



OKANOGAN COUNTY
HUMAN RESOURCES & CIVIL SERVICE COMMISSION

Civil Service Commissioners: Lee Pilkinton, Bertha Wandler & Ada Ward
Chief Examiner/Secretary: Debi Hilts, dhilts@co.okanogan.wa.us

123 5th Ave N #150
Okanogan, WA 98840

(509) 422-7169
okanogancounty.org/civilservice

CIVIL SERVICE APPLICATION CHECK LIST

For
Lateral Deputy Sheriff, Corrections Officer & 911 Dispatcher
OR
Control Room Operator & Records Clerk
OR
Jail Cook

Prior to forwarding your application packet to the Okanogan County Civil Service Commission, please review the Check List below, check off each item carefully, sign and return with the application packet. (**NOT** to be used for Entry-Level Deputy, Corrections or Communications Officer positions.)

ALL APPLICANTS/POSITIONS

- Letter of Interest
- Resume
- Personal History Application – original + 2 copies (3 total)
- Civil Service Release Waivers – signed
- Copy of High School Diploma/GED
- Copy of Driver's License
- DD 214 Military form (if applicable)

CONTROL ROOM OPERATOR & RECORDS CLERK (Additional)

- Typing test (Obtained from WorkSource only)

JAIL COOK (Additional)

- Food Handler Card

Signature

Date

Email: _____

POSITION(S) APPLYING FOR: _____

Personal History Statement OKANOGAN COUNTY CIVIL SERVICE

Will you be able to perform the duties of the position for which you are applying with or without accommodation? <input type="checkbox"/> with__ <input type="checkbox"/> without__ If with, please attach separate paper detailing accommodation needed.
Would any problem result if your present employer was contacted during the course of the background investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "no", when should such contact be made?
Have you ever applied for a position with the Okanogan County? Sheriff's Office? Yes__ No__ When? _____

Personal

The following information is requested of you for verification and contact purposes:

1. Your name (Please print)

Last	First	Middle
Other names (including nicknames you have used or been known by)		
E-MAIL ADDRESS: (very important – most communication is through email)		

2. Please list **MAILING** address **below**.

Street Address or P. O. Box	City	State	Zip Code

3. Please list **RESIDENT** address **below**. (if different than mailing address)

Street Address	City	State	Zip Code

4. Please list the local telephone number(s) at which you can be contacted.

Phone number ()	Phone number ()
Hrs. you can be contacted	Hrs. you can be contacted

5. Birthdate

5a. Okanogan County Civil Service regulations require employees to be U.S. citizens.

Month	Day	Year	Can you provide such documentation? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Place of Birth (City & State):

6. Social Security Number

			In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.
--	--	--	--

7. For the purposes of identification, please provide the following:

Height	Weight	Hair Color	Eye Color	Scars, tattoos or other distinguishing marks

Relatives, References, Acquaintances

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for a position in the Sheriff's Office. Inquires will be confined to job-relevant matters.

8. Please supply the appropriate information in the spaces provided below. If a category is not applicable, write in "N/A".

If living, name of your:	Address where person can be contacted (Include City, State and Zip Code)	Telephone at which person can be contacted
Father		() Home () Work () Other
Mother		() Home () Work () Other

Father-in-Law		() Home () Work () Other
Mother-in-Law		() Home () Work () Other
Spouse		() Home () Work () Other
Former Spouse(s)		() Home () Work () Other

Brother(s) and Sister(s)		() Home () Work () Other
		() Home () Work () Other
		() Home () Work () Other
Step-mother		() Home () Work () Other
Step-father		() Home () Work () Other
Step-brother(s) and step-sister(s)		() Home () Work () Other
		() Home () Work () Other
		() Home () Work () Other

Other relatives with whom you have a close personal relationship (including children)

	Relationship	
		() Home () Work () Other
		() Home () Work () Other
		() Home () Work () Other
		() Home () Work () Other

9. Below, please list those individuals with whom you have resided during the last 10 years (list no information prior to your 15th birthday). Exclude family members.

		() Home () Work () Other
		() Home () Work () Other
		() Home () Work () Other
		() Home () Work () Other
		() Home () Work () Other
		() Home () Work () Other

10. In the space below, please supply as references 3 - 5 individuals who have knowledge of you and your qualifications.

Name	Address where person can be contacted (Include City, State and Zip Code)	Telephone at which person can be contacted
		() Home () Work () Other
		() Home () Work () Other
		() Home () Work () Other
		() Home () Work () Other
		() Home () Work () Other

11. Please list 3-5 individuals who are social acquaintances (i.e., persons whom you have seen frequently during the past year) and have knowledge of you & your qualifications. Exclude relatives and former employers.

		() Home () Work () Other
		() Home () Work () Other
		() Home () Work () Other
		() Home () Work () Other
		() Home () Work () Other

Education

12. Check the appropriate box indicating your high school status:

<input type="checkbox"/> I possess a high school diploma. <input type="checkbox"/> I passed the G.E.D. (General Educational Development) test. <input type="checkbox"/> I possess other equivalent. Explain: _____ <input type="checkbox"/> I do not currently have a high school diploma or its equivalent, but I plan to satisfy the requirement in the future as follows:
When:
How:

13. Please indicate below all the schools you have attended beginning with high school. During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts.

Specify degrees or diplomas.

Name of School	Location of School (City & State)	Dates Attended		Degrees/Diplomas
		From	To	

Experience and Employment

16. Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held. (For the purposes of this personal history statement, voluntary work should be included as employment.) For identification and verification, please indicate the nature of the activity, i.e., full-time, part-time, or voluntary. If you have had an intervening period of military service or unemployment, please list those periods in sequence in the spaces provided.

Dates of employment	Name and address of employer	Name of supervisor
From To Mo. Yr. Mo. Yr. ____/____/____	_____ _____ _____ Telephone No. _____ Title or duties (for identification purposes)	_____ Name(s) of co-worker(s) _____ _____
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed From Mo. Yr. Mo. Yr. _____/_____/_____ To _____/_____/_____ 		

Dates of employment	Name and address of employer	Name of supervisor
From To Mo. Yr. Mo. Yr. ____/____/____	_____ _____ _____ Telephone No. _____ Title or duties (for identification purposes)	_____ Name(s) of co-worker(s) _____ _____
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed From Mo. Yr. Mo. Yr. _____/_____/_____ To _____/_____/_____ 		

Dates of employment	Name and address of employer	Name of supervisor
From To Mo. Yr. Mo. Yr. ____/____/____	_____ _____ _____ Telephone No. _____ Title or duties (for identification purposes)	_____ Name(s) of co-worker(s) _____ _____
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed From Mo. Yr. Mo. Yr. _____/_____/_____ To _____/_____/_____ 		

Dates of employment	Name and address of employer	Name of supervisor
From To Mo. Yr. Mo. Yr. ____/____/____	_____ _____ _____ Telephone No. _____ Title or duties (for identification purposes)	_____ Name(s) of co-worker(s) _____ _____
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed From Mo. Yr. Mo. Yr. _____/_____/_____ To _____/_____/_____ 		

Experience and Employment Continued

Dates of employment	Name and address of employer	Name of supervisor
From To Mo. Yr. Mo. Yr. ___/___ ___/___ <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Voluntary	_____ _____ _____ Telephone No. _____ Title or duties (for identification purposes)	_____ Name(s) of co-worker(s) _____ _____
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed		
From Mo. Yr. Mo. Yr. _____/_____/_____ To _____/_____/_____		

Dates of employment	Name and address of employer	Name of supervisor
From To Mo. Yr. Mo. Yr. ___/___ ___/___ <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Voluntary	_____ _____ _____ Telephone No. _____ Title or duties (for identification purposes)	_____ Name(s) of co-worker(s) _____ _____
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed		
From Mo. Yr. Mo. Yr. _____/_____/_____ To _____/_____/_____		

Dates of employment	Name and address of employer	Name of supervisor
From To Mo. Yr. Mo. Yr. ___/___ ___/___ <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Voluntary	_____ _____ _____ Telephone No. _____ Title or duties (for identification purposes)	_____ Name(s) of co-worker(s) _____ _____
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed		
From Mo. Yr. Mo. Yr. _____/_____/_____ To _____/_____/_____		

Dates of employment	Name and address of employer	Name of supervisor
From To Mo. Yr. Mo. Yr. ___/___ ___/___ <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Voluntary	_____ _____ _____ Telephone No. _____ Title or duties (for identification purposes)	_____ Name(s) of co-worker(s) _____ _____
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed		
From Mo. Yr. Mo. Yr. _____/_____/_____ To _____/_____/_____		

Experience and Employment Continued

Dates of employment	Name and address of employer	Name of supervisor
From To Mo. Yr. Mo. Yr. ___/___ ___/___ <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Voluntary	_____ _____ _____ Telephone No. _____ Title or duties (for identification purposes)	_____ Name(s) of co-worker(s) _____ _____
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed		
From Mo. Yr. Mo. Yr. _____/_____/_____ To _____/_____/_____		

Dates of employment	Name and address of employer	Name of supervisor
From To Mo. Yr. Mo. Yr. ___/___ ___/___ <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Voluntary	_____ _____ _____ Telephone No. _____ Title or duties (for identification purposes)	_____ Name(s) of co-worker(s) _____ _____
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed		
From Mo. Yr. Mo. Yr. _____/_____/_____ To _____/_____/_____		

Dates of employment	Name and address of employer	Name of supervisor
From To Mo. Yr. Mo. Yr. ___/___ ___/___ <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Voluntary	_____ _____ _____ Telephone No. _____ Title or duties (for identification purposes)	_____ Name(s) of co-worker(s) _____ _____
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed		
From Mo. Yr. Mo. Yr. _____/_____/_____ To _____/_____/_____		

Dates of employment	Name and address of employer	Name of supervisor
From To Mo. Yr. Mo. Yr. ___/___ ___/___ <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Voluntary	_____ _____ _____ Telephone No. _____ Title or duties (for identification purposes)	_____ Name(s) of co-worker(s) _____ _____
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed		
From Mo. Yr. Mo. Yr. _____/_____/_____ To _____/_____/_____		

Experience and Employment Continued

17. Would any problem result if your present employer was contacted during the course of the background investigation? Yes No

If "no", when should such contact be made?

18. If you have had no prior employment, please explain in the space below.

19. Have you ever been fired or asked to resign from any place of employment? Yes No
If "yes", please give details (include when, where, circumstances).

20. Have you ever been a successful or unsuccessful candidate for another position requiring peace officer powers? Yes No
If "yes", please give details (include when, name of agency, circumstances).

Military Service

21. Have you ever served in the armed forces, National Guard or military reserves? Yes No
If "yes", please supply the following information:

Branch of Service	Service Number	Dates of Service	Type of Discharge
		/ to /	

22. Please list current and past draft classifications in chronological order beginning with the most recent:

23. Are you currently participating in any military reserve or National Guard program? Yes No

24. Have you even been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves? Yes No
If "yes", please give details (include branch of service, when, where, circumstances).

25. Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.

Name	Contact Address	Contact Telephone	Years Known	
			From	To

Financial

26. The management of personal finances is relevant to an individual's qualifications for the position of peace officer. Therefore, please fill in the financial statement below. Be complete and accurate. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations. **(Providing this information is optional).**

Current Monthly Income			Current Monthly Expenditures		
Monthly salary	\$		Real Estate (mortgage) payment(s)	\$	
Spouse's salary			Rent		
Other monthly income - describe			Other monthly payments - describe		
			Estimated monthly cost of living (include utilities, food, gasoline, home and car maintenance, entertainment and any other obligations,		
TOTAL MONTHLY INCOME	\$		TOTAL MONTHLY EXPENDITURES	\$	

27. Have you ever filed for or declared bankruptcy or filed for the Wage Earner's Plan? Yes No

If "yes", please give details (include when, where, why).

28. Have any of your bills ever been turned over to a collection agency? Yes No

If "yes", please give details (include when, firms involved, circumstances).

29. Have you ever had purchased goods repossessed? Yes No

If "yes", please give details (include when, firms involved, circumstances).

30. Have your wages ever been garnisheed? Yes No

If "yes", please give details (include when, where, why).

31. Have you ever been delinquent on income or other tax payments? Yes No

If "yes", please give details (include when, where, why).

L e g a l

32. If you have ever been arrested or convicted for any crime (excluding traffic citations), please give the following information:

Approx. Date	Police Agency	Circumstances

33. Have you ever been placed on court probation as an adult? Yes No

If "yes", please give details (include when, where, why).

34. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult? Yes No

If "yes", please give details (include when, where, why).

35. Have you ever been reported to a law enforcement agency as a missing person or a runaway? Yes No

If "yes", please give details (include date, law enforcement agency, circumstances).

36. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? Yes No

If "yes", please give details (include when, where, name and location of court, circumstances).

Motor Vehicle Operation

An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information.

37. Washington State Drivers License number	Expiration Date
---	-----------------

38. Please list other states where you have been licensed to operate a motor vehicle.

State	Name under which license was granted

39. Have you ever been refused a driver's license by any state? Yes No
If "yes", please explain (include when, where, why).

40. Please list all traffic citations (exclude parking citations) you have received within the last 7 years.

Nature of Violation	Location (city)	Approximate Date	Indicate whether fined or action taken on driver's license

41. Have you ever been involved as a driver in a motor vehicle accident within the last 7 years? Yes No
If "yes", please give details for each accident.

Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	Disposition:
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	Disposition:
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	Disposition:
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	Disposition:
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	Disposition:

42. If there is anything you wish to discuss about your driving record, please use the space below.

43. Has your license ever been suspended, revoked, or placed on negligent operator's probation? Yes No
 If "yes", please give details (include what, when, where, why).

Special Qualifications & Skills

44. List any special licenses you hold (such as pilot, radio operator, scuba, etc.), showing licensing authority, original date of issue, and date of expiration.

45. List any specialized machinery or equipment which you can operate, including office machines and typing speed.

46. Are you fluent in any foreign language? If so, list below and indicate your degree of fluency (excellent, good or fair) in each area.

Language	Reading	Speaking	Understanding	Writing
Language	Reading	Speaking	Understanding	Writing
Language	Reading	Speaking	Understanding	Writing

47. List any other special skills or qualifications you may possess.

General Information

53. Have you ever been refused insurance for any reason other than failure to pay a premium? Yes No
 If "yes", please explain (include company name and address, date, and reason).

54. Have you ever applied for a permit to carry a concealed weapon? Yes No
 If "yes", provide the following information:

Date	Name of law enforcement agency	Permit granted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Purpose		

If selected as a candidate for employment with the Okanogan County Sheriff's Dept., I hereby agree to a background investigation and psychological evaluation and will submit to a polygraph examination.

I hereby certify that all information given by me herein is true and complete to the best of my knowledge. I understand that providing false or misleading information or any misstatements of material facts will subject me to disqualification or immediate dismissal.

I further certify that I am not engaged in any outside activity or business that could be considered in conflict with the Sheriff's Office's interest nor will I become engaged in such activity or business if employed.

I authorize the Sheriff's Office to solicit information regarding my character, general reputation, credit, previous employment, and similar background information, and to contact any previous employers and references I have given on my application. I authorize all previous employers to furnish the Sheriff's Office with information they may have regarding my employment and reason for leaving. I release all parties and persons connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information. If employed, I release the Sheriff's Office from any liability for future references it may provide regarding my work history.

Signature in full	Date Completed
--------------------------	-----------------------

INFORMATION WAIVERS

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I authorize you to furnish the Okanogan County Civil Service Commission and/or the Okanogan County Sheriff's Office with any & all information that you have concerning me, my reputation, my medical records, my psychological testing and analysis and recommendations, my military service records, my driving record and history, my education records, and financial status. You are also authorized to furnish the Okanogan County Sheriff's Office with my criminal history records. Information of a confidential or privileged nature may be included with the information furnished. Your reply will be used to assist the Okanogan County Civil Service Commission and/or the Okanogan County Sheriff's Office in determining my qualifications and fitness for the position I am seeking with the Okanogan County Sheriff's Office.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, and waive those rights with the Okanogan County Civil Service Commission and/or the Okanogan County Sheriff's Department in conjunction with employment procedures.

I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested.

Date

Name (please print)

Signature

AUTHORIZATION TO RELEASE EMPLOYMENT RECORDS

I, the undersigned applicant for employment with the Okanogan County Sheriff's Office, in consideration of the review of my employment application, do hereby release and authorize any prior employer of mine to release to the Okanogan County Civil Service Commission, 123 5th Ave N #150, Okanogan, WA 98840 and/or the Okanogan County Sheriff's Office 123 5th Ave N #200, WA. 98840, any and all records of my prior employment retained by my former employers. I agree to waive any claim or cause of action relating to such release of prior employment records and promise to defend and hold harmless the Okanogan County Civil Service Commission and/or the Okanogan County Sheriff's Office, their officers and employees, from any claim or loss arising from such release.

It is my intention that any copy of this authorization be as effective as the original.

Date

Name (please print)

Signature

QUESTIONNAIRE

This questionnaire is mandatory as the first stage of the examination procedure for employment with the Okanogan County Sheriff's Office. It must be completed in full and returned with your application packet to the Civil Service Commission. Your answers to the questions will be verified by the background investigation. False information on this questionnaire will be grounds for removal from the register or dismissal, if you are hired by the Sheriff's Office.

Please answer YES or NO to each question and provide details for any "yes" response. Read and sign the questionnaire at the bottom of the page.

1. Have you ever been convicted of a felony? yes () no ()
2. Have you ever been convicted of a misdemeanor involving theft, sex offenses, moral turpitude, larceny, or violence? yes () no ()
3. Have you ever had your driver's license suspended or revoked for driving while intoxicated or reckless driving within the last three years? yes () no ()
4. Have you ever used any of the following drugs that was not prescribed by a physician: yes () check all that apply no ()
 - () Amphetamines or Methamphetamines (uppers, speed, crank, etc)
 - () Cocaine or Crack Cocaine
 - () Designer Drugs (ecstasy, synthetic heroin, etc)
 - () Hallucinogens (peyote, LSD, mushrooms)
 - () Hashish or Hashish Oil
 - () Morphine
 - () Quaaludes
 - () Tetrahydrocannabinol (THC)
 - () Barbiturates (downers)
 - () GHB (Date Rape Drug)
 - () Glue
 - () Heroin/Opium
 - () Mescaline
 - () PCP or Angel Dust
 - () Steroids
 - () Marijuana
5. Within the past six months, have you used any drug(s) as indicated above? yes () no ()
6. Have you ever been involved in illegal trafficking (sale or transportation for sale) of any of the above listed drugs? yes () no ()
7. Have you ever supported or participated with individuals or groups that were involved in criminal activities? yes () no ()
8. Have you ever been in a physical altercation? yes () no ()

SIGN BELOW:

All the information on this questionnaire is true and accurate to the best of my knowledge. I understand that the information I am providing here will be verified. I understand that a deliberate misstatement will be grounds for removal from the list of persons eligible for this job, and for being removed from the job, if hired.

Name: _____
(Please print)

Signature: _____

Date: _____

VETERAN'S PREFERENCE

FOR ADDITIONAL INFORMATION REGARDING VETERAN'S PREFERENCE, SEE RCW 41.04.010

To determine the qualifications of applicants for public offices, positions or employment, the state, and all of its political subdivisions and all municipal corporations, shall give a preference criteria status to all veterans as defined in **RCW 41.04.005** and **41.04.007** by adding to the passing mark, grade or rating only a percentage in accordance with the following:

- Ten percent (10%) 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.

- Five percent (5%) 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.

- Five percent (5%) 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.

Please, check the above box that applies to your eligibility for "Veteran's Scoring Criteria".

I hereby certify that I am a veteran as defined in **RCW 42.04.005** and **41.04.007**. A copy of my **DD-214** accompanies this form. (If you have not yet been discharged, the Commission may accept alternative forms demonstrating eligibility.)

I have never obtained employment utilizing veteran's preference/scoring criteria in the past.

Date of Release _____

Date of Application _____

Signature of Applicant
