

# Lewis County Sheriff's Office



## Civil Service Commission Lateral Deputy Employment Application

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_

Lewis County Sheriff's Office Mission Statement:  
To make a positive difference for members of our community by seeking and finding ways to affirmatively promote, preserve and deliver a feeling of security, safety and quality service.

\_\_\_\_\_ For Office Use Only \_\_\_\_\_

Date Received: \_\_\_\_\_

Score: \_\_\_\_\_



## LEWIS COUNTY SHERIFF'S OFFICE CIVIL SERVICE COMMISSION EMPLOYMENT APPLICATION REQUIREMENTS

### REQUIREMENTS:

- 21 Years of Age
- No Felony Convictions
- Valid Washington State Driver's License
- United States Citizen
- High School Diploma or G.E.D. Certificate
- Good Physical Health and Condition
- Other Agency Requirements

### APPLICATION PROCESS:

1. Applications are available from the Lewis County Sheriff's Office, Monday through Friday, 8:00 a.m. to 5:00 p.m., and online at [www.co.lewis.wa.us/sheriff](http://www.co.lewis.wa.us/sheriff).
2. \$10.00 testing fee (cash, money order, or check payable to Lewis County Civil Service Commission) must be paid when submitting application.
3. The following **MUST** be included with application packet:
  - a. "Criteria Standards for Disqualification" signed and notarized
  - b. Copy of Birth Certificate
  - c. Copy of Washington State Driver's License
  - d. Copy of Social Security Card
  - e. Copy of High School Diploma or G.E.D. Certificate and Transcript
  - f. Deputy/Corrections Applicants: "Physical Ability Test Waiver of Rights" signed
  - g. Lateral Applicants: Copy of Washington State Basic Law Enforcement Academy Certificate (or any state's equivalent academy certificate)
  - h. Lateral Applicants: Completed Supplemental Application
  - i. Veteran's credit can be used within eight years of the date of release from active service. You must submit a copy of your DD214 with the application.
  - j. If you have served as an L.C.S.O. Reserve Deputy, indicate the dates served on the application form. You must be a current Reserve Deputy in order to receive bonus points.
4. Sign and date back of application packet.

**EMPLOYMENT APPLICATION:**

1. Follow directions and read each question carefully.
2. Answer all questions completely and accurately.
  - a. Include complete addresses (street address, city, state, zip code) and telephone numbers (area code and number)
3. If a question does not apply, write N/A in the space provided.
4. If you need more space, use an additional form.

**NOTE:** Failure to follow instructions/incomplete information may delay the background process or eliminate you from further processing. Incomplete application packets will be rejected.

**TESTING:**

1. A testing date/time will be provided to entry level applicants with the application.
2. Deputy/Corrections Applicants: Physical Ability (must be passed prior to taking video test) and Video Testing. \*(See CJTC website for Physical Ability requirements. [www.cjtc.state.wa.us](http://www.cjtc.state.wa.us) ) An eligibility list will be established from those applicants receiving a passing score on the test. Lateral applicants do not take physical ability or video test.
3. Support Technician Applicants: Keyboarding, written (proofreading, grammar, punctuation, spelling), filing, receipt writing, typed communications (MS Word). \*(See enclosure for additional testing information)
4. Structured in-house oral interview
5. Polygraph examination
6. Psychological evaluation
7. Criminal history and background investigation
8. Reference check

Send \$10.00 testing fee and your completed application to:

**Mailing Address:**

Lewis County Sheriff's Office  
Attn: Applications  
345 West Main Street; MS: SHE01  
Chehalis, WA 98532  
Phone Number (360) 748-9286

## **LEWIS COUNTY CIVIL SERVICE QUALIFICATIONS FOR LATERAL DEPUTY SHERIFF**

Regulation XIV.

Sec.1. Every person who shall make application for the position of Lateral Deputy Sheriff within the Lewis County Sheriff's Office shall comply with all the general qualifications set forth in the General Rules & Regulations concerning Civil Service employees, including physical fitness, and shall be required to take a Civil Service competitive examination as set forth by the Civil Service Commission. In addition, the candidates may be required to submit to psychological testing, polygraph testing, and comprehensive background checks.

No person shall be deemed to have achieved a passing grade on the examination unless and until that individual has met the minimum qualifications in all aspects of the examination process.

Sec.2. In addition to the qualifications set forth in Rule II of the Civil Service Rules, the following requirements must be met for an individual to be eligible to take the entrance examination for placement on the eligibility list for Lateral Deputy Sheriff:

- A. A minimum of one year of law enforcement experience, and
- B. Satisfactory completion of the Washington State Criminal Justice Training Commission's Basic Law Enforcement Training Academy (Candidates will be required to submit a copy of their diploma), and
- C. Employment as a full-time officer within twelve months prior to testing for the position of Lateral Deputy Sheriff.

In addition, any candidate must possess, at the time of appointment, a valid Washington State Driver's License.

Sec.3. The testing criteria for placement on the eligibility list for Lateral Deputy Sheriff shall be as follows:

The applicant must score a minimum of 65 points on the "applicant scoring sheet" to be placed on the eligibility list.

Law enforcement experience as defined in this Regulation shall be a full-time Police Officer, Deputy Sheriff, Marshal, or State Commissioned Officer who has completed a basic general authority law enforcement academy.



\_\_\_\_\_ Date

## CRITERIA STANDARDS FOR DISQUALIFICATION

### TO THE APPLICANT:

This application will be used for reference by those who will be considering you for employment, or for a commission with the Lewis County Sheriff's Office.

An extensive background investigation will be conducted into your personal history, as well as a psychological examination.

Applicants will be required to take a polygraph examination to confirm the information in this application and to determine other items of background information.

I understand that I will not receive nor am I entitled to a copy of the report or to know its contents. I understand no documents submitted by me will be returned and no copies of any other reports or documents utilized for or during my application for employment or a commission will be furnished or given to me. I further understand that when administered a single test, I will not be given the reason if not selected.

Where written explanations are required, it is mandatory that information be listed totally and completely.

The existence of any of the conditions listed below will result in rejection from the selection process:

- Any felony, no time limit.
- Participation in any crime.
- Any misdemeanor conviction involving narcotic drugs, marijuana, or domestic violence.
- Any selling of narcotics, drugs, or marijuana.
- Any illegal use of opiate narcotics, hallucinogens, and/or other dangerous drugs. Includes LSD, PCP, Peyote, Mescaline, Codeine, Heroin, Morphine, Opium, Psilocybin, Cocaine, Hash, Speed, Barbiturates, etc.
- Any recent use of marijuana.
- Any history of disregard for traffic laws with such frequency so as to indicate disrespect for traffic laws and a disregard for the safety of other persons on the highway.
- Any sexual conduct prohibited by law.
- Negligence in maintaining financial responsibility.

**PLEASE CONFIRM YOU HAVE READ, UNDERSTAND, AND AGREE TO THE AFOREMENTIONED CONDITIONS AND CRITERIA BY SIGNING BELOW. (MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sworn to and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

## INFORMATION FOR FEDERAL AND STATE REPORTING

It is the policy of Lewis County to provide equal opportunity in all terms, conditions, and privileges of employment for all qualified applicants and employees without regard to race, color, religion, creed, national origin, sex, age, marital status, disability, disabled veteran, or Vietnam-era veteran.

To help us comply with governmental record keeping, reporting, and other legal requirements, please complete the affirmative action data below. Your voluntary cooperation in completing all the sections below is appreciated. The completed form will be filed separately from your application packet. Only authorized personnel will have access to this information for legitimate purposes.

### 1. What ethnicity do you consider yourself to be?

\_\_\_\_\_ *Caucasian/White* (not Hispanic origin) - Those having origins in any of the original peoples of Europe, North Africa, or the Middle East.

\_\_\_\_\_ *Black/African American* (not of Hispanic origin) - Those having origins in any of the original groups of Africa.

\_\_\_\_\_ *Hispanic* - Those of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin regardless of race.

\_\_\_\_\_ *Asian or Pacific Islanders* - Those having origins in any of the original peoples of the Far East, South Asia, Indian Subcontinent, or the Pacific Islands.

\_\_\_\_\_ *American Indian or Alaskan Native* - Those having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

### 2. Gender

\_\_\_\_\_ Male                      \_\_\_\_\_ Female

3. Are you 40 years of age or older? \_\_\_\_\_ Yes \_\_\_\_\_ No

4. **Military Status** (Please check all that apply)

\_\_\_\_\_ Non-Veteran \_\_\_\_\_ Spouse of Deceased Veteran  
\_\_\_\_\_ Vietnam Era Veteran \_\_\_\_\_ Disabled Vietnam Era Veteran  
\_\_\_\_\_ Veteran (Other than Vietnam) \_\_\_\_\_ Disabled Veteran (Other than Vietnam)

Date of Discharge: \_\_\_\_\_

**Disabled Veteran** - Anyone entitled to disability compensation under laws administered by the U.S. Department of Veteran Affairs for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

**Vietnam Era Veteran** - Anyone who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1961 and May 7, 1975 and was discharged or released from duty with other than a dishonorable discharge.

5. **Disability** (Please check all that apply)

\_\_\_\_\_ Not Disabled \_\_\_\_\_ Visual  
\_\_\_\_\_ Hearing \_\_\_\_\_ Mental/Psychological  
\_\_\_\_\_ Ambulatory/Mobility \_\_\_\_\_ Multiple Disability

Other: \_\_\_\_\_

For affirmative action purposes, people with disabilities are persons with a permanent, physical, mental, or sensory impairment, which substantially limits one or more major life activities. Physical, mental, or sensory impairment means: (a) any physiological or neurological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems or functions; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy, or surgical means.

1. **POSITION APPLYING FOR:** \_\_\_\_\_

2. **FULL NAME:** \_\_\_\_\_

a. ANY OTHER NAMES USED: \_\_\_\_\_

3. **LEGAL ADDRESS:**

\_\_\_\_\_  
Street City State Zip

Mailing Address:

\_\_\_\_\_  
Street City State Zip

Home Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Please designate the best way for us to contact you: \_\_\_\_\_

Beginning with the most recent, list residence addresses and dates for the past ten years:

Address:

\_\_\_\_\_  
Street City State Zip Date from - to

\_\_\_\_\_  
Street City State Zip Date from - to

\_\_\_\_\_  
Street City State Zip Date from - to

\_\_\_\_\_  
Street City State Zip Date from - to

\_\_\_\_\_  
Street City State Zip Date from - to

4. **DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **SOC. SEC. NO.** \_\_\_\_/\_\_\_\_/\_\_\_\_

5. **MILITARY STATUS:**

Have you ever served in the Army, Navy, Marine Corps, Air Force, Coast Guard, R.O.T.C., or any Military Reserve unit?  Yes  No

\_\_\_\_\_  
Entry Date Rank/Branch/Organization Discharge Type Date

Are you claiming Veterans Preference?  Yes  No



B. COLLEGE OR POST HIGH SCHOOL EDUCATION: List formal education you have completed at the College or University level. Please attach a copy of your graduation diploma(s) and a copy of your official transcript(s).

College/University Attended and Location: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Number of Quarter or Semester Credits Earned: \_\_\_\_\_

Degree Earned and Year: \_\_\_\_\_ Major Course of Study: \_\_\_\_\_

College/University Attended and Location: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Number of Quarter or Semester Credits Earned: \_\_\_\_\_

Degree Earned and Year: \_\_\_\_\_ Major Course of Study: \_\_\_\_\_

College/University Attended and Location: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Number of Quarter or Semester Credits Earned: \_\_\_\_\_

Degree Earned and Year: \_\_\_\_\_ Major Course of Study: \_\_\_\_\_

If you have skills or experience gained through hobbies or volunteer work you believe are relevant to the position you are applying, describe below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COMPUTER EXPERIENCE:**

	Years Experience	Type of Equipment: Software Used: Other Details
Personal Computer	_____	_____
Word	_____	(WPM = ) _____
Excel	_____	_____
CAD	_____	_____
SUMMIT	_____	_____
Other	_____	_____

Languages spoken fluently other than English: \_\_\_\_\_

**9. LIST ALL PERIODS OF EMPLOYMENT AND UNEMPLOYMENT IN THE PAST TEN (10) YEARS, BEGINNING WITH THE PRESENT OR MOST RECENT EMPLOYER. LIST EVERYTHING IN PROPER SEQUENCE. \*OMIT NONE\***

a. Employed by: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Your Title: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
Specific Duties: \_\_\_\_\_  
\_\_\_\_\_

b. Employed by: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Your Title: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
Specific Duties: \_\_\_\_\_  
\_\_\_\_\_

c. Employed by: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Your Title: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
Specific Duties: \_\_\_\_\_  
\_\_\_\_\_

d. Employed by: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Your Title: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
Specific Duties: \_\_\_\_\_  
\_\_\_\_\_

e. Employed by: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Your Title: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
Specific Duties: \_\_\_\_\_  
\_\_\_\_\_

f. Employed by: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Your Title: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
Specific Duties: \_\_\_\_\_  
\_\_\_\_\_

**10. LIST THREE (3) REFERENCES (not relatives or former employers) WHO ARE RESPONSIBLE ADULTS AND WHO HAVE KNOWN YOU WELL DURING THE PAST FIVE (5) YEARS: INCLUDE PHONE NUMBERS WITH AREA CODES.**

Use an additional sheet if necessary

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Name	Street	City	State	Zip	Home Phone/Cell Phone
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Years Known?	Occupation & Business Address	Work Phone
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Name	Street	City	State	Zip	Home Phone/Cell Phone
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Years Known?	Occupation & Business Address	Work Phone
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Name	Street	City	State	Zip	Home Phone/Cell Phone
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Years Known?	Occupation & Business Address	Work Phone
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a. List the names of any acquaintances employed by this office or Lewis County:

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b. Were you recruited by an employee of the Lewis County Sheriff's Office?

Yes    No   If yes, by whom: \_\_\_\_\_

c. Have you ever applied to, or been employed by the Lewis County Sheriff's Office as a paid employee or a volunteer?

Yes    No   If yes, date and position: \_\_\_\_\_

d. Have you ever applied for any position with another law enforcement agency within the past three (3) years?

Yes    No   If yes, explain (use additional sheet if necessary):

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Date	Agency Name and State	Status of Application
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Date	Agency Name and State	Status of Application
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Date	Agency Name and State	Status of Application
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Date	Agency Name and State	Status of Application
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Date	Agency Name and State	Status of Application
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e. Have you ever had any involvement or association with another law enforcement agency, either as a volunteer or paid employee?

Yes     No    If yes, when/where: \_\_\_\_\_

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**11. WORK SCHEDULES:**

Can you meet a work schedule requiring rotating shifts with various hours?     Yes     No

Can you meet a work schedule including work on Saturday, Sunday and/or Holidays?     Yes     No

Would you be available to work in addition to your regularly scheduled hours?     Yes     No

**12. ARREST HISTORY:**

Have you ever been given a Citation, Arrested, Convicted, Charged or Questioned for any offense, violation of any statute or ordinance, law, or regulation by any civil or military authority? (Include any convictions or adjudication as a juvenile.)

Yes     No    If yes, describe below:

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Date	Location	Arresting Agency	Original Charge	Reduced to	Disposition/Court Action
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Date	Location	Arresting Agency	Original Charge	Reduced to	Disposition/Court Action
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Date	Location	Arresting Agency	Original Charge	Reduced to	Disposition/Court Action
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Date	Location	Arresting Agency	Original Charge	Reduced to	Disposition/Court Action
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List any Traffic and/or Parking Citations since you began driving, in this country or any other country, below:

Date	Location	Issuing Agency	Charge	Charge Reduced	Disposition	Accident Related Y/N

a. Have you ever been licensed to drive in another state?  Yes  No

If yes: \_\_\_\_\_  
 State License Number and Type

b. Have you ever had your license revoked, suspended, or restricted?  Yes  No

If yes: \_\_\_\_\_  
 State License Number and Type Date and Reason Susp/Revoked

c. Have you ever attended a driver improvement school as a result of a traffic citation, or to dismiss the filing of a traffic citation?  Yes  No

If yes: \_\_\_\_\_  
 State Location/Jurisdiction What was the citation for?

Use an additional sheet if necessary

1.  Yes  No Have you ever had your wages garnished?  
If yes, please explain: \_\_\_\_\_
2.  Yes  No Have you ever been a party to a small claims or other court action?  
If yes, please explain: \_\_\_\_\_
3.  Yes  No Have you ever been involved with any civil court action?  
If yes, please explain: \_\_\_\_\_
4.  Yes  No Have you ever had judgment rendered against you?  
If yes, please explain: \_\_\_\_\_
5.  Yes  No Have you or your spouse ever been sued or summoned into court?  
If yes, please explain: \_\_\_\_\_
6.  Yes  No Have you ever been refused credit?  
If yes, please explain: \_\_\_\_\_
7.  Yes  No Have you ever had any property repossessed?  
If yes, please explain: \_\_\_\_\_
8.  Yes  No Have you ever been fired, discharged or asked to resign from any position?  
If yes, please explain: \_\_\_\_\_
9.  Yes  No Have the police ever been called to your home?  
If yes, please explain: \_\_\_\_\_
10.  Yes  No Have you ever committed any criminal violation that has gone undetected?  
If yes, please explain: \_\_\_\_\_
11.  Yes  No Have any relatives of you or your spouse ever been convicted of any crime or imprisoned?  
If yes, please explain: \_\_\_\_\_
12.  Yes  No Have you ever had any gambling debts?  
If yes, please explain: \_\_\_\_\_
13.  Yes  No Have you ever taken money from an employer?  
If yes, please explain: \_\_\_\_\_
14.  Yes  No Have you ever had your fingerprints taken for any reason?  
If yes, please explain: \_\_\_\_\_

15.  Yes  No Have you received any verbal or written reprimands or suspensions for violations of company policy? Include military service.  
If yes, please explain: \_\_\_\_\_
16.  Yes  No Would you have difficulty working with people of a different sex, culture, race, age, religion, nationality, or sexual orientation?  
If yes, please explain: \_\_\_\_\_
17.  Yes  No Have you been involved in any physical or major verbal confrontations on the job?  
If yes, please explain: \_\_\_\_\_
18.  Yes  No Would you be able to follow direct orders, even though you may not agree with them?  
If no, please explain: \_\_\_\_\_
19.  Yes  No Have you been subjected to high stress or emergency situations on the job?  
If yes, please explain: \_\_\_\_\_
20.  Yes  No Have you ever left a place of employment without giving two weeks notice?  
If yes, please explain: \_\_\_\_\_
21.  Yes  No Have you ever operated a motor vehicle while under the influence of alcohol or drugs?  
If yes, please explain: \_\_\_\_\_
22.  Yes  No Have you ever been delinquent on your financial obligations?  
If yes, please explain: \_\_\_\_\_
23.  Yes  No Have you ever filed bankruptcy?  
If yes, please explain: \_\_\_\_\_
24.  Yes  No Have you had any financial obligations turned over to a collection agency?  
If yes, please explain: \_\_\_\_\_
25.  Yes  No Are you current on your financial obligations?  
If no, please explain: \_\_\_\_\_
26.  Yes  No Have you been on court supervision or probation?  
If yes, please explain: \_\_\_\_\_
27.  Yes  No Have you had any court proceedings sealed or purged?  
If yes, please explain: \_\_\_\_\_

28.  Yes  No Have you been unemployed during the last ten years?  
If yes, please explain: \_\_\_\_\_
29.  Yes  No Do you pay child support or spousal maintenance?  
If yes, please explain: \_\_\_\_\_
30.  Yes  No Are your support payments current?  
If no, please explain: \_\_\_\_\_

### CERTIFICATION

I hereby certify the entries on this statement are true, complete, and correct to the best of my knowledge and belief. These entries are made in good faith. I understand that knowingly and willfully making any false statement on this form constitutes a violation of the law, and may be cause to initiate an action to suspend or revoke certified peace officer status or removal of my name from Civil Service consideration.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Do you have any knowledge or information, in addition to that specifically required in this application, which is or may be relevant, directly or indirectly to an investigation of your eligibility or fitness for the position you are seeking? This includes, but is not limited to: character traits, temperance, habits, employment, education, subversive activities, family, associations, undetected criminal offenses, traffic violations, or residence?

Yes  No If yes, provide full information below:

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

Have you reviewed the Lewis County Sheriff's Office Self-Assessment Checklist located at [www.co.lewis.wa.us/sheriff](http://www.co.lewis.wa.us/sheriff)?  Yes  No

### DEPUTY OR RESERVE APPLICANTS ONLY

Should the necessity arise, in the course of your duties as a Deputy Sheriff, to take the life of another human being, would you have any reluctance to do so?

Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**LATERAL DEPUTY  
SUPPLEMENTAL APPLICATION**

This supplemental application is designed to help us evaluate candidates on those factors considered most important to success as a Law Enforcement Officer with Lewis County. Your answers in sections II - V will be scored according to a structured rating guide.

Please answer each question fully. Be specific and concise in your response. You may attach additional pages if necessary.

<b>SECTION I</b>
------------------

This section must be completed for your application to be accepted for consideration. No points are assigned to the questions on this portion of the application.

a. Why do you want to leave your present employer? \_\_\_\_\_

\_\_\_\_\_

b. Have you had any complaints officially filed against you while performing the duties of a Law Enforcement Officer? Yes  No

If yes, please explain in detail. Include the type of complaint, reason for the complaint, date, and resolution. If you have had more than one complaint filed against you, please cite each.

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

c. Have you ever had a disciplinary action imposed on you while performing the duties of a Law Enforcement Officer? Yes  No

If yes, please explain the circumstances in detail, including what disciplinary action was taken, the reason for the disciplinary action, the name and address of your employer, and the date of the action. If you have received more than one, please cite each instance.

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

d. Have you used a non-prescribed controlled substance? Yes  No

If yes, when did you last use a non-prescribed controlled substance and what type of non-prescribed controlled substance(s) have you used?

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- e. Have you been issued any traffic tickets within the last five years? Yes  No

If yes, please list each citation and the date(s) you received them.

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- f. Have you been involved in a traffic accident, on or off duty, in the last five years?  
Yes  No

If yes, please explain and list the date(s):

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- g. How much sick leave have you used during your most recent 24-month employment period? \_\_\_\_\_

Please explain any extended absences. \_\_\_\_\_

<b>SECTION II – LAW ENFORCEMENT EMPLOYMENT HISTORY</b>
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List all positions you have held as a full-time paid peace officer, beginning with your present or most recent job.

- a. Title/Rank \_\_\_\_\_  
Number of full-time paid sworn officers: \_\_\_\_\_  
Jurisdiction population: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_  
Number of months employed: \_\_\_\_\_ Hours worked per month: \_\_\_\_\_  
Immediate supervisor's name: \_\_\_\_\_  
Major responsibility: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

- b. Title/Rank \_\_\_\_\_  
Number of full-time paid sworn officers: \_\_\_\_\_  
Jurisdiction population: \_\_\_\_\_  
Address: \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_  
Number of months employed: \_\_\_\_\_ Hours worked per month: \_\_\_\_\_  
Immediate supervisor's name: \_\_\_\_\_  
Major responsibility: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

c. Title/Rank \_\_\_\_\_  
Number of full-time paid sworn officers: \_\_\_\_\_  
Jurisdiction population: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_  
Number of months employed: \_\_\_\_\_ Hours worked per month: \_\_\_\_\_  
Immediate supervisor's name: \_\_\_\_\_  
Major responsibility: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

d. Title/Rank \_\_\_\_\_  
Number of full-time paid sworn officers: \_\_\_\_\_  
Jurisdiction population: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_  
Number of months employed: \_\_\_\_\_ Hours worked per month: \_\_\_\_\_  
Immediate supervisor's name: \_\_\_\_\_  
Major responsibility: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

<b>SECTION III – LAW ENFORCEMENT TRAINING</b>
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List documented law enforcement training classes that were certified by a recognized training center. Note the course title, certificate earned, school and location, dates attended, and number of hours earned beginning with the Basic Law Enforcement Academy. Please attach copies of certificates and copies of transcript(s) or training record(s) to this application.

a. Course title: \_\_\_\_\_  
Certificate earned: \_\_\_\_\_  
Total number of hours: \_\_\_\_\_  
School: \_\_\_\_\_  
Location: \_\_\_\_\_  
Dates attended: \_\_\_\_\_

- b. Course title: \_\_\_\_\_  
Certificate earned: \_\_\_\_\_  
Total number of hours: \_\_\_\_\_  
School: \_\_\_\_\_  
Location: \_\_\_\_\_  
Dates attended: \_\_\_\_\_
- c. Course title: \_\_\_\_\_  
Certificate earned: \_\_\_\_\_  
Total number of hours: \_\_\_\_\_  
School: \_\_\_\_\_  
Location: \_\_\_\_\_  
Dates attended: \_\_\_\_\_
- d. Course title: \_\_\_\_\_  
Certificate earned: \_\_\_\_\_  
Total number of hours: \_\_\_\_\_  
School: \_\_\_\_\_  
Location: \_\_\_\_\_  
Dates attended: \_\_\_\_\_
- e. Course title: \_\_\_\_\_  
Certificate earned: \_\_\_\_\_  
Total number of hours: \_\_\_\_\_  
School: \_\_\_\_\_  
Location: \_\_\_\_\_  
Dates attended: \_\_\_\_\_
- f. Course title: \_\_\_\_\_  
Certificate earned: \_\_\_\_\_  
Total number of hours: \_\_\_\_\_  
School: \_\_\_\_\_  
Location: \_\_\_\_\_  
Dates attended: \_\_\_\_\_

g. Course title: \_\_\_\_\_  
Certificate earned: \_\_\_\_\_  
Total number of hours: \_\_\_\_\_  
School: \_\_\_\_\_  
Location: \_\_\_\_\_  
Dates attended: \_\_\_\_\_

h. Course title: \_\_\_\_\_  
Certificate earned: \_\_\_\_\_  
Total number of hours: \_\_\_\_\_  
School: \_\_\_\_\_  
Location: \_\_\_\_\_  
Dates attended: \_\_\_\_\_

<b>SECTION IV – LAW ENFORCEMENT OFFICER SPECIAL ASSIGNMENTS</b>
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Describe all duty and specialty assignments in your law enforcement career, such as traffic, investigation, narcotics, community relations/crime prevention, training of officers, gambling, patrol administration, boat patrol, and K-9. You must have been performing duties within the assignment for a minimum of twelve (12) continuous months.

a. Assignment: \_\_\_\_\_  
Your title/rank: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Length of assignment: Years \_\_\_\_\_ Months \_\_\_\_\_  
Duties performed: \_\_\_\_\_

b. Assignment: \_\_\_\_\_  
Your title/rank: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Length of assignment: Years \_\_\_\_\_ Months \_\_\_\_\_  
Duties performed: \_\_\_\_\_

c. Assignment: \_\_\_\_\_  
Your title/rank: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Length of assignment: Years \_\_\_\_\_ Months \_\_\_\_\_  
Duties performed: \_\_\_\_\_

- d. Assignment: \_\_\_\_\_  
 Your title/rank: \_\_\_\_\_  
 Agency: \_\_\_\_\_  
 Length of assignment: Years \_\_\_\_\_ Months \_\_\_\_\_  
 Duties performed: \_\_\_\_\_

<b>SECTION V – SPECIAL CERTIFICATIONS</b>
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List documented and current special certifications outside of general law enforcement or formal education, i.e. pilot’s license, K-9 handler, polygraph examiner, scuba diver, forensic science, electronics technician, paramedic, foreign language interpreter. Please attach copies of licenses or certificates.

- a. Title: \_\_\_\_\_  
 License or certificate received: \_\_\_\_\_  
 School or certificate authority: \_\_\_\_\_  
 Expiration date: \_\_\_\_\_
- b. Title: \_\_\_\_\_  
 License or certificate received: \_\_\_\_\_  
 School or certificate authority: \_\_\_\_\_  
 Expiration date: \_\_\_\_\_
- c. Title: \_\_\_\_\_  
 License or certificate received: \_\_\_\_\_  
 School or certificate authority: \_\_\_\_\_  
 Expiration date: \_\_\_\_\_

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Signature Date