

**JOB TITLE: CORRECTIONAL NURSE**  
**SUPERVISOR: CORRECTIONS ADMINISTRATOR**

<b>Job Title</b>	Correctional Nurse	<b>Band/Grade</b>	RN: C43; LPN: B23; LPN IVTH: B31
<b>FLSA Status</b>	<input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Non-Exempt		
<b>Title of Supervisor</b>	Corrections Administrator & Medical Director		

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### **JOB SUMMARY**

The Correctional Nurse is responsible for providing direct nursing care, treatment (within professional/legal limits) and coordinating medical services. Performs related nursing duties as assigned, trains staff as necessary and works closely with the medical director. The personal safety of the medical staff and the inmates entrusted to their area, follow standard methods of security and to safeguard Mountrail County Correction Center property. The work involves working cooperatively with all staff, administration, medical director, inter-departmental and public agencies and promoting a team effort that ultimately meets the goals of all concerned.

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### **SCOPE OF RESPONSIBILITY**

The intent of this job description is to provide a representative summary of the primary duties and responsibilities performed by incumbents in this position. Incumbents may not be required to perform all duties in this description, and incumbents may be requested to perform position-specific tasks other than those listed in this job description.

- Ensuring the personal safety of medical staff and inmates entrusted to their area.
- Follow standard methods of security and safeguard Mountrail County Correctional Center property.
- Monitor inmate Individual Performance Plans regarding education, work, behavior, and treatment issues; recommend and assist inmates in treatment issues.
- Interact with inmates, including high risk, with in the Correctional Center on a one on one basis
- Perform crisis intervention functions, suicide prevention, recognizing abnormal behavior and taking appropriate action.
- Responsible for documenting inmate activities and monitoring movement throughout the facility.
- Conducting sick call duties to include but not limited to health assessments, lab draws and communicable disease screenings.
- Provides nursing services, treatments and diagnostic and preventive procedures appropriate for inmate care and safety; interprets physicians' orders; administers prescribed medication; applies surgical dressings and bandages; provides emergency first aid care; checks and records vital signs; instructs inmates concerning discharge planning; observes signs and symptoms during sick call; reports reactions to treatments and medications as well as changes in the inmates' emotional or physical condition. Report medically-related problems to the Mountrail County Medical Center in order to receive further instruction.

- Maintain medical records for inmates.
- Contact North Central Human Service Center (NCHSC) for all Inmates who request psychological services.
- Serving as a liaison with medical providers to schedule outside medical appointments regarding the medical care of the inmate populations.
- Prepare paperwork. File in inmate's medical record.
- Monitor inmate's conformance to treatment plans, facility rules and regulations.
- Assisting in the tracking of equipment and supply needs.
- Respond to emergencies throughout the facility; injury and illness; performs CPR when needed.
- Other duties as assigned.

## **REQUIREMENTS**

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- Nursing degree or equivalent as well as a current and active license with the ND Board of Nursing required.
- Must possess the ability to quickly assess a situation and determine the appropriate response.
- Must have the ability to monitor multiple activities and individuals and predict future behavior.
- Ability to learn the regulations and procedures for the facility.
- Ability to work and remain calm in a high-pressure environment.
- Ability to remain impartial when interacting with inmates.
- Excellent time management and organizational skills.
- Must be punctual and reliable.
- Must have a positive attitude and willing to accept new responsibilities as required.
- Ability to communicate effectively in both verbal and written forms.
- Excellent observation skills and attention to detail.
- Strong analytical and problem-solving skills.
- Ability to prioritize tasks.
- Ability to establish and maintain effective working relationships with county officials, county staff, and the general public.

## **PHYSICAL REQUIREMENTS**

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- Must be able to lift up to 50 pounds at times.
- Prolonged periods of standing and walking.
- Physically able to detain an inmate if needed.

# **MOUNTAIL COUNTY, ND**

## **EQUAL EMPLOYMENT OPPORTUNITY FORM**

We invite you to complete the enclosed Equal Employment Opportunity form and return it to our Title VI Coordinator in the enclosed envelope.

This information is kept separate from your application and is used for statistical purposes only.

Submission of this information is completely voluntary and will be kept confidential.

***Mountrail County Title VI Coordinator***

Enclosures

# EQUAL EMPLOYMENT OPPORTUNITY

HUMAN RESOURCES  
hr@co.mountrail.nd.us  
701-628-8980

**MOUNTAIL  
COUNTY**

## Mountrail County (2-2012)

Mountrail County is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the County invites you to voluntarily self-identify your race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatments. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

**This form will not be part of your application file or  
included in the documentation provided to the selecting official.**

### Please Print

Name

Date

Position applying for

Location

Birthdate

Gender

Male  
 Female

### Racial/Ethnic Heritage (Check one)

- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

How did you learn about this job opening? (List the name of the newspaper, employment agency, organization, agency employee, or other source):

# APPLICATION FOR EMPLOYMENT

## MOUNTRAIL COUNTY CORRECTIONS CENTER

HUMAN RESOURCES  
hr@co.mountrail.nd.us  
701-628-8980

**MOUNTRAIL  
COUNTY**

Thank you for your interest in employment with Mountrail County Corrections Center! We are an Equal Opportunity Employer. Applicants are considered for all positions without regard to race, color, religion, national origin, age, sex, political beliefs, disability, or status with respect to marriage or public assistance and complies with the provisions of the North Dakota Human Rights Act.

GENERAL INFORMATION		
LAST NAME	FIRST NAME	MI
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE #		
<b>EMAIL ADDRESS</b> <i>By providing your email address, you hereby consent to receive all future notifications related to this application via email.</i>		
Can you provide proof, <i>if hired</i> , that you are eligible to work in the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Are you at least 18 years of age or older? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Have you ever been convicted of a crime other than a minor traffic violation? <input type="checkbox"/> No <input type="checkbox"/> Yes; <i>please explain.</i>		
<i>Convictions are not an absolute bar to employment but will be considered in relationship to the job requirements.</i>		
Are you related to a Mountrail County employee or County Commissioner? <input type="checkbox"/> No <input type="checkbox"/> Yes; <i>who?</i>		
On what date would you be available to work?		
How did you learn of this job opening?		

EDUCATION / TRAINING		
HIGH SCHOOL NAME/LOCATION	Did you graduate? <input type="checkbox"/> No <input type="checkbox"/> Yes	
COLLEGE/LOCATION	Did you graduate? <input type="checkbox"/> No <input type="checkbox"/> Yes; <i>degree earned</i>	
OTHER TRAINING/LOCATION	Did you graduate? <input type="checkbox"/> No <input type="checkbox"/> Yes; <i>degree earned</i>	
OTHER EDUCATION/TRAINING/SKILLS		



**VETERAN'S PREFERENCE**

To claim Veteran's Preference, you must be a US resident and have served in the active military forces during a period of war or received the armed forces expeditionary or other campaign service medal during an emergency condition and must have been released under other than dishonorable conditions. Refer to NDCC 37-19-1.

**ARE YOU CLAIMING PREFERENCE AS A:**

Veteran?

 No    Yes; *must attach DD-214 & Report of Separation*

Disabled Veteran?

 No    Yes; *must attach DD-214, Report of Separation & a letter less than one year old from VA indicating disability*

Spouse of Disabled Veteran?

 No    Yes; *must attach DD-214, Report of Separation & a letter less than one year old from VA indicating disability*

Spouse of Deceased Veteran?

 No    Yes; *must attach DD-214, Report of Separation & Veteran's death certificate***EMPLOYMENT EXPERIENCE**

Please provide all places of employment in order to provide a complete work history. Attach a separate sheet of paper if necessary. Provide detail; do not use "see resume."

NAME OF MOST CURRENT EMPLOYER	PHONE #
JOB TITLE	DATES OF EMPLOYMENT
DUTIES & RESPONSIBILITIES	
REASON FOR LEAVING OR CONSIDERING LEAVING CURRENT EMPLOYMENT	
MAY WE CONTACT YOUR SUPERVISOR FOR A REFERENCE? <input type="checkbox"/> No <input type="checkbox"/> Yes; <i>include supervisor's name and number.</i>	

NAME OF EMPLOYER	PHONE #
JOB TITLE	DATES OF EMPLOYMENT
DUTIES & RESPONSIBILITIES	
REASON FOR LEAVING EMPLOYMENT	

NAME OF EMPLOYER	PHONE #
JOB TITLE	DATES OF EMPLOYMENT
DUTIES & RESPONSIBILITIES	
REASON FOR LEAVING EMPLOYMENT	

NAME OF EMPLOYER	PHONE #
JOB TITLE	DATES OF EMPLOYMENT
DUTIES & RESPONSIBILITIES	
REASON FOR LEAVING EMPLOYMENT	



**EMPLOYMENT / PROFESSIONAL REFERENCES**

Please list as references, three people that have knowledge of you and your qualifications. *No relatives please.*

NAME	ADDRESS (City/State/Zip)	PHONE # (Work/Cell)

**DISCLAIMERS**

I certify that all information contained in this application and any attachment is true and complete to the best of my knowledge. I understand any willful misrepresentation, false statement, or omission by me in the application or interview process will be cause for rejection of my application or termination of my employment. I authorize instigation of all statements made on this application and any attachments, and I release all persons, companies, and organizations from liability for providing or receiving such information. I further understand that Mountrail County is an AT-WILL employment agency and this employment application and other employment related documents are not contracts of employment; and, that any oral or written statements to the contrary are hereby expressly disavowed. A typed name is considered a signature.

Your fingerprints will be used to check the criminal history records of the FBI in accordance with Title 28 CFR 50.12. You have the opportunity to review or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28 CFR 16.34. I hereby authorize the North Dakota Bureau of Criminal Investigation to release my state and FBI criminal history records to the requester. A photocopy of this signed release shall have the same force and effect as the original release.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_