

## Lateral Deputy Written Assessment

Return the completed assessment along with your resume to: Walla Walla County Civil Service Commission PO Box 1506, Walla Walla, WA 99362. A **\$15 processing fee** via check or money order must accompany the assessment, payable to Civil Service Commission. After the assessment is scored, you will be notified of the date for the oral board examination. Please direct your questions to Angela Weston, Chief Examiner at [aweston@co.walla-walla.wa.us](mailto:aweston@co.walla-walla.wa.us).

### Minimum Eligibility Requirements

You must have graduated from the Washington State Criminal Justice Training Academy for law enforcement. If you have not, you must be able to challenge the process for an equivalency certification consistent with the requirements stated in WAC 139.05.210.

### About this Test

This lateral assessment helps us evaluate candidates on those factors considered most important to succeed as Deputy Sheriff with the Walla Walla County Sheriff's Office. Your answers are scored according to a structured rating guide. Please answer each question fully being specific and concise. **You may attach additional pages if necessary.**

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

### SECTION I-GENERAL INFORMATION

1. Why do you want to leave your present employer?

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

2. Have you had any official complaints filed against you while working in law enforcement or corrections? Yes \_\_\_\_\_ No \_\_\_\_\_

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Jim Baker, Commissioner

2.1. If yes, please explain all complaints in detail including the type, reason, date and resolution of the complaint.

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3. Have you ever had a disciplinary action imposed on you while working in law enforcement?  
Yes \_\_\_\_\_ No \_\_\_\_\_

3.1. If yes, please explain all of the circumstances in detail including what actions, reasoning, date and name and address of your employer.

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4. Have you used a non-prescribed federally controlled substance?  
Yes \_\_\_\_\_ No \_\_\_\_\_

4.1. If yes, please explain when and what type of non-prescribed federally controlled substance?

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5. Have you had any traffic citations within the last five years?  
Yes \_\_\_\_\_ No \_\_\_\_\_

5.1. If yes, please list each infraction and the corresponding date received.

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

6.1. If yes, please explain and include the date

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**SECTION II-LAW ENFORCEMENT EMPLOYMENT**

List all the positions you have held as a paid full time law enforcement officer, beginning with your most recent job.

a) Agency/Employer: \_\_\_\_\_

Title/Rank: \_\_\_\_\_

Number of F/T paid Officers: \_\_\_\_\_

Population of the Jurisdiction: \_\_\_\_\_

Agency/Employer Address: \_\_\_\_\_

Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_

Total Number of Months Employed: \_\_\_\_\_

Hours Worked per Month: \_\_\_\_\_

Major Responsibility: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

b) Agency/Employer: \_\_\_\_\_

Title/Rank: \_\_\_\_\_

Number of F/T paid Officers: \_\_\_\_\_

Population of the Jurisdiction: \_\_\_\_\_

Agency/Employer Address: \_\_\_\_\_

Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_

Total Number of Months Employed: \_\_\_\_\_

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Hours Worked per Month: \_\_\_\_\_

Major Responsibility: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**SECTION III-LAW ENFORCEMENT ASSIGNMENTS**

Describe all duty and specialty assignments in your career. Such as traffic, computer operation, criminal investigation, narcotics, court officer, community relations, FTO assignments, instructor assignments, etc.

a) Assignment: \_\_\_\_\_

Title/Rank: \_\_\_\_\_

Agency: \_\_\_\_\_

Length of Assignment: Years \_\_\_\_\_ Months \_\_\_\_\_

Duties Performed: \_\_\_\_\_  
\_\_\_\_\_

b) Assignment: \_\_\_\_\_

Title/Rank: \_\_\_\_\_

Agency: \_\_\_\_\_

Length of Assignment: Years \_\_\_\_\_ Months \_\_\_\_\_

Duties Performed: \_\_\_\_\_  
\_\_\_\_\_

c) Assignment: \_\_\_\_\_

Title/Rank: \_\_\_\_\_

Agency: \_\_\_\_\_

Length of Assignment: Years \_\_\_\_\_ Months \_\_\_\_\_

Duties Performed: \_\_\_\_\_

d) Assignment: \_\_\_\_\_

Title/Rank: \_\_\_\_\_

Agency: \_\_\_\_\_

Length of Assignment: Years \_\_\_\_\_ Months \_\_\_\_\_

Duties Performed: \_\_\_\_\_

e) Assignment: \_\_\_\_\_

Title/Rank: \_\_\_\_\_

Agency: \_\_\_\_\_

Length of Assignment: Years \_\_\_\_\_ Months \_\_\_\_\_

Duties Performed: \_\_\_\_\_

**SECTION IV-LAW ENFORCEMENT TRAINING**

List any certified and documented training classes, including military, by a recognized training center. Include course title, certificate earned, school and location, dates and number of hours-earned beginning with basic academy. Please attach copies of certificates. Also, please have your agencies send copies of transcripts or training records to the Walla Walla County Civil Service Commission. (Please have a copy of this assessment sent with the agency records).

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: \_\_\_\_\_

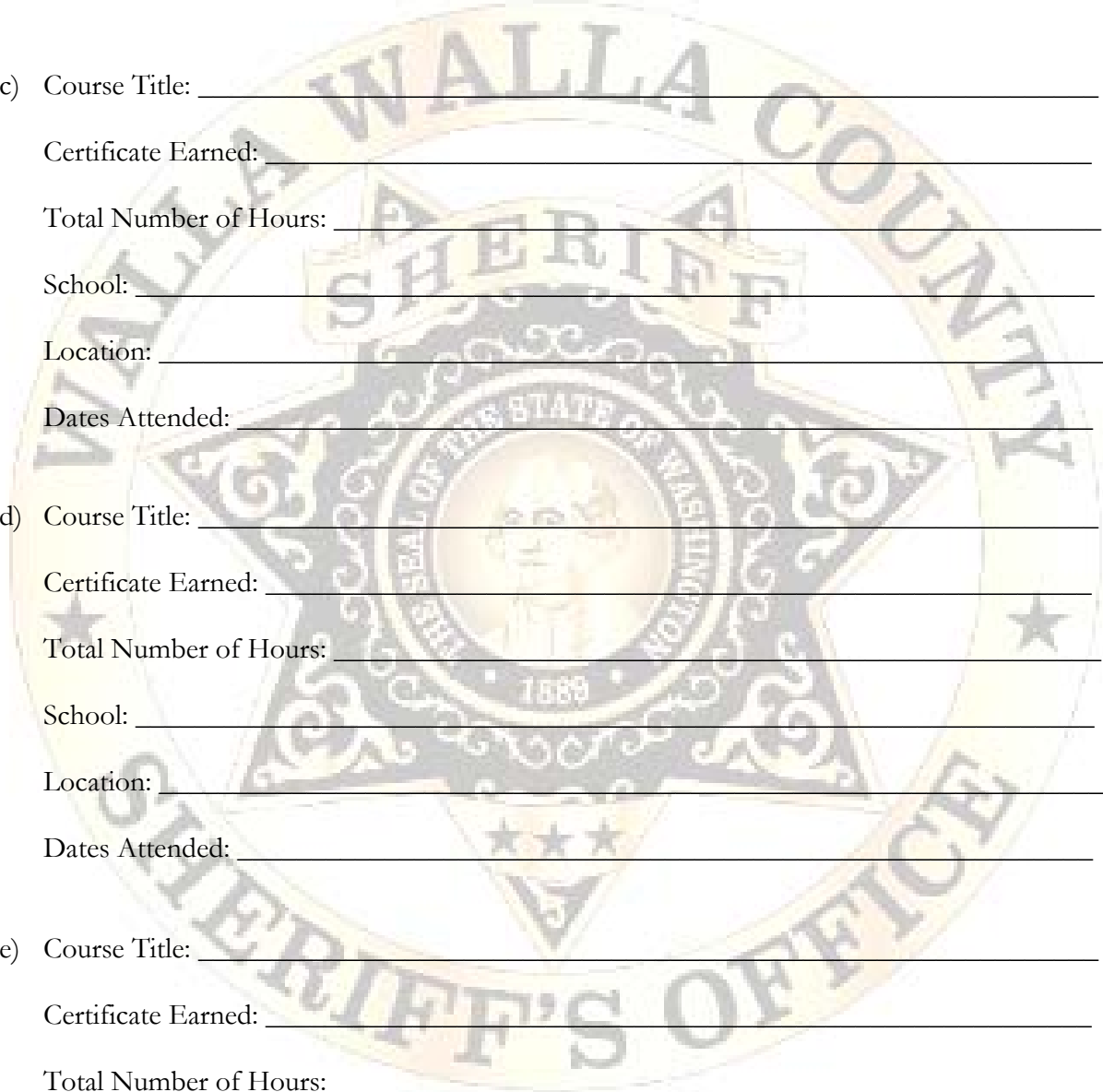
Certificate Earned: \_\_\_\_\_

Total Number of Hours: \_\_\_\_\_

School: \_\_\_\_\_

Location: \_\_\_\_\_

Dates Attended: \_\_\_\_\_



f) Course Title: \_\_\_\_\_  
Certificate Earned: \_\_\_\_\_  
Total Number of Hours: \_\_\_\_\_  
School: \_\_\_\_\_  
Location: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_

**SECTION V-FORMAL EDUCATION**

List formal education completed at the college/university level. Include degrees earned, school and location, dates attended and number of credit hours earned. Please attach a copy of your degree/diploma or a copy of your official transcript. Also, please request an official transcript be sent from the school to the Walla Walla County Civil Service Commission.

a) Course Title/Major: \_\_\_\_\_  
Degree Earned: \_\_\_\_\_  
Total Number of Credit Hours: \_\_\_\_\_  
School Name: \_\_\_\_\_  
Location: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_

b) Course Title/Major: \_\_\_\_\_  
Degree Earned: \_\_\_\_\_  
Total Number of Credit Hours: \_\_\_\_\_  
School Name: \_\_\_\_\_  
Location: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_

- c) Course Title/Major: \_\_\_\_\_  
Degree Earned: \_\_\_\_\_  
Total Number of Credit Hours: \_\_\_\_\_  
School Name: \_\_\_\_\_  
Location: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_

**SECTION VI-SPECIAL CERTIFICATIONS**

List documented and current certifications outside of general law enforcement or formal education. Please attach copies of licenses or certifications.

- a) Title: \_\_\_\_\_  
License or Certificate: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_
- b) Title: \_\_\_\_\_  
License or Certificate: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_
- c) Title: \_\_\_\_\_  
License or Certificate: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

**SECTION VII-COMMUNICATION SKILLS/PROFESSIONAL MOTIVATIONS**

- 1. Why did you select a career in law enforcement?  
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\_\_\_\_\_  
\_\_\_\_\_



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2. Why do you want to work for the Walla Walla County Sheriff's Office?

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3. What is your most significant accomplishment in your career?

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4. What have you done during your career to further your education, please be specific:

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5. What community activities do you participate in? Why and how?

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6. Describe your philosophy as it relates to law enforcement:

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7. In your opinion, what is the single greatest problem impacting law enforcement in society today? How would you combat this problem?

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8. Define 'probable cause:' \_\_\_\_\_

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9. What is the most significant recent court decision that has affected your job? \_\_\_\_\_

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10. What are your short and long-term goals in this profession?

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11. How did you learn about this job opening?

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