



Basic Employment Requirements
Gibson County Community Corrections
Office Manager



Community Corrections Office Manager Requirements

Be an United States citizen

Be willing to reside within Gibson County or an adjoining Indiana County.

Possess a valid driver's license from the State of Indiana.

Be at least 18 years of age

Must have either a Bachelor's Degree or a minimum of 3 years of related experience, preferably in government accounting practices or corrections experience.

Hiring process will consist of: background investigation, interview, drug screen, pre-employment physical and a psychological exam.

All documents must be notarized before turning in application.

Job duties include managing staff, grant writing and administration, budgeting, financial reporting, general reporting and working with a diverse clientele. Prior correctional experience, is a plus.

My signature is affixed stating that I meet all the requirements or will meet all the requirements to be a _____ Gibson County Community Corrections Office Manager before employment is offered.

Applicant's signature: _____ Date: _____

Signed and sworn to before me this _____ day of _____, 20_____.

Notary Public

City _____ County _____

My commission expires: _____

This document must be notarized before it will be considered valid.

EXHIBIT C
Gibson County
Position Description

Position Title: Office Manager

Department: Community Corrections

Reports To: Director

Position Summary

The Office Manager is responsible for adequately staffing and overseeing the daily operations of Gibson Community Corrections.

Duties/Responsibilities

The following duties are normal for this position. These are not to be construed as exclusive or all-inclusive.

- Oversees the performance of the Community Corrections program, and the preparation and accumulation of program reports and data collection.
- Coordinates research, development, and preparation of grant applications and proposals for program funding, submits application to various funding sources, and administers grants upon approval.
- Oversees and implements fiscal, program and operational guidelines required by the Community Corrections Program, Advisory Board, Gibson County Board of Commissioners, State of Indiana and all other funding sources.
- Acts as liaison between the Advisory Board, County government, the general public, and the Department of Correction.
- Completes and submits required reports to the State of Indiana in a timely manner.
- Supervises department personnel, including administering personnel programs and procedures, providing orientation and training, planning/delegating work assignments, establishing goals, maintaining discipline and corrective actions/termination as warranted. Periodically, updates staff of organizational developments, analyzes human resource needs and recommends increases/decreases in staff, completes and oversees staff performance evaluations, reviews position responsibilities and salaries, and recruits, interviews and hires job candidates.
- Formulates personnel policies and procedures in line with the County Employee Policy and Community Corrections grant, and establishes work rules that govern conditions of employment with Gibson County Community Corrections.
- Testifies in legal proceedings/court as necessary.
- Serves on-call and responds to emergencies on a 24-hour basis.
- Performs related duties as assigned.
- Responsible for maintaining annual individual training plan.

Required Knowledge, skills, and abilities

- Thorough knowledge of standard practices, policies, and legal requirements of programs and general operations of the Gibson County Community Corrections Program, with ability to effectively administer programs and supervise department personnel accordingly.

- Knowledge of basic bookkeeping practices and financial/accounting systems used by Gibson County and all other regulating/auditing agencies, with ability to develop and/or revise appropriate procedures, prepare/administer budgets, and accurately complete financial/statistical reports and documents as required
- . Knowledge of computer software programs used by the department, with ability to troubleshoot problems/inquiries within the department.
- Working knowledge of the criminal justice system and principles and practices of program evaluation, with ability to effectively coordinate services, assure proper completion of department requirements, and resolve problems with procedures and operations accordingly.
- Knowledge of and ability to execute evidence based practices.
- Ability to effectively communicate orally and in writing with professional and non-professional co-workers, other County departments, Courts, Probation, Department of Corrections, Sheriff, County Commissioners, Advisory Board, and the general public, including being sensitive to professional ethics, gender, cultural diversities and disabilities.
- Ability to properly operate standard office equipment, such as computer, calculator, telephone, cell phone, copier, and fax machine.
- Ability to develop, recommend, maintain, and implement effective programs, goals, and procedures for the department, including reviewing or revising department policies and determining appropriate and effective allocation of funds.
- Ability to plan and coordinate activities of subordinates, influence others to act favorably, and develop and maintain cooperative working relationships with high-level government officials and funding sources.
- Ability to compile, analyze, and evaluate data, make determinations, and present findings in oral or written form.
- Evidence based practice training
- IRAS assessment training
- 40 Hour Pre Basic training
- Full Time Positions hired as of 1/1/2012 will be required to pass a Psychological Evaluation.
- Possession of a valid Indiana driver's license and a demonstrated safe driving record.
- Ability to use independent judgment in very unstable and /or risky situations.

Necessary Training and Experience

High School Graduate with 3 years' experience. In evaluating candidates for this position, Community Corrections may consider a combination of education, training and experience which provides the necessary knowledge, skills and abilities required to perform the essential job functions.

CPR and AED training.

Submit to drug and/or alcohol testing.

Effective Date: 12-01-2011

Gibson County is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Acts, the Community Corrections Department will provide reasonable qualified individuals with disabilities and encourages both prospective employees and incumbents to discuss potential accommodations with the employer.



Gibson County Community Corrections

Timothy Bottoms, Sheriff - Director
112 E. Emerson St
PRINCETON, IN 47670

:

AUTHORIZATION

I, _____, an applicant for the position of Office Manager with Gibson County Community Corrections do hereby authorize the release of information concerning my employment, medical, or financial history as it relates to my application for employment.

I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, and all persons or entities who shall furnish any information or opinions to the officers, agents, or employees of Gibson County Community Corrections who conduct my background investigation.

I understand the results of my background investigation are confidential and not available for my examination for release to any authority, except to authorized Gibson County Community Corrections employees and it's Advisory Board.

Printed name of applicant

Signature of applicant

Subscribed and sworn to before me this ____ day of _____, 20_____.

My commission expires: _____

Printed name of Notary Public

(seal)

Signature of Notary Public

RELEASE OF LIABILITY

I, _____, hereby forever release and discharge the Gibson County Sheriff's Office, it's officers, employees or any person acting on its behalf, from any claims, liability, action for damages, compensation or otherwise known, on account of or arising out of the investigation and disclosure of the requested information.

I further release and discharge all liability from all companies, agencies, officers, and persons providing in good faith pertinent information and/or records as requested to successfully complete a background investigation for application of employment.

I, _____, do hereby hold harmless Sheriff Tim Bottoms, the Gibson County Sheriff's Department and members thereof for any and all liabilities which may or may not occur while testing for the position of Corrections or Communications Officer.

Date

Signature of Applicant

Signed and sworn to before me this ____ day of _____, 20____.

Notary Public

City _____ County _____

My commission expires _____



Gibson County Community Corrections

Timothy Bottoms, Sheriff - Director
112 E. Emerson St.
PRINCETON, IN 47670

:

CONFIDENTIAL

Name of applicant: _____
AKA: _____
SSN: _____
Date of birth: _____

Height: _____ Weight: _____ Fingerprints: _____

The person named above is an applicant for a position with the Gibson County Community Corrections as an Office Manager, and at one time resided in your jurisdiction _____
City/County/State

We would greatly appreciate your release to us of any criminal history information maintained in your files on this individual. If you find no record, please check the appropriate response at the bottom and return this inquiry to us. Please attach specific information if the response is yes.

The authorization for release of information is attached as required by law. The information you provide to us will be kept in strict confidence.

We sincerely appreciate your cooperating in providing this information to us as promptly as possible. If we can be of similar service to you at any time, please do not hesitate to contact us.

CRIMINAL HISTORY FILE
Record of Conviction:
____ Yes ____ No
Record of Arrest:
____ Yes ____ No
Date: _____ Initials: _____

Sincerely,

Timothy Bottoms,

Sheriff of Gibson County
Director, Gibson County Community Corrections

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

GIBSON COUNTY COMMUNITY CORRECTIONS ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by PeopleFacts LLC. 480 W Dussel Dr Suite 100 Maumee, OH 43537 800-772-0130 www.peoplefacts.com. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Signature: _____ Date: _____

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by GIBSON COUNTY COMMUNITY CORRECTIONS at any time after receipt of this authorization 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 PeopleFacts LLC. at 480 W Dussel Dr Suite 100 Maumee, OH 43537 800-772-0130 www.peoplefacts.com and/or GIBSON COUNTY COMMUNITY CORRECTIONS. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants only: Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. A CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Signature: _____ Date: _____



PRELIMINARY APPLICATION FOR EMPLOYMENT

READ CAREFULLY

The following instructions are furnished as a guide to assist you in filling out the personal history form. This form must be completed and detailed in all respects. It is the basis for your background investigation, which will be conducted to determine your suitability for employment with Gibson County Community Corrections.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND ACCURATELY.

If a question does not apply, enter N/A in the space provided. Falsification or failure to include information directed will be considered just grounds for non-acceptance or termination if already employed. Avoid errors by reading the directions on the form. Make sure your information is correct and in proper sequence before you begin.

YOU ARE RESPONSIBLE FOR OBTAINING CORRECT ADDRESSES:

If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of a local telephone directory.

Whenever a report of an incident is required, be sure that you give all facts pertaining to it. Present the information in such a manner that any person unfamiliar with the situation will be provided with all the details and facts in the order in which they occur. Include the approximate date or times the events took place, and the names of persons or organizations involved.

If there is not sufficient space on the form for you to include all the information required, it should be placed on the back of the sheet on which the question appears.

Remember every item will be checked and must be verified. A careful, accurate, and complete form will help expedite your examination. All answers are to be legible and printed in ink. **DO NOT TYPE YOUR ANSWERS.**

GIBSON COUNTY COMMUNITY CORRECTIONS

PERSONAL HISTORY FORM

(To be printed in ink -- not typed -- answer every question)

Date Submitted _____

PERSONAL

1. Your name: _____
 First Middle Last

Social Security Number: _____ Maiden Name: _____

Give any other name you have used or have been known by and state reason for such:

2. Your weight: _____ lbs. Height: _____ Hair color: _____ Age: _____
Sex: _____

3. Your address: _____
 Number Street City State Zip

Home Phone No.: _____ Business Phone No.: _____

4. With whom do you reside? _____

5. When were you born? _____
 Month Day Year

6. Where were you born? _____
 County City State

7. Are you a citizen of the United States? _____ Yes _____ No

8. Are you: Single _____ Married _____ Separated _____
Divorced _____ Widowed _____

If married, in what city and state was it performed? _____

Date _____

Name of present spouse _____ Age _____

If separated, divorced, or annulled, provide the necessary information below. List all prior marriages in order of occurrences: (use back of page if necessary)

Name of former spouse: _____

First

Middle

Last

City and state in which former marriage was performed: _____

Date _____

Address of former spouse: _____

Phone of former spouse: _____

Title of court issuing: _____

Date filed: _____ Date granted: _____

9. What is your e-mail address? _____

We may use e-mail to communicate with you about this application, please give an address that you check often.

REFERENCES

List five persons who know you well enough to provide current and past information about you. Do *NOT* list relatives or former employers.

Name: _____ Address: _____

Home Phone: _____ Business Phone: _____

Business Address: _____

Years Known _____

Email address _____

Name: _____ Address: _____

Home Phone: _____ Business Phone: _____

Business Address: _____

Years Known _____

Email address _____

Name: _____ Address: _____

Home Phone: _____ Business Phone: _____

Business Address: _____

Years Known _____

Email address _____

Name: _____ Address: _____

Home Phone: _____ Business Phone: _____

Business Address: _____

Years Known _____

Email address _____

Name: _____ Address: _____

Home Phone: _____ Business Phone: _____

Business Address: _____

Years Known _____

Email address _____

EMPLOYMENT HISTORY

Begin with your present or most recent job and list your last two jobs. List dates in proper sequence. When listing military service, give name and rank of last immediate supervisor.

From _____ to _____

Employer's name: _____

Address _____

Phone Number _____

Email address _____

Duties _____

Supervisor's name _____

Reason for leaving _____

From _____ to _____

Employer's name: _____

Address _____

Phone Number _____

Email address _____

Duties _____

Supervisor's name _____

Reason for leaving _____

From _____ to _____

Employer's name: _____

Address _____

Phone Number _____

Email address _____

Duties _____

Supervisor's name _____

Reason for leaving _____

From _____ to _____

Employer's name: _____

Address _____

Phone Number _____

Email address _____

Duties _____

Supervisor's name _____

Reason for leaving _____

From _____ to _____

Employer's name: _____

Address _____

Phone Number _____

Email address _____

Duties _____

Supervisor's name _____

Reason for leaving _____

Have you ever been discharged or asked to resign from any position of employment? _____ If yes, explain in detail giving name of employer.

What, if any, disciplinary action (formal or informal) has been instituted or administered to you as an employee of any of the above?

RESIDENCE HISTORY

List all addresses where you have lived during the past ten (10) years. Account for all the time, starting with the most recent address. Do not list your present address. During military, list all addresses off base rather than military quarters. List date by month and year. Use the back of this page if necessary.

From _____ to _____

Address: _____

With whom did you reside? _____

If rental, give name and address of landlord. _____

Email address for landlord _____

From _____ to _____

Address: _____

With whom did you reside? _____

If rental, give name and address of landlord. _____

Email address for landlord _____

From _____ to _____

Address: _____

With whom did you reside? _____

If rental, give name and address of landlord. _____

Email address for landlord _____

From _____ to _____

Address: _____

With whom did you reside? _____

If rental, give name and address of landlord. _____

Email address for landlord _____

MILITARY HISTORY

Have you ever served in the military or naval organization of the United States? _____

List all periods of active service in the armed forces of the United States.

Date of Service: From _____ to _____

Branch of Service _____ Unit Designation _____

Military Service No. _____ Highest Rank Held _____

Type of discharge _____

If you received a discharge other than honorable, give details. _____

Military Service Status: Active _____ Inactive _____

Branch of Service _____ Unit _____

Address of Unit _____

Commitment date: From _____ to _____

Are you required to attend a period of active duty annually? _____

If yes, how many days? _____

Have you ever asked for or received deferment from military service? _____

If yes, give draft board number and location, dates, and full details. _____

Address of present draft board: _____

Draft board number: _____

Selective Service number: _____ Classification: _____

Email address for Military contact _____

EDUCATION

List all high schools, colleges, universities, trade and business schools attended. Begin with the most recent and continue in sequence.

School	Address	Dates Attended	Graduated?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you attended college, number of credits completed? _____
What was your major? _____ What was your minor? _____
Degree? _____
Were you ever suspended or expelled from any school? _____
If yes, explain. _____

List any courses or training that you feel have a bearing on your qualifications for the position.

ORGANIZATION MEMBERSHIP

Are you now or have you ever been a member of any organization, movement, or group of advocates or approves of acts of force to deny other persons their rights under the constitution of the United States or the State of Indiana by lawful or unconstitutional means? _____

If yes, explain. _____

List all organizations you now or have belonged to: _____

ARREST INFORMATION

Have you ever been arrested, detained by police or summoned into court? _____

If yes, complete the following (include juvenile as well as adult occurrences).

Crime Charged	Police Agency (city/state)	Date	Disposition of Case
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Were you ever disciplined while in the military service (include court martials, captains masts, company punishment or other)? _____

If yes, complete the following:

Charge	Agency	Date	Age	Disposition
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TRAFFIC HISTORY

Do you possess a valid driver's license? _____ From what state? _____

License number: _____ Date: _____

Type (operator, chauffeur, etc.): _____

Was your license ever suspended or revoked? _____

If yes, give date, location and reasons: _____

List all driving citations you have received as an adult or juvenile, excluding parking tickets.

Month/Year	Charge	City/State	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe in brief narrative any traffic accidents in which you have been involved, giving approximate dates and locations.

LIQUOR AND NARCOTICS

Describe in your own words your use of intoxicating liquors. _____

Have you ever used or tried marijuana, cocaine, or other controlled substances? _____
If yes, what were the circumstances? _____

MISCELLANEOUS

If it became necessary in the course of your duties to take a human life, would you have any reluctance due to religious or other beliefs? _____

If yes, explain. _____

Are there any features about police work which would be distasteful to you? _____

Are you now or have you ever been a party named in a civil suit, judgment, decree or other litigation? _____

If yes, explain. _____

Do you know of anything that would disqualify you for appointment or prevent you from fully discharging official duties of said position? _____

If yes, explain. _____

POSITION

What is your main area of interest? _____

Why is this area of interest to you? _____

Date you can start: _____

What training or experience do you have that qualifies you for this position? _____

VERIFICATION

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that such misrepresentation, omissions, or falsifications will be grounds for immediate rejection or termination of employment.

Signature of Applicant

Date

Attach
recent
photo
of
yourself
here