

**PACIFIC COUNTY SHERIFF'S OFFICE
CIVIL SERVICE COMMISSION
EMPLOYMENT APPLICATION PACKET**

REQUIREMENTS:

- 21 Years of Age
- No Felony Convictions
- Prior to employment must obtain Valid Driver's License
- United States Citizen
- High School Diploma or G.E.D.
- Good Physical Health and Condition
- Other Agency Requirements

APPLICATION PROCESS:

1. Applications are available from the Pacific County Civil Service Examiner, either by email at civilservice@co.pacific.wa.us, or call 360-875-9334.
2. The following **MUST** be included with application packet:
 - a. Copy of current Driver's License
 - b. Completed Request for Examination form
 - c. Typing certificate from Worksource
 - d. Entry level Deputy/Corrections Applicants: "Physical Ability Test Consent Form" signed by applicant's physician (*Must be turned in with application OR at the time of physical ability test to participate*)
 - e. If you are claiming Veteran's Preference, you must sign Veteran's Preference Form and include a copy of your DD214.
 - f. Clerk/Secretary Applicants: Work Source offers a Typing Test, MS Word Test and an Excel Test. The results must be included with application.

Send your completed application to:

**Pacific County Civil Service Examiner
P.O. Box 6
South Bend, WA 98586
(360) 875-9334**

**PACIFIC COUNTY CIVIL SERVICE COMMISSION
AUTOMATIC DISQUALIFIERS**

Please read the following CAREFULLY. Please do NOT apply to our agency if ANY of the following are applicable. The following information is not meant to be an exhaustive list. Please read the Pacific County Sheriff's Office Minimum Hiring Standards for a comprehensive listing.

DRIVING:

- ✗ DUI conviction within past 5 years.
- ✗ More than one DUI conviction.
- ✗ Any suspension of driving privileges III degree in the past two years, 2nd degree in the past five years, 1st degree suspension (or a revocation) in the past seven years, and permanent disqualification for Driving While Revoked Habitual Offender. Out of state suspensions or revocations will be categorized in the manner that Washington State Dept. of Licensing would consider equivalent under Washington State law. Any undesirable accumulation of traffic infractions or citations may be a disqualifier.

DRUG USE:

- ✗ Use of marijuana within the past two (2) years.
- ✗ Illegal use of opiates, hallucinogens, and/or other dangerous drugs.
- ✗ Illegal sale of any drug, including marijuana.
- ✗ Conviction for any type of drug use, possession, sale, or involvement.

CRIMINAL ACTIVITY:

- ✗ ANY adult felony conviction.
- ✗ Conviction of more than two (2) misdemeanor or gross misdemeanor offenses, or combination thereof.
- ✗ Conviction of a crime involving domestic violence.
- ✗ Outstanding misdemeanor warrants.

OTHER:

- ✗ Terminated for cause from place of employment more than once in the past five years.
- ✗ Intentional deception or misrepresentation in any stage of the hiring process.
- ✗ Dishonorable discharge from the United States Armed Forces.

I understand that the above standards are the standards of the Pacific County Sheriff's Office. I am in compliance with those standards and wish to submit my application for further consideration.

Signature

Date

PACIFIC COUNTY SHERIFF'S OFFICE MINIMUM HIRING STANDARD:

BASIC REQUIREMENTS. Applicant shall complete a written application; be a U. S. Citizen and a resident of Washington or intend to become a resident upon being employed; be 21 years of age at the time of hire; hold a valid Washington State driver's license; vision requirements: correctable to 20/20; have normal hearing in each ear; successfully pass Civil Service Hiring standards; high school graduate or posses a G.E.D. Certificate which meets state standards; must not be required to register as a sexual offender; must not be bound by other federal or state restrictions.

The applicant shall submit to a thorough background search, including searches by local, state, and federal agencies, to disclose the existence of any criminal record or conduct which would adversely affect the performance by the applicant of his or her duties.

A polygraph examination will be conducted. Further, an evaluation, including an oral interview, shall be made by a licensed psychologist to determine that the applicant is free from any emotional or mental condition which might adversely affect the performance of his or her duties.

FELONY CONVICTIONS. All applicants shall be subject to a check of their criminal history as recorded by Federal, State, County, City, Foreign or other government body. No applicant shall have been convicted for a criminal offense classified as a felony within his / her lifetime. Pleas of Nolo Contendere are considered a conviction. Applicants having outstanding felony warrants will be considered unacceptable.

MISDEMEANOR CONVICTIONS. Applicants who have been convicted for more than two misdemeanor or gross misdemeanor offenses, or combination thereof, within their lifetime, may be deemed unacceptable. The nature of the offense(s) committed cannot include crimes denoting moral turpitude or disrespect for law enforcement authorities or crimes of an aggravated nature, including but not limited to crimes against public order and safety, public morals and standards, sexual offenses, domestic violence, crimes against children, etc. For the purpose of this section, violations of traffic laws are not included. Pleas of Nolo Contendere are considered a conviction. Applicants having outstanding misdemeanor warrants will be considered unacceptable.

DOMESTIC VIOLENCE. Applicants who have been convicted for a crime involving domestic violence of the degree of felony or misdemeanor shall be unacceptable. Pleas of Nolo Contendere or First Offender Status shall be considered convictions.

LAWSUITS. Applicants who are the plaintiff or defendant in any pending lawsuit involving liability or damages will have their situation evaluated independently by the hiring authority. Divorces are not included in this section.

EMPLOYEE HISTORY

TERMINATIONS. Applicants may not have been terminated for cause from a place of employment more than one time within the five-year period preceding the date of the application. Applicants who have been terminated for cause by a federal, state, county, or municipal Civil Service system are unacceptable. Applicants who were the subject (defendant) of an adverse Civil Rights decision through Federal or State courts are not acceptable.

STABLE EMPLOYMENT. Applicants should have a stable employment history. The quantity and type of employment history required is at the discretion of the hiring authority.

THEFTS

FELONY THEFTS. No applicant shall have ever been involved in a theft of a felony nature. The standard for determining the class of the theft shall be the applicable code in effect at the time of the theft. This applies to both detected and undetected thefts.

MISDEMEANOR THEFTS. No applicant shall have been involved in more that two thefts of a misdemeanor nature within his / her lifetime. No applicant can have committed a theft of any type within the twelve (12) month period preceding the initiation of the applicants hiring process. The applicable code in effect at the time

of the commission of the theft will be the determining factor of whether or not the theft was a felony or a misdemeanor. The hiring authority will examine the applicant's involvement on a case by case basis.

MILITARY HISTORY

CHARACTER OF DISCHARGE. Applicants who have served in the armed forces of the United States or of foreign governments will not be considered with a discharge less than Honorable. Discharges upgraded to Honorable from another status are acceptable.

DISCIPLINARY ACTIONS WHILE IN THE MILITARY. The military records of applicants must not show a pattern of violations under the Uniform Code of Military Justice including punitive judgments or punishments, i.e. Article 15, Captain's Mast, etc. Applicants must have never been convicted by a General or Special court martial.

GAMBLING HABITS

COMMERCIAL GAMBLING. Applicants must not have a history of involvement in commercial gambling, bookmaking, loan sharking, or related activities

GAMBLING DEBTS. Applicants must not have current debts owed to any agency, firm, organization, or person for gambling debts.

DRUG USAGE / POSSESSION / DISTRIBUTION

CONVICTIONS FOR DRUG RELATED VIOLATIONS. No applicant may have in his / her lifetime, any convictions for any type drug use, possession, sale, or, involvement. Nolo Contendere and First Offender treatments are considered convictions.

ILLEGAL DRUG ACTIVITY. No applicant may have been involved in the possession of a controlled substance deemed illegal at the time of possession regardless of the intent of the disposition of the substance within the previous three (3) years.

USE OF MARIJUANA. No applicant shall have used Marijuana within the two (2) years immediately prior to the date of application. In addition, the applicant's history of use of Marijuana shall not display a pattern of abuse as determined by the hiring authority. For the purpose of this section, the date of application shall mean the actual date the applicant originally applied for the position.

OTHER DRUG USE. Applicants may not have a history of use (defined as induction by any means into the body) of any substance defined as illegal by the Washington Administrative Code at the time of use. This is regardless whether the user (applicant) induced the drug for the purpose of experimentation, "getting high", relieving pain, easing anxiety, or depression, including sleep, increasing body mass, or strength, or for any other reason unless the drug was prescribed by a physician and intended for medicinal purposes. Applicants' use of any drug will be examined on case by case basis.

ILLEGAL DRUG SALE AND DISTRIBUTION. Applicants who have a history of involvement in the selling, trading, distributing, growing, transporting, storing, manufacturing, preparing, or possession of any substance or drug considered as controlled or illegal are unacceptable.

UNDETECTED CRIMES. Applicants who have by self-admission, committed crimes which were never detected, shall be presumed to have committed the crime or act.

DRIVER'S HISTORY

DRIVER'S LICENSE. Applicant shall have a valid driver's license issued by an acceptable governing authority. The license shall have never been suspended or revoked for reasons other than cancellations for non-payment of insurance premiums within the past seven (7) years.

DRIVING UNDER THE INFLUENCE. No applicant can have been convicted for the offense of Driving Under the Influence more than one time within his/her driving history. That conviction cannot have occurred within the five year period prior to the initiation of the hiring process. For the purpose of this section, a plea of Nolo Contendere is considered a conviction.

PROHIBITED TRAFFIC CONVICTIONS. Applicants who have had within their driving history, convictions or pleas of Nolo Contendere for the offenses of Hit and Run (or similar statute), Homicide by Vehicle, Attempting to Elude, or Habitual Violator, shall not be acceptable. In addition, applicants must not have had a conviction of Reckless Driving or Racing within the five year period preceding the date of the initiation of the applicant's hiring process. No applicant may have a driving history which reflects a recurring pattern of traffic violations which may represent a perpetual disrespect for traffic laws.

PACIFIC COUNTY CIVIL SERVICE COMMISSION EMPLOYMENT APPLICATION

1. POSITION APPLYING FOR: _____

2. FULL NAME: _____

3. LEGAL ADDRESS:

Street Address: _____
Street
City
State
Zip

Mailing Address: _____
Street
City
State
Zip

Home Phone: () _____ Cell Phone: () _____

Email Address: _____ Are you a Citizen of the United States? Yes No

Beginning with the most recent, list residence addresses and dates for the past ten years:

STREET ADDRESS	CITY	STATE	ZIP	DATE FROM--TO

4. MILITARY STATUS:

Have you ever served in the Military Services of the United States? Yes No

Which Branch? _____ Dates of Service _____

Do you claim Veterans Preference? Yes No *If yes, see attached Veteran's Preference form.*

5. EDUCATION-TRAINING-SKILLS:

a. HIGH SCHOOL/GED:

High School Name	Location	Year Graduated
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b. COLLEGE OR POST HIGH SCHOOL EDUCATION: List formal education you have completed at the College or University level, and other schools and training.

NAME OF SCHOOL	LOCATION OF SCHOOL (CITY AND STATE)	DATES ATTENDED	CREDITS OR DEGREE EARNED AND YEAR	MAJOR COURSE OF STUDY

OTHER COURSES AND TRAINING	NAME OF INSTITUTION/LOCATION	TYPE OF COURSE	LENGTH OF COURSE	DATE ENDED
PROFESSIONAL LICENSES , CERTIFICATIONS	STATE ISSUED	LICENSE NUMBER	DATE ISSUED	EXPIRATION DATE

List any other skills, abilities or experience you possess that you believe may be relevant to this position:

c. COMPUTER EXPERIENCE:

	Years Experience	Type of Equipment: Software, Other Details
Microsoft Word		
Microsoft Excel		
Microsoft Access		
Spillman/Summit		
Other		

d. LANGUAGES SPOKEN FLUENTLY OTHER THAN ENGLISH: _____

6. LIST ALL PERIODS OF EMPLOYMENT AND UNEMPLOYMENT IN THE PAST TEN (10) YEARS, BEGINNING WITH THE PRESENT OR MOST RECENT EMPLOYER. LIST EVERYTHING IN PROPER SEQUENCE. ATTACH SUPPLEMENTAL PAGES IF NECESSARY. *OMIT NONE*

Employed by:	
Address:	
Job Title:	Phone Number
Dates Employed: - to -	Hrs. worked per week:
Starting Salary:	Present or Ending Salary:
Immediate Supervisor:	May we contact this employer?
Reason for Leaving:	
Primary Duties:	
Employed by:	
Address:	
Job Title:	Phone Number
Dates Employed: : - to -	Hrs. worked per week:
Starting Salary:	Present or Ending Salary:
Immediate Supervisor:	May we contact this employer?
Reason for Leaving:	
Primary Duties:	
Employed by:	
Address	
Job Title:	Phone Number
Dates Employed: - to -	Hrs. worked per week:
Starting Salary:	Present or Ending Salary:
Immediate Supervisor:	May we contact this employer?
Reason for Leaving:	
Primary Duties:	

7. LIST THREE (3) REFERENCES (not relatives or former employers) WHO ARE RESPONSIBLE ADULTS AND WHO HAVE KNOWN YOU WELL DURING THE PAST FIVE (5) YEARS: INCLUDE PHONE NUMBERS WITH AREA CODES.

a.

Name	Street	City	State	Zip	Phone
Years Known?	Occupation & Business Address			Work Phone	

b.

Name	Street	City	State	Zip	Phone
Years Known?	Occupation & Business Address			Work Phone	

c.

Name	Street	City	State	Zip	Phone
Years Known?	Occupation & Business Address			Work Phone	

8. ASSOCIATIONS WITH PACIFIC COUNTY AND/OR PACIFIC COUNTY EMPLOYEES

a. List the names of any relatives currently employed by Pacific County and their department:

b. Were you recruited by an employee of the Pacific County Sheriff's Office?

Yes No If yes, by whom: _____

c. Have you ever been employed by Pacific County?

Yes No If yes, date and position: _____

d. Have you applied for any position with another law enforcement or public safety agency within the past three (3) years?

Yes No If yes, explain (use additional sheet if necessary):

Date Agency Name and State

Date Agency Name and State

Date Agency Name and State

- e. Have you ever had any involvement or association with another law enforcement or public safety agency, either as a volunteer or paid employee?

Yes No If yes, when/where: _____

9. WORK SCHEDULES:

Can you meet a work schedule requiring rotating shifts with various hours? Yes No

Can you meet a work schedule including work on weekends and/or Holidays? Yes No

Would you be available to work in addition to your regularly scheduled hours? Yes No

10. CRIMINAL HISTORY:

- a. Have you ever been given a citation or convicted for any offense, violation of any statute or ordinance, law, or regulation by any civil or military authority?

Yes No If yes, describe below:

Date	Location	Arresting Agency	Original Charge	Reduced To	Disposition/Court Action

- b. List any Traffic Citations you have received in the past 5 years:

Date	Location	Issuing Agency	Charge	Charge Reduced	Disposition

c. Current Driver's License # _____ State _____ Expiration _____

d. Have you ever been licensed to drive in another state? Yes No

If yes, what state? _____ Dates: _____

e. Have you ever had your license revoked, suspended, or restricted? Yes No

If yes: _____
State License Number and Type Date and Reason Suspended or Revoked

CERTIFICATION

I hereby certify that all statements made in this application are complete and true, to the best of my knowledge. I understand and agree that any false or misleading statement or information contained herein shall be considered sufficient cause for employment disqualification or discharge from employment.

Signature

Date

REQUEST FOR EXAMINATION

Date _____

I, _____, request examination by the Civil Service Commission, for the position of _____.

If I am considered for hire, I understand that a background check will be completed. I also understand that I may be requested to take a polygraph examination and/or a psychological evaluation.

To facilitate this background check, I am including my birth date.

Signature

____/____/_____
Date of Birth

**PACIFIC COUNTY
VETERANS' PREFERENCE ELIGIBILITY FORM**

RCW 41.04.010 provides for a veterans' preference to be added to the passing grade of certain veterans until the veteran's first appointment. If you believe that you are eligible to be considered for such preference, and if you attain a passing grade in the selection process, you should complete the following questionnaire, by checking statements that apply to you. Also, please certify the accuracy of your answers by your signature, and **attach a copy of your DD214 form**. To get a copy of your DD214, you can go to this government website: <http://www.archives.gov/veterans/military-service-records/>.

Date of termination from the United States active military service_____.

YOU MUST:

_____ 1. Have served on active duty in a branch of the Armed Forces of the United States. Active Duty is defined by RCW 41.04.005.

AND

_____ 2. Have been released from active service under honorable conditions, i.e., received an honorable discharge or a discharge for physical reasons with honorable record;

AND

_____ 3. Have not previously received employment through Civil Service by the use of veteran's preference;

AND

_____ 4. Not currently in the military, i.e., on active duty. If you are, you are not a "Veteran" by definition of 41.04.007 and, therefore, not eligible. This is the interpretation given by the State Office of Veteran's Affairs. It applies even if there was a prior period of service.

I certify that to the best of my knowledge, the information above is true. If it is discovered the information provided is false, I will be disqualified from employment with Pacific County Government. I also understand if employed, any misrepresentation of facts regarding my receiving veterans' preference is sufficient cause for dismissal.

_____ Date _____ Print Name _____ Signature

(If you have received Veterans Preference Points at the time of your first appointment, stop here. If you have never received Veterans Preference Points, fill out the bottom of this form.)

If you meet all of the above requirements the following scoring criteria shall apply:

- a. 10% preference will be added to your passing examination grade if you served during a period of war or in an armed conflict and you are not receiving veterans' retirement payments.
- b. 5% preference will be added to your passing examination grade if your service was not during a period of war or in an armed conflict OR you are receiving veterans' retirement payments.

I certify that to the best of my knowledge I am entitled to **5% 10% (circle one)** veterans' preference and that by falsely claiming veterans' preference, I will be disqualified from employment with Pacific County Government. I also understand that if employed, any misrepresentation of facts regarding my receiving veterans' preference is sufficient cause for dismissal.

_____ Date _____ Print Name _____ Signature

PHYSICIAN'S STATEMENT

Date: _____

To: Pacific County Civil Service Commission

From: _____
Physician's Name

Street Address

City, State, Zip

I have reviewed the events of the Physical Ability Examination, which will be administered to my patient _____.

He/she has no health problem that precludes his/her participation in this examination.

Physician's Signature

NOTE TO APPLICANT: THIS STATEMENT IS REQUIRED TO PROTECT YOU AND THE COUNTY. IT MUST BE GIVEN TO THE EXAMINER OF THE PHYSICAL ABILITY EXAMINATION AT THE TIME OF THE EXAMINATION. NO PHYSICAL ABILITY EXAMINATION WILL BE ADMINISTERED WITHOUT A SIGNED PHYSICIAN'S STATEMENT.