



Klickitat County Sheriff's Office

Volunteer Sheriff's Posse Program

General Information



- 1. All applications shall be supported by letters of recommendation from two or more people acquainted with the applicant, who are not related by blood or marriage. These shall be attached to this application when submitted.**
- 2. A background investigation will be made by the Sheriff's office of Klickitat County, WA before appointment is considered. Failure to pass this background investigation to the satisfaction of the Sheriff will be cause for removal from the eligibility list. All applicants shall submit to finger printing upon return of a complete application.**
- 3. No applicant shall be appointed to any position with the Sheriff's Posse Program who has been convicted of a felony criminal or traffic statute or ordinance, the violation of which, in the opinion of the Sheriff, would render the applicant unfit to work in law enforcement.**
- 4. An applicant for a position in the Sheriff's Posse Program must be a citizen of the United States of American and be able to read and write the English language.**
- 5. Each candidate for Commissioned Sheriff's Posse Deputy will be required to attend training within the Sheriff's Office as described by the Sheriff.**
- 6. All applicants for appointment to the Sheriff's Posse Program shall keep the Klickitat County Sheriff's Office advised at all times of their proper address and telephone number.**
- 7. Klickitat County Sheriff's Posse members are not covered by insurance and participate at their own choice and risk.**

I hereby acknowledge receipt of a copy of the General Information Sheet and I certify that I have read and understood the same and I agree that this shall be made a part of my permanent service record.

Applicant Signature

Date

Klickitat County Sheriff's Office Volunteer Sheriff Posse Deputy Application 205 South Columbus, MS-CH-7 Goldendale, WA 98620 509 773 4455 fax 509 773 6575	Position Applied For: (Check one) <input type="checkbox"/> Commissioned Sheriff Posse Deputy <input type="checkbox"/> Non-Commissioned Auxiliary Sheriff Posse Deputy
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We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Name:	Home Phone:
Address:	Work/Message Phone:
City, State, Zip:	E-Mail Address:
Date of Birth:	

How did you learn of this position? _____

If valid driver's license is an essential function and required on the job announcement please answer the following:

Do you have a Washington Driver's License: Yes No

Drivers Licence Number: _____ State: _____ Expires _____

Combination License Number: _____ State: _____ Expires _____

Are you 18 years of age or older? If applying for Commissioned Sheriff Posse Deputy, are you 21 years of age or older?
 Yes No

Have you ever been employed with or been a volunteer with us before? Yes No

If yes, give date and location _____

Do you have any relatives employed with Klickitat County? Yes No

If yes, indicate(name, relationship, department): (There are some limitations on employment of relatives. Each case is considered separately for potential conflict of interest.) _____

Do you have responsibilities (other than vacation) that would prevent you from traveling, working unusual hours or overtime if required by the position? Yes No

Can you provide Proof of Citizenship or Immigration Status Yes No

I understand the job expectations and I am able to perform the duties of the job with or without reasonable accommodation. Yes No

Are you available to volunteer: Full Time Part Time Shift Work Temporary

Can you travel if a job requires it? Yes No

Have you been convicted of a misdemeanor or felony within the past seven years: Yes No

Date _____ Details _____

(Conviction will not necessarily disqualify an applicant from acceptance.)

EDUCATION AND TRAINING

High School Graduate or GED test passed?

Yes

No

If no, circle highest grade completed: 3 4 5 6 7 8 9 10 11 12

College or Vocational School and Location	Dates From To	Major Studied	Degree Earned

Professional Licenses, Certifications	State Issued	License Number	Date Issued/Exp.

If more space is required, attach additional sheets

SKILLS

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Typing (Speed _____) | <input type="checkbox"/> Dictation (Speed _____) | <input type="checkbox"/> Dictaphone | <input type="checkbox"/> Computer Skills |
| <input type="checkbox"/> Calculator by touch | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Multi-Line phone | <input type="checkbox"/> First Aid/CPR |
| <input type="checkbox"/> Cashiering | <input type="checkbox"/> Bookkeeping/Math | | |

Special Consideration:

If you are selected to participate in an examination or interview and need any special accommodation in order to complete or participate in the process because of an impairment or disability, please notify a member of the Personnel Department staff.

DISABILITY STATUS INFORMATION

Disability Status: A person with a disability is a person who has a physical or mental impairment which substantially limits one or more major life activities, or has a record of such impairment, or is perceived as having such an impairment, as defined by the Americans with Disabilities Act. An accommodation may be necessary to provide a person with a disability equal employment opportunity.

Will you need accommodation due to disability in the application, testing or interview process:

Yes

No

Please provide a brief description of the accommodation requested:

Please complete the following if you requested an accommodation for the application, testing or interview process:

Title of position for which you are applying _____ Name: _____

All answers and statements on this application are true and complete to the best of my knowledge. I understand that false or misleading information given in my application; resume; and/or during the interview process is grounds for immediate termination, if employed by Klickitat County. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that if I am offered a position with Klickitat County, a physical examination may be required and chemical/drug screen will be required prior to commencement of employment. I understand, also, that I am required to abide by all rules and regulations of the employer.

Date

Signature

EMPLOYMENT HISTORY

Start with your present or last job. Include any job related military service assignments and volunteer activities you may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status.

Employer		Dates Employed	
Address		Salary Starting Wage:	Hours per week
City		Ending Wage:	
Position Title	Supervisor	Phone number	
Reason for leaving			
Summarize major work duties: (DO NOT write "see resume")			

Employer		Dates Employed	
Address		Salary Starting Wage:	Hours per week
City		Ending Wage:	
Position Title	Supervisor	Phone number	
Reason for leaving			
Summarize major work duties: (DO NOT write "see resume")			

Employer		Dates Employed	
Address		Salary Starting Wage:	Hours per week
City		Ending Wage:	
Position Title	Supervisor	Phone number	
Reason for leaving			
Summarize major work duties: (DO NOT write "see resume")			

EMPLOYMENT HISTORY (continued)

<i>Employer</i>		<i>Dates Employed</i>	
<i>Address</i>		<i>Salary</i>	<i>Hours per week</i>
<i>City</i>		<i>Starting Wage:</i>	
<i>Position Title</i>		<i>Ending Wage:</i>	
<i>Supervisor</i>		<i>Phone number</i>	
<i>Reason for leaving</i>			
<i>Summarize major work duties: (DO NOT write "see resume")</i>			

<i>Employer</i>		<i>Dates Employed</i>	
<i>Address</i>		<i>Salary</i>	<i>Hours per week</i>
<i>City</i>		<i>Starting Wage:</i>	
<i>Position Title</i>		<i>Ending Wage:</i>	
<i>Supervisor</i>		<i>Phone number</i>	
<i>Reason for leaving</i>			
<i>Summarize major work duties: (DO NOT write "see resume")</i>			

<i>Employer</i>		<i>Dates Employed</i>	
<i>Address</i>		<i>Salary</i>	<i>Hours per week</i>
<i>City</i>		<i>Starting Wage:</i>	
<i>Position Title</i>		<i>Ending Wage:</i>	
<i>Supervisor</i>		<i>Phone number</i>	
<i>Reason for leaving</i>			
<i>Summarize major work duties: (DO NOT write "see resume")</i>			

PERSONAL REFERENCES

Give the names of at least 3 of the following: past employers, teachers or any individual who may supply a reference. No relatives please.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION

As an applicant for a position with Klickitat County, I hereby authorize any employers or supervisors, educational institutions, personal references and/or other persons to release information about my work and education history for use in determining my qualifications for this position. I understand, agree, and authorize that a copy or facsimile of this form to be as valid as the original.

You may release or verify the following items:

1. Dates of employment;
2. Positions held when started and left;
3. Performance level, duties, responsibilities, strong and weak points;
4. My attendance habits (excluding workers' compensation, pregnancy and other protected absences);
5. My relationship with co-workers and supervisors;
6. My attitude toward work (cooperative? positive? Etc.);
7. Reason for leaving;
8. Eligibility for rehire;
9. Whether I have had outbursts of temper, threatened, provoked fights with or assaulted others, engaged in hostile or violent behavior, have a criminal record or any traits that would present security or safety issues for others;
10. Any other relevant information regarding my performance, skills, ability, suitability for employment sought, etc.

Educational Institutions:

1. Years of Attendance;
2. Degree(s) Attained;
3. Grade Point Average; and
4. Transcript.

I understand my right to request access to any public records relating to me pursuant to Title 5 of the United States Code, Section 552 et seq., the Privacy Act of 1974, the Freedom of Information Act, and Revised Code of Washington (RCW) 42.17 et seq., and specifically waive those rights understanding that the information furnished will be used by Klickitat County and/or its agencies or departments in conjunction with employment procedures. I will make no attempt to gain access to the information provided by you to Klickitat County and/or its agencies or departments in conjunction with this employment process and hereby expressly waive any rights I may have to request the disclosure or information provided by you to Klickitat County and/or its agencies or departments in conjunction with employment procedures.

All former employers who provide such information are indemnified and released from liability arising from such disclosures.

Applicant Signature

Date

(Printed Name)