LINCOLN COUNTY SHERIFF'S OFFICE
WADE W. MAGERS, SHERIFF
P O BOX 367
DAVENPORT WA 99122

Lateral Road Deputy

QUESTIONS on this form must be answered in <u>ink</u> and in the <u>handwriting</u> (written or printed) of the applicant. If a question does not apply to you, write "N/A" (not applicable). A false or dishonest answer to any question may be grounds for rating you ineligible for county employment, or for dismissal after appointment. All statements made are subject to investigation, including a police record check, fingerprints, and former employment.

NAME_____ SOCIAL SECURITY NO._____

PHYSICAL ADDRESS_____
            Street   City   State   Zip

MAILING ADDRESS_____
            Street   City   State   Zip

EMAIL ADDRESS _____
            Current   Other

HOME PHONE_____ MESSAGE PHONE_____

CELL PHONE _____ BIRTH DATE_____AGE_____

Are you a citizen of the U.S.A.?_____   DRIVER'S LICENSE #_____

VETERANS PREFERENCE will be granted in accordance with Washington State Law.
    Do you claim Veterans Preference?   Yes   No   If yes, you must attach a copy of your DD-214.
    Branch of Service_____Enlistment Date_____
    Date of Discharge_____
    Have you received an appointment to public office where you used your Vet. Pref.?_____

Circle the highest grade completed in school:
Grammar: 1 2 3 4 5 6 7 8 9 10 11 12 GED **College**: 1 2 3 4 **Graduate**: 1 2 3 4

PLEASE LIST ALL SCHOOLS ATTENDED AFTER HIGH SCHOOL

NAME OF SCHOOL	LOCATION	DIPLOMA/DEGREE

REFERENCES: Character references (list three persons who are NOT RELATED TO YOU who have definite knowledge of your character and fitness for the position for which you are applying.

NAME	ADDRESS	PHONE NUMBER

Have you ever been arrested or convicted, taken into custody, charged or tried by any law enforcement authority?

_____

_____

_____

EMPLOYMENT: List all employment beginning with present position and working back. If you need additional space, please continue on a separate sheet of paper. (May inquiry be made of your present employer? Yes___ No___)

Employer	Job Title	FROM (Month, Year)
Address		TO (Month, Year)
Phone	Email	Monthly Salary
Specific Duties		Immediate Supervisor
Reason for Leaving		

Employer	Job Title	FROM (Month, Year)
Address		TO (Month, Year)
Phone	Email	Monthly Salary
Specific Duties		Immediate Supervisor
Reason for Leaving		

Employer	Job Title	FROM (Month, Year)
Address		TO (Month, Year)
Phone	Email	Monthly Salary
Specific Duties		Immediate Supervisor
Reason for Leaving		

Employer	Job Title	FROM (Month, Year)
Address		TO (Month, Year)
Phone	Email	Monthly Salary
Specific Duties		Immediate Supervisor
Reason for Leaving		

Employer	Job Title	FROM (Month, Year)
Address		TO (Month, Year)
Phone	Email	Monthly Salary
Specific Duties		Immediate Supervisor
Reason for Leaving		

I understand that it is my responsibility to keep the Lincoln County Sheriff's Office 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 eligible 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 consent and authorize Lincoln County and its personnel to request any information concerning my previous employment, education, military service, or other pertinent material. I hereby release all parties connected with any requested information from all claims, liabilities, and damages for whatever reason arising out of furnishing such job related information.

SIGNATURE OF APPLICANT_____ DATE_____

Failure to disclose or provide full information may result in your rejection for employment.

Please read and sign

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history, financial and credit record through any investigative, credit agency or bureau of your choice.

In making this application for employment, I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living.

_____   _____
Date   Signature of Applicant

Please submit any additional documentation you wish to include with this application.

LINCOLN COUNTY SHERIFF'S OFFICE

<u>WAIVER AND AUTHORIZATION TO RELEASE INFORMATION</u>

To Whom It May Concern:

I authorize you to furnish the Lincoln County Sheriff's Department with any and all information you have concerning me, my work record, my reputation, my medical record, my military service records, and my financial status. Information of a confidential or privileged nature may be included. Your reply will be used to assist the Sheriff's Department in determining my qualifications and fitness for the position I am seeking with the Department.

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 Lincoln County Sheriff's Office. I understand that all materials pertaining to this background investigation become the property of the Lincoln County Sheriff's Office 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 any right to discovery of said information should legal proceedings be undertaken as a result of not being hired by said department.

I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested.

_____

Applicant's Signature

_____

Date

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

_____

NOTARY PUBLIC in and for the State of Washington,

residing in _____

NOTE: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this form in your files.

MUST BE NOTARIZED