



Dear Applicant:

The D.C. Department of Corrections is hiring Entry Level Correctional Officers and Bilingual Correctional Officers. In order to apply for the position, you will need to complete and provide the below listed documents. You should bring all of these completed documents to the Department of Corrections headquarters located at 2000 14<sup>th</sup> St., N.W., 7<sup>th</sup> Floor, Washington, D.C. 20009. Failure to provide the required document(s) may eliminate you from continued processing. Questions may be directed to Debra L. Washington, at (202) 671-2131.

**Check List - ORIGINAL DOCUMENTS MUST BE SUBMITTED**

Revised 9/24/15

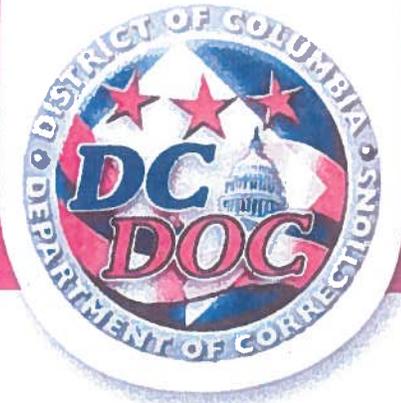
- Authorization for Release of Information**
- Background Investigation Questionnaire**
- Certified Copy of your Motor Vehicle Driver's History**
- Original Social Security Card**
- Original valid U.S. Driver's License (Learner's permits are not acceptable)**
- Original Birth Certificate or Proof of Citizenship**
- Original DD-214 (Military Information, if applicable)**
- Original High School Diploma/Transcript or GED Certification**
- Informed Consent: Liability Release Form**
- Medical Release Form (must be completed by your personal physician)**
- Local Criminal History Check (for applicants outside of DC, MD & VA area)**
- Names & addresses of three (3) current neighbors**
- Names, addresses & contact numbers for four (4) professional references**
- Residence information (addresses) covering the last ten (10) years**
- Physical Fitness Examination to include TB test**

Thank you for your interest,

Sincerely,

*Desiree Townes*

Chief of Human Resource Management



# PUBLIC SAFETY IS OUR PASSION

## **CORRECTIONAL OFFICERS**

Starting Salary - \$43,965.00

### **MINIMUM REQUIREMENTS**

- U.S. Citizenship
- 21 years of age
- Clear criminal record
- High school graduate or GED
- Valid driver's license & clear driving record
- Pass entry level examination
- Pass physical fitness examination
- Pass a thorough background check
- Pass medical and psychological examinations
- Pass a urinalysis test

### **EXCELLENT BENEFITS**

- Health Coverage
- Dental & Optical Coverage
- Life Insurance
- Paid Annual & Sick Leave
- Paid Holidays
- Employee Training
- Commuter Benefits Program

This position requires a criminal background check. Therefore, you may be required to provide information about your criminal history in order to be appointed for this position.

The Government of the District of Columbia is an Equal Opportunity Employer

For Further Information Contact:

**D.C. Dept. of Corrections  
Office of Human Resource  
Management**

**2000 14th St., N.W.,  
Washington, D.C. 20009**

**Phone# (202) 671-2131**

**[www.doc.dc.gov](http://www.doc.dc.gov)**



# **IMPORTANT INFORMATION**

(Revised 4/14/15)

## **Correctional Officer Pre - employment Testing (COPET)**

### **8:00 A.M. - Check In Time**

**Location - D.C. Department of Corrections - Training Academy  
(The old D.C. General Hospital Emergency Room Entrance)  
1900 Massachusetts Ave., S. E. (19th and Massachusetts)  
Washington, D. C.**

---

### **About the COPET Day**

**\* Please bring water, sports drink and a bag lunch or snacks**

**COPET Days consist of several stages.**

- 1. Check In - 8:00 A.M.**
  - 2. Background Review**
  - 3. Physical Agility Test**
  - 4. Video Test - (If you wear glasses or require reading glasses, please bring them)**
  - 5. Dismissal approximately 4:00 P.M.**
- 



### **Physical Fitness Examination**

- A physical fitness/agility examination will be conducted on the day of the event**
- The run portion of the examination is held outside**
- Check the weather predictions for your scheduled day**
- Dress in comfortable athletic clothing, according to the weather predictions (shorts, sweat suit, rain outerwear, hat, gloves, etc.)**
- Wear comfortable tennis or athletic shoes**
- If wet or hot weather, you may want to bring a change of clothing and a towel**



## BACKGROUND INVESTIGATION QUESTIONNAIRE

### Instructions

- Type or legibly print your answers in ink. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A").
- If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "Approx." or "Est."
- Any changes that you make to this form after you sign it must be initialed and dated by you.
- If you need additional space, use a continuation sheet. Each blank piece of paper you use must contain your name at the top of the page.
- Please sign this form in the area provided.

**NOTE:** The D.C. Department of Corrections conducts background investigations to establish that applicants or incumbents employed by the District of Columbia government are suitable for the job. Your trustworthiness is a very important consideration in deciding your suitability. Your prospects of placements are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you provide and to make your comments for the record.

#### APPLICANT INFORMATION

PRINT NAME \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
Street City State Zip

OTHER NAMES USED: \_\_\_\_\_

I WAS BORN IN: \_\_\_\_\_  
City State

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

WORK PHONE NUMBER: \_\_\_\_\_ OTHER: \_\_\_\_\_

**POLICE RECORD**

Have you ever been arrested, charged with, or convicted of any offense(s) YES  NO

Do not include anything that happened before your 16<sup>th</sup> birthday. Leave out traffic fines of less than \$150, unless the violation was alcohol or drug related. If you answered "YES," explain your answer(s) in the space provided. If necessary, provide additional information on a separate sheet and attach it.

Offense	Month/Year	Action Taken	Law Enforcement Authority Court, City, State, County, Zip Code
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____

**ILLEGAL DRUGS**

Have you illegally used any controlled substance or prescription drugs? YES  NO

You are required to answer the question fully and completely. If you fail to do so, this could be grounds for an adverse action against you if hired. NOTE: Neither your truthful response nor information derived from your response will be used as evidence against you in any subsequent criminal proceeding. Examples of illegal drugs are: Marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.) amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.) Do not include prescription drugs used legally. If you answered "YES," provide information relating to the types of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs. Include any treatment or counseling received. If necessary, provide additional information on a separate sheet and attach it.

Controlled Substance/Drug Used	Month/Year	# of Times Used
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____

**YOUR FINANCIAL RECORD**

In the last 7 years, have you, or a company over which you exercised some control, filed for bankruptcy, been declared bankrupt, been subject to a tax lien, or had legal judgment rendered against you for a debt? YES  NO

- If you answered "YES," provide the date of the initial action and other information requested below. Also, indicate if the judgment or tax lien has been satisfied and the date. Provide additional information on a separate sheet and attach it.

Type of Action	Month/Year	Action Taken	Name of Court or Agency Handling Case
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____

Are you now 180 days delinquent on any debt(s) YES  NO  Include all delinquent indebtedness over 180 days, such as credit cards, loans, child support, etc.

Name of Creditor	Type of Loan	Account Number
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____

**YOUR TAXES**

In the last 10 years, have you filed all State and Federal Tax returns timely? YES  NO

(Note): A return is considered filed timely for this purpose if you filed an authorized and approved extension of time.

Have you paid all State and Federal taxes timely? YES  NO

If you answered "NO," to the above, provide details on a continuation sheet. Specify the tax year, the jurisdiction (DC, Federal, or which state, city or county), the type of tax (income, property, etc.) and the current status. If you answered "NO" because you were legally not required to file, please provide the details

Has any of the following happened to you in the last 20 years? YES  NO

Fired from a job;

- Quit a job after being told you would be fired;
- Left a job by mutual agreement following allegations of misconduct;
- Left a job by mutual agreement following allegations of unsatisfactory performance; or
- Left a job for other reasons under unfavorable circumstances.

If "YES," begin with the most recent occurrence and go backward, providing date fired, quit, or left; which of the above circumstances was involved (e.g. fired, quit after being told you would be fired, etc.); employer's name and address, including zip code; and reason for action taken.

MM/YYYY	Employers Name & Address	Action Taken
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____

List your employment activities, beginning with the present and working back 20 years.

List the business names of your employer, address, including zip code, and telephone number. Include dates employed there, and your supervisor's name.

- If you were self-employed or unemployed, enter this in the Employer's Name block, and provide the name, location, phone number, and business relationship of a person ("verifier") who can verify your self-employment or unemployment.

MM/YYYY	Employers Name & Address	Supervisor's Name/Phone No.
1) _____	_____	_____
2) _____	_____	_____

(Cont.)

MM/YYYY	Employers Name & Address	Supervisor's Name/Phone No.
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____
9) _____	_____	_____
10) _____	_____	_____

**Signature, certification, and release of information**

My statements on this form are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form may be grounds for not hiring me, or for firing me after I begin work. I understand that the nature of a false statement on this form or materials submitted with or in support of this form is punishable by criminal penalties pursuant to DC Code section 22-2405 et. Seq. (2001 Repl).

I understand that any information I give may be investigated as allowed by law or Mayoral order. I authorize any investigator or other duly accredited representatives of the District of Columbia conducting my background investigation to obtain any information relating to my activities from individuals, schools, criminal justice agencies, credit bureaus, federal, state and local tax administration authorities, or other source of information.

--	--

Signature (Sign in ink)

Date Signed (Month, Day, Year)



District of Columbia  
Department of Corrections

Authorization for Release of Information

I, \_\_\_\_\_ do hereby authorize a review by, and a full disclosure to the D.C. Department of Corrections of all records, or any part thereof, concerning myself, whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature.

The intent of this authorization is to give consent for full and complete disclosure of the records of educational institutions, financial and credit agencies (including credit reports and/or ratings), employment and pre-employment records, including background investigation reports, medical reports, efficiency and performance ratings, trial and/or convictions for alleged or actual violations of the law, including criminal and/or traffic records, and further to include all such records whether "adult" or juvenile."

I fully consent to any physical, psychological, or other testing, including urine testing for controlled dangerous substances, to determine my suitability to be employed by the DC Department of Corrections prior to beginning employment and also during the entire course of my employment with the DC Department of Corrections.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to those records and any other information including statements that will permit the development of a personal background inspection and professional history assessment.

I understand that any information obtained by a personal history background investigation, which is development, directly or indirectly, in whole or in part, upon release will be considered in determining my suitability for employment, as stated above. Any medical information obtained before a conditional offer of employment is made will not be considered unless a conditional offer of employment is extended. All medical information received will be kept in a separate file and will be not be reviewed or used in determining whether a conditional offer of employment will be made.

District of Columbia  
Department of Corrections  
Office of Human Resources Management  
2000 14th Avenue, N.W.  
Washington, D.C. 20009  
(202) 671-2131

(Revised 2-2011)

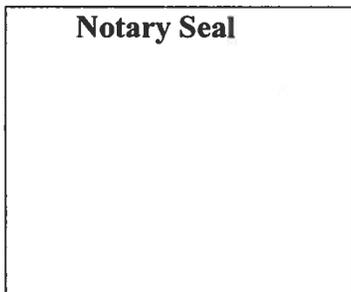
I agree to indemnify and hold harmless the person(s) to whom this Authorization for Release of Information is presented and his/her agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees arising out of, or by reason for complying with requests for information that this Authorization provides.

I further understand that in the event my employment application and/or resume' is disapproved, not considered, or otherwise do not result in my appointment to the DC Department of Corrections, the source(s) of confidential information can not and will not be released and/or revealed to me. Additionally, all information and documentation obtained, to include testing results, will be the sole property of the DC Department of Corrections.

It is further understood by me that a photocopy, including a facsimile (or fax) copy of the actual original of this Authorization for Release of Information will be valid as an original hereof, even though the said photocopy or facsimile does not contain an original writing of my signature.

**TYPE or PRINT**

<b>Last Name</b>		<b>First Name</b>		<b>MI</b>
-		-		-
<b>SOCIAL SECURITY NUMBER</b>			<b>DATE OF BIRTH</b>	
Race	Sex M/F	Date	Signature	
I WAS BORN IN: _____				
City			State	



Subscribed and Sworn to before me, in my presence

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_



District of Columbia  
Department of Corrections

**MEDICAL RELEASE FORM**

This applicant is required to obtain a physician's release before proceeding with the physical fitness examination. If you feel it is appropriate to authorize a full release given the applicant's condition, simply mark the box indicating this. If further information is needed, please contact the D.C. Department of Corrections, Office of Human Resources Management at (202) 671-2131, between the hours of 8:30 A.M. to 5:00 P.M. Monday – Friday.

I \_\_\_\_\_ have examined \_\_\_\_\_  
Print Physician's Name Print Applicant's Name

and find him/her:

- To be free of any medical problems which would restrict participation in the physical fitness examination and therefore give an unrestricted medical release to participate in the physical fitness examination.
- To have medical problems which indicate potential risk in participation in the physical fitness examination at this time.

I understand the physical fitness examination will be administered with a Registered nurse present, without a physician, in a non medical facility.

Physician's Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number (     ) \_\_\_\_\_

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

**PHYSICIAN: For a description of the physical fitness requirements, please refer to the attachment.**

## **PHYSICAL FITNESS EXAMINATION REQUIREMENTS**

**Prior to performing the Physical Fitness Examination, all applicants must provide a written Doctor's release, stating the person is able to perform the test as stated below.**

### **SIT UPS:**

Applicants must be able to perform a number of "bent leg" sit-ups, 20-30 within a 1 minute period, demonstrating a degree of muscular endurance.

### **PUSH UPS:**

Applicant must be able to demonstrate 15-25 push ups in 1 minute, by keeping the back straight at all times. Push-ups will be timed for 1-minute.

### **1 MILE RUN**

Applicant must demonstrate cardio-respiratory endurance by completing a 1 mile run in under 18 minutes.

### **STAIR CLIMB/DUMMY DRAG**

Applicant must demonstrate cardio-respiratory and strength in the ability to run up 3-4 flights of stairs and dragging 160 pound dummy for 25-30 feet within 1 minute.

### **PULL-UPS (MALES)**

Applicant must demonstrate upper body strength by pulling entire body weight to chin above bar level at least 3 times, while the head is looking forward and lowering the body to straight arm position.

### **DEAD HANG (FEMALES)**

Applicant must demonstrate upper body strength by hanging on the pull bar, for no less than 1 minute.





**Department of Corrections  
Pre-screening Employment Questionnaire**

		Yes	No
1.	Are you at least 21 years of age?		
2.	Are you a citizen of the United States of America?		
3.	Do you have at least 3 years of verifiable work experience?		
4.	Are you physically fit?		
5.	Can you run a mile; do push-ups and pull-ups on a bar?		
6.	Can you stand/walk for long periods, climb stairs with little difficulty?		
7.	Can you get a physical from your doctor?		
8.	Have you ever performed any security skills?		
9.	Can you handle working in an enclosed environment?		
10.	Are you able to work rotating shifts?		
11.	Can you follow directions, oral and written?		
12.	Do you have a current driver's license?		
13.	Can you obtain a motor vehicles clearance?		
14.	Can you pass a urinalysis test?		
15.	Can you use a firearm?		
16.	Do you have a high school diploma or GED?		
17.	Can you pass a background investigation?		
18.	Are you willing to undergo a psychological review?		
19.	Do you currently have any relatives or friends at the DC jail?		
20.	Have you visited the jail within the last 90 days?		

**PERSONAL INFORMATION**

Name \_\_\_\_\_  
Last
First
MI.

Home Address \_\_\_\_\_  
Street
City
State
Zip Code

Home Phone No.: \_\_\_\_\_

Work Phone No.: \_\_\_\_\_

Cell Phone No.: \_\_\_\_\_

Other: \_\_\_\_\_

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



District of Columbia  
Department of Corrections

INFORMED CONSENT: LIABILITY RELEASE FORM

I, (Print) \_\_\_\_\_, an applicant for employment with the District of Columbia, Department of Corrections (DCDC), do hereby consent to take the physical fitness examination as part of the application process for employment with the DCDC. I understand that the physical fitness examination is intended to test overall physical ability including but not limited to strength, endurance and the ability to withstand stress. Further, I understand that there are risks to my physical health and well being inherent in the physical fitness examination and hereby voluntarily and knowingly agree to accept those risks. I confirm that I have been instructed to consult my private physician prior to taking the test and obtain a completed and signed Medical Release Form in order to determine whether I am in proper physical condition to do so. I hereby represent to the DCDC, and the District of Columbia, that I am in proper physical condition to take the physical fitness examination.

For and in consideration of the DCDC's agreement to consider my application for employment, I do, for myself, my heirs, personal representatives and administrators, remise, release and forever discharge the DCDC, the District of Columbia, their successors, agents and the employers of and from all manner of action and actions, damages, cause or causes of actions, suits, debts, and sums of money, claims and demands whatsoever, in law or equity, which I have now or may have in the future against the DCDC or the District of Columbia by reason of my participation in the physical fitness examination which is part of the application process for employment with the DCDC.

Applicant \_\_\_\_\_ Date \_\_\_\_\_  
Signature

Witness \_\_\_\_\_ Witness \_\_\_\_\_  
Department of Corrections Department of Corrections

(Please Print *legibly*)

My References:

\_\_\_\_\_

Last Name First Name

**Three (3) Neighbors (Name & Address CURRENT)**

1. \_\_\_\_\_ Address \_\_\_\_\_  
Name

2. \_\_\_\_\_ Address \_\_\_\_\_  
Name

3. \_\_\_\_\_ Address \_\_\_\_\_  
Name

**Four (4) Professional References (Name, Address & Phone No.)**

1. \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
Name

2. \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
Name

3. \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
Name

4. \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
Name

**Residence information covering the last ten (10) years.**

If additional space is needed, use a separate sheet of paper

From MM/YYYY	To MM/YYYY	Address	City	State



## Vacancy Announcement

**Job Title:** CORRECTIONAL OFFICER  
**Requisition Number:** JO-1508-3114  
**Grade:** 06  
**Salary Range:** \$42,685.00 - \$52,873.00  
**Promotion Potential:** Yes  
**Agency:** Corrections, Department of  
**Location:** 2000 14th St NW (Reeves Center)  
**Area of Consideration:** Open to the Public  
**Opening/Closing Date:** 9/16/2015 - 12/15/2015

**Pay Plan: Series & Grade:** CS-007-06

**Collective Bargaining Unit (Union):** This position is covered by the Collective Bargaining Union and you may be required to pay a agency fee through direct deduction.

**Duration of Appointment:** Career Service Appointment

**Number of Vacancy:** Several

**Tour of Duty:** Rotating Shifts

### **Job Summary**

This position is located in the Central Detention Facility (DC Jail). Serves as a Correctional Officer, in a developmental capacity under the overall supervision of a Supervisory Correctional Officer and the Institutional Training Coordinator. Incumbent undergoes an intensive training program, which consists of formal classroom instruction, demonstrations, selected reading in the correctional field, and on-the-job-training (OJT) under close supervision. Assist in conducting inventory of property, documents and stands watch duty where there is movement on inmates, staff and vehicles. Provides control and surveillance of small inmate work squads. Instructs inmates on institutional rules and regulations. Counsel inmates to resolve minor problems. Writes incident reports, memos, log entries, progress reports and completes associated forms as required and/or other related documentation. Assists in the supervision of inmates in living quarters, dining areas, visiting hall for recreational activities and while in transit. Conducts accurate inmate counts at designated and random times as instructed. Maintains accountability of inmates assigned for escort and/or work detail. Assures compliance with safety and sanitation regulation in living and work areas. Inventories assigned security equipment and ensures compliance with safety controls. Operates as sentry to security posts to

responds to emergency situations in accordance with District policies. Under close supervision conducts area searches, inmate shakedowns and processes staff and visitors entering the institution. May conduct shakedown of vehicles. Position is identified as an Essential Employee, which includes but not limited to call-in callback and unscheduled drafts.

**Qualifications**

**Citizenship:** United States citizenship is required at the time of application. Must be 21 years of age; Have a valid driver's licenses, High School Graduate or GED approved by a state's Department of Education or a recognized accrediting organization; if you were educated outside the United States, you must have your foreign education evaluated to determine its equivalence to education obtained in the United States. DOC reserves the right to determine the approved evaluation services you may use for foreign education. Must have at least 3 years of verifiable work experience, or relevant military experience with honorable discharge.

**Licensures, Certifications and other requirements**

This position requires a background check and drug screening; therefore, you may be required to provide a criminal history and drug screening in order to be appointed to this position. You will also be required to take a TB Test/Physical prior to entry on duty. The Department of Corrections utilizes state of the art security equipment to include internal/external camera surveillance's facial recognition technology, and fingerprinting.

**Education**

Must be high School Graduate or GED certification

**Work Experience**

Must have at least 3 years of verifiable work experience; or relevant military experience with honorable discharge.

**Work Environment**

Work is performed in a Correctional Institution with and around inmates.

**DC Department of Corrections**

## **Important Notice**

Effective immediately all individuals applying for the position of Correctional Officer will now be able to complete the District application online at:

[www.careers.dc.gov](http://www.careers.dc.gov)

