

DOUGLAS COUNTY
CIVIL SERVICE COMMISSION
100 19th Street SW
East Wenatchee, WA 98802
509.884.6965
Email: dococivilservice@co.douglas.wa.us



Instructions to applicants

Please read these instructions carefully before completing the personal history statement.

The information you provide will be used in a background investigation. It is to your advantage to respond openly – without attempting to “brush over” or “present things in the best possible light.” Deliberate inaccuracies or omissions, even if they seem insignificant to you, may cause your name to be removed from consideration.

1. Fill out this form completely. If a question is not applicable to you, enter “N/A” in the space provided.
2. Complete the form in your own handwriting. Do not use a typewriter.
3. You are responsible for obtaining and furnishing correct information, including addresses.
4. If there is insufficient space you may attach additional sheets.
5. All time periods in your background should be accounted for. Your experience and employment sections should include military service, volunteer jobs, part-time and full-time employment.
6. If you are unsure how to answer a question you should place a question mark in the space provided and the background investigator will discuss it with you later.
7. Please attach copies of information pertaining to your education or certification such as certificates, diplomas, resumes and letters of recommendation. Do not attach originals, as they cannot be returned to you.
8. The last page is a Waiver and Authorization to Release Information. Please sign the Authorization before a Notary Public.

These be need to be available if you get interviewed by the Douglas County Sheriff's Office:

- Proof of United States citizenship: A copy of a birth certificate, United States passport, or United States naturalization papers is acceptable proof.
- Proof of education: A certified copy of a diploma, certificate, or transcript is acceptable proof.
- Record of any military discharge: A certified copy of the Military Service Record (DD Form 214, Member 4) is acceptable proof, if applicable.

Application for Testing for Lateral Deputy Sheriff
Personal History Statement

The following information is requested of you for verification and contact purposes:

Name (Please print)

Last:

First:

Middle:

Other Names (including nicknames, maiden names, etc.) you have used or been known by:

Current address:

Email Address: _____

Phone:

Home

Work

Other

Birthdate:

Are you a U.S. citizen? [] Yes. [] No.

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 proper records are obtained.

Height:

Weight:

Hair Color:

Eye Color:

Sex:

Scars, Marks, Tattoos:

Employment History:

Beginning with the most current 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. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the space provided. You may photocopy this form for the purposes of adding additional pages if needed

Name and address of Employer:

Telephone: _____

Dates Employed: From: _____ To: _____

Supervisor: _____ Co-worker: _____

Supervisor: _____ Co-worker: _____

Title or Duties:

Reason for leaving:

Military Service Not employed: From: _____ To: _____

Name and address of Employer:

Telephone: _____

Dates Employed: From: _____ To: _____

Supervisor: _____ Co-worker: _____

Supervisor: _____ Co-worker: _____

Title or Duties:

Reason for leaving:

Military Service Not employed From: _____ To: _____

Name and address of Employer:

Telephone: _____

Dates Employed: From: _____ To: _____

Supervisor: _____ Co-worker: _____

Supervisor: _____ Co-worker: _____

Title or Duties:

Reason for leaving:

Military Service Not employed: From: _____ To: _____

Name and address of Employer:

Telephone: _____

Dates Employed: From: _____ To: _____

Supervisor: _____ Co-worker: _____

Supervisor: _____ Co-worker: _____

Title or Duties:

Reason for leaving:

Military Service Not employed: From: _____ To: _____

Name and address of Employer:

Telephone: _____

Dates Employed: From: _____ To: _____

Supervisor: _____ Co-worker: _____

Supervisor: _____ Co-worker: _____

Title or Duties:

Reason for leaving:

Military Service Not employed: From: _____ To: _____

Name and address of Employer:

Telephone: _____

Dates Employed: From: _____ To: _____

Supervisor: _____ Co-worker: _____

Supervisor: _____ Co-worker: _____

Title or Duties:

Reason for leaving:

Military Service Not employed: From: _____ To: _____

Have you ever been fired or asked to resign from any place of employment? Yes No
If “yes” please give details including when, where, circumstances.

Have you ever been a successful or unsuccessful candidate for another position requiring peace officer powers?
 Yes No. If “yes” please give details including when, name of agency, circumstances.

Education:

Please check the appropriate box indicating your high school status

- I possess a high school diploma.
- I passed the G.E.D. (General Education Development) test.
- I possess other equivalent. Explain: _____.
- I do not have a high school diploma.

Please indicate below all of the schools you have attended, beginning with high school. Specify degrees or diplomas.

Name of school:	Location of school:	Dates attended:	Degree/Diploma:
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Have you ever been suspended or expelled from a school? Yes No
If "yes" please explain including school, date, circumstances:

Specify academic achievements:

List any special licenses you hold (such as pilot's license, radio operator, scuba diver, etc.) Show licensing authority, date of issuance and date of expiration:

List any specialized machinery or equipment, which you can operate, including office machines and typing speed:

Are you fluent in any foreign language? Please indicate your degree of fluency (excellent, good or fair) in each area.

Language:	Reading	Speaking	Understanding	Writing
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List any other special skills or qualifications you may possess.

Relatives, References, Acquaintances

During the course of the background investigation, persons who know you may be asked to comment on your suitability for the position being applied for. Inquiries will be confined to job-relevant matters.

Please supply the name, address and telephone number for relatives listed below. If a category is not applicable, write "N/A"

Name:

Address:

Telephone:

Spouse:

Father:

Mother:

Father-in-law

Mother-in-law

Former Spouse

Former Spouse

Brother

Brother

Brother

Sister

Sister

Sister

Please list other relatives with whom you have a close personal relationship (including children)

Name

Address

Telephone

Please list those individuals with whom you have resided during the past 10 years excluding family members. (list no information prior to your 15th birthday).

Name

Address

Telephone

In the space below list as references 3 to 5 persons who have knowledge of you and your qualifications:

Name

Address

Telephone

In the space below list 3 to 5 individuals who are social acquaintances (ie: persons whom you have seen frequently during the past year) who have knowledge of you and your qualifications. Exclude relatives and former employees.

Name

Address

Telephone

List all of your residences during the past 10 years beginning with your most current residence (list no information prior to your 15th birthday).

Complete Address: Number, Street, City, State

Dates of residence: (MM/YY)

Financial.

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.

Income: Current Assets:

Monthly Salary \$ _____ Savings: \$ _____

Spouses salary \$ _____ Checking: \$ _____

Other income – describe \$ _____

Real Estate \$ _____

Stocks/Bonds \$ _____

Total monthly income \$ _____

Life insurance \$ _____

Autos \$ _____

Expenditures:

Other (describe) \$ _____

Real estate (mortgage)

Payments \$ _____

Total Assets \$ _____

Rent \$ _____

Estimated cost of living \$ _____

(Include utilities, food, gas, home & car maintenance, entertainment, etc.)

Total monthly expenditures: \$ _____

Current Liabilities:

Real estate indebtedness \$ _____

Long term loans \$ _____

Charge accounts \$ _____

Other (describe) \$ _____

Total Liabilities: \$ _____

Have you ever filed for or declared Bankruptcy? Yes No. **PROVIDING THIS INFORMATION IS OPTIONAL.**

If “yes” please give details including where, when, why.

Have your bills ever been turned over to a collection agency? Yes No **PROVIDING THIS INFORMATION IS OPTIONAL.**

If “yes” please give details including when, firms involved, circumstances.

Have you ever had purchased goods repossessed? Yes No **PROVIDING THIS INFORMATION IS OPTIONAL.**

If “yes” please give details including when, firms involved, circumstances.

Have your wages ever been garnished? [] Yes [] No **PROVIDING THIS INFORMATION IS OPTIONAL.**
If “yes” please give details including where, when, why.

Have you ever been delinquent on any tax payments? [] Yes [] No **PROVIDING THIS INFORMATION IS OPTIONAL.**
If “yes” please give details including where, when, why.

Please supply more detailed information about your charge accounts, contracts, or other financial liabilities.
PROVIDING THIS INFORMATION IS OPTIONAL.

Name

Address

Telephone

Legal.

Have you ever been arrested or convicted of a crime? Yes No

If "yes" please give details.

Date:

Police agency:

Circumstances:

Have you ever been placed on court probation as an adult? Yes No.

If "yes" please give details including where, when, why.

Were you ever required to appear before a juvenile court for an act, which would have been a crime if committed as an adult? Yes No

If "yes" please give details including where, when, why.

Have you ever been reported to a law enforcement agency as a missing person or runaway? Yes No
If "yes" please give details including where, when, why.

Have 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 including where, when, name of court and circumstances.

Motor vehicle operation

An investigation of your driving history will be made. To expedite this procedure please supply the following.

Current driver's license number _____ State _____ Expiration: _____

Name under which license was issued: _____

Other States where you have been issued a driver's license; _____

Have you ever been refused a driver's license by any state? Yes No
If "yes" please give details including where, when, why.

Has your driver's license ever been suspended, revoked or placed on probation? [] Yes [] No
If "yes" please give details including where, when, why.

Please list all traffic citations you have received within the past 7 years.

Violation	City/State	Date	Disposition
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Have you ever been involved as a driver in a motor vehicle accident? [] Yes [] No
If "yes" please give details.

Date:	Location:	Police investigation?
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Is there anything you wish to discuss about your driving record? Please use the space below.

Military Service

Have you ever served in the armed forces, National Guard or military reserves? [] Yes [] No

If "yes" please supply the following;

Branch of service _____

Service number: _____

Dates of service: From _____ To _____

Type of discharge: _____

Are you currently participating in any military service of National Guard program? [] Yes [] No

Have you ever 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 including where, when, branch of service, circumstances.

Past commanding officers and military acquaintances are potential sources of relevant information pertaining to you qualifications. Please list those individuals who know you well enough to provide accurate information about you.

Name	Address	Telephone
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Personal declarations

Describe in your own words the frequency and extent of your use of alcoholic beverages.
(example; Beer, Wine and Liquor)

Have you ever used marijuana? Yes No

If "yes" when was the last time and what were the circumstances?

Have you ever used any other drug/narcotic not prescribed by your physician? Yes No

If "yes" explain:

Have you ever abused prescription drugs? Yes No

If "yes" explain:

Have you ever sold or furnished drugs or narcotics to anyone? Yes No

If "yes" explain:

Have you ever been committed to a mental institution for any reason? Yes No

If "yes" please explain:

Are there any incidents in your life or details not mentioned herein which may influence this department's evaluation of your suitability as a peace officer? Yes No If "yes" explain:

Please explain why you are interested in becoming a member of the Douglas County Sheriff's Office.

PHOTOGRAPH IDENTIFICATION NECESSARY. You must submit a copy of an official federal or state photograph identification card with this application. Examples of such identification are: driver's license, state identification card, passport, and military identification. Examination of the original document is required prior to any offer of employment.

PRE-EMPLOYMENT PHYSICAL EXAMINATION MAY BE REQUIRED. Douglas County is concerned that every county employee has the physical ability to safely perform his or her essential job functions. If you are offered employment, Douglas County may require a pre-employment physical examination. The physical examination is intended to evaluate whether or not you can safely perform essential job functions without risks to yourself, coworkers and/or the public.

RANDOM DRUG TESTING: Employees holding jobs that are Safety Sensitive Positions (i.e. positions requiring a Commercial Driver's License) are required, under federal law, to participate in random drug and alcohol testing programs. Douglas County strongly supports maintaining a Drug Free Work Place.

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT: As an equal opportunity employer, Douglas County does not discriminate on the basis of race, color, national origin, sex, religion, age, mental or physical disability, marital status, prior military service, political affiliation, or any other legally protected status.

CERTIFICATION, AUTHORIZATION AND AGREEMENT

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

I authorize my current and former employer(s), unless otherwise indicated, to provide Douglas County Civil Service Commission or Douglas County Sheriff's Office all available information regarding my current and former employment.

I authorize all schools, colleges and universities that I have attended to provide Douglas County Civil Service Commission or Douglas County Sheriff's Office all available information regarding my education. I understand that such information may or may not be favorable. I hereby release my current and former employer(s), the educational institutions I have attended, the references I have listed, and the Douglas County Civil Service Commission and Douglas County Sheriff's Office, and their employees, from any and all claims liability and damages resulting from the release of information.

I am willing to take a pre-employment physical examination or any further testing or training required, if I am offered employment.

I understand that, as a condition of employment, I must provide documentation to Douglas County within three (3) days after my employment to prove United States citizenship.

I authorize Douglas County Civil Service Commission and the Douglas County Sheriff's Office to investigate any of the information in this application. I authorize Douglas County and the Douglas County Sheriff's Office to review all driving record information available through the Department of Licensing.

Date

Applicant's Signature