PAT Testing Dress Code: Athletic Wear
Mandatory Dress Code: Professional Dress

Dear Applicant,

Congratulations on passing the Physical Agility Test (PAT.) The next step in our selection process is an oral interview.

Your interview will be conducted by LMDC interview panel consisting of the Recruitment Sergeant, Lieutenant and a member of the Human Resources Department. The interview will be held at the Louisville Metro Department of Corrections Jail Complex located at 400 South 6th Street.

Please complete the enclosed forms and bring to the PAT test:

- Residential History
- Confidential Work References: *Please complete one form for each employer you have worked for in the **last five years** or your last three employers whichever is greater. Note: We will mail them to your employer*

Incomplete or illegible forms will not be accepted. Additionally, you *must* bring a **Record Check** from the county in which you reside if you live outside of Jefferson County, and you must provide your driver's license with current address. If you have any charges on your record, other than traffic violations please bring a copy of the Court's disposition. You will not be interviewed without this information.

Thank you for your interest in Louisville Metropolitan Department of Corrections and we look forward to meeting you. If you have any questions, please contact Sgt.Stevie Eason at 574-2307

Sincerely,
Julie Jacobs
Personnel Supervisor

Requirements to Obtain Peace Officer Status

LMDC Corrections Officer Applicant

1. Be a citizen of the United States
2. Be at least 21 years of age
3. Applicants who have bought or sold marijuana within three years of application, or have bought or sold any controlled substance or narcotic drug without a prescription within six years of application will be disqualified
4. **Must not be a current user of illegal drugs**
5. Must not have been convicted of a felony or have any criminal action pending against them
6. Have completed High School or obtained a GED
7. Posses a valid license (current address) to operate a vehicle
8. Be fingerprinted for criminal background
9. Absence of felony record
10. Not prohibited by federal or state law from possessing a firearm
11. Receive and abide by the Code of Ethics
12. Have received an honorable discharge from military duty
13. Pass a medical examination
14. Pass drug screening
15. Have a positive background investigation
16. Complete an interview
17. Not have had certification as a peace officer permanently revoked in another state
18. Complete psychological testing
19. Meet physical fitness standards
20. Complete a polygraph examination

Residential History
Metropolitan Department of Corrections
Corrections Officer Applicant

Information regarding your current and former residences is needed to complete a thorough investigation of your background. Our background check includes interviewing your neighbors about your conduct, attitudes, etc. Please list your current address, and then proceed to list the most recent address, etc. Please provide the names and addresses of your neighbors, as well as the length of time that you have known each neighbor for the past ten years. **Any** information that is incorrect, misleading or omitted could disqualify you from the process.

CURRENT ADDRESS:

Address_____Length of Time_____Dates _____

City _____ State _____ Zip_____

1) **Neighbor's Name** _____ Phone (___) _____

Address_____ Length of Time_____Dates _____

City _____ State _____ Zip_____ Best time to contact _____

2) **Neighbor's Name** _____ Phone (___) _____

Address_____ Length of Time_____Dates _____

City _____ State _____ Zip_____ Best time to contact _____

3) **Neighbor's Name** _____ Phone (___) _____

Address_____ Length of Time_____Dates _____

City _____ State _____ Zip_____ Best time to contact _____

PREVIOUS ADDRESS:

Address_____ Length of time _____Dates _____

City _____ State _____ Zip_____

1) **Neighbor's Name** _____ Phone (___) _____

Address_____ Length of Time_____Dates _____

City _____ State _____ Zip_____ Best time to contact _____

2) **Neighbor's Name** _____ Phone (___) _____

Address_____ Length of Time_____Dates _____

City _____ State _____ Zip_____ Best time to contact _____

PREVIOUS ADDRESS:

Address_____ Length of time _____ Dates _____

City _____ State _____ Zip_____

1) **Neighbor's Name** _____ Phone (___) _____

Address_____ Length of Time_____Dates _____

City _____ State _____ Zip_____ Best time to contact _____

2) **Neighbor's Name** _____ Phone (___) _____

Address_____ Length of Time_____Dates _____

City _____ State _____ Zip_____ Best time to contact _____

PROFESSIONAL REFERENCE

Please provide the following references. Understand that these individuals will be required to provide a letter of recommendation for you during the background investigation phases of the process. Do not put down anyone that will not be willing to write such recommendation.

PROFESSIONAL REFERENCE #1

Full Name: _____

Address_____

City _____ State _____ Zip_____

Home telephone _____ Cell _____ E-mail address: _____

Length of time reference has known applicant _____ Best time to contact reference _____

PROFESSIONAL REFERENCE #2

Full Name: _____

Address_____

City _____ State _____ Zip_____

Home telephone _____ Cell _____ E-mail address: _____

Length of time reference has known applicant _____ Best time to contact reference _____

PROFESSIONAL REFERENCE # 3

Full Name: _____

Address_____

City _____ State _____ Zip_____

Home telephone _____ Cell _____ E-mail address: _____

Length of time reference has known applicant _____ Best time to contact reference _____

I _____ certify that the above referenced information on my residencies is correct to the best of my ability.

_____ _____

Signed **Date**

SOCIAL REFERENCE

Please provide the following references. Understand that these individuals will be required to provide a letter of recommendation for you during the background investigation phases of the process. Do not put down anyone that will not be willing to write such a recommendation.

Social Reference #1

Full Name: _____

Address_____

City _____ State _____ Zip_____

Home telephone _____ Cell _____ E-mail address: _____

Length of time reference has known applicant _____ Best time to contact reference _____

Social Reference #2

Full Name: _____

Address_____

City _____ State _____ Zip_____

Home telephone _____ Cell _____ E-mail address: _____

Length of time reference has known applicant _____ Best time to contact reference _____

Social Reference # 3

Full Name: _____

Address_____

City _____ State _____ Zip_____

Home telephone _____ Cell _____ E-mail address: _____

Length of time reference has known applicant _____ Best time to contact reference _____

_____ **certify that the above referenced information on my residencies is correct to the best of my ability.**

_____ _____

Signed **Date**

AUTHORIZATION TO RELEASE INFORMATION

I _____, having filed an application for employment with the Louisville Metro Corrections Department, consent herein to have an investigation made as to my moral character, reputation and fitness for the position for which I have applied. Furthermore, I agree to give any additional information that may be required during the conduct of that investigation.

I also authorize and request every person, firm, company, corporation, partnership, governmental agency, court, association, medical professional, medical facility or institution, school, college, or branch of the military having control over any documents, records reports, or other written information pertaining to me, to cooperate and allow inspection or provide copies of such documents, records, reports, tests administered through any Metro Government Agency for screening purposes or other written information to the Louisville Metro Corrections Department, or any of its agents or representatives.

I hereby release, exonerate, and discharge the (employer's name) _____, it's agents and representatives, and any person or entity so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such written documents, records, reports, or other written information to the said Louisville Metro Corrections Department or its agents or representatives.

It has been fully explained to me, and I fully understand that refusal to grant this authorization will not necessarily void my application. This authority shall continue for one year from the above date, unless sooner revoked by me in writing.

_____ _____

Applicant Signature Date

CONFIDENTIAL WORK REFERENCE REQUEST

Corrections Applicant

Complete form in ink

Metropolitan Department of corrections
Administrative Office
400 South Sixth Street
Louisville, KY 40202

TO BE COMPLETED BY APPLICANT

Applicant Name: _____

Company Name _____

Alias / Maiden Name: _____

Address: _____

Social Security Number: _____ - _____- _____

City: _____ State: _____ Zip: _____

Last Position Held: _____

Telephone: ( ) _____ - _____ Fax _____ - _____

Dates of Employment _____

I have applied to the Jefferson County Corrections Department for the position of _____and I desire that they be fully advised of my record with former employers. I, therefore, respectfully request that you furnish the necessary information concerning my employment with your organization, and I hereby release you from any and all liability of damages for providing the information requested.

_____ _____

Applicant Signature Date

The individual indicated above has applied for a position with the Metropolitan Department of Corrections and has authorized us to contact you for an employment reference. We would appreciate your response to the questions listed below. If you have any questions, please call (502) 574-2307.

COMPANY RESPONSE

Are Dates and position correct?

☐ Yes ☐ No

If not, please supply correct information.

From: _____ To: _____

Please supply a brief description of duties:

_____

_____

Reason for separation: ☐ Laid Off ☐ Resigned ☐ Discharged ☐ Other: _____

Would you re-employ or recommend the above listed? ☐ Yes ☐ No

If no, please explain: _____

Please place a check mark for the following:

	Excellent	Good	Fair	Poor	Unsatisfactory	Unable to Evaluate
Initiative	☐	☐	☐	☐	☐	☐
Quality of Work	☐	☐	☐	☐	☐	☐
Cooperation	☐	☐	☐	☐	☐	☐
Dependability	☐	☐	☐	☐	☐	☐
Utilizing Time	☐	☐	☐	☐	☐	☐
Attendance	☐	☐	☐	☐	☐	☐
Punctuality	☐	☐	☐	☐	☐	☐
Verbal Communication	☐	☐	☐	☐	☐	☐
Written Communication	☐	☐	☐	☐	☐	☐

_____ _____ _____

Name *(Please Print)* Title Signature Date