

**PEND OREILLE COUNTY CIVIL SERVICE COMMISSION
APPLICATION FOR EXAMINATION / PERSONAL HISTORY FORM
FOR SHERIFF'S OFFICE EMPLOYMENT**

This form is a combination Application/Personal History form, which is required information needed to apply for the Pend Oreille County Sheriff's Office. Please read the following instructions carefully. The information you provide on these pages is to be **handwritten by the applicant** and must be complete and detailed in every respect. DO NOT SUBMIT A RESUME.

All questions must be answered completely and accurately. If they do not apply to you, indicate with "N/A" (Not Applicable). You are responsible for obtaining correct / **complete addresses and phone numbers**. If you cannot remember, or obtain with reasonable diligence, please indicate so in your response.

Falsification or failure to include information as directed may be grounds for non-acceptance, or termination if already hired. It is to your advantage to respond fully and factually. Any perceived negative factor in your background will be evaluated. Deliberate untruthfulness, omissions or misrepresentation of information constitutes ground for disqualification from further testing or employment. You are encouraged to be completely truthful, detailed and accurate completing this form and throughout all phases of the background investigation process.

The Sheriff's Office holds its employees to high moral and ethical standards. The public also expects this from the Sheriff's Office along with a high level of professional service from both uniformed and civilian personnel. This form is the basis for your background investigation, which will be conducted to determine your qualifications for the position you have applied for. It has been designed to encourage rather than discourage applicants for the Pend Oreille County Sheriff's Office. It will allow you to present your qualifications in the most positive manner. Any information which might be detrimental can and should be explained so that the person reviewing your application can more adequately assess your suitability for employment with the Pend Oreille County Sheriff's Office.

PLEASE SUBMIT THE FOLLOWING DOCUMENTATION WITH THIS FORM:

- High School/GED (copy) and College transcripts* (copy) If you do not have copies, you must turn in proof that they have been ordered and are on their way at the time of application.
- Copy of DD-214 listing status of military discharge or separation papers, if applicable
- Current driver's license (copy)
- State-Issued Birth Certificate (copy). Hospital copy is not valid.
- Social Security card (copy)
- Copies of all training applicable to position (for Lateral positions only)
- Non-refundable \$15.00 testing fee (check or money order payable to Pend Oreille County Treasurer). *Fee may be waived due to financial hardship.*

* Please Note: Applicants who wish to receive education credit, must provide transcripts. If a degree has been received, transcripts must show the degree given.

This inquiry is an application and not an offer of employment. All requirements for employment and Civil Service appointment must be completed to a satisfactory level before any offer of employment can be made. These requirements may include, but are not limited to, passing a written examination, typing test, physical agility test (required for Corrections and Deputy), Dispatcher critical call testing, a background investigation, integrity interview, and oral interview. A physical examination, psychological examination and polygraph examination may be required prior to a final offer of employment is made to verify an individual's ability to perform the essential tasks of the position. Do not take any action in anticipation of appointment that would adversely affect your present job status.

Additionally, an applicant MAY be considered unacceptable if the applicant is unable to demonstrate high standards in the following bona fide occupational requirements: Judgment, Verbal Communication Skills, Tact, Understanding & Sensitivity, Honesty, Integrity, Impartiality, Confidence, and Emotional Stability.

By signing this document below, I acknowledge I have read the information completely and agree to the terms noted above.

Signature

Date

COMMUNICATIONS DISPATCHER - E911
SUPPLEMENTAL FACT SHEET

Name: _____

Dispatchers are not normally free to leave their work site (i.e. walk around, use the restroom, get a drink, get food, smoke, etc.) without being relieved from their working position.

Dispatchers often need to eat their meals at their work stations and sometimes will not get meal breaks.

There is a limited opportunity to socialize with co-workers or others during the work shift.

The performance standard expected of dispatchers is very high and mistakes can be costly in terms of human lives and property. You must be prepared to deal with constructive criticism and suggestions from your co-workers and supervisors.

All telecommunications (phone and radio traffic) are recorded.

You must be able to deal with a wide variety of callers and their problems. You will talk to people who are mentally ill, drunk, demanding, rude, hostile, hysterical, frightened and sometimes abusive towards you and/or department you work for. You must be prepared to handle their problems without taking their remarks personally. You will be required to handle life threatening emergencies and must be able to remain calm, empathetic and focused even with difficult callers.

We are continuous 24 hour a day, 365 day a year operations. As an employee you will be required to work odd shifts as well as many weekends and holidays, this included major holidays like Christmas, New Years and Thanksgiving.

All employees are subject to mandatory overtime. You may have to come in two hours early or be held over two hours with very limited notice. This normally only occurs if an employee calls in sick and there is not shift coverage or in emergency situations.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION ON THIS SHEET.

Signature: _____ Yes: _____ No: _____

If placed on the eligible list for consideration by the communications Dispatch Center, you must submit to a thorough background investigation which may include an investigator interviewing your past employers, references, relatives, schools, checking criminal history and taking fingerprints. This is necessary because of the accessibility of privileged information by employees of central dispatch network.

I understand the necessity of a background check and will provide any an all information about my background requested by Pend Oreille County. I further grant my permission for the County to contact any individual or organization to seek background information on me.

Signature: _____ Date: _____

**PEND OREILLE COUNTY
CIVIL SERVICE COMMISSION**

APPLICATION FOR:

911 Dispatcher/Communications Officer

For Office Use Only		
Examination Date		
Standing		
Hired		
College Degree		
Vet. Pref. (5% / 10%)		
Date Received		

APPLICATION / PERSONAL HISTORY FORM

READ INSTRUCTIONS CAREFULLY: This information must be accurately reported because it will be used as a basis for a detailed investigation of your background. All questions **MUST** be answered. If you need additional space use Section 15: Supplemental. If the question does not apply to you, indicate with **"N/A"**. If you cannot remember, or obtain with reasonable diligence, please indicate so in your response. The applicant must be the person who completes this form and it must be **hand printed legibly and in ink.**

Section 1: Personal Information

Legal Name: (Last, First, Middle)		Pend Oreille County Bargaining Unit Member? List Union	
Other Names: (Maiden, Nickname, Alias)			
Date of Birth:	Verified (office use)	Place of Birth: (City and State, or Country)	
Social Security Number:		Drivers License Number, State and Expiration:	Verified (office use)
Resident Address: (Number, Street, City, State, Zip Code)		Cell Phone Number:	Alternate Phone Number:
Mailing Address: (Number, Street, City, State, Zip Code)		E-Mail Address:	

Section 2: Emergency Contact

Name: (Last, First, Middle)	Relation:
Resident Address: (Number, Street, City, State, Zip Code)	Phone Number(s):

Section 3: Education

Starting with the most recent, list **all** schools you have attended. Include schools such as high school, GED, trade school, part-time school, night school, service school, business college and university, etc. If you need additional space use Section 15: Supplemental.

Name of School:	Address:	Attendance Dates:	Graduated Yes / No	Degree or Cert. earned:

Section 4: Military Service- You must provide a copy of your DD214 or Separation papers if applicable.

Branch of Service:		Military Skill / Training: (Infantry, Medic, etc.)	
Rank or E- Grade:		Dates of Service:	
Present Military Status:		Type of Separation: (If applicable)	
Last Unit:	Last Unit Phone Number:	Veterans Preference Used for Previous Employment in WA State? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Section 5: Other Information

List any organizations, clubs or social groups that you feel are relevant to this position. If you need additional space use Section 15: Supplemental.

Name:	Address:	Phone Number:

Section 6: Other Agencies You Have Applied For

List **all** Law Enforcement or Government agencies you have applied for but have not been hired by. If you need additional space use Section 15: Supplemental.

Name of Department or Agency:	Date of application:	Reason for rejection or declining appointment:

Section 7: References

Carefully complete the following on 5 persons other than relatives or past employers who know you well enough to give current and past information about you. Your references must be 21 or older.

Name: (Last, First M.I.)	Years Known:	Phone:	Alternate Phone:
Occupation:	Residence Address: (Number, Street, City, State, Zip)		
Name: (Last, First M.I.)	Years Known:	Phone:	Alternate Phone:
Occupation:	Residence Address: (Number, Street, City, State, Zip)		

Name: (Last, First M.I.)	Years Known:	Phone:	Alternate Phone:
Occupation:	Residence Address: (Number, Street, City, State, Zip)		
Name: (Last, First M.I.)	Years Known:	Phone:	Alternate Phone:
Occupation:	Residence Address: (Number, Street, City, State, Zip)		
Name: (Last, First M.I.)	Years Known:	Phone:	Alternate Phone:
Occupation:	Residence Address: (Number, Street, City, State, Zip)		

Section 8: Employment History

List your **entire and complete** work history in reverse order, beginning with your present status. Include **any and all** part-time jobs, periods of unemployment and military service **regardless of duration or if employer is still in business**. If you need additional space use Section 15: Supplemental.

Start date: (Month / Year)	Name of Employer:	Employer Address: (Number, Street, City, State, Zip)	
Job Title:	Description of duties:		
	Employer Phone Number:	Supervisor Name:	
End date: (Month / Year)	Total time employed: (Months)	(hrs./wk)	Reason for leaving:
Start date: (Month / Year)	Name of Employer:	Employer Address: (Number, Street, City, State, Zip)	
Job Title:	Description of duties:		
	Employer Phone Number:	Supervisor Name:	
End date: (Month / Year)	Total time employed: (Months)	(hrs./wk)	Reason for leaving:
Start date: (Month / Year)	Name of Employer:	Employer Address: (Number, Street, City, State, Zip)	
Job Title:	Description of duties:		
	Employer Phone Number:	Supervisor Name:	
End date: (Month / Year)	Total time employed: (Months)	(hrs./wk)	Reason for leaving:
Start date: (Month / Year)	Name of Employer:	Employer Address: (Number, Street, City, State, Zip)	
Job Title:	Description of duties:		
	Employer Phone Number:	Supervisor Name:	
End date: (Month / Year)	Total time employed: (Months)	(hrs./wk)	Reason for leaving:

Start date: (Month / Year)	Name of Employer:	Employer Address: (Number, Street, City, State, Zip)		
Job Title:	Description of duties:			
	Employer Phone Number:	Supervisor Name:		
End date: (Month / Year)	Total time employed: (Months)	(hrs./wk)	Reason for leaving:	
Start date: (Month / Year)	Name of Employer:	Employer Address: (Number, Street, City, State, Zip)		
Job Title:	Description of duties:			
	Employer Phone Number:	Supervisor Name:		
End date: (Month / Year)	Total time employed: (Months)	(hrs./wk)	Reason for leaving:	
Start date: (Month / Year)	Name of Employer:	Employer Address: (Number, Street, City, State, Zip)		
Job Title:	Description of duties:			
	Employer Phone Number:	Supervisor Name:		
End date: (Month / Year)	Total time employed: (Months)	(hrs./wk)	Reason for leaving:	
Start date: (Month / Year)	Name of Employer:	Employer Address: (Number, Street, City, State, Zip)		
Job Title:	Description of duties:			
	Employer Phone Number:	Supervisor Name:		
End date: (Month / Year)	Total time employed: (Months)	(hrs./wk)	Reason for leaving:	

Section 9: Financial Information

List **all** financial obligations for which you are responsible. If you have no current debts, list paid accounts that may be used for credit reference. List **all** credit cards, past and present. If you need additional space use Section 15: Supplemental.

To Whom Owed:	Date incurred:	Original Amount:	Balance:	Monthly payment:
Address: (Number, Street, City, State, Zip)			Purpose of loan or debt:	
To Whom Owed:	Date incurred:	Original Amount:	Balance:	Monthly payment:
Address: (Number, Street, City, State, Zip)			Purpose of loan or debt:	
To Whom Owed:	Date incurred:	Original Amount:	Balance:	Monthly payment:
Address: (Number, Street, City, State, Zip)			Purpose of loan or debt:	
To Whom Owed:	Date incurred:	Original Amount:	Balance:	Monthly payment:
Address: (Number, Street, City, State, Zip)			Purpose of loan or debt:	

To Whom Owed:	Date incurred:	Original Amount:	Balance:	Monthly payment:
Address: (Number, Street, City, State, Zip)			Purpose of loan or debt:	
To Whom Owed:	Date incurred:	Original Amount:	Balance:	Monthly payment:
Address: (Number, Street, City, State, Zip)			Purpose of loan or debt:	
To Whom Owed:	Date incurred:	Original Amount:	Balance:	Monthly payment:
Address: (Number, Street, City, State, Zip)			Purpose of loan or debt:	
To Whom Owed:	Date incurred:	Original Amount:	Balance:	Monthly payment:
Address: (Number, Street, City, State, Zip)			Purpose of loan or debt:	
To Whom Owed:	Date incurred:	Original Amount:	Balance:	Monthly payment:
Address: (Number, Street, City, State, Zip)			Purpose of loan or debt:	
To Whom Owed:	Date incurred:	Original Amount:	Balance:	Monthly payment:
Address: (Number, Street, City, State, Zip)			Purpose of loan or debt:	
To Whom Owed:	Date incurred:	Original Amount:	Balance:	Monthly payment:
Address: (Number, Street, City, State, Zip)			Purpose of loan or debt:	
To Whom Owed:	Date incurred:	Original Amount:	Balance:	Monthly payment:
Address: (Number, Street, City, State, Zip)			Purpose of loan or debt:	

Section 10: Vehicles and Vehicle Insurance

List all vehicles you own or operate. If you need additional space use Section 15: Supplemental.

Year:	Make:	Model:	License Plate Number:	Owner:	
Insurance Company:		Insurance Company's Address:		Policy Number:	Premiums:
Year:	Make:	Model:	License Plate Number:	Owner:	
Insurance Company:		Insurance Company's Address:		Policy Number:	Premiums:
Year:	Make:	Model:	License Plate Number:	Owner:	
Insurance Company:		Insurance Company's Address:		Policy Number:	Premiums:

Section 11: Residence History

List **all** addresses that you have lived at for the past 10 years or since age 15. DO NOT include your present address. Account for **all** time with your most recent prior address first. If you are a veteran, include the names of **all** the bases at which you were stationed as well as any off-base residences. If you need additional space use Section 15: Supplemental.

Dates: (Month and Year)		Address: (Number, Street, City, State, Zip)	Rental or Own:
From:	To:		
From:	To:		
From:	To:		
From:	To:		
From:	To:		
From:	To:		

Section 12: Arrests, Traffic Citations and Convictions

List **all** traffic infractions where you paid a fine. List **all** arrests for any crime. Please see Section 13 before filling in. If you need additional space use Section 15: Supplemental. *Leaving out any arrests could result in applicant disqualification.*

Date:	Charge or Type of Violation:	Issuing Agency:	Penalty or Fine:

Tips: You can contact the D.O.L. (Department of Licensing) or the D.M.V. (Department of Motor Vehicles), depending on the state, for your driving record. For law enforcement contacts, information may be obtained through public disclosure requests from the Civil Department (either from the courts or local law enforcement) from the jurisdiction where the contact was made.

Section 13: Other Law Enforcement Contacts

Have you had any other contacts with any law enforcement agency not resulting in an arrest, fine, or conviction? (I.e. reporting / witnessing a crime, traffic stops that did not result in a ticket). List **all** contacts, either self-initiated or initiated by the agency. **(No Exceptions)** If you need additional space use Section 15: Supplemental. *Leaving out any contact with law enforcement could result in applicant disqualification.*

Date:	Reason:	Agency:

Section 14: General Information

If you answer "Yes" to any of the following questions, give a detailed explanation in Section 15: Supplemental. Explanations must include dates. A "Yes" answer will not necessarily disqualify you from employment.

A.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there anything a background investigation might uncover that has not been addressed that you would like to explain at this time?
B.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever used an illegal controlled substance / drugs? (narcotics, stimulants, hallucinogens, marijuana, sleeping pills/tranquilizers and/or some else's prescription medication.) List all in Section 15: Supplemental. <i>Initiative 502 Marijuana: Even though the State of Washington has legalized the use and /or possession of marijuana under certain circumstances, unlawful drug usage and possession remains a violation of federal law and as such, all drug usage will be subject to disclosure on the this application.</i>
C.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you missed anytime from work, other than scheduled vacation, in the last 12 months?
D.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever received unemployment compensation?
E.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been terminated, asked to resign, or resigned in lieu of termination from a job?
F.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had your wages attached or garnished?
G.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been party to a small claims court or other court action?
H.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have civil actions pending against you?
I.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a judgment or collection rendered against you?
J.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever filed for bankruptcy?
K.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been declared delinquent on child support payments?
L.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been refused a life, automobile, health or other insurance policy?
M.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a life, automobile, health or other insurance policy canceled?
N.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been refused credit?
O.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had property repossessed?
P.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been bonded or had a bond refused?
Q.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If employed with the Sheriff, do you anticipate any other income other than your Sheriff salary?
R.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been involved in an accident as a driver?
S.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you ever involved in a disciplinary action at any of your jobs, school or in the military? (Include verbal, written and suspensions)
T.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any tattoos?
U.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any friends or family that work in law enforcement?
If you answer "No" to any of the following questions, give a detailed explanation in Section 15: Supplemental.		
V.	<input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your current employer prior to you being hired?
W.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a U.S. citizen?
X.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Requirements for employment include taking a polygraph concerning your background and a physical examination that includes a urine drug test. Are you willing to undergo these tests?
Y.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid United States driver's license?

Section 15: Supplemental

This section is to be used to write a detailed explanation to any of the question on the Personal History Form. Include the Section Number with all explanations. If you need more space you may use a piece of blank paper.

Section #

I understand that it is my responsibility to keep the Civil Service Commission and Sheriff's Training Unit informed of any change of address and /or telephone number, and that failure to do so may result in my name being removed from the eligibility list.

I have read and understand all questions and statements contained in this application; further, all statements I have made herein are in my own handwriting and are true and correct to the best of my knowledge and belief.

I understand that giving any false, dishonest, or deceiving answers or information, at any time, or failure to complete this application may be grounds for rating me ineligible for county employment, or for dismissal after appointment.

SIGNATURE OF APPLICANT

DATE _____

**PEND OREILLE COUNTY SHERIFF
WAIVER AND AUTHORIZATION TO RELEASE INFORMATION**

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Pend Oreille County Sheriff's Office, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions (including credit reports and/or ratings); employment and pre-employment records including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; all medical and psychological records; records of complaint of a civil nature made by or against me, whatsoever located and to include the records and recollections of Attorneys at Law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had, an interest.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent data for the Pend Oreille County Sheriff's Office to consider in determining my suitability for employment by the Pend Oreille County Sheriff's Office. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the Pend Oreille County Sheriff's Office. I understand that all materials pertaining to this background investigation become the property of the Pend Oreille County Sheriff's Office and will not be returned to me, nor will I have access to the information contained in my background investigation.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. **I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me**, and I hereby waive a right to discovery of said information should legal proceedings be undertaken as a result of not being hired by the Pend Oreille County Sheriff's Office.

A photocopy of this release form will be as valid as the original hereof, even though the said photocopying does not contain an original riding of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY BEFORE SUBMITTING YOUR APPLICATION.

Banks, financial institutes, and accounting agencies can provide this service (a small fee may apply).

_____ Date _____ Applicant's Signature

On this day personally appeared before me _____, to me known to be the individual described herein and who executed the within foregoing instrument and acknowledged that he/she signed the same as his/her free and voluntary act and deed, for the uses and purposes therein mentioned.

DATED this _____ day of _____, 20_____.

NOTARY PUBLIC in and for the State of _____.

Residing in _____.

My commission expires _____.

Signature _____.

(seal)



**THE INFORMATION www.ACRANet.com Exhibit A-4
Notice for Applicant/Employee**

**‘Notice of Intent’ and ‘Authorization’ to Obtain an Investigative
Consumer Report for Employment Purposes**

The undersigned applicant/employee is hereby notified that (Employer) with Client # _____ may obtain an investigative consumer report for employment purposes through ACRANet. Such report may include information as to character, general reputation, history of criminal convictions, employment, education, professional license, credit and/or driver’s record history. Applicant/employee acknowledges that he/she is herein informed of his/her right to request within a reasonable period of time after receiving this notice, a complete and accurate disclosure of the nature and scope of the investigation requested. Such disclosure will be mailed or otherwise delivered to applicant within five days from the date of the applicant/employee’s request for disclosure or such report was first requested by employer, whichever is the later.

Applicant/employee further authorizes the above named company to obtain an investigative consumer report through ACRANet for employment purposes at this time or anytime during the applicant/employee’s tenure with employer.

I (Applicant/employee) am currently a resident of the state of California, Oklahoma OR the state of Minnesota: **Yes** **No**

If yes, by state statute, I may receive a free copy of the report being prepared in association with this employment screening investigation and a copy of my corresponding rights as a consumer. These documents will be mailed to me at the address indicated on this authorization form within 24 hours of completion.

Please provide me a copy of my credit report as indicated above

Print Full Name: _____

Former Name/Maiden Name (list all): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Previous Address: _____

City: _____ **State:** _____ **Zip:** _____

Social Security Number: _____

Date of Birth: ____ / ____ / ____

(In order for factual information to be obtained & reported, your date of birth and social security number are requested. This information is used solely for verification purposes in compliance with the Fair Credit Reporting Act.)

Driver's License # (if applicable) _____

State of Issue _____

Signature: _____

Date: _____

NOTE:

The above information and attached exhibits are presented to assist you in compliance with the revised federal Fair Credit Reporting Act. They represent our understanding and interpretation of the amendments which became effective September 30, 1997 and November 2, 1998. ACRANet Incorporated does not intend for this information and the related attachments to be construed as legal advice. We urge all subscribers to review their procedures and documents with their respective legal counsel.

VETERANS' PREFERENCE ELIGIBILITY FORM

RCW 41.04.010 provides for a veterans' preference to be added to the passing grade of certain veterans. 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.**

Date of termination from the United States active military service: _____.

YOU MUST:

- ____ 1. Have served as a member in any branch of the armed forces of the United States, including the national guard and armed forces reserves, and has fulfilled your initial military service obligation;

AND
- ____ 2. Have received an honorable discharge or a discharge for medical reasons with an honorable record;

AND
- ____ 3. Have not previously received employment through the use of veteran's preference scoring on competitive examinations.

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 veterans' preference and that by falsely claiming veterans' preference, I will be disqualified from employment with Pend Oreille 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

How did you hear about this job?

Newspaper Ad (which one?) _____ Indeed _____ Craigslist _____
County Website _____ Friend/Family _____ Current county employee _____
Other _____
(specify)

Did you attach:

- A copy of your High School/GED diploma or transcripts showing graduation?
- A copy of your college transcripts (if you want education credit points added to your written score)?
- Copy of DD-214 listing military discharge or separation papers if applicable?
- Copy of your State-Issued Birth Certificate? Hospital copy is not valid.
- Copy of current driver's license?
- Copy of Social Security card?
- Copies of all training applicable to position (for Lateral positions only)?
- \$15.00 testing fee? Make check or money order payable to Pend Oreille County Treasurer. Cash is accepted (if not mailed) as you will obtain a receipt from the Treasurer's Office.

Note:

If you do not have copies, you must turn in proof that they have been ordered and are on their way at the time of application.