

## WHITMAN COUNTY CIVIL SERVICE COMMISSION

In compliance with Federal and State equal employment opportunity guidelines, qualified applicants are considered for employment without regards to race, creed, color, sex, national origin, age, marital status, or presence of a non-job related medical condition or handicap.

POSITION APPLYING FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SSN: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAYTIME/MESSAGE PHONE: \_\_\_\_\_

Have you ever been employed with Whitman County? When? Position? \_\_\_\_\_

Are you a citizen of the United States? **Yes No**

Have you ever been convicted of a felony? **Yes No** If yes, please explain: \_\_\_\_\_

Please list any professional certificate(s) or license(s) you hold: \_\_\_\_\_

Please list any special skills, training, or additional experience you have acquired: \_\_\_\_\_

**Circle the highest grade completed in school:**

**Grammar:** 1 2 3 4 5 6 7 8 9 10 11 12 GED **College:** 1 2 3 4 **Graduate:** 1 2 3 4

**PLEASE LIST ALL SCHOOLS ATTENDED AFTER HIGH SCHOOL**

NAME OF SCHOOL	LOCATION	DIPLOMA/DEGREE	MAJOR

Include a copy of your transcript or diploma with your application to secure EDUCATION POINTS.

**PLEASE LIST ALL MILITARY SERVICE**

BRANCH OF SERVICE	DATE ENLISTED	DATE OF SEPARATION

Do you claim Veterans Preference? **Yes No** If yes, you must attach a copy of your DD-214.

If retired, are you receiving veterans payments? **Yes No**

Have you ever received an appointment to public office where you used your veterans preference? **Yes No**

**VETERANS PREFERENCE** will be granted in accordance with Washington State law. To claim such preference verification of veterans status must be furnished at the time of application as per RCW 41.04.005 AND 41.04.010.

**PLEASE LIST THREE REFERENCES WHO ARE NOT RELATIVES:**

NAME	ADDRESS	PHONE NUMBER

**EMPLOYMENT HISTORY**

EMPLOYER: _____	PHONE: (        ) _____
JOB TITLE: _____	ADDRESS: _____
DESCRIBE DUTIES: _____	_____
_____	SUPERVISOR: _____
_____	DATES: _____ FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>
_____	RATE OF PAY: \$ _____
REASON FOR LEAVING: _____	MAY WE CONTACT THIS EMPLOYER?
_____	YES <input type="checkbox"/> NO <input type="checkbox"/>

EMPLOYER: _____	PHONE: (        ) _____
JOB TITLE: _____	ADDRESS: _____
DESCRIBE DUTIES: _____	_____
_____	SUPERVISOR: _____
_____	DATES: _____ FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>
_____	RATE OF PAY: \$ _____
REASON FOR LEAVING: _____	MAY WE CONTACT THIS EMPLOYER?
_____	YES <input type="checkbox"/> NO <input type="checkbox"/>

EMPLOYER: _____	PHONE: (        ) _____
JOB TITLE: _____	ADDRESS: _____
DESCRIBE DUTIES: _____	_____
_____	SUPERVISOR: _____
_____	DATES: _____ FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>
_____	RATE OF PAY: \$ _____
REASON FOR LEAVING: _____	MAY WE CONTACT THIS EMPLOYER?
_____	YES <input type="checkbox"/> NO <input type="checkbox"/>

I hereby certify that all statements made in this application are true. I understand and agree that any false statements on this form shall be considered sufficient cause for rejection of my application, removal from the eligibility list, or dismissal if I am employed.

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

I understand that completion of this application does not guarantee me employment.

I authorize contact with my past and present employers to verify job descriptions, work performance, and other statements made in this application as may be necessary in arriving at an employment decision.

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

---

---

**NOTICE TO APPLICANTS:** Applicants, who provide proper documentation, will receive the following bonus points in addition to oral and written scores.

**VETERANS PREFERENCE:** Points for military service will be awarded in compliance with Washington State Law, RCW 41.04.005 and 41.04.010.

**RESERVE OFFICER LOYALTY POINTS:** Points of 5% will be awarded to reserve officers with 2 years of reserve officer experience and are certified through the Washington State Training Commission.

**EDUCATION POINTS:** To be awarded education points you must have been awarded your degree by the date of the examination.

- 4 points for a Masters Degree, or
- 3 points for a Bachelors Degree, or
- 2 points for an Associates Degree from a 2 year institution, and
- 1 point if the degree is in Police Science or Criminal Justice.

## EXPERIENCE OR EDUCATIONAL QUALIFICATIONS

Briefly relate what experience or educational qualifications you have that would assist you in the performance of duty in this classification and that, in your opinion, would contribute to the successful and efficient operation of the Sheriff's Office.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

SIGNED: \_\_\_\_\_



# WHITMAN COUNTY SHERIFF'S OFFICE

P.O. BOX 470 · COLFAX, WA 99111 · PHONE (509) 397-6266 · FAX (509) 397-2099

**BRETT J. MYERS, SHERIFF**

## WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I authorize you to furnish the Whitman County Sheriff's Department with any and all information you have concerning me, my work record, my reputation, my medical record, my military service records, and my financial status. Information of a confidential or privileged nature may be included. Your reply will be used to assist the Sheriff's Department in determining my qualifications and fitness for the position I am seeking with the Department.

I understand my rights under Title 5, United States Code, Section 552A; the Privacy Act of 1974; and waive those rights with the understanding that information furnished will be used by the Whitman County Sheriff's Department.

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires \_\_\_\_\_.

NOTE: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this form in your files.

**MUST BE NOTARIZED**

The Washington State Human Rights commission requests that we compile statistics on our applicants. This information will be maintained separately from your application and will not be used in a discriminatory manner. We would appreciate your assisting us by voluntarily providing the following information:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE

**PLEASE MARK THE APPROPRIATE BOXES**

How did you learn of the position for which you are applying?

NEWSPAPER ADVERTISEMENT

What newspaper? \_\_\_\_\_

EMPLOYMENT SECURITY DEPARTMENT

FRIEND

RELATIVE

WALK IN

OTHER: \_\_\_\_\_

With which race/ethnic group do you identify?

WHITE

BLACK

HISPANIC

ASIAN OR PACIFIC ISLANDER

AMERICAN INDIAN OR ALASKAN NATIVE

OTHER (Specify): \_\_\_\_\_

**Which gender are you?**

MALE

FEMALE

POSITION APPLYING FOR: \_\_\_\_\_

CLOSING DATE: \_\_\_\_\_