



WALLA WALLA COUNTY SHERIFF'S OFFICE

APPLICATION FOR EMPLOYMENT

POSITION DESIRED: _____

DATE OF APPLICATION: _____

INSTRUCTIONS: All questions require a printed or typewritten answer in black ink. If a question does not apply to you, print "N/A". If the space provided is not sufficient for your answer, use a separate sheet of paper, preceding each answer with the question. Do not omit or misstate material facts. The statements made in this form are subject to verification.

PERSONAL INFORMATION

NAME _____ ALIAS/FORMER NAMES(S) _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____

U.S. CITIZEN or permanent lawful resident who can read and write the English language (Y/N) _____

CURRENT ADDRESS _____
NUMBER/STREET CITY STATE ZIP

DATES OF OCCUPANCY _____ CELL PHONE NUMBER _____

EMAIL ADDRESS _____ HOME PHONE NUMBER _____

PRIOR ADDRESSES

LIST PREVIOUS ADDRESSES FOR THE PAST SEVEN (7) YEARS:

_____	Number/Street	City	State	Zip	Dates of Occupancy
_____	Number/Street	City	State	Zip	Dates of Occupancy
_____	Number/Street	City	State	Zip	Dates of Occupancy
_____	Number/Street	City	State	Zip	Dates of Occupancy
_____	Number/Street	City	State	Zip	Dates of Occupancy

DRIVER'S LICENSE INFORMATION

CURRENT DRIVER'S LICENSE # _____ STATE _____ EXPIRATION _____

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED FROM ANY STATE? _____

IF SO, GIVE STATE, DATES, AND REASON _____

LIST ANY OTHER LICENSES OR CERTIFICATIONS HELD: _____

EDUCATION

LIST ALL HIGH SCHOOLS ATTENDED. INDICATE IF HIGH SCHOOL GRADUATE OR GED: _____

Name	Location	Dates Attended	Years

HIGHER EDUCATION: LIST ALL COLLEGES OR UNIVERSITIES ATTENDED:

Name	Location	Dates Attended	Courses/Degree

MILITARY EXPERIENCE

HAVE YOU EVER SERVED IN THE MILITARY SERVICES OF THE UNITED STATES? Yes _____ No _____

IF YES, PROVIDE FOLLOWING INFORMATION:

Branch of Service	Dates of Service	Military Installation	Location

LIST DUTIES IN THE SERVICE, INCLUDING SPECIAL TRAINING: _____

SKILLS

ARE THERE ANY EXPERIENCES, SKILLS, OR QUALIFICATIONS WHICH YOU FEEL WOULD ESPECIALLY FIT YOU FOR THE JOB FOR WHICH YOU HAVE APPLIED: _____

IF YES, PLEASE EXPLAIN: _____

WHAT OFFICE OR LAW ENFORCEMENT RELATED EQUIPMENT ARE YOU PROFICIENT WITH? _____

ARE YOU PROFICIENT IN CONVERSATIONAL SPANISH? _____ READING/WRITING? _____

LIST ANY EDUCATIONAL COURSES YOU HAVE COMPLETED AT HIGH SCHOOL OR COLLEGE LEVEL THAT WOULD ASSIST YOU IN PERFORMING THE JOB FOR WHICH YOU HAVE APPLIED: _____

WORK HISTORY

LIST BELOW ALL THE JOBS YOU HAVE HELD IN THE PAST TEN (10) YEARS, BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT. ACCOUNT FOR UNEMPLOYMENT PERIODS. ATTACH SUPPLEMENTAL PAGES IF NECESSARY.

BUSINESS/EMPLOYER'S NAME _____
ADDRESS _____ PHONE # _____
DATES OF EMPLOYMENT: FROM _____ TO _____ HOURS PER WEEK _____
POSITION HELD _____ STARTING/ENDING SALARY _____ / _____
PRIMARY DUTIES _____

REASON FOR LEAVING _____
IMMEDIATE SUPERVISOR/TITLE _____
MAY WE CONTACT THIS EMPLOYER? _____ E-MAIL ADDRESS _____

BUSINESS/EMPLOYER'S NAME _____
ADDRESS _____ PHONE # _____
DATES OF EMPLOYMENT: FROM _____ TO _____ HOURS PER WEEK _____
POSITION HELD _____ STARTING/ENDING SALARY _____ / _____
PRIMARY DUTIES _____

REASON FOR LEAVING _____
IMMEDIATE SUPERVISOR/TITLE _____
MAY WE CONTACT THIS EMPLOYER? _____ E-MAIL ADDRESS _____

BUSINESS/EMPLOYER'S NAME _____
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DATES OF EMPLOYMENT: FROM _____ TO _____ HOURS PER WEEK _____
POSITION HELD _____ STARTING/ENDING SALARY _____ / _____
PRIMARY DUTIES _____

REASON FOR LEAVING _____
IMMEDIATE SUPERVISOR/TITLE _____
MAY WE CONTACT THIS EMPLOYER? _____ E-MAIL ADDRESS _____

BUSINESS/EMPLOYER'S NAME _____
ADDRESS _____ PHONE # _____
DATES OF EMPLOYMENT: FROM _____ TO _____ HOURS PER WEEK _____
POSITION HELD _____ STARTING/ENDING SALARY _____ / _____
PRIMARY DUTIES _____

REASON FOR LEAVING _____
IMMEDIATE SUPERVISOR/TITLE _____
MAY WE CONTACT THIS EMPLOYER? _____ E-MAIL ADDRESS _____

NOTE: DUPLICATE THIS PAGE AS NECESSARY

CRIMINAL / TRAFFIC RECORD

HAVE YOU EVER BEEN **CITED** FOR, **ARRESTED** FOR, OR **CONVICTED** OF ANY VIOLATION OF THE LAW (FELONY, MOSDEMEANOR, TRAFFIC VIOLATION OR OTHER INFRACTION)? (Y/N) _____
IF YES, PROVIDE INFORMATION BELOW:

Date	Location	Charge / Disposition
Date	Location	Charge / Disposition
Date	Location	Charge / Disposition
Date	Location	Charge / Disposition
Date	Location	Charge / Disposition

REFERENCES

LIST FIVE (5) REFERENCES, OTHER THAN RELATIVES, CURRENTLY RESIDING IN THE UNITED STATES:

Name	Business / Home Address	Business / Home Phone
Name	Business / Home Address	Business / Home Phone
Name	Business / Home Address	Business / Home Phone
Name	Business / Home Address	Business / Home Phone
Name	Business / Home Address	Business / Home Phone

ABILITY TO PERFORM

You have been provided with a job description which details the essential functions required of the position for which you are applying. In addition, you have been given a description of the physical agility test you must successfully complete before taking the written test for the position for which you have applied. With this information in mind, would you be able to perform the essential functions of the job with or without reasonable accommodation?

(Y / N) _____

AGREEMENT AND CERTIFICATION

I certify that all information given on this application is true and complete to the best of my knowledge. In the event of my employment with the Walla Walla County Sheriff's Office, I fully understand that false or misleading information given in this application shall be cause for discharge.

I hereby give permission to the Walla Walla County Sheriff's Office to conduct an investigation into my background. I hereby waive any and all claims against any company, corporation, educational institution, individual or other informational source pertaining to information gathered as a result of this investigation.

Signature of Applicant

Date of Application

NOTE: ALL APPLICATIONS MUST BE SIGNED AND DATED IN ORDER TO BE ACCEPTED FOR CONSIDERATION.