



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Corrections
Office of Human Resources Management



Correctional Officer Package Checklist

Dear Applicant:

The D.C. Department of Corrections is hiring Entry Level Correctional Officers. In order to apply for the position, you will need to submit a copy of the below documents with your completed Correctional Officer Package via email at doc.hrm@dc.gov or by mail to *Office of Human Resources Management, 2000 14th St., N.W., 7 Floor, Washington, D.C. 20009*. Failure to provide the required document(s) may eliminate you from continued processing. Should you have any questions, please contact DOC HRM directly at (202) 671-2131.

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

- Authorization for Release of Information
- Certified Copy of your Motor Vehicle Driver's History
- Social Security Card
- Valid U.S. Driver's License (Learner's permits are not acceptable) Original
- DD-214 (Military Information, if applicable)
- High School Diploma/Transcript or GED Certification
- Informed Consent: Liability Release Form
- Medical Release Form (must be completed by your personal physician)

Thank you for your interest,
Sincerely,

Desiree Townes

Chief of Human Resource Management



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Pre-screening Employment Questionnaire Form

#	Question	Yes	No
1.	Are you at least 21 years of age?		
2.	Are you bi-lingual		
3.	Would you be available for hire within the next 60 days?		
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 motor vehicles clearance?		
14.	If asked, 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 jail?		
20.	Have you visited the jail within the last 90 days?		

PERSONAL INFORMATION			
PRINT NAME: _____			
Last	First	Middle	
ADDRESS: _____			
Street	City	State	Zip
OTHER NAMES USED: _____			
HOME PHONE NUMBER: _____		SOCIAL SECURITY NUMBER: _____	
WORK PHONE NUMBER: _____		CELL PHONE NUMBER: _____	

In compliance with Federal Law, all persons hired will be required to verify identity and eligibility to work in the United States and complete Form I-9, Employment Eligibility Verification Form upon hire.

Signature

Date



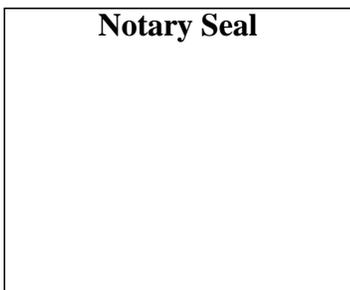
Authorization for Release of Information

I, _____ do hereby authorize a review by, and a full disclosure to _____, a duly authorized agent of the D.C. Department of Corrections of the following 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 records of educational institutions, former employers, and law enforcement agencies, including but not limited to: employment and pre-employment records, background investigation reports, efficiency and performance ratings, convictions for violations of the law, and criminal and/or traffic records.

I understand that, pursuant to Mayor’s Orders 2008-81 dated June 5, 2008 and 2011-183 dated November 2, 2011, the Department of Corrections has the authority to establish my suitability for employment by conducting pre-employment checks and background checks and investigations in accordance with D.C. Code § 1-604.01 et seq. and Chapter 4 of the District of Columbia Personnel Regulations. I further understand that the Department of Corrections will ensure that any and all information gathered in order to determine my suitability for employment will be kept confidential.

I understand that information and documents related to the background check, suitability investigation or any other inquiry shall be kept in strict confidence and shall not be disclosed to me nor shall any information be discussed with me in a manner that would reveal or permit me to deduce the source of any information. I fully consent to any fitness for duty testing, including urine testing for controlled substances, to determine my suitability to be employed by the D.C. Department of Corrections prior to beginning employment and throughout the course of my employment with the D.C. Department of Corrections.

TYPE or PRINT		
_____	_____	_____
Last Name	First Name	MI
Previous/Other Names Used : _____		
Social Security Number : _____		Date of Birth : _____
Ethnicity : _____	Gender : M F	Place of Birth : _____
		City State
Signature _____		Date _____



Subscribed and Sworn to before me, in my presence

this _____ day of _____, _____

Notary Public :

My commission expires : _____



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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 _____
Physician's Name 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: _____

Phone Number: _____

Address: _____
Street Address City State ZIP

Date: _____

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



PHYSICAL FITNESS EXAMINATION REQUIREMENTS

ATTACHMENT

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.



Informed Consent: Liability Release Form

I, (Print) _____, an applicant for employment with the District of Columbia, Department of Corrections (DCDOC), do hereby consent to take the physical fitness examination as part of the application process for employment with the DCDOC. 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 wellbeing 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 DCDOC, and the District of Columbia, that I am in proper physical condition to take the physical fitness examination.

For and in consideration of the DCDOC's agreement to consider my application for employment, I do, for myself, my heirs, personal representatives and administrators, remise, release and forever discharge the DCDOC, 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 DCDOC 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 DCDOC.

Applicant _____ Date _____
Signature

Witness _____ Witness _____
Department of Corrections Department of Corrections