



**EDUCATION AND TRAINING**

Do you have a high school diploma or GED? ( ) Yes ( ) No - If not, what is the highest grade completed? \_\_\_\_\_

If you have a GED (High School Equivalency Diploma): Year Awarded \_\_\_\_\_ State Awarded \_\_\_\_\_

Name, City & State of Last High School Attended: \_\_\_\_\_  
 \_\_\_\_\_

COLLEGES ATTENDED CITY & STATE	MAJOR FIELD	DEGREE AWARDED	DATES ATTENDED FROM TO	
OTHER TRAINING (including business, trade, military, etc.)			HRS.	TOTAL WKS.
NAME OF SCHOOL	CITY, STATE	TYPE OF TRAINING		

**SPECIAL QUALIFICATIONS:** (apprenticeships, skills, academic or professional awards, etc.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**OTHER QUALIFICATIONS:** \_\_\_\_\_ Data Entry or Key Boarding skills \_\_\_\_\_ words per minute  
 \_\_\_\_\_ Power Tools or Motor Equipment (list tools and equipment below)  
 \_\_\_\_\_ Computer Skills (list specific hardware and/or software below)  
 \_\_\_\_\_ Other (list below)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Since you may be required to operate a County-owned vehicle, you must answer the following question.

Do you possess a valid driver's license in this or any other state? \_\_\_\_\_ Yes \_\_\_\_\_ No

Give a brief statement ***in your own handwriting*** of why you would like to work for the Washington County Sheriff's Office.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

**EMPLOYMENT HISTORY**

**Instructions:** List below, **beginning with your most recent position**, all of your work experience, including military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

**DO NOT submit a resume in lieu of completing this portion of the application.**

1. Name of Employer:		Employer's Address (Street, City, State, Zip Code):	
Type of Business:		Supervisor's Name and Phone Number:	
Your Job Title:		Do you supervise other employees?	Job Titles of Those You Supervise:
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employment dates(From: <u>Month/Year</u> To: <u>Month/Year</u> ):		Starting Salary:	Ending Salary:
Job Duties:			
Reason For Leaving:			

2. Name of Employer:		Employer's Address (Street, City, State, Zip Code):	
Type of Business:		Supervisor's Name and Phone Number:	
Your Job Title:		Did you supervise other employees?	Job Titles of Those You Supervised:
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employment dates(From: <u>Month/Year</u> To: <u>Month/Year</u> ):		Starting Salary:	Ending Salary:
Job Duties:			
Reason For Leaving:			

3. Name of Employer:		Employer's Address (Street, City, State, Zip Code):	
Type of Business:		Supervisor's Name and Phone Number:	
Your Job Title:		Did you supervise other employees?	Job Titles of Those You Supervised:
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employment dates(From: <u>Month/Year</u> To: <u>Month/Year</u> ):		Starting Salary:	Ending Salary:
Job Duties:			
Reason For Leaving:			

All applicants **must provide** at least three **employment related references**:

Name of reference	Complete Mailing Address	Telephone #	Relationship at Work
1. _____			
2. _____			
3. _____			

**General Information**

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Instructions: **Questions 1 thru 12 must be answered by all applicants.** Failure to complete this information truthfully may result in disqualification from consideration for employment with the Washington County Sheriff's Office. Applicants may attach additional sheets if necessary.

1. How many times did you miss work last year? \_\_\_\_\_ What were the reasons?
  
2. Have you had disciplinary actions taken against you by any previous employer, including the military? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please describe the facts and circumstances.
  
3. Have you ever been fired or asked to resign from ANY job? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain in detail.
  
4. Have you ever been convicted of a crime that would disqualify you from possession of a firearm under state or federal law? Such convictions would include a crime of violence, domestic violence, handgun violation, being a fugitive from justice or being under indictment or convicted of a crime punishable by imprisonment for one year or more. \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain.

**(General Information Questions continue on page 5)**

**(General Information Questions continued)**

5. Do you currently use any type of illegal drugs?
  
6. Have you in the past casually used illegal drugs?
  
7. Have you used illegal drugs in the last thirty-six months?
  
8. When is the last time you used illegal drugs?
  
9. Do you drink alcohol?
  
10. Have you been arrested for driving under the influence?
  
11. Have you ever driven a vehicle while you believe you were under the influence of alcohol?
  
12. When was the last time you drove a vehicle after consuming enough alcohol to be under the influence?

**Pre-Employment Statement**

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Read carefully before signing:

I certify that, if employed, I will produce documents to establish that I am legally able to work in the United States. I understand that a final employment offer is contingent upon completion of INS Form I-9 and receipt of acceptable documentation at time of hire. I further understand that when applying for any deputy position that I am required to be a U.S. Citizen or Naturalized Citizen of the United States. I fully understand that my Citizenship status and required documentation will be verified by the Washington County Sheriff's Office.

I further certify that I am physically capable of performing all duties associated with the job for which I am applying. I understand that a final employment offer is contingent upon the successful completion of a physical examination, a drug screen and possibly a physical fitness test, Polygraph or Computerized Voice Stress Analyzer (VCSA), and psychological test, depending upon position applied for.

I acknowledge that my employment is 'at will' and that the Sheriff of Washington County reserves the right to terminate me at any time with or without cause and with or without notice. I understand that no practice or policy of the Sheriff or the County Commissioners of Washington County relating to termination procedures alters the 'at will' nature of my employment in any way.

I authorize the Washington County Sheriff's Office to contact my previous employers or any employer to whom I have applied to obtain employment information and to further investigate the truthfulness of my application.

**I acknowledge that an applicant may be disqualified from further processing if he/she makes a false statement of a material fact, practices, or attempts to practice, any deception or fraud in this pre-employment history questionnaire, examinations, or in appointment to the Sheriff's Office.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, genetic or veteran status, sexual orientation, or disability. As an employer, we comply with all government regulations and any applicable affirmative action responsibilities. Solely to help us comply with any applicable government record keeping, reporting and other legal requirements, please fill out the Affirmative Action Survey below. We appreciate your cooperation.

This Affirmative Action Survey data, which you provide voluntarily, will be kept separate and confidential from this Application for Employment.

### AFFIRMATIVE ACTION

Government agencies require periodic reports on the sex, ethnicity, disability and veteran status of applicants. This data is for analysis and affirmative action only.

(PLEASE PRINT)

Date \_\_\_\_\_

Position Applied For: \_\_\_\_\_

BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

GENDER:                    ( ) Male                    ( ) Female

RACE/ETHNIC IDENTIFICATION - PLEASE CHECK ALL THAT APPLY

Are you of Hispanic or Latino origin?            ( ) Yes                    ( ) No

(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Select one or more of the following racial categories:

( ) American Indian or Alaskan Native (A person having origins in any of the original people of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)

( ) Asian (A person having origin in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

( ) Black or African American (A person having origins in any of the black racial groups of Africa.)

( ) Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

( ) White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

### Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign: ( ) Handicapped Individual    ( ) Disabled Veteran    ( ) Vietnam Era Veteran

Signed: \_\_\_\_\_