

# Lewis County Sheriff's Office



## Civil Service Commission Support Technician 1 Employment Application

### **Lewis County Sheriff's Office Mission Statement:**

Being a committed community partner, providing professional service to enhance the safety, security, and quality of life in Lewis County.

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

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

Test Date: \_\_\_\_\_

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

**SUPPORT TECHNICIAN 1 EMPLOYMENT APPLICATION INSTRUCTIONS:**

1. Follow directions and read each question carefully.
2. Answer all questions completely and accurately. Include complete addresses (street address, city, state, zip code) and phone 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 piece of paper.

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

Applications are due by **4:00 p.m. on Monday, February 27, 2023**. Return completed application to the Lewis County Sheriff's Office in person, email [Sheriff@lewiscountywa.gov](mailto:Sheriff@lewiscountywa.gov), or by mail (postmarked no later than February 27, 2023) to:

Lewis County Sheriff's Office  
Attn: Applications  
345 West Main Street  
Chehalis, WA 98532

**TESTING WILL BE HELD ON THURSDAY, MARCH 2, 2023, AT 3:00 P.M., AT THE LEWIS COUNTY HISTORIC COURTHOUSE, 351 NW NORTH STREET, CHEHALIS, WA. PLEASE ENTER THE BASEMENT OF THE BUILDING ON THE EAST SIDE AND GATHER IN THE HALLWAY. YOU WILL BE ESCORTED TO THE TESTING AREA. TESTING TO INCLUDE TYPING (50 WPM), PROOFREADING, GRAMMAR, SPELLING, FILING. DOORS OPEN AT 2:30 P.M.**

NOTE: The information for State and Federal Reporting Form is voluntary. By providing this information, you assist the County in meeting state and federal reporting requirements. The information provided on the form is not used as part of the review and selection process.

Lewis County is an equal opportunity employer that provides access, free from discrimination based on race, color, national origin, religion, age, sex, marital status, sexual orientation, military or veteran status, pregnancy, disability, genetic information, or any other basis protected by law in employment or provisions of services.

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

**6. PERSONS LIVED WITH:** List ALL persons with whom you have lived during the past (5) five years. Do not include family members.

Name	Street	City	State	Zip	Relationship	Phone
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Name	Street	City	State	Zip	Relationship	Phone
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Name	Street	City	State	Zip	Relationship	Phone
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Name	Street	City	State	Zip	Relationship	Phone
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Name	Street	City	State	Zip	Relationship	Phone
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**7. FAMILY REFERENCES:** List all immediate relatives, parents, siblings, in-laws and ex-spouses.

Name	Street	City	State	Zip	Relationship	Phone
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Name	Street	City	State	Zip	Relationship	Phone
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Name	Street	City	State	Zip	Relationship	Phone
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Name	Street	City	State	Zip	Relationship	Phone
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Name	Street	City	State	Zip	Relationship	Phone
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Name	Street	City	State	Zip	Relationship	Phone
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Name	Street	City	State	Zip	Relationship	Phone
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Name	Street	City	State	Zip	Relationship	Phone
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Name	Street	City	State	Zip	Relationship	Phone
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Name	Street	City	State	Zip	Relationship	Phone
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**8. EDUCATION - TRAINING - SKILLS:**

A. High School/GED: \_\_\_\_\_  
Name Location Year Graduated

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: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Your Title: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ to \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
Specific Duties: \_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

f. Employed by: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Your Title: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ to \_\_\_\_\_  
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.**

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

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

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

a. List the names of any acquaintances employed by this office or Lewis County:

\_\_\_\_\_

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: \_\_\_\_\_

**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:

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Date	Location	Issuing Agency	Charge	Charge Reduced	Disposition	Accident Related Y/N
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Date	Location	Issuing Agency	Charge	Charge Reduced	Disposition	Accident Related Y/N
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Date	Location	Issuing Agency	Charge	Charge Reduced	Disposition	Accident Related Y/N
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Date	Location	Issuing Agency	Charge	Charge Reduced	Disposition	Accident Related Y/N
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Date	Location	Issuing Agency	Charge	Charge Reduced	Disposition	Accident Related Y/N
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Date	Location	Issuing Agency	Charge	Charge Reduced	Disposition	Accident Related Y/N
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- Have you ever been licensed to drive in another state?  Yes  No

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

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

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

- 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: \_\_\_\_\_

**OPTIONAL**

**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.

Your cooperation in providing this information is strictly voluntary, but highly encouraged. The information requested will be kept CONFIDENTIAL, maintained separately from your application material, and will be used for statistical purposes only. Your application will be reviewed whether or not you provide this information. Only authorized personnel will have access to this information for legitimate purposes.

**GENDER:**  Male  Female    **ARE YOU 40 YEARS OF AGE OR OLDER?**  Yes  No

**ARE YOU DISABLED?**  Yes  No

For affirmative action purposes, people with disabilities are persons with a permanent, physical, mental, or sensory impairment that 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.

**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 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.

**VETERAN?**  Yes  No    **VIETNAM VETERAN?**  Yes  No

**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.

**DISABLED VETERAN?**  Yes  No    **SPOUSE OF DECEASED VETERAN?**  Yes  No

**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.

**DATE OF DISCHARGE:** \_\_\_\_\_

**Lewis County is an Equal Opportunity Employer**