

Okanogan County Civil Service Commission

Commissioners: Lee Pilkinton, Bertha Wandler and Ada Ward
Secretary: Debi Hilts, dhilts@co.okanogan.wa.us

123 5th Ave N #150
Okanogan, WA 98840

(509) 422-7169
okanogancounty.org/civilservice

JOB ANNOUNCEMENT

CONTROL ROOM OPERATOR/RECORDS CLERK

Okanogan County Sheriff's Office

Examination to establish a roster for Control Room Operator/Records Clerk

SALARY: Control Room Operator \$2957/Records Clerk \$2,899 per month with benefits

REQUIREMENTS: U.S. citizen, WA Drivers' License, HS grad or GED. Must be 21 years of age. Control Room Operator typing requirement is 20 wpm and Records Clerk typing requirement is 30 wpm. Applicant cannot have been convicted of any felonies. Background investigation, psychological and polygraph exams conducted on successful candidates. Hiring is provisional, based on outcome of psychological evaluation.

APPLICATION DEADLINE: June 8, 2016 at 5 p.m.

EXAMINATION DATES: Written – June 10, 2016 @ 2 p.m. in Commissioners Hearing Room
Oral Boards – To be Determined

TESTING FEE: A \$15 non-refundable testing fee must accompany the completed application or on the date of testing.

APPLICATION: The application packet is available from

- Civil Service/Human Resources, 123 5th Ave N #150
- On-line at <http://okanogancounty.org/civilservice/page2.htm>

CIVIL SERVICE APPLICATION CHECK LIST

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.

- Personal History Application – original + 2 copies (3 total)
- Civil Service Release Waivers – signed
- Typing test results (must be obtained from WorkSource)
- Copy of High School Diploma/GED
- Copy of Driver’s License
- DD 214 Military form (if applicable)

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.
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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

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) _____ _____
<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Voluntary		
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) _____ _____
<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Voluntary		
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) _____ _____
<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Voluntary		
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) _____ _____
<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Voluntary		
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
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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:

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

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
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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, P.O. Box 729, Okanogan, WA 98840 and/or the Okanogan County Sheriff's Office, P.O. Box 32, Okanogan, 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 ()

<input type="checkbox"/> Amphetamines or Methamphetamines (uppers, speed, crank, etc)	<input type="checkbox"/> Barbiturates (downers)
<input type="checkbox"/> Cocaine or Crack Cocaine	<input type="checkbox"/> GHB (Date Rape Drug)
<input type="checkbox"/> Designer Drugs (ecstasy, synthetic heroin, etc)	<input type="checkbox"/> Glue
<input type="checkbox"/> Hallucinogens (peyote, LSD, mushrooms)	<input type="checkbox"/> Heroin/Opium
<input type="checkbox"/> Hashish or Hashish Oil	<input type="checkbox"/> Mescaline
<input type="checkbox"/> Morphine	<input type="checkbox"/> PCP or Angel Dust
<input type="checkbox"/> Quaaludes	<input type="checkbox"/> Steroids
<input type="checkbox"/> Tetrahydrocannabinol (THC)	<input type="checkbox"/> 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: _____

SCORING CRITERIA STATUS - (OLD "VETERAN'S PREFERENCE")

Following these questions is an explanation of Scoring Criteria Status (the old Veterans' Preference).

Do you claim Scoring Criteria Status (Veteran's Preference)? Yes No

If yes, give the dates of service: Month/Day/Year
From: ____/____/____ To: ____/____/____

Under which category of veterans (see explanation below), are you claiming scoring criteria status?

Category 1: Category 2: Category 3:

Did you retire from military service? Yes No

Have you ever used Scoring Criteria Status /Veteran's Preference to obtain employment?

Yes No

If "Yes", which job(s):

Signed _____ Date _____

YOU MUST INCLUDE A COPY OF YOUR MILITARY DISCHARGE (DD214) AND MEET THE BASE REQUIREMENTS, AND BE WITHIN ONE OF THE THREE CATEGORIES OF VETERANS QUALIFYING, TO CLAIM SCORING CRITERIA STATUS

BASE REQUIREMENTS TO CLAIM SCORING CRITERIA STATUS:

A base requirement of each category is that the person has received from any branch of the armed forces an HONORABLE DISCHARGE OR DISCHARGE FOR PHYSICAL REASONS WITH AN HONORABLE RECORD.

Another base requirement is that Scoring Criteria Status must be claimed within 15 YEARS of the date of the veteran's release from active military service (this is an increase from the prior 8 year limitation). Also, the 15 year period may be extended for "valid and extenuating reasons" which include, but are not limited to:

- documented medical reasons beyond control of the veteran; - (include documentation)
- any Veterans' Administration documented disabled veteran; - (include documentation)
- any veteran who loses his or her job, without being at fault, and whose livelihood is adversely affected may seek scoring criteria employment consideration. (Employer _____
Phone # _____ Date Laid Off: _____)

THREE CATEGORIES OF VETERANS QUALIFYING FOR SCORING CRITERIA STATUS

The 2000 legislature, in SSB 5366 (Chapter 140, Laws of 2000), significantly expanded the veterans' preference relating to civil service hiring, and renamed is as a "scoring criteria status".

SSB 536, passed June 2000, greatly expands the pool of veterans covered by RCW 41.04.010. It adds an entirely new category of veteran, whose service was NOT DURING A TIME OF WAR OR IN AN ARMED CONFLICT. There are now THREE CATEGORIES OF VETERANS TO WHICH THE SCORING CRITERIA STATUS APPLIES.

The three categories are:

CATEGORY 1:

VETERANS WHO SERVED DURING A PERIOD OF WAR, (simply being in the armed forces during such a period is sufficient – need not have served in a combat zone) **OR IN AN ARMED CONFLICT** (for which they received a campaign badge or medal) **AND DO NOT RECEIVE MILITARY RETIREMENT.**

A “PERIOD OF WAR” is defined by FCW 41.04.005 to include the following:

- the two world wars (WWII was 12/7/41 to 4/28/52)
- the Korean conflict (6/27/50 to 7/27/54)
- the Vietnam era (8/5/64 to 5/7/75)
- the Persian Gulf War (which was the period beginning August 2, 1990 and ending on the date prescribed by presidential proclamation or law. HOWEVER, SINCE THERE HAS NEVER BEEN A PRESIDENTIAL PROCLAMATION OR LAW OFFICIALLY ENDING THE PERSIAN GULF WAR, ANYBODY WHO HAS SERVED IN THE ARMED FORCES SINCE AUGUST 2, 1990 AND DOES NOT RECEIVE MILITARY RETIREMENT WILL QUALIFY FOR THIS TEN PERCENT SCORING CRITERIA STATUS, IN ADDITION TO THOSE WHO QUALIFY BECAUSE OF EARLIER SERVICE.)

The statute also designates the following “armed conflicts,” if the veteran was awarded the respective campaign badge or medal:

- the crisis in Lebanon (6/1/83 to 12/1/87) (Armed Forces Expeditionary Medal)
- the invasion of Grenada (10/23/83 to 11/21/83) (Armed Forces Expeditionary Medal)
 - Panama, Operation Just Cause (12/20/89 to 1/31/90) (Armed Forces Expeditionary Medal)
 - Somalia, Operation Restore Hope;
 - Haiti, Operation Uphold Democracy
 - Bosnia, Operation Joint Endeavor

Since the latter three “armed conflicts” occurred during the Gulf War period, a person who served in either of those conflicts also qualifies as having served during a “period of war,” so a campaign badge would not be necessary to qualify in this category.

Veterans in this category receive a 10 percent scoring criteria added to passing mark, grade, or rating of competitive exams until their first appointment. This “first appointment” limitation means that, if a veteran has gotten a job with the 10 percent scoring criteria status, he or she may not use to obtain another job, even with another agency. Also, it may not be used in a promotional exam.

CATEGORY 2:

VETERANS WHO DID NOT SERVE DURING A PERIOD OF WAR OR WHO ARE RECEIVING MILITARY RETIREMENT.

This category of veterans, which includes any veteran not covered by the first category, is entitled to a five percent scoring criteria status. Like the first category, it may be used only until a veteran’s first appointment and may not be used in any promotional exam.

CATEGORY 3:

VETERANS WHO WERE CALLED TO ACTIVE MILITARY SERVICE FOR ONE OR MORE YEARS FROM EMPLOYMENT WITH A CITY OR COUNTY.

This category receives a five percent scoring criteria status that applies to *first promotional* examinations only. Of course, veterans in this category could also qualify in any of the above two categories when seeking initial employment with another agency covered by RCW 41.04.010.

EXPLANATION OF SCORING CRITERIA STATUS:

A scoring criteria status is the addition of a certain percentage to the “passing mark, grade or rating” received in a competitive examination by a veteran (RCW 41.04.005 and RCW 41.04.010). The percentage, which varies with the category of veteran (when the scoring criteria status can be applied also varies with the category of veteran) -- the percentage is based upon a possible rating of one hundred points as perfect (RCW 41.04.010). For example, a veteran entitled to a 10 PERCENTER SCORING CRITERIA who scores a passing grade of 80 out of a possible 100, would receive an additional 8 points for a total score of 88.
