

**EMPLOYMENT APPLICATION
SKAMANIA COUNTY
SHERIFF'S OFFICE**



Skamania County
200 Vancouver Avenue/PO Box 790
Stevenson, WA 98648
PHONE 509-427-9490
FAX 509-427-4369

Email: scso@co.skamania.wa.us
<http://www.skamaniasheriff.com>

POSITIONS ONLY

INSTRUCTIONS: TYPE OR LEGIBLY PRINT THIS APPLICATION USING DARK INK ONLY. APPLICATION SHOULD BE FILLED OUT IN ITS ENTIRITY. AN INCOMPLETE APPLICATION MAY DISQUALIFY YOU FROM FURTHER CONSIDERATION.

GENERAL INFORMATION

| | | | | | |
|--|-------------------|--|---|---|--|
| POSITION APPLYING FOR | | POSTING# | Social Security # (Used for processing -Optional) | | |
| Last Name | | First Name | | Middle Initial | |
| Address | | City | State | Zip + Four | |
| Home Phone () | Work Phone () | Cell Phone/or other: () | Email Address: | Are you a United States Citizen? Yes [] No [] (RCW 41.14.100) | |
| Washington State labor laws restrict some employment from persons under 18 years old. Are you at least 18 years old? Yes [] No [] | | Deputy Sheriff and Custody Officer positions require individuals to be 21 at the time of hire. Applicants must be within three months of turning 21 in order to apply. Do you meet this requirement: Yes [] No [] Not applicable [] | | | |
| Most Sheriff's Office positions require shift work of day, swing, and graveyards shifts, and involve working most weekends and holidays. (Most new employees will work swing or graveyard shifts) Are you willing and able to work all shifts, holidays, and weekends: Yes [] No [] Not applicable [] (See specific job announcement for details) | | | | | |
| Have you been convicted of a felony, or a misdemeanor? Yes [] No [] Have you ever been convicted, pled guilty or no contest, or forfeited bond or bail for any crime? (Including traffic violations) Yes [] No [] <i>If Yes to either of these questions, explain below.</i> | | | | | |
| Date | Charge | Sentence (i.e., probation, fine, etc.) | | Remarks | |
| | | | | | |
| | | | | | |
| | | | | | |

EDUCATION

All positions within the Sheriff's Office require a high school diploma or GED. Do you have either? Yes [] No []

| Name of college, university, vocational school | Major | Full Years Completed | Degree Received Yes / No | Degree/Title | Credit Hours |
|--|-------|----------------------|-----------------------------|--------------|--------------|
| | | | | | |

Indicate any other trades, skills or licenses you possess related to the position. Include licensing state and expiration date.

Skamania County's Sheriff's Office entry level positions allow veteran's preference in accordance with Washington State law to veterans honorably released from active military service within the last fifteen (15) years, under certain circumstances.

Do you claim veteran's preference? Yes [] No []

If Yes, please complete the following items.

Are you retired from military service? Yes [] No [] All dates of active duty: From ___/___/___ To ___/___/___
mm dd yy mm dd yy

To request Veteran's Preference please attach form DD214 (long form)

SKAMANIA COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER



For assistance with needed accommodations, please contact the Sheriff's Office Coordinator.
(509) 427-9490

EMPLOYMENT HISTORY

List your applicable work experience, starting with most recent first, including self-employment, military service, and volunteer work.

| | | |
|---|----------------------------------|---|
| <i>MOST RECENT POSITION</i> | | Dates Employed: |
| Employer: | | From To |
| Address: | | ____/____ ____/____ |
| Position: | No. of employees you supervised: | mm yy mm yy |
| Supervisor: | Phone () | Hours per Week _____ |
| Specific Duties: | | Final Salary _____ |
| Reason for leaving or considering change: | | May we contact your current employer? Yes [] No [] |
| <i>OTHER EXPERIENCE</i> | | Dates Employed: |
| Employer: | | From To |
| Address: | | ____/____ ____/____ |
| Position: | No. of employees you supervised: | mm yy mm yy |
| Supervisor: | Phone () | Hours per Week _____ |
| Specific Duties: | | Final Salary _____ |
| Reason for leaving: | | |
| <i>OTHER EXPERIENCE</i> | | Dates Employed: |
| Employer: | | From To |
| Address: | | ____/____ ____/____ |
| Position: | No. of employees you supervised: | mm yy mm yy |
| Supervisor: | Phone () | Hours per Week _____ |
| Specific Duties: | | Final Salary _____ |
| Reason for leaving: | | |

Attach additional sheets if necessary to include all work history.
 Be as complete as possible in outlining the duties of each position.

AGREEMENT, CERTIFICATION AND AUTHORIZATION

I hereby certify, under the penalty of perjury in the State of Washington, that this application contains no willful misrepresentation and the information given is true and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose any such misrepresentation or falsification, my application may be rejected, my name may be removed from consideration, or I may be discharged from my employment.

I understand that this application is not intended to be a contract of employment. Many County positions are governed by collective bargaining agreements, which specify terms of employment. Employment for all positions not covered under collective bargaining agreements is "at will." This means that either party can terminate the employment relationship at any time, with or without cause or advance notice.

_____ Signature of Applicant _____ Date

SKAMANIA COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE (OPTIONAL)

Skamania County is an equal opportunity employer and is committed to providing equal opportunity and access regardless of race, religion, creed, color, national origin, age, sex, sexual orientation, physical, mental or sensory disability, disabled veteran or veteran status. For this purpose, we would appreciate you providing the information below. This is entirely VOLUNTARY and will remain CONFIDENTIAL. The information gathered herein will not be provided to supervisors, the appointing authority, or other department employees. It will be used for monitoring and for federal reporting purposes only. We appreciate your assistance and cooperation in voluntarily providing this information and in assisting Skamania County in ensuring equal employment opportunities for all applicants.

Position Applied For: _____ Posting No: _____

GENDER: Male Female **AGE OVER 40:** Yes No

ETHNIC GROUP: If you are more than one race, please indicate one group only for record-keeping purposes.

[Ethnic group categories and definitions are as defined by and reported to the Federal Equal Employment Opportunity Commission.]

American Indian or Alaskan Native. Tribal Affiliation: _____

Asian or Pacific Islander:

Black (not of Hispanic origin):

Hispanic:

White (not of Hispanic origin):

VETERAN: Yes No

DISABLED: Yes No

People with disabilities are persons with a permanent physical, mental, or sensory impairment, which substantially limits one or more major life activities.

DISABLED VETERAN: Yes No

RECRUITING SOURCE

Please tell us how you heard about this position (select only one source):

Publications:

- The Columbian The Oregonian The Goldendale Sentinel The Camas-Washougal Post
 The Enterprise The Hood River News The Pioneer The Dalles Chronicle

Internet Sites:

- Columbian website Oregonian website Skamania County Website Other Internet/Website:

Other Sources:

- Skamania County Bulletin Board College/Career Center Referral Acquaintance/County Employee
 Other: _____