



WYOMING COUNTY CORRECTIONAL FACILITY

APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment opportunity laws, qualified applicants will be considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related medical condition or disability.

DATE OF APPLICATION: _____

FULL NAME: _____
(last) (first) (middle)

ADDRESS: _____
(Include street, P.O. Box alone is not sufficient.)

(City) (State) (Zip)

Contact Number: _____

Social Security Number: _____

Education

<u>Name Of School</u>	<u>Years Attended</u>	<u>Graduated</u>
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High School: _____

College: _____

Trade School: _____
(If college education or trade school please list course of study)

Kenneth Repsher
Warden

10 Stark Street Tunkhannock, PA 18657 Phone: (570) 836-1717 Fax: (570)836-7767
Email: krepsher@wycopa.org



GENERAL INFORMATION

- 1. Are you a citizen of the United States of America? Yes _____ No _____
- 2. Have you ever been convicted of a crime? Yes _____ No _____

If yes, describe in full (include dates; such convictions may be relevant if job-related, but will not necessarily bar you from employment):

- 3. Do you have any charges pending against you that you are aware of?
Yes _____ No _____

If yes, explain: _____

PERSONAL REFERENCES

Please give name, addresses and phone numbers of three personal references (not related to you)

- 1) Name: _____
Address: _____
Phone #: _____ Relationship: _____

- 2) Name: _____
Address: _____
Phone #: _____ Relationship: _____

- 3) Name: _____
Address: _____
Phone #: _____ Relationship: _____

MEDICAL HISTORY

Please list below any medical problems, either physical or mental, which you have at this time:

I certify that answers given here-in are true and complete to the best of my knowledge. In the event of my employment, I understand that false or misleading information given either in my application or interviews may result in discharge. I also understand, that I am required to abide by all the rules and regulations of my employer.

Signature of Applicant

Date

**Kenneth Repsher
Warden**



MILITARY SERVICE

Have you ever served in the Armed Services? Yes _____ No _____

If yes, what branch: _____

Dates of Service- Start: _____ End: _____

Type of Discharge: _____

CONDITIONS OF EMPLOYMENT

You must complete and sign this form and submit it with your application. If you are unwilling to comply with anyone of the 8 conditions of employment listed below, you will not be considered for the job of Correction Officer Trainee.

	YES	NO
1. Are you willing to wear a uniform while on duty?	_____	_____
2. Are you willing to work on any shift?	_____	_____
3. Are you willing to work on those weekends and holidays which occur during your normal work schedule?	_____	_____
4. Are you willing and able to report for work under adverse weather conditions? (Days off for adverse weather will not be approved.)	_____	_____
5. Are you willing to accept the possibility that you may have to use physical force during inmate disturbances?	_____	_____
6. Are you willing to work "locked inside" an institution Unarmed and be exposed to the danger of physical harm?	_____	_____
7. Are you willing to take physical fitness tests, a medical examination, a psychological test, and undergo a background investigation?	_____	_____

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ADDITIONAL INFORMATION

List the names of any friends or relatives who are serving sentences in a Correctional Institution. Your knowledge of anyone serving a sentence is not a bar to employment, but may affect your assignment within the Facility:

_____	_____
_____	_____
_____	_____

Correction Officer Trainees work under unique and demanding conditions. The job duties include the potential danger of physical harm in the form of assaults by inmates or in quelling disturbances among them. Institutions must be open 24 hours a day, 7 days a week. Trainees may be assigned to any one of 3 work shifts. You should be aware of these conditions and be willing to accept them.

OATH

I swear (affirm) that all the information I have provided in this supplement is complete and accurate.

Print Name

Signature

Date

**Kenneth Repsher
Warden**