

TRANSITIONAL DEVELOPMENT SPECIALIST APPLICATION

INSTRUCTIONS: Complete each inquiry below. If not applicable, mark N/A. Applications should then be submitted to the facility/unit correctional training officer.

1. Applicant's Name _____
Last First
2. Employee ID # _____ EOD Date _____ Current Rank/Position _____
3. List any training, teaching or supervisory experience you have _____

4. Current Assignment: Shift _____ Days off _____
5. Current Supervisor: _____
6. List any training courses you have attended outside of your basic and annual in-service courses:

7. Why do you want to become a TDS? _____

Applicant's Signature

Date

Correctional Training Officer:

Is applicant current on all required training?

Yes No

Does applicant have minimum one year service with facility/unit?

Yes No

Correctional Training Officer

Date

Chief of Security

Is applicant a CSO III or higher?

Yes No

Has applicant had any formal discipline in the last year?

Yes No

Do you recommend this officer for TDS?

Yes No

Chief of Security

Date

Deputy Warden/Facility head

Do you recommend this officer for TDS?

Yes No

Deputy Warden/Facility Head

Date

After review, application will be forwarded to the facility/unit head for final approval. Completed application will be returned to the facility/unit training officer and filed in the applicant's permanent training file.

Facility/Unit Head

Approved Not Approved

Date