



CLICKITAT COUNTY SHERIFF'S OFFICE
Volunteer Sheriff's Posse Program
General Information Sheet

1. All applications shall be supported by letters of recommendation from two (2) or more people acquainted with the applicant, who are not related by blood or marriage. These shall be attached to this application when submitted.
2. A background investigation will be made by the Sheriff's office of Klickitat County, WA before appointment is considered. Failure to pass this background investigation to the satisfaction of the Sheriff will be cause for removal from the eligibility list. All applicants shall submit to fingerprinting upon return of a completed application.
3. No applicant shall be appointed to any position with the Sheriff's Posse Program who has been convicted of a felony criminal or misdemeanor violation of which, in the opinion of the Sheriff, would render the applicant unfit to work in law enforcement.
4. An applicant for a position in the Sheriff's Posse Program must be a citizen of the United States of America and be able to read and write the English language.
5. Each candidate for Commissioned Sheriff's Posse Deputy will be required to attend training within the Sheriff's Office as described by the Sheriff.
6. All applicants for appointment to the Sheriff's Posse Deputy Program shall keep the Klickitat County Sheriff's Office advised at all times of their physical home address, mailing address, and telephone number.
7. Klickitat County Sheriff's Posse members are covered by the KCSO Washington Labor and Industries policy. Posse members are not eligible for KCSO health insurance benefits.

I hereby acknowledge receipt of a copy of the General Information Sheet and I certify that I have read and understood the same, and I agree that this shall be made a part of my permanent service record.

Applicant Signature

Date

Klickitat County Sheriff's Office Volunteer Sheriff Posse Deputy Application 205 South Columbus Ave, Room 108 Goldendale, WA 98620 Phone (509) 773-4455 Fax (509) 773-6575	Position Applied for <input type="radio"/> Commissioned Sheriff Posse Deputy <input type="radio"/> Non-Commissioned Auxiliary Sheriff Posse Deputy
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KCSO will consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, martial or veteran status, sexual orientation, or any other legally protected status.

Name:	Date of Birth:
Address:	PO Box:
City, State, Zip	Email Address:
Work Phone:	Cell Phone:

Circle your response:

How did you learn of this position? _____

If valid driver's license is an essential function and required on the job announcement please answer the following:

Do you have a Washington Driver's License: Yes No

Driver License Number	State	Expires
Combination License Number	State	Expires

- Are you 18 years of age or older? Yes No
 If applying for Commissioned Sheriff Posse Deputy, are you 21 years of age or older? Yes No
- Have you ever been employed with or been a volunteer with us before? Yes No
 If yes, give date and location _____
- Do you have any relatives employed with Klickitat County? Yes No
 If yes, give name/relationship/Department _____
 There are some limitations on employment of relatives, each case is considered separately for potential conflict of interest.
- Do you have responsibilities (other than vacation) that would prevent you from traveling or working unusual hours.
 Yes No
- Can you provide Proof of Citizenship or Immigration Status? Yes No
- I understand the job expectations and I am able to perform the duties of the job with or without reasonable accommodation. Yes No
- Volunteer Availability:

<input type="radio"/> Full-Time	<input type="radio"/> Part Time	<input type="radio"/> Shift Work	<input type="radio"/> Temporary
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- Can you travel if a job requires it? Yes No
- Have you been convicted of a misdemeanor or felony? Yes No
 Date and Details _____
 (Conviction will not necessarily disqualify an applicant from acceptance)

Education and Training

School and Location	Dates From and To	Major Studies	Degree Earned

Professional Licenses and Certifications	State Issued	License Number	Date Issued/Exp

If more space is required, attached additional sheets

Skills: ___ Computer Skills ___ Data Entry

DISABILITY STATUS INFORMATION

Disability Status: A person with a disability is a person who has a physical or mental impairment which substantially limits one or more major life activities, or has a record of such impairment, or is perceived as having such an impairment, as defined by the Americans with Disabilities Act. An accommodation may be necessary to provide a person with a disability equal employment opportunity.

Will you need accommodation due to disability in the application, testing or interview process: ___ Yes ___ No

Please provide a brief description of the accommodation requested:

Please complete the following if you requested an accommodation for the application, testing or interview process:

Title of Position for which you are applying _____ Name _____

All answers and statements on this application are true and complete to the best of my knowledge. I understand that false or misleading information given in my application; resume; and/or during the interview process is grounds for immediate termination, if volunteer with Klickitat County. I authorize investigation of all statements contained in this application for a volunteer position as may be necessary in arriving an employment decision. I understand that if I am offered a position with Klickitat County, and chemical/drug screen will be required prior to commencement of volunteer duties. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature _____

Date _____

EMPLOYMENT HISTORY

Start with your present or last job. Include any job related military service assignments and volunteer activities you may exclude organization which indicate race, color, religion, gender, national origin, disability or other protected status.

Employer		Dates Employed	
Address City/State/ Zip		Salary Starting Wage Ending Wage	Hours per week
Position Title	Supervisor	Phone Number	
Reason for leaving			
Summarize major work duties (Do Not write "see resume")			

Employer		Dates Employed	
Address City/State/ Zip		Salary Starting Wage Ending Wage	Hours per week
Position Title	Supervisor	Phone Number	
Reason for leaving			
Summarize major work duties (Do Not write "see resume")			

Employer		Dates Employed	
Address City/State/ Zip		Salary Starting Wage Ending Wage	Hours per week
Position Title	Supervisor	Phone Number	
Reason for leaving			
Summarize major work duties (Do Not write "see resume")			

EMPLOYMENT HISTORY (CONTINUED)

Employer		Dates Employed	
Address City/State/ Zip		Salary	Hours per week
		Starting Wage	
		Ending Wage	
Position Title	Supervisor	Phone Number	
Reason for leaving			
Summarize major work duties (Do Not write "see resume")			

Employer		Dates Employed	
Address City/State/ Zip		Salary	Hours per week
		Starting Wage	
		Ending Wage	
Position Title	Supervisor	Phone Number	
Reason for leaving			
Summarize major work duties (Do Not write "see resume")			

Employer		Dates Employed	
Address City/State/ Zip		Salary	Hours per week
		Starting Wage	
		Ending Wage	
Position Title	Supervisor	Phone Number	
Reason for leaving			
Summarize major work duties (Do Not write "see resume")			

PERSONAL REFERENCES

Give the names of at least 3 of the following: past employers, teachers or any individual who may supply a reference.

No relatives please.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

APPLICANT AUTHORIZATION FROR RELEASE OF INFORMATION

As an applicant for a position with Klickitat County, I hereby authorize any employers or supervisors, educational institutions, personal references and/or other persons to release information about my work and education history for use in determining my qualifications for this position. I understand, agree, and authorize that a copy or facsimile of this form to be as valid as the original.

You may release or verify the following items:

- 1. Dates of employment;
- 2. Positions held when started and left;
- 3. Performance level, duties, responsibilities, strong and weak points;
- 4. My attendance habits (excluding workers' compensation, pregnancy and other protected absences);
- 5. My relationship with co-workers and supervisors;
- 6. My attitude toward work (cooperative? Positive? Etc.);
- 7. Reason for leaving;
- 8. Eligibility for rehire;
- 9. Whether I have had outbursts of temper, threatened, provoked fights with or assaulted others, engaged in hostile or violent behavior, have a criminal record or any traits that would present security or safety issues for others.
- 10. Any other relevant information regarding my performance, skills, ability, suitability for employment sought, etc.

Educational Institutions

- 1. Years of Attendance;
- 2. Degree(s) Attained;
- 3. Grade Point Average; and
- 4. Transcript.

I understand my right to request access to any public records relating to me pursuant to Title 5 of the United States Code, Section 552 et Seq., the Privacy Act of 1974, the Freedom of Information Act, and Revised Code of Washington (RCW) 42.17 et seq., and specifically waive those rights understanding that the information furnished will be used by Klickitat County and/or its agencies or departments in conjunction with employment procedure. I will make no attempt to gain access to the information provided by you to Klickitat County and/or its agencies or departments in conjunction with this employment process and hereby expressly waive any rights I may have to request the disclosure or information provided by you to Klickitat County and/or its agencies or departments in conjunction with employment procedures.

All former employers who provide such information are indemnified and released from liability arising from disclosures.

Applicant Signature

Date

Printed Name