

---

**Part One**

**Administration and Management**

**Section B**

**Officer Assignments**

**Title**

**Director**

**Number**

**HCDC-1B-01**

**Effective Date**

**11-18-15**

**Revised**

**11-18-15**

---

**PURPOSE**

- To create a consistent listing of duties and responsibilities for assigned positions within the administrative department.
- To administer and manage the administrative functions of the facility in a professional and responsible manner, consistent with ethical business practices and legal requirements.

**POLICY**

The Hall County Department of Corrections shall provide general guidelines concerning the duties and responsibilities for the position of Director.

**SUMMARY**

This is complex work with responsibility for administration of the Hall County Department of Corrections. The work is performed under the general supervision of the County Board of Corrections, with work being reviewed in the form of conferences, reports submitted, and results achieved, as well as the effectiveness and feasibility of program recommendations. Supervision is exercised over subordinate staff members. Duties may be accomplished in a variety of correctional settings and performs related work as directed.

**ESSENTIAL JOB FUNCTIONS**

The work involves responsibility for development and implementation of modern and innovative programs for the delivery of correctional services to meet the needs of Hall County. Work also involves responsibility for directing the maintenance and repair of the jail facility and recommending improvements as necessary. The work also involves the coordination of Hall County correctional activities with all elements of the criminal justice system and the general public. An employee in this class is expected to exercise considerable independent judgment and personal initiative within the framework of established policies and guidelines. This assigned position may include, but not be limited to the following duties. The management also reserves the right to modify, adjust, or amend duty assignments without notice.

The Director's duties shall include the following:

- The Director plans, directs, supervises and evaluates the activities of the Hall County Department of Corrections; determines staff and program efficiencies by monitoring and reviewing staff performances, conducting staff training and examining reports; studies grievances, conducts on-site inspections and facility walk-throughs and provides recommendations and support for improvements; administers and supervises community-based correctional programs; formulates, administers and revises agency policies and procedures governing all staff and inmate security, transportation and conduct; reviews Incident Reports and takes corrective action to ensure proper inmate treatment and reduce potential liability.
- Reviews and approves/denies all personnel-related actions including employee selection, commendation, discipline, promotion and termination; analyze and enact procedural modifications to apply any changes negotiated by labor agreements; schedules and monitors facility maintenance and repair activities including budgeting, scheduling and supervision of facility constructions and renovation work; oversees all on-site training and orientation programs.
- Researches and analyzes costs of potential equipment, improvements and/or staffing additions; forecasts budgetary impacts, prepares annual budget reports and recommendations; establishes long term and short term organizational and program goals; identifies work priorities and assign budgetary funds; reviews and approves/denies expenditures.
- Chairs and serves on committees to more effectively and efficiently carry out the facilities programs and operations.

- Ensures compliance with local, State and Federal regulations and guidelines; develops and maintains effective channels of communication with various community and support agencies, volunteer and service agencies and other correctional and oversight entities; informs the Board of Corrections of security breaches, facility/employee problems or potential risk management issues; attends meetings, educational training seminars, as appropriate.
- Ensures compliance with Nebraska Jail Standards concerning documentation such as State Fire Marshal annual inspections and annual NJS compliance reports.
- Negotiate and administer all correctional facility contracts, administration contracts, including labor contracts.
- Performs other duties as assigned.

**KNOWLEDGE, ABILITY AND SKILLS REQUIRED**

The Director shall acquire the following:

- Thorough knowledge of Hall County Department Policy and Procedures, rules and regulations.
- Thorough knowledge of correctional institution management practices including the care, custody and welfare of inmates.
- Thorough knowledge of the principles and practices related to the administration and execution of the legal process relevant to correctional facilities and programs.
- Thorough knowledge of State Jail Standards, regulations, and Federal law relating to jail facilities.
- Considerable knowledge of public accounting and budgeting practices and procedures and personnel management techniques.

The Director shall demonstrate the ability to:

- Identify, coordinate and implement programs to meet departmental goals and objectives; make operational decisions in response to changing conditions and emergencies; plan, supervise and evaluate a large and diverse staff of professionals; interpret rules, regulations and policies and to make decisions in accordance with established laws, ordinances, regulations, and policies; understand and advocate management decisions, policies, and procedures that impact on established and proposed long-term goals.
- Establish and maintain effective working relationships with governmental officials, community representatives, law enforcement officials, other employees and the general public under varied circumstances; communicate effectively orally and in writing with persons representing diverse backgrounds, interests and viewpoints. To exchange administrative information and to promote agency activities and management decisions including delivering presentations and submitting administrative reports.

#### **DESIRABLE TRAINING AND EXPERIENCE**

Graduation from an accredited four year college or university with major course work in relevant social and behavioral science, public administration or related field and experience in administrative services within a correctional facility including experience in a responsible supervisory capacity.

#### **QUALIFICATIONS**

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform essential functions.

Graduation from an accredited four year college or university with major course work in a relevant social and behavior science, public administration or related field and various experience in administering services within a correctional facility or any equivalent combination of training and experience which provides the desirable knowledge and abilities.

Working knowledge of computer operating systems.

**LANGUAGE SKILLS**

Ability to read and comprehend simple instructions, short correspondence, and memos. Ability to write simple correspondence. Ability to effectively communicate information, both verbally and written.

**HIRING PROCESS**

This is an appointed position. Appointment is by County Board of Supervisors.

**NECESSARY SPECIAL REQUIREMENTS**

- Must be a citizen of the United States and be at least twenty-one (21) years of age or older.
- At the time of employment, must be fingerprinted and the fingerprint cards promptly submitted to the Nebraska State Patrol for a criminal history search; must be free of any convictions of crimes punishable by imprisonment in a state or federal penitentiary for a term of one (1) year or more, from which a pardon has not been received.
- May be required to submit to and successfully pass a substance abuse test.
- Possession of a valid state operator's license.
- Pass a criminal history review at minimum once every three (3) years

# Hall County Department of Corrections Equal Employment Opportunity Employer

## Application for Employment This application is good until the position is filled.

---

**Hall County** assures equal employment opportunity to applicants and employees in all aspects of personnel administration without regard to political affiliation, race, color, national origin, sex, age, marital status, pregnancy, mental or physical disability, genetic information, religion, military status, or any other prohibited basis of discrimination, as provided under applicable state and federal law.

**FEDERAL LAW OBLIGATES US TO PROVIDE REASONABLE ACCOMMODATION TO THE KNOWN DISABILITIES OF APPLICANTS AND EMPLOYEES, UNLESS TO DO SO WOULD POSE AN UNDUE HARDSHIP. PLEASE FEEL FREE TO LET US KNOW IF YOU NEED AN ACCOMMODATION TO COMPLETE THE APPLICATION PROCESS OR TO PERFORM ANY ESSENTIAL ELEMENTS OF THE POSITION SOUGHT.**

Type of Work Desired (CHECK ALL THAT APPLY):

Full-Time  Part-Time  Regular  Temporary

Have you ever been employed here before?  Yes  No If yes, give date: \_\_\_\_\_

Have you filed an application here before?  Yes  No If yes, give date: \_\_\_\_\_

Applicant's Name (Last, First, Middle Initial): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Date Available for Work \_\_\_\_\_

How did you learn about the job you have applied for? (Be specific as to the source.) \_\_\_\_\_

Are you legally authorized to work in the United States?  Yes  No

If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration Reform and Control Act of 1986. While you need not provide this proof of citizenship or immigration status at the time you are interviewed, please be prepared to assure us that you can do so immediately upon being hired if you receive an offer of employment.

This position is subject to a veterans preference. Are you eligible for and requesting a veterans preference?  Yes

(A veteran requesting preference must submit with his/her Application for Employment a copy of the veteran's Department of Defense Form 214. A spouse of a veteran requesting preference must submit with his/her Application for employment a copy of the veteran's Department of Defense Form 214, a copy of the veteran's disability verification from the United States Department of Veteran Affairs demonstrating a 100 percent permanent disability rating, and proof of marriage to the veteran.)

## EMPLOYMENT RECORD

List below the positions you have held, starting with your present employment. If more than one position or classification has been held with a given organization, list each position or classification as a separate period of employment. Under "Specific Duties," describe clearly the tasks you performed and the nature of your supervisory, technical, or other responsibilities. Please be complete. Your employment history may be verified by contacting previous employers. Volunteer, military, or unpaid experience will be evaluated in the same manner as paid employment and should be entered in the same manner. If you need more space, attach a separate sheet of paper. Please exclude organization names that indicate, for example, race, color, religion, sex, disability, or national origin.

Employment Information	Description of Duties
Employer/Kind of Business	Position Title
Street Address	Specific Duties
Immediate Supervisor/Title	Telephone Number
Dates of Employment (Month/Year) From: _____ To: _____	Hourly Rate/Salary Starting: _____ Final: _____
Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/>	
Reason for Leaving	
Employment Information	Description of Duties
Employer/Kind of Business	Position Title
Street Address	Specific Duties
Immediate Supervisor/Title	Telephone Number
Dates of Employment (Month/Year) From: _____ To: _____	Hourly Rate/Salary Starting: _____ Final: _____
Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/>	
Reason for Leaving	
Employment Information	Description of Duties
Employer/Kind of Business	Position Title
Street Address	Specific Duties
Immediate Supervisor/Title	Telephone Number
Dates of Employment (Month/Year) From: _____ To: _____	Hourly Rate/Salary Starting: _____ Final: _____
Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/>	
Reason for Leaving	

Employment Information	Description of Duties
Employer/Kind of Business	Position Title
Street Address	Specific Duties
Immediate Supervisor/Title	Telephone Number
Dates of Employment (Month/Year) From: _____ To: _____	Hourly Rate/Salary Starting: _____ Final: _____
Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/>	
Reason for Leaving	

**EDUCATION/SKILLS RECORD**

Please list education or specialized experience that relates to the position(s) for which you are applying. Exclude names or terms that indicate, for example, race, color, religion, sex, disability, or national origin.

Circle Highest Grade Completed: 6 7 8 9 10 11 12      College: 1 2 3 4 5 \_\_\_      Did You Graduate?  Yes  No

Post- High School	Name of School	From	To	Major	Degree Type
College/University					
Graduate School					

If required by the job you have applied for, have you had training/course work or experience in (please check those that apply):

- Typing                       Word Processing                       Data Entry                       PC/Computer Terminal  
 Calculator/Adding Machine       Dictation Equipment                       Shorthand/Speedwriting

Please list any other types of equipment you can operate or skills you possess, which you feel would be an asset in the position for which you are applying: \_\_\_\_\_

\_\_\_\_\_

**LICENSES AND CERTIFICATES**

If a license, certificate, or other authorization to practice a trade or profession is required for the position for which you are applying, complete the following questions:

Name of Trade or Profession	License Number
Granted by	City and/or State
Specialty	Licensed                      From:                      To:



**Supplemental Application for Employment**  
**For Corrections Officers Only**

*The information on this form is to be completed to determine if the Applicant meets the minimum qualifications for the position of Corrections Only.*

---

**Do you hold a valid motor vehicle operator's license?**

Yes  No

**Are you at least twenty-one (21) years of age or older?**

Yes  No

**Have you EVER been convicted of any crime punishable by imprisonment in a state or federal penitentiary for a term of one (1) year or more from which a pardon has not been received?**

Yes  No

**Have you graduated from high school or possess a certificate which certifies an educational development of at least a high school graduation level?**

Yes  No

**If there is additional information that you believe the County should consider in evaluating the responses above, please submit such additional information in writing along with this form.**

---

**APPLICANT'S STATEMENT**

---

These answers are true and complete to the best of my knowledge. I understand that any false, omitted, or misleading information in connection with this application or during the interview process will result in rejection of my application or termination of my employment if I am hired, regardless of when discovered.

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the County to determine whether I can perform the job duties. In addition, I understand a drug or alcohol test may be required, depending upon County policy. I authorize the County to make a thorough investigation of my past employment, education, criminal history, job-related activities, and other relevant background information, and I release from all liability all persons, companies, and corporations providing such information, either in writing or orally. I also indemnify this County against any liability that might result from making such investigation.

Additionally, I authorize the County to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party with an interest that the County deems appropriate.

**Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between Hall County and myself for either employment or for the providing of any benefit arising from employment. No promises regarding employment have been made to me. I understand that if an employment relationship is established, I have the right to terminate my employment at any time and Hall County retains the same right, regardless of any oral representations to the contrary. Any changes in this "at will" employment relationship must be made in writing and approved by the County Board.**

**SIGN HERE**

\_\_\_\_\_  
Applicant's Signature (Use Ink)

\_\_\_\_\_  
Date

**NOTE: UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.**