

**PLEASE COMPLETE THE FOLLOWING
BEFORE RETURNING APPLICATION**

1. Background Check Forms
2. Copy of Drivers License & Social Security Card
3. Application
4. Job Description
5. Copy of Education: Diploma or GED
6. 3 Letters of Recommendation:
 - a. From people who have known you 3 or more years and put amount of years known in letter.
 - b. Must have Name of Person recommending their address, phone # and date. Letters must have a date.



EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First Middle Initial

Address: _____
Street Address Apartment/Unit #

_____ City State Zip Code

Phone: _____ Email: _____

Must provide for Payroll

Date Available: _____ Social Security No: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

EDUCATION

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

REFERENCES

List Three Professional Reference.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

REFERENCES (Continued)

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

PREVIOUS EMPLOYMENT (Most Recent First)

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities: _____

From: _____ To: _____ Reason For Leaving : _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities: _____

From: _____ To: _____ Reason For Leaving : _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities: _____

From: _____ To: _____ Reason For Leaving : _____

May we contact your previous supervisor for a reference? Yes No

MILITARY SERVICE

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leased to employment, I undertand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Please give all addresses you have lived in the past **6 months**.
Starting with your present address.

Name: _____ **Date** _____

Street: _____ County _____

City: _____ State _____ Zip _____

Street: _____ County _____

City: _____ State _____ Zip _____

Street: _____ County _____

City: _____ State _____ Zip _____

Street: _____ County _____

City: _____ State _____ Zip _____

Street: _____ County _____

City: _____ State _____ Zip _____

Street: _____ County _____

City: _____ State _____ Zip _____

MIDDLE TENNESSEE JUVENILE DETENTION ADDENDUM TO JOB APPLICATION

This form is to be filled out and attached to your job application.

Please list any charges that you may have had in the past. Include dates charged and disposition or out come of charges and location of occurrence. If you have not had any charges, please write NONE and sign the form.

CHARGES & DATE	M	F	DISPOSITION/OUTCOME	LOCATION

COMMENTS: _____

SIGNATURE

DATE

JOB DESCRIPTION

Middle Tennessee Juvenile Detention Center

JOB TITLE: Youth Service Worker
DEPARTMENT: Security
REPORTS TO: Security Supervisor
DATE PREPARED: May, 2017

The Security Officer supports M.T.J.D.C.'s goals, values, and philosophy by exhibiting the following behaviors excellence, responsibility, commitment and accountabilities: communication, teamwork, job knowledge and leadership.

POSITION SUMMARY

The Security Officer is responsible for the day to day supervision, observation and care taking of M.T.J.D.C. residents. This position oversees and administers meals, showers, searches, privileges, discipline and behavioral intervention for the youths. The officer acts as the liaison between the youth and administration, and medical services, referral services, courts, lawyers, and social workers. The incumbent creates and maintains documentation regarding resident behavior and case files.

PRIMARY DUTIES AND RESPONSIBILITIES including the following:

1. Processes juveniles in to and out of detention.
2. Completes required paperwork, documenting medical needs and special needs for administration and medical services.
3. Issues clothing and personal hygiene supplies.
4. Provides care of residents' day to day needs and outlined in policies and procedures manual.
5. Supervises youth during recreation, education, counseling, phone calls, meals, showers, searches and free time.
6. Makes 15-minute rounds/room checks.
7. Ensures own required training objectives are met as outlined in policy.
8. Attends daily staff meetings.
9. Arrives for work 10 minutes prior to shift start time.
10. Evaluates residents for behavioral problems, suicide watch, medical needs and /or other issues that would determine level of security.
11. Acts as liaison between youth and outside entities.
12. Documents resident behavior and maintains resident case files.
13. Is familiar with emergency procedures, phone numbers and security procedures.
14. Reads and signs all memos.
15. Maintains separation of male and female residents.
16. Guards against unauthorized admissions and departures and makes formal counts.
17. Maintains cleanliness of facility.
18. Reacts to change productively.
19. Maintains strict confidentiality of information.
20. Performs other duties as assigned.

SUPERVISORY RESPONSIBILITIES

None

JOB DESCRIPTION

Qualifications:

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

EDUCATION AND OR EXPERIENCE:

High School diplomas or GED is required.

OTHER SKILLS:

CPR; First Aid; restraint training, ability to read and write, ability to recognize child sexual abuse, ability to be a positive role model for the juveniles, interpersonal skills, communication skills; problem solving skills; ability to communicate fluently in English; bilingual is a plus; analytical skills; dexterity; ability to recognize abnormal behavior, drug addiction, personality disorder traits, oppositional defiant and beyond control behavior; ability to empathize, show concern, be consistent, and tolerant; ability to withstand verbal abuse or comments; at least 18 years of age; no prior felony convictions, no drug related or contributing to the delinquency of minors charges.

WORK ENVIRONMENT

Position is in a detention center setting that involves everyday risks of discomforts that require normal safety precautions. Position may frequently require use of physical force to restrain or subdue juveniles. Lunch must be eaten on site (bring lunch).

I have read and understand job description.

Name

Date

The above statements are intended to describe the general nature and level of work being performed by individuals assigned to this position. They are not intended to be an exclusive list of all duties, responsibilities, and skills required of personnel so classified.



Tennessee Department of Children's Services
Fingerprint Card Information

All information is required for fingerprinting and must be complete and accurate. (Please Print All Information) **Fill in All Highlighted Areas!**

OIR # TN920190Z OCA #

Fingerprint Date:		Fingerprint Time: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		Fingerprint Location:		Investigation ID#:			
Complete Legal Name			Date of Birth		Related Case Name		Relative <input type="checkbox"/>	Non-Relative <input type="checkbox"/>	
Last Name First Name Middle Name			Month Day Year		Name				
Complete Street Address						Phone Number			
Street			City		State Zip Code		Phone #		
Driver's License Number		Issuing State		Reason for Printing					
				<input type="checkbox"/> (CD)		<input type="checkbox"/> (FC)		<input type="checkbox"/> (AD)	
				DCS Employee/Volunteer/Intern		Foster Care		Adoption	
Social Security Number (SSN)			Place of Birth						
			City		County		State		
Military ID Number if different from SSN			Aliases Used						
			(Such as Maiden Name, previous Married Names, or any other legal name)						
Height		Weight		Gender/Sex		Citizenship			
Male <input type="checkbox"/> Female <input type="checkbox"/>		USA <input type="checkbox"/> Other <input type="checkbox"/>							
Feet	Inches	Pounds							
Hair Color		Eye Color		Race					
Brown <input type="checkbox"/>		Blue <input type="checkbox"/>		American Indian or Alaska Native		<input type="checkbox"/>			
Black <input type="checkbox"/>		Brown <input type="checkbox"/>		Asian or Pacific Islander		<input type="checkbox"/>			
Gray or partially gray <input type="checkbox"/>		Gray <input type="checkbox"/>		Black or African American		<input type="checkbox"/>			
Blonde or Strawberry <input type="checkbox"/>		Green <input type="checkbox"/>		Hawaiian Native or Other Pacific Islander		<input type="checkbox"/>			
Red or Auburn <input type="checkbox"/>		Hazel <input type="checkbox"/>		Hispanic or Latino		<input type="checkbox"/>			
Sandy <input type="checkbox"/>		Multicolor <input type="checkbox"/>		White (non-Hispanic)		<input type="checkbox"/>			
White <input type="checkbox"/>		Other <input type="checkbox"/>		Other					
Unknown or Bald <input type="checkbox"/>		Unknown <input type="checkbox"/>		Unknown		<input type="checkbox"/>			
Results to :		Fax #: () -		Applicant Signature:					

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.



MIDDLE TENNESSEE JUVENILE DETENTION CENTER

**1272 Lawson White Drive
Columbia, TN 38401
931-490-0030 Fax: 931-901-0640**

During the application process and at any time during the tenure of my employment with Middle Tennessee Juvenile Detention Center, I hereby authorize permission to acquire information for a thorough background check which includes County Sheriffs Dept. and City Police Dept., background checks through the Tennessee state sex offenders record check, the Tennessee abuse registry, Child Protective Service Abuse Registry, a National Background Check and Motor Vehicle Records check through Choice Point. This report may be compiled with information from court record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

Name _____

Address _____

City State Zip

County _____

Phone _____

SS# _____

D.O.B _____

Driver License # _____

Signature _____ Date _____

Office Personnel
Witness Signature _____ Date _____