

Franklin County Sheriff Reserve Application

Franklin County Sheriff

1016 N 4th Avenue

Pasco, WA 99301

BILINGUAL: YES _____ NO _____ POSITION: **Reserve Road Deputy**
LATERAL: YES _____ NO _____ IF YES, ATTACH COPY OF TRAINING CERTIFICATE.

INSTRUCTIONS (READ CAREFULLY) Complete in ink or type

Before you submit your application, see that **ALL** information called for has been supplied. If your application is incomplete, it may affect the outcome of your application. Your application must be signed. Unsigned or incomplete applications cannot be accepted. All statements re-subject to investigation and verifications. Any false statement will be cause for rejection of your application and removal of your name from the register, or dismissal from employment.

The investigation of our application will include, but not limited to the following: A police record check, fingerprinting, psychological exam, physical exam, a polygraph (lie detector) exam, and a physical agility test will also be given.

I hereby certify that this application contains no willful misrepresentation and that the information being given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at anytime disclose any such misrepresentation or falsification, my application will be rejected.

Date: _____ Signature: _____

1. Name: _____ Maiden Name: _____
Last, First Middle

Any other names you have gone by: _____

2. Social Security No. _____ WA Drivers Lic. No. _____

3. Current address: _____
Street City State Zip

4. Phone No.: _____ Date of Birth: _____ Height: _____

Weight: _____ Place of Birth: _____ Eye Color: _____

Hair Color: _____

5. Are you presently in an Active Reserve Unit? Yes _____ No _____

If yes, what branch? _____

6. Veteran: Yes _____ No _____ If yes, what branch? _____

If yes, a copy of your DD-214 form must accompany this application

From: _____ To: _____
Month/Year Month/Year

Have you ever used your Scoring Criteria (formerly known as Veterans' Preference) to be hired for a job? (Circle one) Yes No

7. Are you a U.S. Citizen: _____ If Naturalized, date and place: _____

8. Name of spouse: _____

9. Address of spouse: _____

10. EDUCATION: (circle highest grade completed) 10, 11, 12, 13, 14, 15, 16, 17

Name & Location of High School attended: _____

HIGH SCHOOL DIPLOMA OR EQUIVALENT MUST BE PRESENTED FOR VERIFICATION

Name and location of college(s) attended: (a) _____

(b) _____ (c) _____

Major Subject	Years Completed	Semester / Quarter hours credited	Kind of Degree if graduated	Year Received
(a) _____	_____	_____	_____	_____
(b) _____	_____	_____	_____	_____
(c) _____	_____	_____	_____	_____
(d) _____	_____	_____	_____	_____

COLLEGE DEGREE AND TRANSCRIPTS MAY BE REQUESTED FOR VERIFICATION

10-A. Name and location of other schools attended (list below):

Dates attended:	Major subjects:	Graduated:	(Yes)	(No)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

11. Have you ever been arrested for or convicted of a felony: Yes: _____ No: _____

Charge: _____ Date: _____ Convicted? _____ Penalty: _____

12. In the past seven years have you been arrested for, or convicted of a misdemeanor or gross misdemeanor?

Charge: _____ Date: _____ Convicted? _____ Penalty: _____

13. Have you in the past three years been found guilty of a traffic infraction?

Infraction: _____ Date: _____ Penalty: _____

14. EMPLOYMENT HISTORY: List all jobs you have held for the last ten years. Include military service and periods of unemployment. Cover all periods of time **beginning with the most current.**

(1) Name of Firm: _____ Type of Business: _____

Address: _____ Telephone: _____

Job Title: _____ Supervisors Name: _____

List specific duties performed: _____

Reason for leaving or considering change: _____

Do you object to this employer being contacted? _____

Total time employed: From _____ To _____ Total Years: _____
Month/Year Month/Year

Hours worked each week: _____ Starting Salary: _____ Ending Salary: _____

(2) Name of Firm: _____ Type of Business: _____

Address: _____ Telephone: _____

Job Title: _____ Supervisors Name: _____

List specific duties performed: _____

Reason for leaving or considering change: _____

Do you object to this employer being contacted? _____

Total time employed: From _____ To _____ Total Years: _____
Month/Year Month/Year

Hours worked each week: _____ Starting Salary: _____ Ending Salary: _____

(3) Name of Firm: _____ Type of Business: _____

Address: _____ Telephone: _____

Job Title: _____ Supervisors Name: _____

List specific duties performed: _____

Reason for leaving or considering change: _____

Do you object to this employer being contacted? _____

Total time employed: From _____ To _____ Total Years: _____
Month/Year Month/Year

Hours worked each week: _____ Starting Salary: _____ Ending Salary: _____

(4) Name of Firm: _____ Type of Business: _____

Address: _____ Telephone: _____

Job Title: _____ Supervisors Name: _____

List specific duties performed: _____

Reason for leaving or considering change: _____

Do you object to this employer being contacted? _____

Total time employed: From _____ To _____ Total Years: _____
Month/Year Month/Year

Hours worked each week: _____ Starting Salary: _____ Ending Salary: _____

(5) Name of Firm: _____ Type of Business: _____

Address: _____ Telephone: _____

Job Title: _____ Supervisors Name: _____

List specific duties performed: _____

Reason for leaving or considering change: _____

Do you object to this employer being contacted? _____

Total time employed: From _____ To _____ Total Years: _____
Month/Year Month/Year

Hours worked each week: _____ Starting Salary: _____ Ending Salary: _____

(6) Name of Firm: _____ Type of Business: _____

Address: _____ Telephone: _____

Job Title: _____ Supervisors Name: _____

List specific duties performed: _____

Reason for leaving or considering change: _____

Do you object to this employer being contacted? _____

Total time employed: From _____ To _____ Total Years: _____
Month/Year Month/Year

Hours worked each week: _____ Starting Salary: _____ Ending Salary: _____

14-A. List all other jobs you have held:

Dates:	Job Title:	Employer:
_____	_____	_____
_____	_____	_____
_____	_____	_____

15. Residence: (List all places you have lived in the past 10 years)

Dates:	Street Address:	City & State:	Zip:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

16. Character references. List four (4) persons who are not related to you, and are not former employers, who have definite knowledge of your character and fitness, for the position for which you are applying.

Name:	Address:	Phone:	Occupation:	Years Known:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

17. Has your credit history been satisfactory for the past 10 years? Yes _____ No _____

If no, explain: _____

18. In the past three years, have you used: Intoxicants _____ Narcotics _____
Stimulants _____ Any form of Marijuana _____ Hallucinogenics _____
Tranquilizers _____; If so, state to what extent: _____

19. Have you ever been fired or forced to resign in lieu of discharge from any job? _____
If yes, explain: _____

20. Are there any unfavorable incidents in your life, not previously mentioned, which may be
discovered by investigation, which would require explanation? _____

If so, explain: _____

21. How did you hear about this exam? _____

I understand that it is my responsibility to keep the Franklin County Sheriff informed of any
change of address and/or telephone number.

I have read and understand all questions and statements contained in this application. I certify
that all questions and statements are true, correct and complete to the best of my knowledge and
belief, and I understand that any falsification or omission of facts shall be sufficient cause for
termination.

DATE: _____ SIGNATURE OF APPLICANT: _____

NOTE:
The attached waiver must be signed by a notary and returned with your application.

This application is for the sole use of Franklin County Sheriff's Department, an equal opportunity
employer, in hiring Reserve Road Deputies.

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I, _____, authorize you to furnish the Franklin County Sheriff's Department with any and all information that you have concerning me, my work record, my reputation, my medical records, my military service records, and my financial status. Information of a confidential or privileged nature may be included.

Your reply will be used to assist this department in determining my qualifications and fitness for the position I am seeking with the Sheriff's Department.

I understand my rights under Title 5 U.S. Code, Section 352a, the Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by the Franklin County Sheriff's Department in conjunction with employment procedures.

I hereby release you, your organization and others from any liability or damage which may result from furnishing the information requested.

A photocopy reproduction of this request shall be for all intent and purposes as valid as the original. You may retain this form in your files.

Date: _____

Applicant's Signature

Applicant's Printed Name

Subscribed and sworn to before me this _____ day of _____ 20____.

Notary Public for the State of Washington,

Residing at _____

My Commission expires: _____