TRAVERSE COUNTY

County Courthouse • 702 2nd Ave N. • P.O. Box 428 • Wheaton, MN

INSTRUCTIONS FOR COMPLETING THE APPLICATION

COMMUNICATIONS/CORRECTIONS OFFICER

Thank you for your interest in employment with Traverse County. Enclosed are the following documents:

1. Traverse County Job Posting;
2. Job Description
3. Traverse County Application for Employment.

Please read the Job Posting and Job Description thoroughly so you understand the duties and requirements of this position. These documents are for your information only and you should retain them for future review.

Please complete the Traverse County application in its entirety. Type or print clearly and give complete and accurate information. If you do not, you may not meet the position's screening criteria and/or be removed from further consideration because of an incomplete application. Feel free to provide applicable supporting documentation and information.

Deliver, mail or e-mail the application and any supporting documentation to:

Lisa Zahl
HR Director/County Coordinator
702 2nd Ave N
P. O. Box 428
Wheaton, MN 56296
lisa.zahl@traversecountymn.gov

In the alternative, you may also download the application packet at https://traversecountymn.gov

If you have a disability or language difficulty that would prevent you from successfully completing the application documents, please contact Lisa Zahl, HR Director/County Coordinator, at (320) 422-7778 or lisa.zahl@traversecountymn.gov so that reasonable effort can be made to accommodate your needs.

TRAVERSE COUNTY
JOB POSTING

POSITION TITLE: Communications/Corrections Officer

DEPARTMENT: Traverse County Sheriff's Office

DATE OF POSTING: September 28, 2026

CLOSING DATE: Open until filled

REPORTS TO: Jail Administrator

STATUS: Full-Time, Non-Exempt, Union

HOURLY RATE RANGE: $26.89 – $37.23 (plus $1.35 per hour shift differential for hours worked 7pm – 7am and all hours worked on Saturday and Sunday)

GENERAL RESPONSIBILITIES

Performs protective service work operating the County's 911 emergency system and Jail, and related work as apparent or assigned. Work is performed under the general direction of the Jail Administrator.

MINIMUM QUALIFICATIONS

High school diploma or GED and moderate experience with customer service and data entry.

SKILLS & KNOWLEDGE

Thorough knowledge of computer-aided dispatch systems; general knowledge of statewide communication and information systems; general knowledge of the security, rules, regulations, and procedures of the institution; general knowledge of modern law enforcement technology and communication practices and procedures; general knowledge of the practices of jail management as related to the supervision and care of persons under institutionalized restraint; ability to enforce institutional rules firmly and fairly; ability to detect potential behavior problems of inmates; ability to detect the early symptoms of common health problems; ability to operate computer software; ability to manage and retrieve information; ability to carry out oral and written directions accurately; ability to solve problems within scope of reasonability; ability to prepare records and reports; ability to establish and maintain effective working relationships with associates.

BENEFITS

Comprehensive benefits package for full-time employees, which includes: group health insurance (or a cash option), dental, vision, Health Savings Account (H.S.A.), Flexible Spending Accounts (FSA), life insurance, short- and long-term disability, hospital, critical illness, accident insurance, PERA retirement plan, paid leave, and holiday pay.

APPLICATION INFORMATION

To request an application packet, contact: Lisa Zahl, HR Director/County Coordinator, 702 2nd Ave. N., P.O. Box 428, Wheaton, MN 56296, Phone: (320) 422-7778, Email: lisa.zahl@traversecountymn.gov, Website: https://traversecountymn.gov

TRAVERSE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

Communications/Corrections Officer

General Definition of Work
Performs protective service work operating the County's 911 emergency system and Jail, and related work as apparent or assigned. Work is performed under the general direction of the Jail Administrator.

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

Essential Functions
Answers all 911 calls and dispatches all emergency response units - fire, ambulance, police and first responders; answers calls from members of the public; answers all radio calls from police officers and emergency response units; maintain and record all radio calls from police and emergency response units. Books in prisoners; provides security, meals, medicine to inmates; monitor and segregate inmates; provides laundry services; conducts daily safety inspections of cells; monitors and documents the activity of inmates and visitors; coordinates transfers of inmates for court appearances and to other facilities. Monitors and operates the national Criminal Justice Data and Communication network; monitors emergency alarms for local businesses and private residences. Assists deputies by entering stolen property into national information system; verifies warrants for the detention of fugitives. Tracks jail occupancy and bills responsible entities. Updates the Geographic Information System (GIS). Scans documents for record management; maintains and accesses information for law enforcement use.

Knowledge, Skills and Abilities
Thorough knowledge of computer-aided dispatch systems; general knowledge of statewide communication and information systems; general knowledge of the security, rules, regulations and procedures of the institution; general knowledge of modern law enforcement technology and communication practices and procedures; general knowledge of the practices of jail management as related to the supervision and care of persons under constitutionalized restraint; ability to enforce institutional rules firmly and fairly; ability to detect potential behavior problems of inmates; ability to detect the early symptoms of common health problems; ability to operate computer software; ability to manage and retrieve information; ability to carry out oral and written directions accurately; ability to solve problems within scope of responsibility; ability to prepare records and reports; ability to establish and maintain effective working relationships with associates.

Education and Experience
High school diploma or GED and moderate experience with customer service and data entry o in a public safety setting, or equivalent combination of education and experience.

Communications/Corrections Officer

Physical Requirements

This work requires the frequent exertion of up to 10 pounds of force and occasional exertion of up to 50 pounds of force; work regularly requires speaking or hearing, frequently requires sitting, using hands to finger, handle or feel and repetitive motions and occasionally requires standing, walking, stooping, kneeling, crouching or crawling, reaching with hands and arms, tasting or smelling, pushing or pulling and lifting; work has standard vision requirements; vocal communication is required for expressing or exchanging ideas by means of the spoken word and conveying detailed or important instructions to others accurately, loudly or quickly; hearing is required to perceive information at normal spoken word levels and to receive detailed information through oral communications and/or to make fine distinctions in sound; work requires preparing and analyzing written or computer data, visual inspection involving small defects and/or small parts, using of measuring devices, operating machines, operating motor vehicles or equipment and observing general surroundings and activities; work frequently requires exposure to bloodborne pathogens and may be required to wear specialized personal protective equipment and occasionally requires wet, humid conditions (non-weather), exposure to fumes or airborne particles, exposure to outdoor weather conditions and exposure to the risk of electrical shock; work is generally in a moderately noisy location (e.g. business office, light traffic).

Special Requirements

Current CPR/First Aid/AED
Blood borne Pathogens
CJIS certification
Use of Force training
Medication Dispensing training
Security Training
Valid driver's license.

Last Revised: 9/17/2013

TRAVERSE COUNTY
County Courthouse • 702 2nd Ave N. • P.O. Box 428 • Wheaton, MN

Employment Application with Traverse County Minnesota

Traverse County Human Resources Department
P.O. Box 428
702 2nd Ave North
Phone: 320-422-7778
Fax: 320-563-4424
https://traversecountymn.gov
lisa.zahl@traversecountymn.gov

NAME: _____

It is Traverse County's policy to provide equal opportunity for all, without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, familial status, status with regard to public assistance, disability, sexual orientation, or age.

DATA PRIVACY NOTICE

The information requested on this application is intended to be used by the County in determining suitability for employment for the position which you are currently seeking or may seek in the future. You are not legally required to provide any of the information on this form at this time. However, failure to provide complete, accurate information may result in the County being unable or unwilling to offer employment to you. With respect to any special accommodations necessary for completing your application or the interview process, the County may be unable to provide the necessary accommodations if you do not provide the information in Section IV. The information on this application which is classified as private data under the Minnesota Government Data Practices Act will not be released outside the County without your consent except as necessary for tax purposes or as otherwise required by state or federal law.

POSITION DESIRED

Title of position for which you are applying: _____

Date Available to Begin Employment: _____

PERSONAL DATA

Name: _____
Last First Middle

Address: _____
Street City State Zip

Home phone #: _____ Alternative contact # _____

Email Address: _____

Are you either a U.S. citizen or legally eligible to hold employment in the United States? Yes _____ No _____

Have you previously worked for the County? Yes _____ No _____

If yes, position held/department: _____

If yes, under what name may your previous employment records be found? _____

Do you have any special needs which may necessitate accommodations in the application/interview process?
Yes _____ No _____

If yes, please describe the type of accommodation requested: _____
_____
_____

List all other names under which you have been employed or under which your employment or educational records may be found. _____
_____
_____

Please explain any gaps in employment dates: _____
_____
_____

WORK/VOLUNTEER EXPERIENCE

List ALL work experience, whether or not relevant to this position, and all relevant volunteer experience, most recent to be listed first.

Employer: _____ From: _____ To: _____

Address: _____ Telephone #: _____

Position Title: _____ Responsibilities: _____

_____

_____

Reason for Leaving: _____

_____ Supervisor's Name: _____

Employer: _____ From: _____ To: _____

Address: _____ Telephone #: _____

Position Title: _____ Responsibilities: _____

_____

_____

Reason for Leaving: _____

_____ Supervisor's Name: _____

Employer: _____ From: _____ To: _____

Address: _____ Telephone #: _____

Position Title: _____ Responsibilities: _____

_____

_____

Reason for Leaving: _____

_____ Supervisor's Name: _____

Employer: _____ From: _____ To: _____

Address: _____ Telephone #: _____

Position Title: _____ Responsibilities: _____

_____

_____

Reason for Leaving: _____

_____ Supervisor's Name: _____

Employer: _____ From: _____ To: _____

Address: _____ Telephone #: _____

Position Title: _____ Responsibilities: _____

_____

_____

Reason for Leaving: _____

_____ Supervisor's Name: _____

LICENSURE / SPECIAL SKILLS

List current licenses, registrations, or certificates relevant to the position for which you are applying.

License/No.	Issued by	Date	Expiration

All applicable licenses or certifications must be received in the Personnel Office prior to employment commencing. If hired, you remain responsible for ensuring that all applicable licenses remain in effect.

Computer knowledge/programs:_____
_____

EDUCATION

Include high school and/or institution issuing GED and any additional education/courses taken. Do not list dates of attendance for high school. List most recent first.

Name of School: _____
Address of School: _____
Degree/Diploma Received: _____
Major/Minor: _____ Dates mm/dd/yyyy of Attendance: _____

Name of School: _____
Address of School: _____
Degree/Diploma Received: _____
Major/Minor: _____ Dates mm/dd/yyyy of Attendance: _____

Name of School: _____
Address of School: _____
Degree/Diploma Received: _____
Major/Minor: _____ Dates mm/dd/yyyy of Attendance: _____

Name of School: _____
Address of School: _____
Degree/Diploma Received: _____
Major/Minor: _____ Dates mm/dd/yyyy of Attendance: _____

List/describe any other training and/or experience relevant to the position for which you are applying: _____
_____

REFERENCES

These should be people in a position to discuss your qualifications for the position you seek. Include especially managers, directors, or heads of departments under whom you have worked. Indicate any who are related to you. The County reserves the right to contact all prior employers, educational institutions or institutions where you have volunteered in addition to references listed below.

Name of Reference:_____
Address: _____
Phone #: _____ Title: _____

Name of Reference:_____
Address: _____
Phone #: _____ Title: _____

Name of Reference:_____
Address: _____
Phone #: _____ Title: _____

Other Information	Yes	No
Do you have a Social Security Number?		
Are you over the age of 18? If not, state your date of birth: _____		
Are you currently employed?		
Are you available to work full-time?		
Are you available to work part-time?		

CRIMINAL BACKGROUND INFORMATION

The County will request information regarding criminal history in the event that you become a finalist for the position which you are applying. For certain positions (namely law enforcement), criminal background information will be requested during the application stage. Further, the County may conduct a criminal background check on individuals upon making a contingent job offer. Please refer to the job description for this position to determine if such a check will be conducted. If the job description states that a criminal check will be conducted, no offer of employment shall become final until receipt of the results of the criminal background check from the BCA, the content of which is acceptable to the County, and formal approval by the appointing authority.

PRIOR EMPLOYMENT

Have you ever been discharged or forced to resign from prior employment, other than in relation to a human rights charge or lawsuit in which you were the claimant/plaintiff? Yes _____ No _____
If so, identify the employer and describe the circumstances:

_____
_____
_____

PERSONAL STATEMENT

Please indicate why you are interested in the position and what you hope to accomplish if selected:_____
_____
_____
_____
_____
_____-
_____
_____
_____

UNEXCUSED ABSENCES FROM WORK

How many days were you *inexcusably* absent from work during the preceding three (3) years other than absences due to illness or injury of you or your immediate family? _____

VETERAN'S PREFERENCE

The following summarizes the major points of Minnesota Statutes §197.455 which governs the granting of veterans preference for local units of government. See: https://www.revisor.mn.gov/statutes/cite/197.455

A. GENERAL REQUIREMENTS:

Applicants must meet all of the following to qualify for any veterans preference points.
See: https://www.revisor.mn.gov/statutes/cite/197.447

1. Meets minimum qualifications of the position and/or received a passing score in the exam process without the addition of preference points.

2. Is a United States citizen or resident alien who separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty (not active duty for training) for 181 consecutive days, or was separated by reason of disability incurred while serving on active duty.

3. OR, met the minimum active duty requirements as defined in 38 Code of Federal Regulations §3.12a (covers Reserve and national Guard members called up for Federal active duty).

4. OR, has certain active military service certified under Federal Law (World War II service by particular groups, such as Merchant Marine).

B. POINTS GRANTED:

1. Ten (10) points granted to a non-disabled veteran who meets the minimum qualifications or receives a passing score.

2. Ten (10) points granted to spouse of a deceased veteran, who has not remarried and meets the minimum qualifications or receives a passing score.

3. Fifteen (15) points granted to a disabled veteran who meets the minimum qualifications or receives a passing score, if:

   (a) The veteran has a compensable service connected disability as judged by the United States Veterans Administration or by the retirement board of a branch of the armed forces; and

   (b) The disability exists at the time of preference is claimed.

4. Fifteen (15) points granted to the spouse of a disabled veteran, who meets the minimum qualifications or receives a passing score, and the veteran meets the requirements listed 3 above, but who is unable to qualify because of their service connected disability.

Are you a veteran or spouse who elects to use veterans preference points to augment passing ratings?
Yes _____ No _____

Are you a disabled veteran who elects to use veterans preference points to augment a passing rating?
Yes _____ No _____

Are you the spouse of a disabled veteran who elects to use veterans preference points to augment a passing rating? Yes _____ No _____

Documentation of military status/eligibility is required. You must submit legible copies of your DD214 (Member Copy 4), United States Department of Veterans Affairs (USVA) Summary of Benefits Letter, Marriage License, Death Certificate, USVA Disability Award Letter, as applicable. Please attach or forward within five (5) business days.

CERTIFICATION, ACKNOWLEDGMENT AND RELEASE

I certify that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitutes grounds for my immediate dismissal should I be employed by the County.

I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by the County Board and until such approval that the County shall not be liable for any reliance on any oral or written offers of employment made to me.

In connection with this application **I hereby authorize** any and all current and former employers, organizations where I have volunteered ("volunteer organizations") and references named in this application, or any agent of such a former employer or volunteer organizations, to release to the County and its agents any and all information regarding my job performance and fitness/qualifications to perform the position I am presently seeking and any other employment or related information, both public and private, in their possession. I understand that the County will use this information to determine my fitness/qualifications for the position I am seeking. This authorization expires one year from the date of my signature, below.

I hereby release the County and all former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of said County, former employers, volunteer organizations or references, for any and all liability of whatever nature by reason of requesting or providing such information.

Date _____ Signature _____
(Do not print)

CONSENT FOR RELEASE OF
EMPLOYMENT AND APPLICANT RECORDS
AND RELEASE OF LIABILITY

I, _____ hereby consent to the release of any and all personnel data or other information about me or related to me or my employment or application for employment with the County of Traverse, Minnesota, including but not limited to: college transcripts, resumes, applications, interview notes, correspondence, and any and all other information related to my employment, application for employment or other attempt(s) to secure employment, including performance evaluations, disciplinary records, investigative data or notes whether or not said investigation resulted in disciplinary action, and all other information contained in my personnel file or otherwise maintained in any form by Traverse County whether or not previously reviewed by me, to the Traverse County Human Department or designated assistant. This information is needed for the purpose of determining by qualifications and fitness for employment.

(If applicable) I was employed by Traverse County from _____ to _____ or applied for employment on or about _____. Records may be found under the following names:_____ _____.

In connection with this authorization for release of information, I hereby release the County of Traverse, Minnesota and all of its current and former employees, officers, Commissioners, agents or representatives from any and all manner of liability of whatever nature by reason of requesting or providing such information.

I understand that this authorization shall continue in full force and effect unless specific written revocation is sent to the Human Resource Department of the County of Traverse by certified mail.

Date: _____ _____

Signature

IMPORTANT INFORMATION FOR APPLICANTS FOR EMPLOYMENT WITH TRAVERSE COUNTY

In accordance with the Minnesota Government Data Practices Act, Traverse County ("County") is required to inform you of your rights as they pertain to private data collected from you. Private data is that information which is available to you, but not to the public. Some personal information we collect about you is private.

Minnesota Statutes 13.01 to 13.87, Government Data Practices, requires that you be informed that the following personal information which you are asked to provide on this Employment Application is considered private data:

1. Name (becomes public when certified as a "finalist")
2. Home address
3. Home phone number
4. Age group

We ask this information for the following reasons:

1. To distinguish you from all other applicants and identify you in our personnel files.
2. To help us to be sure that you are the individual who makes the application.
3. To help us to contact you when more information is required, when we send you notices, and/or when we schedule you for interviews.
4. To see if you meet the minimum age requirements (if any).
5. To conduct proper background investigations needed when applying for a position.
6. To determine whether or not any conviction record may be a job-related consideration affecting your suitability for the position you applied for.
7. To enable us to ensure your rights to equal opportunities.
8. To meet federal and state reporting requirements.

Data supplied by you may be used for such purposes as may be determined to be necessary in the administration of personnel in the County and in the administration of personnel policies, rules, and regulations.

Private data is available only to you and to other persons in the County who have a justified need for the data. Public data is available to anyone requesting it and consists of all data furnished in the employment process which is not designated in this notice as private data.

Names of applicants remain private except when certified as eligible for appointment to a vacancy or when applicants are considered by the County to be finalists for a position. "Finalists" means a person who is selected to be given an interview as a final step prior to selection.

By my signature below, I certify that I have read (or had read to me) the information printed above and understand its meaning. I certify that answers given herein are true and complete to the best of my knowledge.

Traverse County will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, disability, age, marital status, status with regard to public assistance, or veteran status.

In order for us to comply with certain record keeping requirements, we ask that you fill out this document. This information is used solely for government reporting and will be kept in a **confidential file separate from your application for employment**.

Government agencies require periodic reports on the sex, ethnicity, disability and veteran status of applications. **This data is for analysis and affirmative action only**.

Submission of information is voluntary. You are not legally required to provide this information.

Today's Date: _____ Position Applying For: _____

Name: _____

□ Male □ Female Veteran: □ No □ Yes Disabled Veteran: □ No □ Yes Spouse of a Disabled Veteran □ Yes

Race: □ White (not of Hispanic Origin) □ Black (not of Hispanic Origin) □ Hispanic
□ American Indian/Alaskan Native □ Asian/Pacific Islander

Disability Status:
A person with a disability is defined as:

1. Having a physical or mental impairment which substantially limits one or more major life activities.*
2. Having a record of such an impairment.
3. Being regarded as having such an impairment.

* **Note:** Major life activities include caring for oneself, performing manual tasks, walking, talking, hearing, seeing, speaking, breathing, learning, and working. Temporary, non-chronic impairments of short duration, with little or no long-term impact, are usually not disabilities. A visual problem which has been corrected by glasses is usually not a disability. Veterans who are rated as "disabled" by the Veterans Administration are not automatically "disabled" under this definition.

Based upon the above information, do you claim disability status? □ Yes □ No

Do you have special needs which may necessitate accommodations in the test facilities or test process? □ Yes □ No

If Yes, please describe the type of accommodation needed: _____

Job accommodations will be considered on a case-by-case basis with essential function determinations being made for the position vacancy.

Traverse County will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, sexual orientation, familial status, disability, age, marital status, status with regard to public assistance, veteran status, local human rights commission activity or any other basis protected by law.

Signature of Applicant: _____ Date: _____