Community Corrections</b>	<b>POSITION:</b>	<b>Field Officer</b>
<b>JOB CATEGORY:</b>	<b>PAT II</b>	<b>STATUS:</b>	<b>Part-Time</b>
<b>FLSA STATUS:</b>	<b>Exempt</b>	<b>SCHEDULE:</b>	<b>Evenings and Weekends</b>
<b>SALARY:</b>		<b>DATE CLOSED:</b>	<b>Applications end</b>

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**Applications are being accepted for the position of Field Officer, at Henry County Community Corrections, New Castle, IN, on or before September 14, 2019 for this position.**

Henry County Community Corrections is seeking a part-time field officer.

To perform this position successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed in this document are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Field Officer for Community Corrections is responsible for supervising, investigating, and assisting clients.

This position will be supervising the Community Service program and working with juvenile clients.

**DUTIES**

Supervises, assists and monitors program participants by monitoring compliance with court orders, conducting surveillance, visiting/ monitoring/documenting activity sites for compliance with program contract terms, reporting violations, and maintaining various document and computer files.

Installs and maintains electronic monitoring equipment, initiating repairs as needed. Enters program participant daily activity schedule and verifies activities.

Searches participants, their home and property for contraband according to prescribed procedures, and tests for illegal drugs and alcohol, including collecting urine samples and operating alcosensor tests.

Assists in maintaining current and accurate case files.

Documents the program participant's progress or violations and testifies in court proceedings.

Maintains current knowledge of applicable local, stand, and federal rules/regulations, new developments, technology and trends in the field of community corrections by reading professional publications and periodically attending training/seminars/conferences.

Periodically performs duties for other department personnel in their absence.

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Performs related duties as assigned.

Responsible for the monitoring of offenders in assigned components on a day to day basis.

Responsible for assisting case managers and offenders in the implementation of each offender's case plan, goals and objectives using motivational interviewing techniques, evidence based practices and transportation when needed.

Responsible for conducting in-home visits with offenders based on their IRAS score per department policy on home visits and communicating with offenders using motivational interviewing techniques.

Insure proper supplies/equipment are available to operate the program component.

Prepare and file offender violation reports with the Director/Deputy Director as appropriate.

Identify and/or predict problems prior to crisis intervention being required.

Perform jobsite verification of the offender's work schedule.

Administering portable breath tests and random drug screens to offenders.

Responsible for offender compliance with the community corrections policies and procedures and work release handbook.

Responsible for maintaining daily records, logs, and accurately completing detailed violation reports.

Must testify in court as needed.

**JOB REQUIREMENTS**

Must be 18 years of age, have a valid driver license and good driving record.

Have a high school diploma or high school equivalency diploma.

Complete knowledge of standard policies and practices of Henry County legal process with the ability to effectively apply and enforce applicable policies and procedures.

Will develop and maintain communication with County agencies and service providers.

Ability to effectively work with adults and juveniles, supervise Field Officers and participants on Home Detention, Adult Day Reporting and other program components.

Communicate both orally and in writing with officials from other government and social service agencies.

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Ability to deal swiftly, rationally, and decisively with potentially violent individuals in precarious situations, and take authoritative action, and apply appropriate discretion and common sense.

Ability to maintain strict confidentiality of all department records and information.

Possession of a valid driver's license and demonstrate a safe driving record.

Possess or ability to obtain certification to conduct necessary client assessments.

**PERSONAL WORK RELEATIONSHIPS**

Incumbent must be able to work effectively with adults and juveniles.

Incumbent maintains frequent communication with program personnel, participants, officials from various governmental and social service agencies, including assessing, monitoring and evaluating client caseload, programming needs, and providing information, assuring compliance with applicable regulations, requirements, and rulings, and resolving problems.

**DIFFICULTY OF WORK**

Incumbent works in both office and field environments, often in a vehicle and is in frequent contact with potentially dangerous, violent, and abusive program participants.

**APPLICATION FOR EMPLOYMENT**

**County of Henry, Indiana**  
*an Equal Opportunity Employer*

**The County of Henry, Indiana, does not discriminate on the basis of race, color, gender, national origin, age, religion, or disability, in employment or the provision of services.**

Please type or print responses to all questions on the application form. *Any application not completed in its entirety will be disqualified.*

Position sought \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_

Middle initial \_\_\_\_\_ Former name(s) \_\_\_\_\_

Address \_\_\_\_\_ City/state/zip \_\_\_\_\_

Phone \_\_\_\_\_ Are you at least 18 years of age? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Applicants for Sheriff Department: Are you at least 21 years of age? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are you related to an individual currently employed by the County? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please state individuals name and relationship \_\_\_\_\_.

Are you interested in: Full-time work? Yes \_\_\_\_\_ No \_\_\_\_\_

Part-time work? Yes \_\_\_\_\_ No \_\_\_\_\_

Temporary work? Yes \_\_\_\_\_ No \_\_\_\_\_

Date available to start work \_\_\_\_\_

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**EMPLOYMENT HISTORY AND WORK EXPERIENCE**

List all employment history and work experience during the previous five years, beginning with your current employer. *Failure to include all past employment may be grounds for disqualification.*

If currently unemployed, check here \_\_\_\_\_ and skip to **Previous employer** below.

● Current employer \_\_\_\_\_

Address \_\_\_\_\_ City/state/zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Hire date \_\_\_\_\_ Job title \_\_\_\_\_

Beginning salary \_\_\_\_\_ per \_\_\_\_\_ Current salary \_\_\_\_\_ per \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Work phone \_\_\_\_\_

Briefly describe the work you do, such as duties, responsibilities, equipment you operate, promotions:

Why do you want to leave?

May we contact your current employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If no, please explain why:

● Previous employer \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

City/state/zip \_\_\_\_\_

Dates employed \_\_\_\_\_ - \_\_\_\_\_ Job title \_\_\_\_\_

Beginning salary \_\_\_\_\_ per \_\_\_\_\_ Ending salary \_\_\_\_\_ per \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Work phone \_\_\_\_\_

Briefly describe the work you did, such as duties, responsibilities, equipment you operate, promotions:

Reason for leaving:

May we contact this employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If no, please explain why:

● Previous employer \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

City/state/zip \_\_\_\_\_

Dates employed \_\_\_\_\_ - \_\_\_\_\_ Job title \_\_\_\_\_

Beginning salary \_\_\_\_\_ per \_\_\_\_\_ Ending salary \_\_\_\_\_ per \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Work phone \_\_\_\_\_

Briefly describe the work you did, such as duties, responsibilities, equipment you operate, promotions:

Reason for leaving:

May we contact this employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If no, please explain why:

● Previous employer \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

City/state/zip \_\_\_\_\_

Dates employed \_\_\_\_\_ - \_\_\_\_\_ Job title \_\_\_\_\_

Beginning salary \_\_\_\_\_ per \_\_\_\_\_ Ending salary \_\_\_\_\_ per \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Work phone \_\_\_\_\_

Briefly describe the work you did, such as duties, responsibilities, equipment you operate, promotions:

Reason for leaving:

May we contact this employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If no, please explain why:

☞ *If you had additional employers within the last five years, attach additional pages as needed.*

List and explain periods of unemployment in the past five years:

From \_\_\_\_\_ to \_\_\_\_\_ Reason:

From \_\_\_\_\_ to \_\_\_\_\_ Reason:

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**EDUCATION AND TRAINING**

This section is intended to give the employer information about education and training you have completed, and to describe your skills, knowledge and abilities to perform the duties of the position.

High school attended *Attach additional pages as needed.*

Name \_\_\_\_\_

Address \_\_\_\_\_ City/state/zip \_\_\_\_\_

Diploma? Yes \_\_\_\_ No \_\_\_\_ GED? Yes \_\_\_\_ No \_\_\_\_

Activities, awards *(You may exclude any which indicate race, color, religion, gender, age, national origin, or disability)*

\_\_\_\_\_  
College(s) or Trade School(s) attended *Attach additional pages as needed.*

Name \_\_\_\_\_

Dates attended \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City/state/zip \_\_\_\_\_

Degree(s) \_\_\_\_\_

Major/minor course(s) of study \_\_\_\_\_

Name \_\_\_\_\_

Dates attended \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City/state/zip \_\_\_\_\_

Degree(s) \_\_\_\_\_

Major/minor course(s) of study \_\_\_\_\_

- Activities, awards *(You may exclude any which indicate race, color, religion, gender, age, national origin, or disability.)*

\_\_\_\_\_

\_\_\_\_\_

- Seminars/workshops, special awards, articles you have published, other information that may be relevant to the position you are seeking:

\_\_\_\_\_

\_\_\_\_\_

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**MILITARY HISTORY AND STATUS**

If you have never served in the military on active duty, check here \_\_\_\_\_ and skip to the next section. Military Branch      Dates of Service      Highest Rank Attained      Rank at Separation

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

Type of Discharge \_\_\_\_\_

Citations/awards received \_\_\_\_\_

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**PROFESSIONAL OR SPECIALIZED TRAINING**

Specialized training \_\_\_\_\_

Professional/special license(s) or certificate(s):

State                      Issued By                      Date Issued      Expiration      Type                      License #

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

Have you had any license suspended, revoked or terminated? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain:

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**PROFESSIONAL AFFILIATIONS**

List current or previous affiliations/organizations and related offices/positions.

Organization Name                      Address                      Phone                      Offices/Positions

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

● Use the following space to describe other training, education, skills, abilities, hobbies, volunteer work or other information that may be helpful in evaluating your application. *(You may exclude any which indicate race, color, religion, gender, age, national origin or disability.)*

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**PERSONAL INFORMATION**

● Do you have any commitments which might interfere with or adversely affect your employment with us, such as a second job or school? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

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● Have you ever been convicted of a felony that has not been expunged or sealed?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

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● Do you have an arrest record that has not been expunged or sealed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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● Are you currently required to register as a sex offender in this or any other jurisdiction?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain (including jurisdiction of registry): \_\_\_\_\_

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List three references who are not related to you and are not former employers or supervisors:

o Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City/state/zip \_\_\_\_\_

Number of years known \_\_\_\_\_

o Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City/state/zip \_\_\_\_\_

Number of years known \_\_\_\_\_

o Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City/state/zip \_\_\_\_\_

Number of years known \_\_\_\_\_

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**APPLICANT CERTIFICATION**

Read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by signing your initials at the end of each paragraph. If you have any questions regarding these paragraphs, contact the employer before initialing.

Initials: \_\_\_\_\_

● I understand and accept that, if I am hired, I may be hired conditional on passing any medical and/or psychological examinations that the employer deems necessary to determine my ability to perform the essential functions of the position. I understand and accept that this may include drug, alcohol or substance abuse testing.

Initials: \_\_\_\_\_

● I understand that it may be necessary for me to approve and sign any waivers necessary in order for the employer to obtain information from my current and former employers.

Initials: \_\_\_\_\_

● I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: \_\_\_\_\_

● I solemnly swear that all of the information furnished in this employment application is true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that my misrepresentations or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment.

Initials: \_\_\_\_\_

By submitting this document, I hereby agree that I shall execute the employer's conditional and post-employment medical examination and drug testing consent requirements. I recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

***The following sections to be completed by Sheriff and/or Fire Department applicants only:***

● I understand that the employer provides sheriff and fire service on a seven day per week and twenty-four hour per day service, and therefore, if employed by the Sheriff Department or Fire Department, I may be required to work evening shifts or night shifts, including weekends.

Initials: \_\_\_\_\_

● I understand that if I am hired as a sworn officer on the Sheriff Department, that I must successfully complete required training and courses specified and be certified by the State of Indiana Police Academy.

Initials: \_\_\_\_\_