

**CORRECTION OFFICER**  
**JOB APPLICANT REQUIREMENTS**

1. Minimum age – 19 years old
2. Applicants must be a citizen of the United States
3. Applicants must attach a copy of a valid Alabama Drivers License
4. Applicants must attach a copy of discharge papers if requesting veteran's preference.
5. Applicants must attach a copy of high school diploma or GED certificate.
6. Applicants must pass a drug test as required by the Civil Service Board prior to employment.

**BENEFITS**

1. Beginning pay: \$15.15/hr. or \$31,512.00/yr.
2. Vacation: after 1 year, 1 week; after 2 years, 2 weeks; after 10 years, 3 weeks; after 20 years, 4 weeks. Accrued vacation cannot be carried over.
3. Sick leave: 15 days if justified. 120 days sick leave can be accrued.
4. Health and dental services for employee and family paid for by the City.
5. Mandatory retirement contribution.
6. Worker's compensation insurance and \$30,000 life insurance provided by City.
7. Holidays: 11 paid annually

**APPLICATIONS MUST BE RETURNED TO  
CITY CLERK'S OFFICE BY  
4:30 P.M., JUNE 07, 2024**

**PLEASE READ INSTRUCTIONS CAREFULLY**

## **CITY OF SHEFFIELD JOB DESCRIPTION**

Job Title: Correction Officer

Office: Police

Job Description Prepared: September 19, 2014

Note: Statements included in this description are intended to reflect in general the duties and responsibilities of this job and are not to be interpreted as being all-inclusive. The employee may be assigned other duties that are not specifically included.

### **Relationships**

Reports to: Police Chief, Jail Administrator

Subordinate Staff: None

Other Internal Contracts: Police Officers; Investigators; Inmate Workers

External Contracts: Other Detention Facilities, Medical Facilities

### **Job Summary**

Under the direction of the Police Chief, Jail Administrator, the employee books and releases inmates, and completes records when available. Assigns inmates to cells, ensures inmates receive meals and medication, ensures the security of inmates and performs cell checks. The employee also monitors telephone and radio lines, receives complaints, maintains related records. Performs other duties as assigned.

### **Job Domains**

A. Security

1. Processes in arrestees, takes photographs, fingerprints and completes required forms, when available.
2. Relieves inmates of personal articles, completes receipt, obtains inmate signature and secures articles when available.
3. Issues uniforms, sheets and personal items.
4. Locks inmate in appropriate cell.
5. Performs cell checks according to Police Office policy.
6. Ensures inmates take showers and receive meals.
7. Takes head count to ensure all prisoners are accounted for and maintain records.
8. Signs inmates out for work program activities.
9. Supervises Inmate workers, ensures assigned duties are completed.

10. Contact supervisor and informs of sick inmates, calls ambulance and officers to assist in emergencies.
11. Ensures building is secure; checks all doors to ensure they are locked.
12. Checks on day room activities when available.
13. Processes inmates out; ensures records are maintained.
14. Completes incident reports, ensures records are maintained.
15. Contacts supervisor or chief regarding emergencies that may occur.
16. Passes on important shift information to officer on following shift.
17. Passes on all keys to officer assigned to following shift.
18. Provides security during visitation and church services.
19. Reports required repairs to proper personnel.
20. Prepares inmates for transportation to other agencies.
21. Prepares inmates for court and assists in courtroom security.

B. Communications

1. Assists inmates with attorney and court communications.

**Jail Maintenance**

1. Ensures Inmate Workers maintain proper cleanliness of the jail facilities.
2. Ensures Inmate Workers return cleaning supplies to proper storage areas.
3. Ensures dirty linens picked up and replaced with clean linens once a week.
4. Orders and maintains all jail supplies.
5. Orders and maintains bed linens and coveralls.
6. Supervises and monitors the distribution and return of all supplies.

**Knowledge Skills and Abilities**  
 (\*Can be acquired on the job)

1. Ability to communicate effectively with co-workers, supervisors, general public, court personnel and prisoners in person, over the telephone and over two-way radio.
2. Writing skills to clearly and neatly complete routine forms, records and reports.
3. Reading skills to understand operator manuals, state and county law enforcement directives, procedures and instructions.
4. Math skills to perform arithmetic functions including prisoner account reconciliation, receipting without supervisor.
5. Ability to work independently without supervision.
6. \*Knowledge of first aid and CPR.
7. \*Knowledge of commission and Police Office Policy and regulations.
8. Basic knowledge of other departments' functions and responsibilities.
9. \*Knowledge of modern approved principals, practices, and procedures of corrections and related laws and guidelines.
10. \*Knowledge of disaster and emergency procedures.
11. Ability to conduct shake-down searches of cellblocks, seizing contraband and evidence as required.
12. \*Knowledge of use of handcuffs, leg irons, waist chains, restraint chairs, etc.

13. \*Knowledge of use and laws related to chemical defense sprays.
14. Ability to deal with individuals with a wide variety of educational, racial, ethnic, and social backgrounds.
15. Ability to remain calm and defuse potentially dangerous situations.
16. Ability to comprehend information given over the phone or radio.
17. \*Knowledge of radio codes and related terminology.
18. \*Knowledge of the City, its buildings and street system.
19. \*Basic knowledge of computers.

#### **Other Characteristics**

1. Emotional stability to work in highly stressful and dangerous situations.
2. Ability to work overtime, holidays, weekends and during emergencies.
3. Ability to comply with departmental rules, regulations and uniform standards.
4. Ability to travel to attend training seminars.
5. Ability to work rotating shifts or nonstandard shifts.



**SHEFFIELD POLICE DEPARTMENT**  
**SUPPLEMENT TO APPLICATION**

Effective 10/1/83, the new administrative procedures, rules, and regulations of the Alabama Peace Officers Standards and Training Commission as ordered by the Alabama Legislature are as follows:

1. Each applicant must meet and pass certain physical, medical, and educational requirements set forth.
2. No applicant may have been convicted of a felony. A felony conviction makes an applicant ineligible for appointment.
3. No applicant may have been convicted of a misdemeanor which has been defined by the courts of this state as involving moral turpitude.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ S.S.# \_\_\_\_\_ HT: \_\_\_\_\_ WT: \_\_\_\_\_

DRIVERS LICENSE# \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ # OF CHILDREN: \_\_\_\_\_ IF MARRIED, YOUR SPOUSE'S  
MAIDEN NAME: \_\_\_\_\_ AND DATE OF BIRTH: \_\_\_\_\_  
SPOUSE'S OCCUPATION AND PLACE OF EMPLOYMENT: \_\_\_\_\_

MILITARY SERVICE: \_\_\_\_\_ WHEN: \_\_\_\_\_ BRANCH: \_\_\_\_\_  
TYPE OF DISCHARGE: \_\_\_\_\_ DATE: \_\_\_\_\_  
ACTIVE RESERVE: \_\_\_\_\_ NATIONAL GUARD: \_\_\_\_\_  
UNIT: \_\_\_\_\_

DID YOU GRADUATE FROM HIGH SCHOOL? \_\_\_\_\_ IF NO, DO YOU HAVE A GED  
CERTIFICATE? \_\_\_\_\_ CAN YOU FURNISH A COPY? \_\_\_\_\_ COLLEGE:  
\_\_\_\_\_ WHERE: \_\_\_\_\_ OR CREDIT HOURS: \_\_\_\_\_

PRIOR POLICE EXPERIENCE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_  
POLICE ACADEMY: \_\_\_\_\_ WHERE: \_\_\_\_\_

DO YOU NOW USE DRUGS: \_\_\_\_\_ HAVE YOU EVER BEFORE? \_\_\_\_\_  
WHAT KIND? \_\_\_\_\_ DO YOU NOW USE ALCOHOLIC BEVERAGES? \_\_\_\_\_  
LIQUOR: \_\_\_\_\_ BEER: \_\_\_\_\_ ARE YOU NOW AN ALCOHOLIC: \_\_\_\_\_

ARE YOU AN ADDICT: \_\_\_\_\_ HAVE YOU EVER BEEN TREATED FOR ALCOHOL  
OR DRUG ADDICTION: \_\_\_\_\_

HAVE YOU EVER BEEN FIRED OR DISCHARGED FROM A JOB? \_\_\_\_\_  
WHERE: \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED: \_\_\_\_\_ FOR? \_\_\_\_\_  
WHERE: \_\_\_\_\_ DO YOU PRESENTLY HAVE ANY CHARGES  
PENDING AGAINST YOU ANYWHERE: \_\_\_\_\_ HAVE YOU EVER BEEN INDICTED BY  
A GRAND JURY FOR ANY CHARGE: \_\_\_\_\_ HAVE YOU EVER BEEN CONVICTED  
OF A FELONY: \_\_\_\_\_ OR CRIME OF MORAL TURPITUDE: \_\_\_\_\_  
WHAT: \_\_\_\_\_

HAVE YOU EVER BEEN A MENTAL PATIENT OR TREATED FOR MENTAL DISORDER?  
\_\_\_\_\_ WHEN: \_\_\_\_\_ WHERE: \_\_\_\_\_  
ARE YOU NOW RECEIVING TREATMENT FOR A MENTAL CONDITION? \_\_\_\_\_

DO YOU HAVE EPILEPSY: \_\_\_\_\_ HAVE YOU EVER BEEN TREATED FOR  
SUCH? \_\_\_\_\_ DO YOU HAVE DIABETES: \_\_\_\_\_ HIGH-BLOOD  
PRESSURE: \_\_\_\_\_ OR BEEN TREATED FOR SUCH: \_\_\_\_\_  
DO YOU HAVE TO TAKE ANY MEDICATION DAILY? \_\_\_\_\_

If hired, you will be required to attend a 12-week law enforcement academy. The following standards are required:

**RELEASE OF INFORMATION FORM**

DATE: \_\_\_\_\_

I do hereby permit any authorized representative of the Sheffield, Alabama, Police Department, City of Sheffield, Alabama 35660, bearing this release or copy thereof, within one (1) year of its date, to obtain any information in your files or records pertaining to my employment, including personal history and disciplinary records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Sheffield, Alabama, Police Department. I hereby release you, as custodian of such records, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result me, my heirs, family, or associates, because of compliance with this authorization and request to release information, or any attempt to comply with it.

\_\_\_\_\_  
Signed

ACKNOWLEDGMENT AND AUTHORIZATION

IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING

I hereby freely authorize release to City of Sheffield of consumer reports and/or investigative consumer reports as part of its evaluation of my application for employment, continued employment, promotion, or volunteer status. I also authorize disclosure to City of Sheffield and/or to Risk Mitigation Services, Inc. or its agents information that City of Sheffield deems pertinent to its consideration of my application for employment, continued employment, promotion, or volunteer status including, but not limited to my employment history, earning history, education, motor vehicle driving licensure and record, criminal history, social media activity, public records, records of administrative adjudications, by any individual, corporation or other private or public entity, including without limitation the following: employers; learning institutions, including colleges and universities; law enforcement agencies; international, federal, state and local courts; the military; motor vehicle records agencies; credit bureaus, and other applicable sources.

I understand this authorization will apply throughout my employment status or volunteer status to the extent permitted by law, unless revoked or canceled by sending a signed revocation letter or statement to City of Sheffield. I understand to the extent allowed by law, information contained in my job application or that I have otherwise disclosed before, during, or after my employment or volunteer status, if any, may be used to obtain consumer reports and/or investigative consumer reports.

I understand that providing false information or omitting material information on my employment application materials or volunteer materials or as part of the employment process is grounds for rejecting employment, terminating employment, or rejecting volunteer status whenever discovered.

This Authorization form, in original, faxed, photocopied, or electronic form, will be valid for any reports that City of Sheffield may request. The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

**Applicant Signature – Acknowledgement and Authorization**

First Name (please print)	Middle Name	Last name
Social Security Number		Date of Birth
Full Address		City/State/ZIP
Signature		Date



## BACKGROUND REPORT DISCLOSURE STATEMENT

Please read the information on this form carefully. It describes your rights as a consumer.

City of Sheffield uses Risk Mitigation Services, Inc. to conduct background investigations as part of its hiring or volunteer process. Such background investigations are covered by Section 603 of the federal Fair Credit Reporting Act (FCRA) and are termed "consumer reports" and/or "investigative consumer reports". Risk Mitigation Services, Inc. is a "Consumer Reporting Agency" (CRA) covered by the FCRA. The City of Sheffield uses the background reports provided by Risk Mitigation Services, Inc. for employment, continued employment, promotion, or volunteer purposes.

City of Sheffield will procure the report from:

Risk Mitigation Services, Inc.,  
PO Box 2129  
Muscle Shoals, AL 35662  
Tel. 866-383-1180  
[www.riskmitigation.us](http://www.riskmitigation.us)

Under Section 603 of the FCRA, a consumer report or consumer investigative report is an independent investigation of your background, which may include information regarding your "character, general reputation, personal characteristics, or mode of living." The background report that Risk Mitigation Services, Inc. provides may contain information about your driving record, civil and criminal legal and court records, criminal conviction records, education, professional or employment-related credentials, credit history, identity, locations and addresses where you have lived, Social Security number, education history, previous employment, drug screening, obtained information from social media and other internet sources or other public records.

The FCRA requires that if City of Sheffield denies you employment, continued employment, promotion, or volunteer position as a result of information contained in a background report, you must be provided with a copy of the report, a summary of your rights under the FCRA, and the name, address, and telephone number of the consumer reporting agency that furnished the report and be given a reasonable opportunity to respond to disputed information contained in the report.

I hereby consent to your obtaining the above information from Risk Mitigation Services, Inc.

### Applicant Signature – Disclosure Statement

First Name (please print)	Middle Name	Last name
Signature		Date



# City of Sheffield, Alabama Application for Employment

We are an equal opportunity employer. We are dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion or national origin or physical defects.

Please Print in Ink or Type

Date \_\_\_\_\_

## PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Phone No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Referred By: \_\_\_\_\_

Are you related to any employee of the City of Sheffield? \_\_\_\_\_

## EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so, may we inquire of your present employer? \_\_\_\_\_

Have you applied to the City before? \_\_\_\_\_ When? \_\_\_\_\_

## EDUCATION

	Name & Location of School	Years Attended
High School	_____	_____
	_____	_____
College	_____	_____
	_____	_____
Trade, Business or Correspondence School	_____	_____
	_____	_____

List any special skills and other qualifications which you feel would qualify you for employment: \_\_\_\_\_

\_\_\_\_\_

List the kinds of office or construction equipment you can operate: \_\_\_\_\_

\_\_\_\_\_

## MILITARY SERVICE

Branch of Service: \_\_\_\_\_

Rank: \_\_\_\_\_ Present Membership in National Guard or Reserve: \_\_\_\_\_

If I am entitled to veteran's preference on an examination, I must furnish my honorable discharge or DD Form 214 no later than the day of the examination.

CONTINUED ON BACK

## FORMER EMPLOYERS

Date Month & Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From				
To	Supervisors Name:			
	Phone (        )			
From				
To	Supervisors Name:			
	Phone (        )			
From				
To	Supervisors Name:			
	Phone (        )			
From				
To	Supervisors Name:			
	Phone (        )			

Have you ever been discharged from any employment for cause?

If yes, List

Date: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Details: \_\_\_\_\_

Have you been convicted of a crime in the past 7 years, other than a minor traffic violation? If yes, describe in full: \_\_\_\_\_

Conviction(s) records are not necessarily a bar to employment.

## REFERENCES

Give the names of three persons not related to you you have known at least one year.

Name	Address & Phone Number	Business	Years Known
1.			
2.			
3.			

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. I understand I must demonstrate my fitness for the position and any appointment offered me will be contingent upon the results of a complete character and fitness investigation.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_