

**SPOKANE 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 Spokane 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 all 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". Falsification or failure to include information as directed may be grounds for non-acceptance, or termination if already hired. Avoid errors by reading the directions carefully before making any entries on the form. Make sure your information is correct and in proper sequence before you begin. **Applicant may not add additional information after the application closing date has passed unless previous arrangements have been made with Civil Service.**

You are responsible for obtaining correct / complete addresses and phone numbers. If you are not sure of an address, check it either by personal verification or correspondence. Your local library may have a directory service or copies of all local telephone directories.

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; therefore all applicants seeking employment with the Sheriff's Office must possess an exemplary background and personal history. 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 Spokane 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 understand your position.

PLEASE SUBMIT THE FOLLOWING DOCUMENTATION WITH THIS FORM:

- Sealed official High School/GED and College transcripts* (All transcripts must be sealed official copies and must be turned in at the time of application. If you do not have sealed official transcripts, 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, 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 processing fee (check or money order payable to SCCSC; no cash will be accepted).**

* Please Note: Applicants who have a 2-yr Law Enforcement degree or 4-yr degree in any subject and have passed with a minimum score of 70% will receive 2 points education credit. Official transcripts must show that degree was awarded.

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, physical agility test (if required), 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, Emotional Stability.

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

Signature

Date

**SPOKANE COUNTY
CIVIL SERVICE COMMISSION**

POSITION APPLYING FOR:

LEGAL NAME: (Last, First Middle)

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, place an **“N/A”** in the box. The applicant must be the person who completes this form and it must be **hand printed legibly and in ink.**

Section 1: Personal Information

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

Section 2: Emergency Contact

Name: (Last, First, Middle)	Date of Birth:
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 Certificate:

Section 4: Military Service

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? 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 Middle)	Residence Address: (Number, Street, City, State, Zip)	Phone Number:
Employer:	Work Address: (Number, Street, City, State, Zip)	Phone Number:
Name: (Last, First Middle)	Residence Address: (Number, Street, City, State, Zip)	Phone Number:
Employer:	Work Address: (Number, Street, City, State, Zip)	Phone Number:

Name: (Last, First Middle)	Residence Address: (Number, Street, City, State, Zip)	Phone Number:
Employer:	Work Address: (Number, Street, City, State, Zip)	Phone Number:
Name: (Last, First Middle)	Residence Address: (Number, Street, City, State, Zip)	Phone Number:
Employer:	Work Address: (Number, Street, City, State, Zip)	Phone Number:
Name: (Last, First Middle)	Residence Address: (Number, Street, City, State, Zip)	Phone Number:
Employer:	Work Address: (Number, Street, City, State, Zip)	Phone Number:

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:		
Salary: (Hourly & Yearly)	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:		
Salary: (Hourly & Yearly)	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:		
Salary: (Hourly & Yearly)	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:		
Salary: (Hourly & Yearly)	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:		
Salary: (Hourly & Yearly)	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:		
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Start date: (Month / Year)	Name of Employer:	Employer Address: (Number, Street, City, State, Zip)	
Job Title:	Description of duties:		
Salary: (Hourly & Yearly)	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:		
Salary: (Hourly & Yearly)	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 Number:	Owner:
Insurance Company:		Address:	Policy Number:	Premiums:
Year:	Make:	Model:	License Number:	Owner:
Insurance Company:		Address:	Policy Number:	Premiums:
Year:	Make:	Model:	License Number:	Owner:
Insurance Company:		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:		

Section 12: Arrests, Traffic Citations and Convictions

List **all** arrests for any crime and/or traffic infractions. If you need additional space use Section 15: Supplemental.

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

Section 13: Other Law Enforcement Contacts

Have you had **any** other contacts with any law enforcement agency? (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.

Date:	Reason:	Agency:

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 _____

SPOKANE COUNTY CIVIL SERVICE COMMISSION

1229 West Mallon, Spokane, WA 99260

Phone: (509) 477-4711
AN EQUAL OPPORTUNITY EMPLOYER

How did you hear about this job?

Newspaper Ad _____ (which one) Job Fair _____ (which one) Internet Website _____ (which one) Channel 5 _____

Community Event _____ (which one) Friend/Family _____ Current county employee _____ Other _____ (specify)

SPOKANE 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 Spokane County Sheriff's Department, 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 Spokane County Sheriff's Department to consider in determining my suitability for employment by the Spokane County Sheriff's Department. 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 Spokane County Sheriff's Department. I understand that all materials pertaining to this background investigation become the property of the Spokane County Sheriff's Department and will not be returned to me.

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 said department.

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**

Printed Name

Applicant's Signature

Date

Subscribed and Sworn to before me this
_____ day of _____, 20_____.

Notary Public for the State of Washington,
Residing in _____.
My appointment expires _____.



**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.