



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF CORRECTIONS  
JACKSON AREA FACILITIES

HEIDI E. WASHINGTON  
DIRECTOR

Dear Applicant:

My name is Tammy Brown. I am the State Administrative Manager with the Michigan Department of Corrections (MDOC), Jackson Area Correctional Facilities.

Due to a great number of MDOC Staff retirements and the recent COVID pandemic, the MDOC is seeking to fill many vacancies with strong applicants such as yourself, as soon as possible. The positions are in several areas such as Food Service, Maintenance, Healthcare and Administration.

In appreciation and thanks for you taking the time to join us today I would like to provide you the important information you are here seeking such as what positions is the MDOC hiring for? Where can I find more information about the positions? What can I expect as far as pay/wage, and what are the next steps in fast tracking my career with the MDOC?

- A. Submit your application online at [State of MI Employment](#). [How to Apply Guide](#). If you need assistance reach out to the facility you are applying at. Here is the link to the [Prison Location Map](#). Just call the main number and ask to speak with someone in Human Resources.
- B. Here you will find a link to all State of Michigan Job Specification that include the required knowledge, skills and abilities. [SOM Job Specifications](#) and wages.
- C. State of Michigan job postings include wage information.

We are a State Government Agency with a duty to protect the public, our employees and inmates therefore we must do a thorough review of potential employees that include the following:

1. Law Enforcement Information Network (LEIN) check ([CAH-1037 LEIN Form](#))
2. FBI Fingerprint check ([RI-30 Livescan Form](#))
3. Conduct Professional Reference Checks ([CAH-206 Reference Authorization Form \(1\).doc](#))
4. Provide as much contact information as possible for each of your professional references (phone, fax, email, etc.) and contact your references and let them know they may be contacted soon.
5. Prison Rape Elimination Act Review ([PREA Background Questionnaire Revised 11.07.2023.docx](#))
6. Pre-Employment Physical, Drug Screen, 2 step Tuberculosis testing, and Pulmonary Function review and Pulmonary Function Test where applicable.
7. Background Check



STATE OF MICHIGAN  
DEPARTMENT OF CORRECTIONS  
JACKSON AREA FACILITIES

GRETCHEN WHITMER  
GOVERNOR

HEIDI E. WASHINGTON  
DIRECTOR

To expedite the selection process, included in this packet are the Forms noted in 1 thru 4 above. Please complete all forms to the best of your ability and return them to Human Resources via scanned email attachments, **fax to 517-780-6927, hand deliver to Jackson Human Resources, 4000 Cooper Street, Jackson, Michigan 49201**, or you may also **take a picture of each form with your smart phone and send the photo as an email attachment to HRMN4727@michigan.gov. PLEASE NOTE:** The photos must include the entire form and be legible.

Sincerely,  
*Tammy Brown*  
State Administrative Manager  
Michigan Department of Civil Service  
serving the Michigan Department of Corrections

**TIPS FOR APPLYING**

**APPLY HERE**



- Provide as much detailed information about your previous work experience as possible in your application. This will maximize the number of jobs you can be qualified for (see example at the end of this document).
- Be truthful in your answers to supplemental questions. Stating you know or may be related to someone under jurisdiction of the MDOC (prisoner, parolee, probationer) does not mean you are automatically screened out.

If you are interested in a career as a **CORRECTIONS OFFICER**, please direct questions to the Michigan Department of Corrections, Recruitment Section, PO Box 30003, Lansing, MI 48909, Phone (517) 335-1874 or toll free at 888-820-7129.

Web site: <https://www.michigan.gov/corrections/careers>





MICHIGAN DEPARTMENT OF CORRECTIONS  
**LEIN REQUEST**

CAJ-1037  
REV. 09/19

Please provide the information requested below. This information will be used to complete a criminal history check in the Michigan Law Enforcement Information Network (LEIN).

**Your Driver's License Number or State Identification Card Number, date-of-birth, race and sex is needed to complete this LEIN request.**

Employment/Human Resources  Tammy Brown, MDOC Southern Region HR Manager  
HR Personnel / Requesting

Contractor  \_\_\_\_\_ Visitor  \_\_\_\_\_  
Contractor Agency Agency Representing

Volunteer  \_\_\_\_\_ Other  Pre-Employment  
Agency Representing Agency Representing

Are you entering the secure perimeter/property of a Michigan Department of Corrections (MDOC) facility?  Yes  No

**Please print information below:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

**Please provide the number of one of the following types of identification:**

Driver's License #: \_\_\_\_\_ State issued by: \_\_\_\_\_

State ID #: \_\_\_\_\_ State issued by: \_\_\_\_\_

**I authorize the MDOC to conduct a criminal history check, so that I may be approved to enter the secure perimeter/property of an MDOC facility to perform work, visit, meet with or work with MDOC offenders.**

**For MDOC HR/Employment purposes only: I further authorize the Department to check my motor vehicle operator license record for the purposes of determining if I will be allowed to operate a motor vehicle while conducting Department business.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

LEIN Completed By: Name: \_\_\_\_\_ Date: \_\_\_\_\_

LEIN Cleared: Yes  No  (Does not apply to Human Resources)

MDOC Employment/HR purposes: Indicate the # of convictions: \_\_\_\_\_

Comment (Optional): \_\_\_\_\_



**AUTHORITY:** MCL 28.162, MCL 28.214, MCL 28.248, & MCL 28.273  
**COMPLIANCE:** Voluntary. However, failure to complete this form will result in denial of request.

## LIVE SCAN FINGERPRINT BACKGROUND CHECK REQUEST

**Purpose:** To conduct a civil fingerprint-based background check for employment, to volunteer, or for licensing purposes as authorized by law.

**Instructions:** See page two.

<b>I. Authorizing Information</b>							
1. Fingerprint Reason Code CJ	2. Requestor/Agency ID MI330185C	3. Agency Name MICHIGAN DEPARTMENT OF CORRECTIONS			4. Individual ID (MNU-OA)		
<b>II. Applicant Information:</b> Type or clearly print answers in all fields before going to be fingerprinted.							
1a. Last Name			1b. First Name			1c. Middle Initial	1d. Suffix
2. Any Alternative Names, Last Names, or Aliases					3. Social Security Number (Optional)		
4. Place of Birth (State or Country)	5. Date of Birth	6. Phone Number		7. Driver's License / State ID Number		8. Issuing State	
9. Home Address			10. City			11. State	12. ZIP Code
13. Sex	14. Race	15. Height	16. Weight	17. Eye Color		18. Hair Color	
<b>III. Live Scan Information</b>							
1. Date Printed	2. Picture ID Type Presented		3. Transaction Control Number (TCN)		4. Live Scan Operator*		
* When an individual ID is provided, please enter the ID into the Miscellaneous Number (MNU) field on the Live Scan device. Select OA - Originating Agency Identifier and then enter the unique identifier in the Identification Code field.							
<b>IV. Privacy Act Statement</b>							
<p><b>Authority:</b> Acquisition, preservation, and exchange of fingerprints and associated information by the Federal Bureau of Investigation (FBI) is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.</p> <p><b>Principal Purpose:</b> Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.</p> <p><b>Routine Uses:</b> During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine Uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.</p>							
<b>V. Procedure to Obtain a Change, Correction, or Update of Identification Records</b>							
<p>If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections, or updating of the alleged deficiency; he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. (28 CFR § 16.34)</p>							
<b>VI. Consent</b>							
<p>I understand that my personal information and biometric data being submitted by Live Scan, will be used to search against identification records from both the Michigan State Police (MSP) and the FBI for the purpose listed above. I hereby authorize the release of my personal information for such purposes and release of any records found to the authorized requesting agency listed above.</p>							
Signature:						Date:	

# MICHIGAN DEPARTMENT OF CORRECTIONS

## PREA Background

The agency shall ask all applicants and employees who may have contact with inmates directly about previous misconduct in written applications or interviews for both hiring and promotional processes.

**PLEASE NOTE: You must answer all questions**

**Circle Answer**

- |          |  |          |
|----------|--|----------|
| <b>1</b> | Have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution as defined in 42 U.S.C. 1997?   | YES / NO |
| <b>2</b> | Have you been convicted of engaging in, attempting to engage in or conspiracy to engage in sexual activity facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse? | YES / NO |
| <b>3</b> | Have you been civilly or administratively adjudicated to have engaged in the activity described in the question above?   | YES / NO |
| <b>4</b> | Have you had any complaints/incidents of sexual harassment filed against you by inmates, prisoners, parolees, probationers or other type of offender?  | YES / NO |
| <b>5</b> | If you answered yes above, were the complaints substantiated or not substantiated? - please explain.   |          |

**Please NOTE:** I understand that the Department of Corrections will make a thorough investigation of my ENTIRE CRIMINAL HISTORY and may verify all data given in my application and this form. Any material misrepresentation or deliberate omission of a fact in their application may be justification for refusal of, or if employed, termination from employment.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**STATE OF MICHIGAN**  
**DEPARTMENT OF CORRECTIONS - FOOD SERVICE**  
**NEW EMPLOYEE UNIFORM ORDERING SHEET**

Name: \_\_\_\_\_ EIN: \_\_\_\_\_ Facility Name: \_\_\_\_\_

**QTY**

- 5 0825 Chef Shirt SM MD LG XL 2X 3X 4X 5X 6X T S
- 2 0829 Light Weight Chef Shirt SM MD LG XL 2X 3X 4X 5X 6X T S
- Male:**
- 5 2725 Male Trousers Size: \_\_\_\_\_ T
- 1 2493 Men's Belt Size: \_\_\_\_\_ **Add 4" to Pant Size**
- Or**
- 1 2586 Utility Belt Size: \_\_\_\_\_ **Use Chart for Size**
- Female:**
- 5 2727 Female Trousers Size: \_\_\_\_\_ T
- 1 2493 Women's Belt Size: \_\_\_\_\_ **Use Chart for Size**
- Or**
- 1 2586 Utility Belt Size: \_\_\_\_\_ **Use Chart for Size**
- 2 0830 Zipper Sweater SM MD LG XL 2X 3X 4X 5X T
- 1 R702 Winter Coat SM MD LG XL 2X 3X 4X 5X T S
- 1 3904 MDOC Baseball Cap SM/MD LG/XL or 2X
- Or**
- 1 3904P MDOC Cap (Ponytail) SM/MD LG/XL or 2X
- 2 3250V Velcro Name Tags: **"Print Name"** \_\_\_\_\_

**Women's Belt Size**

- 2=28
- 4=30
- 6=32
- 8=34
- 10=36
- 12=38
- 14=42
- 16=44
- 18=46
- 20=48
- 22=52
- 24=54
- 26=56

**Utility Belt Size**

- XS=22-32
- SM=26-36
- MED=30-40
- LRG=34-44
- XL=38-48
- 2XL=42-52
- 3XL=46-56
- 4XL=50-60
- 5XL=54-64

**SUPERVISOR SECTION**

**Men's Shoes:** 2410 Size: \_\_\_\_\_ Width: \_\_\_\_\_  
**Women's Shoes:** 2412 Size: \_\_\_\_\_ Width: \_\_\_\_\_

**Accessories:**

- 2 0751-Tie Circle: ( 15", 18", 21", 24" )
- 1 0915-Tie Bar

**Email to:** [MSI\\_order\\_Entry@Michigan.gov](mailto:MSI_order_Entry@Michigan.gov)

**Fax to:** 517.373.1853