

JOB TITLE: COURTHOUSE SECURITY

POSITION SUMMARY

Under the general supervision of the Dispatch Supervisor/Chief Deputy/Sheriff, this position is responsible for all security aspects of the courthouse, including ensuring that courthouse employees, judicial staff, and general public visiting the courthouse are safe.

Reports to Sheriff, Chief Deputy, Dispatch Supervisor.

ESSENTIAL FUNCTIONS

- Using security screening equipment, ensures that no weapons are brought into the courthouse and that the public complies with building safety rules.
- Operating various screening equipment and technology to identify dangerous objects in personal belongings to prevent those objects from entering courthouse.
- Performing searches and screening, which may include physical interaction with patrons (e.g., pat-downs, search of property, etc.), conducting bag searches and lifting/carrying bags, bins, and property weighing up to 50 pounds.
- Interacting with the public, giving directions and responding to inquiries.
- Watches doorways, managing metal detectors/X-ray machine.
- Ensures operation of equipment by completing preventive maintenance requirements; following manufacturer's instructions; troubleshooting malfunctions; calling for repairs; evaluating new equipment and techniques.
- Retaining and implementing knowledge of all applicable Standard Operating Procedures, demonstrating responsible and dependable behavior, and is open to change and adapts to new information or unexpected obstacles.
- Performs other related duties as assigned.

REQUIREMENTS

- Excellent verbal communication skills with the ability to communicate safety rules.
- Excellent interpersonal skills and the ability to interact politely with Courthouse visitors including during stressful situations.
- Excellent observation skills and attention to detail.
- Strong analytical and problem-solving skills.
- Ability to prioritize tasks, delegating when appropriate.
- Ability to establish and maintain effective working relationships with county officials, county staff, and the general public.
- High school diploma or equivalent required.

PHYSICAL REQUIREMENTS

- Prolonged periods of sitting at a desk.
- Must be able to lift up to 50 pounds at times.

MOUNTRAIL 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.

Nichole Degenstein
Mountrail County Title VI Coordinator

Enclosures

Mountrail County Sheriff's Department

Application for Employment

Note to Applicant: Thank you for your interest in employment with the Mountrail County Sheriff's Department. Mountrail County is 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.

INSTRUCTIONS

- Please print clearly or type
- Provide detail – do not use “See Resume”
- If accommodation or assistance is needed in completing this application, contact the Mountrail County Sheriff's Department at 701.628.2975
- Follow instructions carefully
- Check for accuracy/errors & signatures before submitting

Submit completed application by mail, email, in person or fax.
Mail: Mountrail County Sheriff's Dept., PO Box 309, Stanley, ND 58784
FAX: 701.628.3975
Email: NicholeD@co.mountrail.nd.us

Position applying for:
How did you learn about this position?

GENERAL INFORMATION

NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH (MM/DD/YYYY)	
PHYSICAL ADDRESS (NUMBER-STREET)			
CITY		STATE/ZIP	
MAILING ADDRESS (IF DIFFERENT)		CITY/STATE/ZIP	
TELEPHONE NUMBER	ALTERNATE NUMBER	EMAIL ADDRESS	
Have you been previously employed by the County of Mountrail?		Yes	No
Are you related to a member of the Mountrail County Board of Commissioners or County Employee?		Yes	No
If yes, to whom?		Yes	No
Can you provide proof, <i>if hired</i> , that you are eligible to work in the United States?		Yes	No

VETERAN'S PREFERENCE

Veteran Eligibility: You must be a United States 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.

Do you claim preference as a:

Veteran	No	Yes – Attach DD-214, Report of Separation.
Disable Veteran	No	Yes – Attach DD-214 & Letter less than 1 year old from Veteran's Admin. Indicating disability
Spouse of Disabled Veteran	No	Yes – Attach copy of marriage certificate, DD-214 & Letter less than 1 year old from Veteran's Administration Indicating disability.
Spouse of Deceased Veteran	No	Yes - Attach copy of marriage certificate, DD-214, & veteran's death certificate.

Mountrail County Sheriff's Department Application for Employment

EDUCATION

Did you graduate from High School or receive a GED Certificate?		Yes	No
School Name & Address	Course of Study	Did you Graduate: # of Hours earned per Semester/ Quarter	List Diploma or Degree

TRAINING/SKILLS

Computer skills, related volunteer experience, and other education/training skills:

LICENSE OR CERTIFICATION

License/Certification	State	Profession	License/Certification #	Expiration Date

For the DEPUTY position **ONLY**, please provide the following information:

Do you have a current Driver's License?	Yes	No
Have you received any moving violations within the last three years?	Yes	No

If yes, please explain: _____

Please indicate valid driver's license(s) held: **A** **B** **C** **D** **M**

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DEPUTY POSITION

Are you willing to work nights?	Yes	No
Are you willing to work weekends?	Yes	No
Are you willing to work holidays?	Yes	No
Are you currently licensed as a peace officer?	Yes	No
Have you received any training or do you have any experience in the area of Law Enforcement? If YES, please provide training details and dates:	Yes	No
Have you received medical training (CPR, First Aid, First Responder, etc...)? If YES, please provide training details and dates:	Yes	No
Have you ever pled or been found guilty of a felony, including a felony charge that was later dismissed under a deferred imposition of sentence?	Yes	No

DISPATCH POSITION

Are you willing to work nights/overnights?	Yes	No
Are you willing to work weekends?	Yes	No
Are you willing to work holidays?	Yes	No
Have you received medical training (CPR, First Aid, First Responder, etc...)? If YES, please provide training details and dates:	Yes	No
Have you ever pled guilty or been found guilty of a felony, including a felony charge that was later dismissed under a deferred imposition of sentence?	Yes	No

EMPLOYMENT/PROFESSIONAL REFERENCES

Please list as references, three people that have knowledge of you and your qualifications. People must have known you for at least five years.

Name	Address (include City, State, Zip)	Phone Number (include Home, Work & Cell)

Mountrail County Sheriff's Department Application for Employment

EMPLOYMENT HISTORY

Start with your current or last job – include armed forces and self-employment

- Any change of your job title under the same employer should be considered a separate position
- Use a separate sheet of paper for any additional employment history

NAME & ADDRESS OF CURRENT EMPLOYER						
TYPE OF BUSINESS			NAME OF SUPERVISOR			
TELEPHONE	FULL-TIME	PART-TIME	VOLUNTARY	FROM (MM/YYYY)	TO (MM/YYYY)	
YOUR JOB TITLE			MONTHLY START SALARY		MONTHLY END SALARY	
YOUR DUTIES AND RESPONSIBILITIES						
MAY WE CONTACT YOUR CURRENT EMPLOYER FOR A REFERENCE? Yes No Not Applicable						
REASON FOR LEAVING OR REASON FOR CONSIDERING LEAVING CURRENT EMPLOYMENT						
NAME & ADDRESS OF EMPLOYER						
TYPE OF BUSINESS			NAME OF SUPERVISOR			
TELEPHONE	FULL-TIME	PART-TIME	VOLUNTARY	FROM (MM/YYYY)	TO (MM/YYYY)	
JOB TITLE			MONTHLY START SALARY		MONTHLY END SALARY	
YOUR DUTIES AND RESPONSIBILITIES						
MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? Yes No Not Applicable						
REASON FOR LEAVING						
NAME & ADDRESS OF EMPLOYER						
TYPE OF BUSINESS			NAME OF SUPERVISOR			
TELEPHONE	FULL-TIME	PART-TIME	VOLUNTARY	FROM (MM/YYYY)	TO (MM/YYYY)	
JOB TITLE			MONTHLY START SALARY		MONTHLY END SALARY	
YOUR DUTIES AND RESPONSIBILITIES						
MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? Yes No Not Applicable						
REASON FOR LEAVING						

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EMPLOYMENT HISTORY Continued

NAME & ADDRESS OF EMPLOYER						
TYPE OF BUSINESS				NAME OF SUPERVISOR		
TELEPHONE	FULL-TIME	PART-TIME	VOLUNTARY	FROM (MM/YYYY)	TO (MM/YYYY)	
YOUR JOB TITLE				MONTHLY START SALARY	MONTHLY END SALARY	
YOUR DUTIES AND RESPONSIBILITIES						
MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? Yes No Not Applicable						
REASON FOR LEAVING						
NAME & ADDRESS OF EMPLOYER						
TYPE OF BUSINESS				NAME OF SUPERVISOR		
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JOB TITLE				MONTHLY START SALARY	MONTHLY END SALARY	
YOUR DUTIES AND RESPONSIBILITIES						
MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? Yes No Not Applicable						
REASON FOR LEAVING						

Mountrail County Sheriff's Department Application for Employment

Acknowledgement

Initials	Please read carefully and acknowledge with your Initials
	I acknowledge that, if requested, I will undergo drug testing.
	I acknowledge that investigations/inquiries deemed necessary to establish my character, general reputation and work performance history may be conducted.
	I acknowledge that, if hired, I may be required to attend training in other parts of North Dakota for varying lengths of time.
	I acknowledge that, if hired, I may be required to work nights/overnights, weekends and holidays.
	Deputy position ONLY I acknowledge that, if hired, I must pass a health assessment (physical) at a health care provider of my choice.
<p>I certify that all information contained in this application and any attachments is true and complete to the best of my knowledge. I understand that 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 investigation 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. Any offer of employment I may receive from the Mountrail County Sheriff's Department is contingent upon successful completion of any pre-employment screening process, which might include background and drug screening. I further understand that 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.</p>	
<p>_____</p> <p>Applicant Signature</p>	<p>_____</p> <p>Date</p>