

Name: _____

Supplemental Application Questions
Detention Deputy

1. Please indicate the hours that you are generally available to work.

Monday: start time _____ to end time _____

Check here if you are not available to work this day

Tuesday: start time _____ to end time _____

Check here if you are not available to work this day

Wednesday: start time _____ to end time _____

Check here if you are not available to work this day

Thursday: start time _____ to end time _____

Check here if you are not available to work this day

Friday: start time _____ to end time _____

Check here if you are not available to work this day

Saturday: start time _____ to end time _____

Check here if you are not available to work this day

Sunday: start time _____ to end time _____

Check here if you are not available to work this day

2. Are you willing to work holidays? (select answer that BEST describes your availability)

Yes, I am available to work any holidays

Yes, I am available to work most holidays, but not some

Yes, I am available to work some holidays, but not most

No, I am not able to work holidays

3. In which of the following fields do you have a degree, certification, or specialized/technical training? (Check all that apply)

Law Enforcement

Other - please indicate

Corrections

None of the above

Criminal Justice

4. If you indicated education/training in #3, please check the box that best describes your level of education/training relevant to this position.

Associate Degree

Bachelor's Degree

Other - please indicate

No degree, but progress toward degree completion*

*Please indicate the years/months of education that you have completed specific to law enforcement, corrections, criminal justice. Do not include time spent completing general courses.

5. How many years of work experience do you have in corrections?
- I do not have this experience
 - Less than 1 year
 - 1 year or more, but less than 3 years
 - 3 years or more
6. Indicate any of the following certifications you have that are CURRENT. Do not indicate certifications you possessed that are now expired.
- CPR
 - First Responder
 - EMT
 - Paramedic
7. Which of the following best describes your skill level in operating a computer:
- I do not have this experience
 - Less than 2 years of home or work-related experience; limited use of Microsoft Office programs
 - More than 2 years and less than 5 years of home or work-related experience; regular use of one or more Microsoft Office program
 - More than 5 or more years of home or work-related experience; high level of proficiency in one or more Microsoft Office program and regular use of at least one other Microsoft Office program
8. Please indicate any languages (other than English) that you can communicate fluently either verbally and/or in writing. Do not provide information to indicate your race or national origin. If you do not communicate fluently in a language other than English, write/type 'none' in the space provided.
