

VERMILLION COUNTY SHERIFF'S OFFICE

Michael R. Phelps - Sheriff 1888 S State Rd 63 - P.O. Box 130 Newport, IN 47966 (765) 492-3737 / 492-3838 (Fax) 492-5011 sheriff@vcsheriff.com

Job Description: Jail Officer Vermillion County Jail

SUMMARY

Performs responsible protective service work ensuring the care and security of inmates at the Jail; does related work as required. Jail control is in the same room as communications control and you will be dual trained over a period of time for both positions.

ESSENTIAL DUTIES AND RESPONSIBILITIES include the following. Other duties may be assigned.

- Processing inmates; maintaining jail security; overseeing meals; transporting inmates; overseeing visitation; maintaining logs and records on computer. (These are intended only as illustrations of the various types of work performed. The omission of specific duties does not exclude them from the position if the work is similar, related, or a logical assignment to the position.)
- Receives and processes inmates into custody of institution: searches prisoners; advises inmates on institutional rules and regulations.
- Operates main control: controls inmate movement: maintains movement logs; responds to intercom.
- Patrols jail area periodically to insure security and maintain order; conducts periodic searches for contraband.
- Transports inmates to medical, court and related facilities.
- Supervises inmates during meals, personal hygiene and related activities for conformance to institutional rules, regulations and procedures.
- Escorts and safeguards inmates to cell: checks on inmates physical condition.
- Dispenses personal hygiene, cell cleaning supplies and commissary items.
- Prepares routine records on inmates: performs general clerical duties: answers telephone and transfers to appropriate extension: answers questions regarding visitation, mail, directions, etc.
- Records visits: inspects items brought into the jail.
- May be assigned as field training officer for new employees.
- Receives and processes incoming and outgoing mail; searches incoming mail for contraband and maintains logs: records incoming funds for inmates.
- Performs basic custodial duties such as dusting, cleaning windows, vacuuming and emptying trash in control stations.
- Performs related tasks as required.

KNOWLEDGE, SKILLS AND ABILITIES:

Some knowledge of the security, rules, regulations and procedures of the institution; some knowledge of the practices of modern penology as related to the supervision and care of persons under institutionalized restraint; ability to enforce institutional rules firmly and fairly; ability to detect potential behavior problems of inmates: ability to detect the early symptoms of common health problems: ability to carry out oral and written directions accurately; ability to supervise the activities of large groups of inmates; ability to prepare records and reports; skill in the use of firearms; ability to establish and maintain effective working relationships with associates.

EDUCATION AND EXPERIENCE:

Any combination of education and experience equivalent to graduation from high school.

PHYSICAL REOUIREMENTS:

Work involves considerable degree of risk to personal safety due to inherently stressful environment and close contact with inmates in a secure setting. This is heavy work requiring the exertion of 100 pounds of force occasionally, up to 50 pounds of force frequently, and up to 20 pounds of force constantly to move objects; work requires climbing, balancing, stooping, kneeling, crouching, reaching, standing, walking, pulling, fingering, grasping, and repetitive motion; vocal communication is required for expressing or exchanging ideas by means of the spoken word, and conveying detailed or important instructions to others accurately, loudly, or quickly: hearing is required to perceive information at normal spoken word levels, and to receive detailed information through oral communications and/or to make fine distinctions in

sound; visual acuity is required for depth perception, color perception, night vision, peripheral vision, preparing and analyzing written or computer data, operation of motor vehicles or equipment, determining the accuracy and thoroughness of work, and observing general surroundings and activities; the worker is subject to inside and outside environmental conditions, and noise. The worker may he exposed to blood borne pathogens and may he required to wear specialized personal protective equipment.

SPECIAL REQUIREMENTS:

Must have a clean background/criminal history.

Successfully pass polygraph.

Successfully pass physical and drug screen (drug screens continue randomly).

Possession of an appropriate driver's license valid in Indiana.

Will be required to attend both Basic and Advanced Jail Officers Training Schools.

** See Communications Officer descriptions.

Job Description: Communications Officer Vermillion County Jail

POSITION SUMMARY:

The position is responsible for receiving and dispatching 911 emergency calls and regular administrative and general complaints. Communications is in the same room as Jail control and you will be dual trained over a period of time for both positions.

POSITION RESPONSIBILITIES:

- Answers telephone complaints and emergency calls, determine needs of caller; responds to questions and advises caller of actions to be taken.
- Dispatches law enforcement/Fire/Rescue units as appropriate; broadcasts radio runs and additional information on complaints (descriptions of wanted persons, stolen vehicles, lost children, weather conditions, traffic conditions, etc.); contacts additional emergency services personnel for radio runs; receives information from field and relays to appropriate personnel.
- Enters appropriate info into CAD/PC keyboard; types information in IDACS/NCIC systems (wanted checks, stolen checks, computer work, etc.)
- Assists law enforcement units with request for support services (wrecker, ambulance, evidence technician, backup units, computer work, etc.)
- Receives and broadcasts messages for law enforcement/Fire/Rescue units in the field.
- Monitors officer emergency lanyard alarm systems; monitors other agencies radio broadcasts; monitors MDT messages, monitors status/location of law enforcement units.
- Performs other duties as directed

QUALIFICATIONS:

Must be 21 years of age
Must type minimum of 25 wpm
Must be American Citizen
NO felony convictions
NO battery convictions
Must be able to work nights, weekends and holidays
Must be able to work any shift.
Must submit to and pass a psychological/physical exam

Applicants should possess the following skills:

Good verbal, grammar, spelling and dictation
High stress tolerance
Above average retention level
Common sense and logical reasoning
Have good people skills
Flexibility (holidays & weekends)
Geographical knowledge (reading street guides & maps)
Be personable
Able to multi-task

INDEPENDENT JUDGMENT:

Independent judgment is used on a regular basis for this position.

WORKING CONDITIONS:

**See Jail Officer Description.

All employment with the Vermillion County Sheriff's Office has a one (1) year probationary period.

The Vermillion County Sheriff's Office/Jail is an Equal Opportunity Employer.

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County of Vermillion, Indiana

an Equal Opportunity Employer

The County of Vermillion, 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 respon | ses to all questions on t | he applicat | ion form. Any ap | plication not completed i | in |
|-----------------------------------------------------------------------------|---------------------------|--------------|--------------------|---------------------------|-----|
| its entirety will be <u>disqual</u> | <u>ified</u> . | | | | |
| Position sought | | | | | _ |
| Last name | First name | | | | _ |
| Middle initial For | mer name(s) | | | | _ |
| Address | City/state/zip | | | | _ |
| Phone | Are you at le | east 18 year | rs of age? Yes: | No: | |
| Applicants for Sheriff Dep | oartment: Are you at le | east 21 year | rs of age? Yes: | No: | |
| Are you related to an emp | loyee currently employe | d by the C | ounty? Yes: _ | No: | |
| If yes, please state employ | ees name and relationsh | ւip | 14.5 | • | |
| Are you interested in: | Full-time work? | Yes | No | | |
| | Part-time work? | Yes | No | | |
| | Temporary work? | Yes | No | | |
| Date available to start wor | ·k | | | | |
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| List all employment histocurrent employer. Failure If currently unemployed, | to include all past empi | loyment ma | y be grounds for a | disqualification. | ur |
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| Phone () | Hire date | Job title | |
|-------------------------|---------------------|---------------------------|------------------------|
| Beginning salary | per | Current salary | per |
| Supervisor | Tit | le | |
| Work phone | | | |
| Briefly describe the wo | ork you do, such as | duties, responsibilities, | equipment you operate, |
| Why do you want to leav | ve? | | |
| May we contact your cur | rent employer? Yes: | No: If n | o, please explain why: |
| Previous | | employer | |
| Phone () | | | |
| Address | | | |
| City/state/zip | | | |
| Dates employed | Job | title | |
| Beginning salary | per F | Ending salary | per |
| Supervisor | Ti | tle | |
| Work phone | 40.000 | | |
| Briefly describe the we | | | equipment you operate, |
| Reason for leaving: | | | |
| May we contact this em | ployer? Yes: l | No: If no, please | explain why: |
| Previous | | employer | |
| Phone () | | _ | |
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| Cit | y/state/zip | | | |
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| Dat | tes employed | - | _ Job title | |
| Beg | ginning salary _ | per | Ending salary | per |
| Sup | pervisor | | Title | |
| Wo | ork phone | | | |
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| Pre | vious | · · · · · · · · · · · · · · · · · · · | employer | |
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| pro | omotions: | | | |
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| | _ | | No. If no pl | |
| IVIS | y we contact th | ils employer? Yes: | No: If no, plo | case explain why. |
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| | | of unemployment in the | st five years, attach additi e post five years: | onui puzes us necueu. |
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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 | hool attended Attach additional pages as needed. |
|------|--------------------------------------------------------------------------------------------------------------------------------|
| Nam | |
| Addr | City/state/zip |
| • | n? Yes No GED? Yes No es, awards (You may exclude any which indicate race, color, religion, gender, age, national origin, o |
| Coll | e(s) or Trade School(s) attended Attach additional pages as needed. |
| | Name |
| | Dates attendedto |
| | 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: |
| | |

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 PROFESSIONAL OR SPECIALIZED TRAINING Specialized training Professional/special license(s) or certificate(s): Date Issued Expiration <u>Type</u> License # Issued By State Have you had any license suspended, revoked or terminated? Yes _____ No ____ If yes, explain: ********************************** **PROFESSIONAL AFFILIATIONS** List current or previous affiliations/organizations and related offices/positions. Offices/Positions Organization Name Address Phone

| !Use the following space to describe other training, educ | ation, skills, abilities, hobbies, volunteer work | | |
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| 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 INFO | <u>RMATION</u> | | |
| Do you have any commitments which might interfere wit | h 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 be | een expunged or sealed? | | |
| Yes No If yes, please explain: | | | |
| | | | |
| ! Do you have an arrest record that has not been expunge | d or sealed? Yes No | | |
| If yes, please explain: | | | |
| | | | |
| ! Are you currently required to register as a sex offender: | in this or any other jurisdiction? | | |
| Yes No If yes, please explain (including ju | risdiction of registry): | | |
| | | | |
| ! List three references who are <u>not</u> related to you and are | not former employers or supervisors: | | |
| N Name | | | |
| Address | | | |
| zip | | | |

| Number of years known | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| N Name | Phone |
| Address | |
| zip | |
| Number of years known | |
| N Name | Phone |
| Address | City/state/ |
| zip | |
| Number of years known | |
| ************* | ************ |
| APPLICANT CER | <u>TIFICATION</u> |
| Read each of the following paragraphs carefully. Incontents and conditions of each paragraph by signing have any questions regarding these paragraphs, contact | your initials at the end of each paragraph. If you |
| | Initials: |
| ! I understand and accept that, if I am hired, I may be psychological examinations that the employer deems essential functions of the position. I understand an | necessary to determine my ability to perform the |
| substance abuse testing. | Initials: |
| ! I understand that it may be necessary for me to appro- employer to obtain information from my current and for | ve and sign any waivers necessary in order for the ormer employers. Initials: |
| ! I understand and accept that if any information requirentionally excluded, my application may be discunderstand and accept that, if I am employed by the including termination, if any information required by excluded. | qualified from further consideration. I further employer, I may be subject to disciplinary action, |
| | Initials: |
| ! I solemnly swear that all of the information furnishe and complete to the best of my knowledge. I authorize | ed in this employment application is true, accurate ze investigation of all statements contained in this |

lead to withdrawal of an employment offer or termination following employment.

application. I understand that my misrepresentations or falsification of the information provided may

| | Initials: | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| By submitting this document, I hereby agree that I shall execute the employer's conditional and pos- 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, of alcohol abuse. | | | | |
| Applicant's signature | Date | | | |
| The following sections to be completed by S | Sheriff Department applicants only: | | | |
| ! I understand that the employer provides sl per day service, and therefore, if employe evening shifts or night shifts, including wee | heriff service on a seven day per week and twenty-four hour ed by the Sheriff Department, I may be required to work kends. | | | |
| evening shirts of highe shirts, mercaning wee | Initials: | | | |
| complete required training and courses s | n officer on the Sheriff Department, that I must successfully specified and be certified by the State of Indiana Police | | | |
| Academy. | Initials: | | | |