STEVENS COUNTY CIVIL SERVICE – APPLICATION INSTRUCTIONS

NAME ____________________________________________ DATE:______________________

- Familiarize yourself with this form and carefully read all instructions.
- Questions on this form must be answered in ink, and in the handwriting (written or printed) of the applicant.
- Carefully answer every question. If an item does not apply to you, enter “N/A” (Not Applicable). If you cannot remember, or obtain with reasonable diligence, please indicate so in your response.

The information you provide in this application will be used in the investigation into your background to assist in determining your suitability for a public safety position that you have applied for.

- It is to your advantage to respond fully and factually. Any perceived negative factor in your background will be evaluated in light of the circumstances and facts surrounding its occurrence and its degree of relevance to the job for which you are applying. For example, being fired from a job or having an arrest record is not in itself necessarily grounds for disqualification. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made of the relevance of these facts to the requirements of the job.
- Deliberate inaccuracies or omissions may bar or remove you from further testing and employment.
- All time periods in your background must be accounted for.
- Deliberate untruthfulness, omissions or misrepresentation of information constitutes grounds for disqualification from further testing or employment. You are encouraged to be completely truthful, detailed and accurate completing this form and throughout all phases of the background investigation process.

- If you need more space to respond to a question, use additional paper and identify the additional information with the question and page number.
- This application will be kept on file for two (2) years, or until the next applicable testing.
- You are responsible for ensuring your application is kept up-to-date and accurate.
- You will be notified by mail when your test has been scheduled. Failure to respond to this notification will result in your application being discarded.
- Initiative 502 Marijuana: Even though the State of Washington has legalized the use and/or possession of marijuana under certain circumstances, unlawful drug usage and possession remains a violation of federal law and as such, all drug usage will be subject to disclosure on this application. Drug usage and possession remains cause for removal for consideration of employment at the discretion of the Sheriff.

Disclosure of Medically-Related Information
In accordance with the U.S. Americans with Disabilities Act, at this stage of the hiring process applicants are not expected, or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

If you have any questions about completing this form, please call the Civil Service Secretary, at 509-884-3751.
Please return this completed packet to:
Stevens County Civil Service
Mailing Address: 215 South Oak, Colville, WA 99114
Physical Location: 230 East Birch
(Old Avista Bldg) Colville, WA
BEFORE YOU BEGIN - PLEASE READ CAREFULLY

Prior to employment, certified applicants will complete additional testing by the Sheriff’s Office including but not limited to a thorough criminal history check, a polygraph, physical (medical) and psychological tests.

The Sheriff has provided the following information that he considers to be reasons to disqualify an applicant. Please read carefully and use this information as you decide whether or not to apply for this position.

**Driving**
- 1 or more traffic crime convictions in last 3 years (DUI, Suspended, Reckless, etc.)
- Suspension of driver’s license within past 3 years
- 5 or more moving violations in past 3 years
- 2 or more at-fault accidents in the past 3 years

**Drug Use**
- Illegal use of marijuana in the last 5 years
- Illegal use of ANY OTHER controlled substance in the last 7 years
- Illegal use of controlled substance of any kind while employed in a criminal justice capacity
- No illegal sale of ANY drug, including marijuana
- Pattern of illegal use of prescription medication
- Other drug use outside these standards will be considered on a case-by-case basis

**Criminal Activity**
- Any adult felony conviction.
- Any misdemeanor or felony conviction while employed in a criminal justice capacity.
- Adult misdemeanor convictions will be carefully reviewed by appointing authority. Juvenile felony conviction will be carefully reviewed
- Been convicted of any crime under a domestic violence statute
- Unlawful sexual misconduct.

**Employment**
- 2 or more terminations, or leaving employer in lieu of termination within last ten years (not medically related).
- Withdrawn from consideration for any (law enforcement/fire/corrections/dispatch) employment because of the following reasons:
  - Been dishonorably discharged from the United State Armed Forces.
  - Lied during any stage of hiring process.
  - Falsified his or her application, personal history questionnaire or any other forms during hiring process.
  - Previous revocation or denial of (CJTC/POST) certified status, or suspension of current (CJTC/POST) certified status.

**Financial**
- Current credit card accounts or unresolved accounts in collection will be carefully reviewed.
Application For Examination
For Stevens County Sheriff's Office

Administered by:
STEVENS COUNTY CIVIL SERVICE COMMISSION
Polly Coleman – Secretary/Examiner
Mailing Address: 215 S. Oak Street;
Physical Location: 230 East Birch
Colville, Washington 99114
(509) 684-3751

Stevens County Sheriff's Office

☐ Communications Officer (911 Dispatcher / Call Receiver)

Name: ____________________________________________________

FIRST        MIDDLE      LAST

Residence Address:__________________________________________

Mailing Address:_____________________________________________

City/State/Zip:______________________________________________

Home Phone:_______________________________________________

Cell Phone:________________________________________________

Work Phone:_______________________________________________

Email Address:_________________________________________________________________

FOR OFFICIAL USE

App Recvd _______________

☐ Driver’s License
☐ US Citizen
☐ HS Grad/GED
☐ Notarized
☐ Veteran’s Scoring Criteria
☐ DD 214
☐ Honorable Discharge
☐ Medical Discharge

Testing Memo_____________

Fee is waived for Jan 2015 testing - NONE

Exam Date _______________

DB Rmvd _______________

☐ No rspns
☐ Other
POSITION APPLIED FOR:__________________________________________________________

1. Full name ____________________________________________________________
   Last                                               First                                           Middle
   □ Male                      □ Female

2. Other names by which you have been known __________________________________________

3. Name of Spouse ___________________________________________________________

4. Drivers license number and state _____________________________________________

5. Date of Birth_______________________________________________ Age _____________________________

6. Place of Birth ____________________________________________________________
   State                                  City                                    County

7. If you were not born in the U.S. how long have you lived here?__________________________

   Are you a U.S. citizen? _____  If naturalized, give date/place __________________________

8. Are you a □ high school graduate or did you obtain your □ GED?

9. Name of current employer ______________________________________________________

   Work address _________________________________________________________________
   Number                                       Street                                          City

   __________________________________________________Telephone______________________
   State                                              Zip Code

   May inquiry be made of your present employer? □ Yes □ No

Person to contact: _____________________________________________________________

10. VETERANS PREFERENCE WILL BE GRANTED IN ACCORDANCE WITH STATE LAW. Military reserve
    time is not acceptable. If you wish to claim Veterans preference, a form is attached to this application.  A COPY OF
    YOUR FORM DD214 MUST ALSO BE INCLUDED. Veterans preference eligibility must be determined prior to exam.

   If retired, are you receiving Veteran's retirement payments? ____________________________

   Have you accepted employment where Veterans preference was granted? ____________________
PERSONAL REFERENCES:

List five (5) persons other than relatives or past employers who know you well enough to provide past or current information about you.

1. Name of Reference_____________________________________________________ Years Known________
   Last                               First                             M.I.
   Address ______________________________________________________________________________________
   Number                        Street                                  City                           State                        ZIP
   Occupation ______________________________________________________________________________________
   Residence Phone (             ) ____________________________ Bus. Phone (             ) _______________________

2. Name of Reference_____________________________________________________ Years Known________
   Last                               First                             M.I.
   Address ______________________________________________________________________________________
   Number                        Street                                  City                           State                        ZIP
   Occupation ______________________________________________________________________________________
   Residence Phone (             ) ____________________________ Bus. Phone (             ) _______________________

3. Name of Reference_____________________________________________________ Years Known________
   Last                               First                             M.I.
   Address ______________________________________________________________________________________
   Number                        Street                                  City                           State                        ZIP
   Occupation ______________________________________________________________________________________
   Residence Phone (             ) ____________________________ Bus. Phone (             ) _______________________

4. Name of Reference_____________________________________________________ Years Known________
   Last                               First                             M.I.
   Address ______________________________________________________________________________________
   Number                        Street                                  City                           State                        ZIP
   Occupation ______________________________________________________________________________________
   Residence Phone (             ) ____________________________ Bus. Phone (             ) _______________________

5. Name of Reference_____________________________________________________ Years Known________
   Last                               First                             M.I.
   Address ______________________________________________________________________________________
   Number                        Street                                  City                           State                        ZIP
   Occupation ______________________________________________________________________________________
   Residence Phone (             ) ____________________________ Bus. Phone (             ) _______________________
6. List names, addresses, and phone numbers of relatives if living.

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>CITY/STATE/ZIP</th>
<th>PHONE</th>
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<tbody>
<tr>
<td>Mother: _____________________________________________________________________________________</td>
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<td>Father: ______________________________________________________________________________________</td>
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<td>Sister/Brother: ________________________________________________________________________________</td>
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**EMPLOYMENT HISTORY:**

1. What is your usual occupation? _________________________________________________________________

2. Are you now engaged in any business as an owner, active or silent partner, stockholder or corporate member? Yes or No ___________ Details: __________________________________________________________________

3. List below, CHRONOLOGICALLY, beginning with the present **all** places where you have been employed. OMIT NONE. Give CORRECT, FULL ADDRESSES. If you wish to list volunteer work, indicate the number of hours per week. Add additional sheet(s), if necessary.

<table>
<thead>
<tr>
<th>From Mo. Yr.</th>
<th>To Mo. Yr.</th>
<th>Total Years Months</th>
<th>Business Name</th>
<th>Phone No. ( )</th>
<th>Address</th>
<th>ZIP</th>
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Position ____________________________________________________________________________________

Reason for leaving __________________________________________________________________________

Supervisor's Name ____________________________________________________________________________

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<th>From Mo. Yr.</th>
<th>To Mo. Yr.</th>
<th>Total Years Months</th>
<th>Business Name</th>
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<th>Address</th>
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Position ____________________________________________________________________________________

Reason for leaving __________________________________________________________________________

Supervisor's Name ____________________________________________________________________________
Mo. Yr. | Mo.Yr. | Years Months
---|---|---

Business Name _____________________________ Phone No. (      ) ______________________

Address _____________________________ ZIP

Position _____________________________ Reason for leaving _____________________________

Supervisor's Name _____________________________

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<td>Mo. Yr.</td>
<td>Mo.Yr.</td>
<td>Years Months</td>
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Business Name _____________________________ Phone No. (      ) ______________________

Address _____________________________ ZIP

Position _____________________________ Reason for leaving _____________________________

Supervisor's Name _____________________________

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<td>Mo. Yr.</td>
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<td>Years Months</td>
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Business Name _____________________________ Phone No. (      ) ______________________

Address _____________________________ ZIP

Position _____________________________ Reason for leaving _____________________________

Supervisor's Name _____________________________

4. Were you ever discharged or asked to resign from employment? Yes or No ___________

How many times? ____________ Give details of discharges or forced resignations:

<table>
<thead>
<tr>
<th>Employer</th>
<th>Date</th>
<th>Superior's Name</th>
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Reason: _____________________________
5. Have you ever applied for employment with another law enforcement agency? If so, list below.

1. _____________________________________________________ Application Date_____________________
2. _____________________________________________________ Application Date_____________________
3. _____________________________________________________ Application Date_____________________
4. _____________________________________________________ Application Date_____________________
5. _____________________________________________________ Application Date_____________________

6. Have you ever worked under Washington State Law Enforcement Officer and Fire Fighters Retirement System (LEOFF)? _________ If so, state date coverage ended: _______________________________________________

7. Have you ever taken a Civil Service exam? □ Federal □ State □ City □ County If so, what was the result? ________________________________________________________________________________

8. Are you now on any list for hire with a law enforcement agency? □ Yes □ No

If yes, which agency:___________________________________________________________________________

**RESIDENTIAL HISTORY:**

1. List all the addresses where you have lived for the past ten (10) years, with the most recent address first. **DO NOT** list your present address. For periods of military service, list all addresses other than assigned quarters.

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## EDUCATION AND TRAINING:

1. List each high school, trade school, college, and university you have attended. Begin with the most recent.

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<th>School Name</th>
<th>Address</th>
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2. List any other special skills, training, or abilities you possess. Describe the nature of the skill and how acquired. Do Not list training received during military service.

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

3. Have you satisfactorily completed the Washington State Criminal Justice Training Academy – Basic Law Enforcement Academy or equivalency? ________ If yes, provide date: _______________________________

4. UPON REQUEST, YOU WILL BE RESPONSIBLE FOR FURNISHING A COPY OF ALL YOUR COLLEGE TRANSCRIPTS AND OR HIGH SCHOOL/GED CERTIFICATE TO THE STEVENS COUNTY CIVIL SERVICE COMMISSION PRIOR TO BEING SCHEDULED FOR AN ORAL BOARD.

MILITARY SERVICE:

1. Are you now serving or have you ever served in a branch of the Military, National Guard, or Reserves? □ Yes or □ No    If "yes", answer the following:

2. Branch of military: ________________________________________________________________

3. Unit (Infantry, Medics, etc.): _______________________________________________________

4. Your military occupational specialty: ________________________________________________

5. Military identification number: _____________________________________________________

6. Active duty dates: ___________________ to ____________________

7. Highest rank attained: _____________________________________________________________

8. List and describe any special training received in the Military: __________________________

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Were you discharged? □ Honorable □ Medical □ Other (Please Explain) _______________________

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Civil Service Application Update 3/26/2014
DRUG USE INFORMATION:

1. Do you use intoxicants? _______________________ If so, to what extent? ______________________________
____________________________________________________________________________________________

2. Have you ever used or possessed illicit drugs of any kind? _________________________________
____________________________________________________________________________________________

3. What illicit drugs have you used?

<table>
<thead>
<tr>
<th>Drug</th>
<th>How Often</th>
<th>Total Times Used</th>
<th>Date Started</th>
<th>Date Stopped</th>
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TRAFFIC AND CRIMINAL HISTORY:

1. Have you ever been detained for investigation or arrested by a Police Department or other law enforcement agency, either as a juvenile or an adult? ____________________________ If so, complete the following:

<table>
<thead>
<tr>
<th>Date</th>
<th>Type of Arrest or Incident</th>
<th>City/State</th>
<th>Court Disposition</th>
<th>Police Agency Concerned</th>
</tr>
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2. Have you ever been convicted of a crime in a civilian or military court? ________________________________

If "Yes," list any penalty you received including incarceration, probation, community service, fine, etc.

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<thead>
<tr>
<th>Date</th>
<th>Charge</th>
<th>City/State</th>
<th>Penalty</th>
<th>Type of Court</th>
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3. Have you ever received a traffic ticket other than parking violations? _________ If so, complete the following:
4. Have you ever been involved in a traffic accident? _________________ If so, complete the following:

<table>
<thead>
<tr>
<th>Date</th>
<th>Incident</th>
<th>Location</th>
<th>Disposition</th>
<th>Police Agency Concerned</th>
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GENERAL INFORMATION:

1. Indicate the approximate number of days missed from school or employment this year __________ last year __________.

2. Do you agree to take a polygraph and psychological examination concerning your personal history, which is one of the requirements for employment?  □ Yes  □ No

3. What is your own assessment of your physical and mental condition? ___________________________________

                                      __________________________________________
                                      __________________________________________
                                      __________________________________________

4. Are there any unfavorable incidents in your life not mentioned above which may be discovered by investigation which would require explanation? __________________________________________

                                      __________________________________________
                                      __________________________________________
                                      __________________________________________

                                      __________________________________________

                                      __________________________________________

                                      __________________________________________

                                      __________________________________________

                                      __________________________________________
5. Do you feel there are any reasons why you could not fulfill any work attendance requirements associated with the position for which you are applying? ____________________________________________________________
                                                                                   ________________________________________________________________________
                                                                                   ________________________________________________________________________
                                                                                   ________________________________________________________________________

6. In your own words, please explain what you perceive this job entails, why you are interested in this position and why you feel you are qualified for this job.
                                                                                   ________________________________________________________________________
                                                                                   ________________________________________________________________________
                                                                                   ________________________________________________________________________
                                                                                   ________________________________________________________________________
                                                                                   ________________________________________________________________________
                                                                                   ________________________________________________________________________
                                                                                   ________________________________________________________________________
                                                                                   ________________________________________________________________________
                                                                                   ________________________________________________________________________

(Feel free to use additional paper if you wish)
THIS PAGE TO BE COMPLETED BY 911 DISPATCH/CALL RECEIVER APPLICANTS ONLY:

1. Do you have relatives who are presently (or have formerly been) employed by Stevens County?  
   □ Yes □ No   If yes, please list their name and department. ______________________
   □ _______________________________________________________________________
   □ _______________________________________________________________________
   □ _______________________________________________________________________

2. Will you accept assignments to shift work that includes day, swing, and graveyard shifts on a rotational basis?  
   □ Yes □ No

3. Will you work overtime, weekends, and holidays?  
   □ Yes □ No

4. Do you accept that you may not be able to leave the facility during your shift except in an emergency?  
   □ Yes □ No

5. Do you agree that the integrity of the information in the Communications Center is vital and acknowledge and accept that any breach of confidentiality may result in dismissal?  
   □ Yes □ No

6. Are you able and willing to work in a high stress environment of an emergency communications center?  
   □ Yes □ No

7. Can you withstand harassment, verbal abuse, and use of foul language from confused, intoxicated, irate, ill or argumentative citizens?  
   □ Yes □ No

8. Can you and will you work in a disciplined environment and carry out orders even if you do not agree with them?  
   □ Yes □ No
9. CERTIFICATION - READ THE FOLLOWING BEFORE SIGNING

I understand it is my responsibility to keep the Civil Service Commission informed of any change of address and/or telephone number and that failure to do so may result in my name being removed from the eligibility list.

I recognize the Civil Service Commission's support of the Sheriff's policy of requiring the relocation of certain personnel to other communities in Stevens County in accordance with Departmental needs in order to more adequately provide law enforcement services. I agree to move should such relocation be required of me and do recognize this as a condition of employment should I be selected from the employment list. (Primarily concerns Deputy Sheriff applicants.)

I understand that if I am offered a position with the Stevens County Sheriff’s Office, I must successfully pass a pre-employment medical exam, which includes testing for drugs and/or alcohol. A psychological and/or polygraph exam may also be required.

I have read and understand all questions and statements contained in this application. Further, all statements I have made herein are in my own handwriting and are true and correct to the best of my knowledge and belief.

I give the Stevens County Civil Service Commission and/or the Stevens County Sheriff’s Office authority to make an investigation of my background with reference to my eligibility for employment with that Office. The attached release form is executed by me for that purpose.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

_________________________________    ________________________________
Date                                                                                     Signature

PLEASE BE SURE YOUR SIGNATURE IS NOTARIZED BEFORE RETURNING YOUR APPLICATION

STATE OF ____________________________)
County of ____________________________)

On this day personally appeared before me ___________________________________________, to me known to be the individual described herein and who executed the within and foregoing instrument and acknowledged that he/she signed the same as his/her free and voluntary act and deed, for the uses and purposes therein mentioned.

DATED this ___________________ day of ________________________________, 20__________.

                                      _____________________________________________________________
                                      NOTARY PUBLIC in and for the State of ____________________________,
                                      residing at ________________________________________________________.
                                      (seal)
                                      My commission expires ____________________________________________.
                                      Signature: ________________________________________________________.
AUTHORIZATION FOR RELEASE OF EMPLOYEE PERSONNEL RECORDS

Note: This form will be retained in your files and used at the time you are actually considered for appointment to an open position.

PLEASE COMPLETE

Name of Applicant: __________________________________________________________

Maiden or other names: ______________________________________________________

Date of Birth: _____________________________ Social Security #: ______________________

Dates of Employment: from ______________________________ to ________________________

Applicant for position of: ______________________________________________________

TO WHOM IT MAY CONCERN:

I respectfully request and authorize you to furnish the Stevens County Sheriff's Office any employment, medical, financial, physical and mental records or reports in your possession, including all information of a disciplinary, confidential or privileged nature (or photostats of same). This information is to be used to assist the department in determining my qualifications and fitness for the position I am seeking with Stevens County Sheriff's Office.

I hereby release you, your agent(s) and your organization from any liability or damage which may result from furnishing the information requested above.

Applicant's Signature: _______________________________________________________ Date: _______________________
VETERANS' PREFERENCE APPLICATION FORM

Veterans shall be accorded a credit as provided by RCW 41.04.010 (a copy of RCW 41.04.010 is on the reverse side of this form). In order to be eligible, you must be a "veteran" as defined in RCW 41.04.005 (also on the reverse side of this form).

I hereby certify that I am a veteran as defined in RCW 41.04.005 or 41.04.007.

PREFERENCE CLAIMED: (Mark one)

☐ 41.04.010 (1)  +10%  *for eligible veteran... (see reverse)

☐ 41.04.010 (2)  +5%  *for eligible veteran or veteran receiving military retirement... (see reverse)

☐ 41.04.010 (3)  +5%  *for eligible veteran who was called to active military service (see reverse)

(PLEASE TYPE OR PRINT THE INFORMATION REQUESTED)

Name: _______________________________________________________________________________________
First                                               Middle                                       Last                                  Social Security Number
Inclusive dates of service with the _________________________________________________________________ (Branch of Service)
From                                                                                To
Month                         Day                          Year                                  Month                         Day                         Year
I certify the above data to be true to the best of my knowledge and understand that by falsely claiming Veteran's Preference, I subject myself to removal from the register or dismissal from any employment that I might receive from Stevens County as the result of this application for Veteran's Preference.

I realize this declaration must be completed each time I request Veteran's Preference.

Date: _________________________ Signature ____________________________________________________

A copy of my DD-214 accompanies this form.

*Pursuant to RCW 41.04.010, a veteran will be considered to have used their ten or five point preference in obtaining their first public employment job where a competitive examination is required or used. The veteran has no choice to use or not use this preference and it cannot be banked for future use if not needed to obtain the first appointment. Thereafter, for promotions or transfers, the five or ten point preference will not be available. However, for promotions, transfers or any other application other than the first job, in the case of a tie score, a veteran(s) will be given preference pursuant to the general application of RCW 73.16.010.

With regard to veterans called back into the service from a public employment job, RCW 41.04.010(3) applies the following preference: "(3) Five percent to a veteran who was called to active military service for one or more years from employment with the state or any of its political subdivisions or municipal corporations. The percentage shall be added to the first promotional examination only."
RCW 41.04.005
"Veteran" defined for certain purposes.

(1) As used in RCW 41.04.005, 41.16.220, 41.20.050, 41.40.170, and *28B.15.380"veteran" includes every person, who at the time he or she seeks the benefits of RCW 41.04.005, 41.16.220, 41.20.050, 41.40.170, or *28B.15.380 has received an honorable discharge, is actively serving honorably, or received a discharge for physical reasons with an honorable record and who meets at least one of the following criteria:

(a) The person has served between World War I and World War II or during any period of war, as defined in subsection (2) of this section, as either:

(i) A member in any branch of the armed forces of the United States;

(ii) A member of the women's air forces service pilots;

(iii) A U.S. documented merchant mariner with service aboard an oceangoing vessel operated by the war shipping administration, the office of defense transportation, or their agents, from December 7, 1941, through December 31, 1946; or

(iv) A civil service crewmember with service aboard a U.S. army transport service or U.S. naval transportation service vessel in oceangoing service from December 7, 1941, through December 31, 1946; or

(b) The person has received the armed forces expeditionary medal, or marine corps and navy expeditionary medal, for opposed action on foreign soil, for service:

(i) In any branch of the armed forces of the United States; or

(ii) As a member of the women's air forces service pilots.

(2) A "period of war" includes:

(a) World War I;

(b) World War II;

(c) The Korean conflict;

(d) The Vietnam era, which means:

(i) The period beginning on February 28, 1961, and ending on May 7, 1975, in the case of a veteran who served in the Republic of Vietnam during that period;

(ii) The period beginning August 5, 1964, and ending on May 7, 1975;

(e) The Persian Gulf War, which was the period beginning August 2, 1990, and ending on the date prescribed by presidential proclamation or law;

(f) The period beginning on the date of any future declaration of war by the congress and ending on the date prescribed by presidential proclamation or concurrent resolution of the congress; and

(g) The following armed conflicts, if the participant was awarded the respective campaign badge or medal:
The crisis in Lebanon; the invasion of Grenada; Panama, Operation Just Cause; Somalia, Operation Restore Hope; Haiti, Operation Uphold Democracy; Bosnia, Operation Joint Endeavor; Operation Noble Eagle; southern or central Asia, Operation Enduring Freedom; and Persian Gulf, Operation Iraqi Freedom.

[2005 c 255 § 1; 2005 c 247 § 1. Prior: 2002 c 292 § 1; 2002 c 27 § 1; 1999 c 65 § 1; 1996 c 300 § 1; 1991 c 240 § 1; 1984 c 36 § 1; 1983 c 230 § 1; 1982 1st ex.s. c 37 § 20; 1969 ex.s. c 269 § 1.]

Notes:

Reviser's note: *(1) RCW 28B.15.380 was amended by 2005 c 249 § 2 and no longer applies to veterans. For later enactment, see RCW 28B.15.621. (2) This section was amended by 2005 c 247 § 1 and by 2005 c 255 § 1, each without reference to the other. Both amendments are incorporated in the publication of this section under RCW 1.12.025(2). For rule of construction, see RCW 1.12.025(1). Severability -- 2005 c 247: "If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected." [2005 c 247 § 3.] Effective date -- 2005 c 247: "This act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and takes effect immediately [May 3, 2005]." [2005 c 247 § 4.] Effective date -- 1983 c 230: "This act is necessary for the immediate preservation of the public peace, health, and safety, the support of the state government and its existing public institutions, and shall take effect July 1, 1983." [1983 c 230 § 3.] Effective date -- Severability -- 1982 1st ex.s. c 37: See notes following RCW 28B.15.012.

RCW 41.04.007
"Veteran" defined for certain purposes.

"Veteran" includes every person, who at the time he or she seeks the benefits of RCW 46.18.212, 46.18.235, 72.36.030, 41.04.010, 73.04.090, or 43.180.250 has received an honorable discharge or received a discharge for medical reasons with an honorable record, where applicable, and who has served in at least one of the following capacities:

(1) As a member in any branch of the armed forces of the United States, including the national guard and armed forces reserves, and has fulfilled his or her initial military service obligation;

(2) As a member of the women's air forces service pilots;

(3) As a member of the armed forces reserves, national guard, or coast guard, and has been called into federal service by a presidential select reserve call up for at least one hundred eighty cumulative days;

(4) As a civil service crewmember with service aboard a U.S. army transport service or U.S. naval transportation service vessel in oceangoing service from December 7, 1941, through December 31, 1946;

(5) As a member of the Philippine armed forces/scouts during the period of armed conflict from December 7, 1941, through August 15, 1945; or

(6) A United States documented merchant mariner with service aboard an oceangoing vessel operated by the department of defense, or its agents, from both June 25, 1950, through July 27, 1953, in Korean territorial waters and from August 5, 1964, through May 7, 1975, in Vietnam territorial waters, and who received a military commendation.
RCW 41.04.010
Veterans' scoring criteria status in examinations.

In all competitive examinations, unless otherwise provided in this section, to determine the qualifications of applicants for public offices, positions, or employment, either the state, and all of its political subdivisions and all municipal corporations, or private companies or agencies contracted with by the state to give the competitive examinations shall give a scoring criteria status to all veterans as defined in RCW 41.04.007, by adding to the passing mark, grade or rating only, based upon a possible rating of one hundred points as perfect a percentage in accordance with the following:

(1) Ten percent to a veteran who served during a period of war or in an armed conflict as defined in RCW 41.04.005 and does not receive military retirement. The percentage shall be added to the passing mark, grade, or rating of competitive examinations until the veteran's first appointment. The percentage shall not be utilized in promotional examinations;

(2) Five percent to a veteran who did not serve during a period of war or in an armed conflict as defined in RCW 41.04.005 or is receiving military retirement. The percentage shall be added to the passing mark, grade, or rating of competitive examinations until the veteran's first appointment. The percentage shall not be utilized in promotional examinations;

(3) Five percent to a veteran who was called to active military service from employment with the state or any of its political subdivisions or municipal corporations. The percentage shall be added to promotional examinations until the first promotion only;

(4) All veterans' scoring criteria may be claimed upon release from active military service or upon receipt of separation orders indicating an honorable discharge, issued by the respective military department.

[2013 c 83 § 1; 2009 c 248 § 1; 2007 c 449 § 1; 2003 c 45 § 1; 2002 c 292 § 4; 2000 c 140 § 1; 1974 ex.s. c 170 § 1; 1969 ex.s. c 269 § 2; 1953 ex.s. c 9 § 1; 1949 c 134 § 1; 1947 c 119 § 1; 1945 c 189 § 1; Rem. Supp. 1949 § 9963-5.]

Notes:
Veterans and veterans' affairs: Title 73 RCW.