



CLALLAM COUNTY
CIVIL SERVICE COMMISSION
COUNTY COURTHOUSE
223 E. 4TH ST., SUITE 16
PORT ANGELES, WA 98362-3015
PHONE: (360) 417-2396
FAX: (360) 417-2550
EMAIL: BWENZL@CO.CLALLAM.WA.US

**Clallam County Civil Service Commission
LATERAL ENTRY DEPUTY SHERIFF EMPLOYMENT LIST
(CONTINUOUS TESTING)
CLALLAM COUNTY SHERIFF'S OFFICE
Job #202&-02**

Salary: \$5693.30 to \$6662.12/month, DOQ

Full-time, lateral entry, union-eligible position with benefits. Employee is responsible for the protection of life and property in Clallam County through the enforcement of laws and ordinances. Employee is responsible to assist the general public in disasters, emergencies and other matters of a non-criminal nature.

RECRUITMENT CRITERIA:

Citizen of the United States (or legal proof of ability to work in the United States); High School graduate or GED; AA/AS or accredited state university undergraduate unit equivalency preferred. Non-probationary employee having a minimum of 24 consecutive months as a full-time, paid, commissioned officer assigned to patrol or investigative duties. Qualifying time is calculated from the date of graduation from the Washington State Criminal Justice Training Center (WSCJTC) Basic Law Enforcement Academy or other state-certified police academy. Applicant must be certified as a Washington State Peace Officer through current certification or attend and successfully complete WSCJTC equivalency academy for certification within six months of hire.

HOW TO APPLY: The following seven documents must be fully-completed and submitted to Human Resources:

- Clallam County Application for Employment,
- Clallam County Civil Service Commission Application for Examination,
- Release of Personal History Form
- Request for Driving Record Form
- Clallam County Confidentiality Agreement
- Waiver for Physical Agility Testing (*must be signed and witnessed*),
- Applicant Disqualifiers Checklist
- Lateral Entry Experience and Training Questionnaire (completed in its entirety)

Also included in this package are Clallam County Civil Service Commission Physical Agility Standards for Deputy Sheriff applicants.

→→→UNSIGNED OR INCOMPLETE APPLICATION MATERIALS WILL AUTOMATICALLY DISQUALIFY THE APPLICANT←←←

Review of Application Package:

Completed application materials, including performance evaluations and reports, will be rated by sergeants and command staff. The materials are evaluated to determine whether applicants initially meet state law requirements and Clallam County Sheriff's Department standards. The application materials will be used again at the oral board to rank candidates, and once again by Sheriff command staff.

After a successful initial application screening process, the candidate will be invited for an oral board interview. If successful in the oral board process, the candidate will be required to complete a physical agility test.

After successfully completing the physical agility test, a conditional job offer may be given; the formal background process will begin. This background includes a polygraph test, psychological evaluation, criminal background check, on-site investigation and a medical examination including drug testing.

BENEFITS PACKAGE:

Clallam County Deputies receive a complete, competitive package of benefits. If you have additional questions, please contact the County Benefits Administrator at 360-417-2402 or Chief Criminal Deputy at 360-417-2544.

JOB DESCRIPTION:

Nature of Work: Employees in this job description are responsible for the protection of life and property in Clallam County through the enforcement of laws and ordinances. Employees are responsible to assist the general public in disasters, emergencies and other matters of a non-criminal nature. Employees rotate shift hours with varying days off, and are expected to be able to perform the functions and duties of all shifts in all required areas of law enforcement, with back-up only to the extent available. Employees work independently under the general supervision of a supervisor and are expected to handle a variety of potentially hostile and dangerous situations in a calm, competent manner. Daily job duties are performed according to Washington State law and Department Policies and Procedures. Employees are required to exercise discretion and judgment and to analyze situations quickly and objectively, to recognize actual and potential danger, and to determine proper courses of action. Unusual problems and situations are referred to a supervisor. Work is reviewed by the supervisor through observation and evaluation of demonstrated ability to handle a variety of work situations. Employees are required to use only that amount of force which is reasonably necessary to effect arrests, to protect persons or property, in accordance with State law and Department Policies and Procedures. Employees are sworn to act in behalf of the Sheriff and carry firearms in the performance of their duties. Qualification with firearms per Department policy, successful completion of basic police academy, and demonstrated proficiency in job skills in the successful completion of the FTO program and probation is required for continued employment. Special assignment positions which are a part of this classification include Detective, Traffic Deputy, K-9 Deputy, Boating Deputy, and DARE Deputy. Employees may be required to perform the duties of any of these special assignments as detailed in corresponding position descriptions.

General Duties: Patrol unincorporated areas of the County to prevent and discover criminal activity. Respond to calls for service and take appropriate action. Conducts investigations by detecting the offense; securing the scene; identifying involved persons; conducting interviews of witnesses, complainants, and suspects; photographing, diagramming and collecting evidence; obtaining search and arrest warrants; accurately records information gathered for records keeping and reports investigation of crime on report or other prescribed forms. Enforces traffic laws. Apprehends, controls and arrests persons, including those who are violent and/or emotional. Conducts follow up investigations, collect and preserve evidence, and prepares for and testifies accurately in court and administrative proceedings. Develops and maintain sources of information. Serves civil and processes including warrants of arrest. Assists other agencies in emergency situations and as directed. Accurately completes wide variety of record-keeping forms. Periodic administration of breathalyzer examinations. Investigates and documents criminal acts and allegations originating and/or committed in the jail. Performs other duties as assigned and directed by a supervisor. Conforms conduct and all actions taken with federal and State law, County ordinances, and Department Policies and Procedures. Use and maintain Department equipment and supplies. Use and maintain personal equipment and supplies. Participate in public education programs and activities, and in community problem solving projects. Mediate civil disputes and defuses domestic disturbances. Assist disabled persons. Assists motorists; provides information and direction.

Supervisory Control: Employees in this job description are directly responsible to the supervisor to which they are assigned for routine matters. Employees assigned to patrol or investigation will obey directives and/or orders of all sergeants and field supervisors.

Selection Criteria:

1. Ability to analyze situations quickly and objectively, to recognize actual and potential danger, and to determine proper course of action.
2. Ability to cope with stress situations firmly, tactfully, and with respect to individual rights.
3. Ability to read and understand laws, ordinances, rules and regulations.
4. Ability to observe and remember details.
5. Ability to communicate clearly verbally and in writing with proper grammar, vocabulary, spelling, and usage.
6. Ability to maintain effective relations with fellow employees and with citizens from varied racial, ethnic and economic backgrounds.
7. Ability to develop and retain skill in the use and care of a variety of firearms and equipment.

8. Ability to understand and carry out oral and written instructions.
9. Ability to learn to drive emergency vehicles successfully and with concern for the safety of occupants and the general public.
10. Physical strength and agility sufficient to perform the work of the classification.
11. Ability to develop confidential sources of information.
12. Ability to manage numerous on-going investigations.
13. Ability to keep abreast of current criminal activity.
14. Submit to and pass a thorough physical examination prior to employment.
15. Submit to and pass psychological and/or polygraph testing prior to employment.

Essential Job Tasks: The following are job functions which are essential to the position of Deputy Sheriff. Any employee occupying this position must be capable of performing each of these tasks without accommodations.

1. Environmental Factors and Physical Demands: Employees in this classification must be able to work in a variety of environmental conditions. Work includes both indoor and outdoor conditions in both light and dark conditions. Duties require the following abilities on various types of surfaces (mountainous terrain, water, ice, flat, and dry) in various weather conditions (rain, snow, ice, and other slippery conditions): running, jumping, sitting or standing for extended periods, maintaining balance, climbing stairs, ladders and inclines, kneeling, bending, stooping, crouching, reaching, pushing, pulling, twisting. Requires a sense of touch, finger dexterity, gripping with fingers and hands, lifting and carrying 50-100 lbs. Ability to drag and/or physically subdue a person. Ability to work alone and in remote locations under noisy conditions. Must have acute hearing for protection of self, other officers, and the public. Must be able to delineate with accuracy the direction of sounds; must be able to hear sounds coming from all directions. May require the wearing of rubber or plastic gloves. Subject to shift rotations, call-back status.
2. Essential Functions:
 - A. Powers of Arrest and Control
 1. Use proper force.
 2. Conduct full search of arrested persons.
 3. Conduct frisk or pat down.
 4. Advise persons of constitutional rights.
 5. Arrest persons with a warrant.
 6. Arrest or detain persons without a warrant.
 7. Restrain, control and handcuff suspects or prisoners.
 8. Seize contraband, weapons and stolen property from suspects.
 9. Execute arrest warrants.
 10. Request verification of warrants before execution.
 11. Inspect patrol vehicle for weapons and contraband (e.g., before and after prisoner transport).
 - B. Emergency Vehicle Operation
 1. Engage in high speed pursuit driving in congested area.
 2. Engage in high speed response driving in congested area.
 3. Engage in high speed response driving off road.
 4. Engage in high speed pursuit driving on open road.
 5. Engage in high speed response driving on open road.
 6. Operate police vehicle on ice covered road.
 7. Operate police vehicle on snow covered road.
 8. Operate emergency equipment.
 9. Operate radio.
 - C. Emergency Assistance
 1. Take mentally deranged persons into custody for their own protection.
 2. Administer cardio-pulmonary resuscitation (CPR).
 3. Administer mouth-to-mouth resuscitation.
 4. Apply basic first aid to control bleeding.
 5. Apply basic first aid to unresponsive/unconscious person.
 6. Apply basic first aid to treat for heart attack.
 7. Talk with persons attempting to commit suicide to get them to delay or stop their attempt.
 8. Use protective gear to prevent contact with infectious diseases.
 9. Intercede in domestic disputes to resolve, maintain peace, protect persons, etc.

10. Vehicular Assault.
 11. Family Disturbance.
- D. Special Operations
1. Participate in raids and searches.
 2. Search for a person in a darkened building or environment.

NOTICE: Pursuant to the Immigration Reform and Control Act of 1986, Part 274a, all new employees must verify identity and show authorization to work in the United States. Applicants are advised that this documentation must be submitted within 72 hours of the date of hire. This is a condition of employment with Clallam County.

For those persons believing they need special testing accommodations due to physical or mental disabilities, please contact the Clallam County Human Resources by closing date.

CLALLAM COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER AND A DRUG FREE WORKPLACE



CLALLAM COUNTY EMPLOYMENT APPLICATION

Return Completed Application to:
Clallam County Human Resources Department
223 E. 4th St., Suite 16
Port Angeles, WA 98362-3015

**Clallam County is an Equal Opportunity Employer &
Drug Free Workplace**

FOR OFFICE USE ONLY

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

- A separate application must be completed for EACH POSITION for which you are applying. We require the original application.
- *Complete the application thoroughly.* Your answers determine whether you will be considered. We will not accept "See Resume." Resumes may be used to supplement an application, but may not be used in lieu of completing the application form. Applications that are incomplete (including "see resume", or do not list references) will not be accepted.
- Be sure to sign your name and enter the date you signed it where the application asks. Original signature is required.
- Keep a copy of your application and any attachments because what you submit will not be returned.
- DO NOT double side the application – double sided applications will not be accepted.
- Clallam County is an Equal Opportunity Employer. If you require a reasonable accommodation to complete the employment application process, please advise a representative in the Clallam County Human Resources Department.

TITLE OF POSITION APPLYING FOR:			DATE	JOB NO.
FIRST NAME	MIDDLE INITIAL/NAME	LAST NAME		
PHYSICAL STREET ADDRESS		CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		CITY	STATE	ZIP CODE
DAY PHONE:	EVENING PHONE:	OTHER PHONE:	PERSONAL EMAIL ADDRESS	
ARE YOU UNDER 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		LIST PRIOR NAMES KNOWN BY:		
ARE YOU ABLE TO WORK: <input type="checkbox"/> Full-time <input type="checkbox"/> Part time <input type="checkbox"/> Shifts <input type="checkbox"/> Temporary <input type="checkbox"/> On Call				
HAVE YOU BEEN PREVIOUSLY EMPLOYED BY CLALLAM COUNTY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST DEPARTMENT AND DATES Department: _____ Dates: _____				
THERE ARE SOME LIMITATIONS ON THE EMPLOYMENT OF RELATIVES. EACH CASE IS CONSIDERED SEPARATELY FOR POTENTIAL CONFLICTS OF INTEREST. LIST RELATIVES EMPLOYED BY CLALLAM COUNTY: Name: _____ Relationship: _____ Department: _____ Name: _____ Relationship: _____ Department: _____				
HAVE YOU EVER BEEN DEMOTED; DISCHARGED; FIRED; AND/OR ASKED TO RESIGN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN. _____ _____				
HAVE YOU BEEN CONVICTED OF A CRIME (OTHER THAN A MINOR TRAFFIC INFRACTION) OR SERVED TIME IN PRISON WITHIN THE LAST TEN (10) YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO. A CONVICTION OF A CRIME WILL NOT NECESSARILY BAR A PERSON FROM EMPLOYMENT. EACH CASE IS CONSIDERED SEPARATELY. ARE YOU CURRENTLY AWAITING CRIMINAL PROSECUTION FOR A MISDEMEANOR (OTHER THAN A MINOR TRAFFIC INFRACTION) OR A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF YOU ANSWERED "YES" TO EITHER OR BOTH OF THE ABOVE QUESTIONS, PLEASE PROVIDE THE DETAILS IN THE SPACE BELOW (AND AN ATTACHED SHEET IF NEEDED) AND INCLUDE: (1) DATE; (2) CHARGE, (3) PLACE; AND (4) ACTION TAKEN. _____ _____				
AFTER REVIEWING THE ESSENTIAL FUNCTIONS LISTED IN THE JOB ANNOUNCEMENT, ARE YOU ABLE TO PERFORM THEM WITH OR WITHOUT REASONABLE ACCOMMODATION? <input type="checkbox"/> YES <input type="checkbox"/> NO.				

SKILLS & LICENSES

LIST YOUR SKILLS, CURRENTLY VALID LICENSES, AND CERTIFICATES OR REGISTRATIONS RELATIVE TO THIS POSITION:

EDUCATION

NAME OF SCHOOL (High School, College, Tech School & Vocational Schools)	CITY AND STATE	DEGREE EARNED	ISSUED UNDER WHAT LAST NAME?

ADDITIONAL INFORMATION:

DRIVER'S LICENSE NO.: _____ STATE ISSUING: _____ EXP DATE: _____

PLEASE COMPLETE THE FOLLOWING: LIST ANY OTHER STATES IN WHICH YOU HAVE HAD A VALID DRIVER'S LICENSE.

STATE	YEARS (TO & FROM)	ISSUED UNDER WHAT NAME

If more space is needed, please attach additional sheets of paper.

LIST STATES OTHER THAN WASHINGTON IN WHICH YOU HAVE RESIDED WITHIN LAST 10 YEARS (include County name & years):

STATE	CORRESPONDING COUNTY	YEARS (TO & FROM)

WORK HISTORY

RESUMES MAY BE ATTACHED BUT WILL NOT BE ACCEPTED AS A SUBSTITUTE FOR COMPLETING THIS SECTION. **BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT**, LIST YOUR WORK EXPERIENCE FOR AT LEAST THE LAST TEN YEARS, INCLUDING PERIODS OF SELF-EMPLOYMENT, U.S. MILITARY SERVICE, UNPAID EXPERIENCE OR VOLUNTEER WORK IF YOU FEEL THAT IT REPRESENTS QUALIFYING EXPERIENCE FOR THE POSITION FOR WHICH YOU ARE APPLYING.

DATES OF EMPLOYMENT (MONTH/YEAR) FROM: _____ TO: _____	TITLE OF POSITION
	EMPLOYER NAME
NAME AND TITLE OF IMMEDIATE SUPERVISOR:	EMPLOYER ADDRESS
REASON FOR LEAVING:	AREA CODE AND PHONE NO.:
	DESCRIPTION OF WORK:

IF CURRENTLY EMPLOYED, WHO SHOULD BE CONTACTED REGARDING YOUR CURRENT EMPLOYMENT?

SHOULD WE NOTIFY YOU FIRST? YES NO

DATES OF EMPLOYMENT (MONTH/YEAR) FROM: _____ TO: _____	TITLE OF POSITION
	EMPLOYER NAME
NAME AND TITLE OF IMMEDIATE SUPERVISOR:	EMPLOYER ADDRESS
REASON FOR LEAVING:	AREA CODE AND PHONE NO.:
	DESCRIPTION OF WORK:

DATES OF EMPLOYMENT (MONTH/YEAR) FROM: _____ TO: _____	TITLE OF POSITION
	EMPLOYER NAME
	EMPLOYER ADDRESS
NAME AND TITLE OF IMMEDIATE SUPERVISOR:	AREA CODE AND PHONE NO.:
REASON FOR LEAVING:	DESCRIPTION OF WORK:

WORK HISTORY CONTINUED

DATES OF EMPLOYMENT (MONTH/YEAR) FROM: _____ TO: _____	TITLE OF POSITION
	EMPLOYER NAME
	EMPLOYER ADDRESS
NAME AND TITLE OF IMMEDIATE SUPERVISOR:	AREA CODE AND PHONE NO.:
REASON FOR LEAVING:	DESCRIPTION OF WORK:

DATES OF EMPLOYMENT (MONTH/YEAR) FROM: _____ TO: _____	TITLE OF POSITION
	EMPLOYER NAME
	EMPLOYER ADDRESS
NAME AND TITLE OF IMMEDIATE SUPERVISOR:	AREA CODE AND PHONE NO.:
REASON FOR LEAVING:	DESCRIPTION OF WORK:

DATES OF EMPLOYMENT (MONTH/YEAR) FROM: _____ TO: _____	TITLE OF POSITION
	EMPLOYER NAME
	EMPLOYER ADDRESS
NAME AND TITLE OF IMMEDIATE SUPERVISOR:	AREA CODE AND PHONE NO.:
REASON FOR LEAVING:	DESCRIPTION OF WORK:

NOTE: ATTACH SEPARATE SHEETS, IF NECESSARY. FAILURE TO PROVIDE ALL INFORMATION REQUIRED MAY RESULT IN REJECTION OF APPLICATION.

REFERENCES

LIST THREE INDIVIDUALS NOT RELATED TO YOU WHO CAN PROVIDE JOB-RELATED OR CHARACTER REFERENCE INFORMATION ABOUT YOU. NAME, ADDRESS AND PHONE INFORMATION IS REQUIRED.

1. NAME OF REFERENCE _____ RELATIONSHIP _____
ADDRESS _____
CURRENT PHONE _____

2. NAME OF REFERENCE _____ RELATIONSHIP _____
ADDRESS _____
CURRENT PHONE _____

3. NAME OF REFERENCE _____ RELATIONSHIP _____
ADDRESS _____
CURRENT PHONE _____

AGREEMENT, CERTIFICATION, AND AUTHORIZATION

I HEREBY CERTIFY, UNDER THE PENALTY OF PERJURY IN THE STATE OF WASHINGTON, THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION AND THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT SHOULD INVESTIGATION AT ANY TIME DISCLOSE ANY SUCH MISREPRESENTATION OR FALSIFICATION, MY APPLICATION MAY BE REJECTED, MY NAME MAY BE REMOVED FROM CONSIDERATION OR I MAY BE DISCHARGED FROM MY EMPLOYMENT.

I AUTHORIZE MY CURRENT OR FORMER EMPLOYERS AND ALL SCHOOLS OR EDUCATIONAL AND TECHNICAL INSTITUTIONS WHICH I HAVE ATTENDED TO PROVIDE CLALLAM COUNTY REPRESENTATIVES ANY INFORMATION REGARDING MY CURRENT OR FORMER EMPLOYMENT, SCHOLASTIC RECORDS OR RATINGS. I HEREBY RELEASE ANY SUCH CURRENT OR FORMER EMPLOYERS OR INSTITUTIONS, THEIR AGENTS OR EMPLOYEES FROM ANY AND ALL LIABILITY RESULTING FROM THE RELEASE OF SUCH INFORMATION. MY AUTHORIZATION AND RELEASE FROM LIABILITY ARE KNOWING, INTELLIGENT AND VOLUNTARY ACTS.

I AM WILLING TO SUBMIT TO A PRE-EMPLOYMENT PHYSICAL EXAMINATION, IF REQUIRED.

I UNDERSTAND THAT AS A CONDITION OF EMPLOYMENT I MUST PROVIDE DOCUMENTATION TO PROVE MY ELIGIBILITY TO OBTAIN EMPLOYMENT ALONG WITH PERSONAL IDENTIFICATION INFORMATION AS REQUIRED BY THE IMMIGRATION REFORM AND CONTROL ACT OF 1986.

SIGNATURE OF APPLICANT

DATE

AFFIRMATIVE ACTION INFORMATION
THIS FORM IS A REQUIRED PART OF YOUR APPLICATION

Information as to race, sex, etc. is voluntary, however, it is required that you fill in your name, address and telephone number. Clallam County is an Equal Opportunity Employer. This information will be used for EEO/Affirmative Action purposes only. For an explanation of this County's Affirmative Action Policy, please refer to the information below, Affirmative Action in Clallam County: Information for the Applicant that accompanies this application. A copy of this form and Clallam County's complete Affirmative Action Policy are available from the Clallam County Human Resources, 223 E. 4th St., Suite 16, Port Angeles, WA 98362. Phone: (360) 417-2241.

POSITION APPLIED FOR:		JOB NO.:	
NAME:			
ADDRESS:			
CITY:	STATE:	ZIP:	PHONE:
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
DISABLED: <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, indicate limitations: _____			
REASONABLE ACCOMMODATIONS: If requested, Clallam County will provide reasonable accommodation to disabled applicants. **Please notify the Human Resources Department.			
RACE: (Check one category) <input type="checkbox"/> WHITE - persons of European descent <input type="checkbox"/> BLACK - PERSONS OF African descent as well as Jamaican, Trinidadian and West Indian. <input type="checkbox"/> HISPANIC - persons of Mexican, Puerto Rican, Cuban, Latin American or Spanish descent. <input type="checkbox"/> ASIAN AMERICAN - persons of Japanese, Chinese, Korean, Filipino, Malayan, Thai, Vietnamese, Polynesian, Pakistani, or East Indian descent. <input type="checkbox"/> NATIVE AMERICAN - persons who identify themselves as American Indian, Aleuts, Eskimos or who are known as such by virtue of tribal association and have proper documentation.			
HOW DID YOU HEAR ABOUT THIS JOB? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Websites (Which one?): Clallam County Website / Craigslist / Other _____ <input type="checkbox"/> Informed by Clallam County Employee <input type="checkbox"/> Job Board inside the Courthouse			

AFFIRMATIVE ACTION IN CLALLAM COUNTY: INFORMATION FOR THE APPLICANT

The following is a brief explanation of the Clallam County Affirmative Action Policy. It describes--in a very condensed form--the reasons we request the affirmative action information and how that information is used by Clallam County. Most importantly, this supplement describes the safeguards Clallam County uses to protect the information received from the people who will make the hiring decisions.

WHY CLALLAM COUNTY HAS AN AFFIRMATIVE ACTION POLICY . . .

The affirmative action policy exists to provide equal opportunity and treatment to women, minority groups, and all other persons who are employed by or are applying for employment with Clallam County. The information is used to correct the under-utilization of women and members of minorities at all levels of the County's work force. The policy also provides that the County enter into contracts only with equal opportunity employers.

WHAT WE DO WITH THE INFORMATION YOU GIVE US . . .

The information we request of you (sex, age, disability, race, etc.) is used to assist us in determining whether women and minorities are being under-utilized or barred from employment. "Under-utilization" is defined here as having fewer minorities or women working in a particular job classification than one would expect by the number of women and minorities present in our area. We also use the information to comply with any federal and state reporting requirements that inform the government how well we are doing in the recruitment and hiring of women and minorities.

HOW WE KEEP YOUR CONFIDENTIAL INFORMATION CONFIDENTIAL . . .

The data you give us on the "Affirmative Action Information Sheet" is not recorded on any paper which is kept in a personnel file. In addition, it is not made available to anyone who determines your job qualifications. That would be considered an unfair employment practice on the part of the Clallam County. We have developed these procedures to guarantee that these safeguards are in place and are actually implemented:

1. The "Affirmative Action Information Sheet" will be separated from the job application when it is received by an employee designated in the Human Resources Department to receive Clallam County job applications. It will be placed in a separate, confidential file before applications are processed and distributed to the department with the open position.
2. The information is kept in the confidential file until it is needed to implement a corrective employment program, or to consider or accommodate a disability as authorized by federal or state law or regulations. It is also used for statistical information, or to verify the statistics by the County or by the Washington State Human Rights Commission or other concerned governmental agencies. It is not subject to the inquiries or the viewing by any third party, except those administrative federal and state agencies who make a bona fide exception.
3. The data never becomes part of an employee's personnel file.

Clallam County considers any breach or violation of these rules to be sufficient cause for discipline.

If you would like a copy of the complete Clallam County Affirmative Action Policy (Chapter 12 of the Clallam County Uniform Personnel Policies and Procedures) please contact the Clallam County Human Resources Department in person or by mail at the following address: Clallam County Courthouse, 223 E. 4th St., Suite 16, Port Angeles, WA 98362, or call (360) 417-2241.

Clallam County is an Equal Opportunity and Affirmative Action Employer.



CLALLAM COUNTY Request for Driving Record

Completed Form must be Submitted with Application

FIRST NAME	MIDDLE NAME	LAST NAME
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PLEASE COMPLETE THE FOLLOWING: DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO IF YES, PLEASE INDICATE STATE/NUMBER: _____ . HAVE YOU BEEN CONVICTED OF ANY MOVING VIOLATIONS OR BEEN INVOLVED IN A VEHICULAR ACCIDENT IN THE LAST 5 YEARS? YES NO. IF YES, PLEASE LIST AND EXPLAIN ALL INCIDENTS. INCLUDE ANY NOTICES YOU HAVE RECEIVED SINCE GETTING AN ABSTRACT OF DRIVING RECORD WITHIN THE LAST 6 MONTHS.

STATE	MONTH/YEAR	TYPE OF VIOLATION/EXPLANATION

If more space is needed, please attach additional sheets of paper.

Infractions or citations will not necessary remove you from consideration, but the County will consider your driving record and insurability when making employment decisions.

The information provided above is true to the best of my knowledge. I understand that providing false Information is cause for elimination in the selection process or dismissal from employment.

Signed: _____ **Date:** _____

A Complete Driving Record: For pre-employment purposes, once a *Conditional Offer of Employment* has been made, Applicants need to submit their Driving Abstract to Clallam County Human Resources. Complete driving records may be obtained online from the Washington State Department of Licensing, or at any Washington State Department of Licensing branch office, for a fee of \$13.00. (Other states may have different procedures.) This fee is at the applicant's own expense. We will only accept driving records that are *less than six (6) months old*.

Volunteers: Please note County Volunteers are also expected to submit a Driving Abstract. Refer to the above paragraph for information on where to do so. This fee will be reimbursed by the County. However, you must submit your receipt in order to be reimbursed. Please understand that reimbursement may take up to three weeks.

County Driving Standards:

Applicants for positions in which the occupant is expected to operate a motor vehicle must be at least 18 years old and will be required to present a valid Washington State driver's license with any necessary endorsements. Driving records of applicants may be checked. Applicants may be disqualified from driving on behalf of the County under the following circumstances:

Violations: More than two moving infractions within the preceding three years, or felony, or criminal traffic violations within the preceding five years.



CLALLAM COUNTY
WAIVER AND AUTHORIZATION TO RELEASE
PERSONAL HISTORY INFORMATION

TO BE COMPLETED BY APPLICANT FOR THE PURPOSE OF A BACKGROUND CHECK

A complete personal and criminal background investigation will be conducted before hiring and/or volunteering for this position. Your fingerprint record may be checked through the Federal Bureau of Investigation. Therefore, the following information is necessary. Other physical, mental or job-related tests may be required depending upon the position for which you are applying. Proof of name and date of birth is required. *I fully understand that this document, and all information contained herein, is subject to release during the process of collecting information outlined below.*

I CERTIFY THAT THE INFORMATION PROVIDED BELOW IS COMPLETE AND ACCURATE:

NAME: _____

OTHER NAMES KNOWN BY: _____ **DATE OF BIRTH:** _____

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION:

TO WHOM IT MAY CONCERN: I, _____, sign this waiver and authorization (or "authorization") knowingly and voluntarily and acknowledge by signing this document I am surrendering certain legal rights I may otherwise hold, such as those provided in federal law at 5 U.S.C. §552(a). I, _____, do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of Clallam County, whether the said records are of public, private or confidential nature.

I understand that any information obtained by a personal history background investigation that is developed directly or indirectly, in whole or in part, based upon this authorization will be considered in determining my suitability for employment by the Clallam County Human Resources Department. I understand that all materials pertaining to this background investigation become the property of the Clallam County Human Resources Department and I will not have access to any of the background investigation.

I emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal and professional life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Clallam County Human Resources Department to consider in determining my suitability for employment by that Department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and to the sources of information specifically identified herein.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions (including credit reports and/or ratings); employment and pre-employment records, including pre-employment background investigation reports, investigative files, efficiency ratings or other forms of evaluations, complaints or grievances filed by or against me, and salary records; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and /or traffic records; the results of any polygraph examination, any medical records, any psychological testing and analysis plus recommendation, any military service records, records of complaint of a civil nature made by or against me, whatsoever located and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest. I also authorize Clallam County Human Resources Department or its designated agent bearing this release to obtain a certified abstract of my full driving record.

I agree to indemnify and hold harmless any person to whom this request is presented and their agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of their compliance with this request. I also agree to indemnify and hold harmless Clallam County, its agents and employees from and against all claims for damages, losses and expenses, including reasonable attorney's fees, arising out of, or by reason of, release of such information identified in this document. I further understand, the sources of confidential information will not be revealed to me. I will make NO attempt to gain access to the information in possession of Clallam County and/or its agencies or departments in conjunction with this employment process. I hereby expressly waive any right I may have to request such information from Clallam County.

* A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature. The original of this form is maintained at the Clallam County Human Resources Department and will be made available upon request.

This release will expire ninety (90) days after date of execution and, prior to that time may be revoked by the applicant. However revocation of this "Waiver and Authorization of Release" will be deemed a simultaneous withdrawal of the signer's application for County employment.

Signature

Date of Execution:

Printed Name



CLALLAM COUNTY

CONFIDENTIALITY AGREEMENT

As an employee or volunteer of Clallam County, I understand that I may have access to "Confidential Information," which includes but is not limited to intelligence information, criminal history information, record information, investigative information, financial information, business practices/strategies, medical records, social security numbers, tax information, payroll, data bases and other sensitive information, regardless of whether such information is expressly designated as "Confidential Information" at the time of its creation. Confidential Information may be in written, electronic or oral form.

I must comply with the following rules to be a volunteer or employee of Clallam County.

1. I will not access or view any Confidential Information, or utilize equipment, other than what is required to do my job.
2. I will not disclose or discuss any Confidential Information with others, including friends or family, unless doing so serves a purpose or function of County government.
3. I understand my personal access code, user ID numbers and passwords used to access County computer systems must not be disclosed and are an essential part of retaining confidentiality unless authorized to do so and permissible by County policy (420).
4. I understand improper disclosure of such information by me, could be a violation of law as well as Clallam County Policy, and I would then be subject to disciplinary action up to and including dismissal, in addition to any civil or criminal penalty provided by law.
5. I will not assist any other person in obtaining or reviewing Confidential Information that the other person is not authorized to obtain or review, and I will immediately report to my department head or direct supervisor any activity that is a violation of this Agreement or any County policy.
6. I will always act in a professional manner with respect to Confidential Information, such that I will not discuss Confidential Information where unauthorized listeners might hear it, nor will I engage in transmitting or repeating gossip or hearsay, knowing that such disclosures could reflect unfavorably on both the County and me.
7. Transportation of Confidential Information shall be done with all County safeguards in place.
8. If I cease employment or volunteer status with the County I will leave in the custody of the County all Confidential Information, regardless of their format.
9. I understand the terms of this Agreement continue to apply after I am no longer a County employee or volunteer.

BY SIGNING THIS DOCUMENT I UNDERSTAND AND AGREE TO THE FOLLOWING:

I HAVE READ THE ABOVE AGREEMENT AND AGREE TO COMPLY WITH ALL OF ITS TERMS. I UNDERSTAND THAT VIOLATION OF THIS AGREEMENT MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING DISCHARGE OF EMPLOYMENT AND/OR SUSPENSION AND LOSS OF PRIVILEGES, IN ACCORDANCE WITH CLALLAM COUNTY'S DISCIPLINE POLICY, AS WELL AS LEGAL LIABILITY.

SIGNATURE OF EMPLOYEE/VOLUNTEER: _____

PRINT NAME: _____ DATE: _____



**CLALLAM COUNTY
 CIVIL SERVICE COMMISSION
 223 E 4TH ST, SUITE 16
 PORT ANGELES, WA 98362-3015
 (360) 417-2396
 APPLICATION FOR EXAMINATION**

THIS DOCUMENT MUST BE COMPLETED IN FULL AND SUBMITTED WITH THE REGULAR CLALLAM COUNTY APPLICATION FOR EMPLOYMENT WHEN APPLYING FOR POSITIONS WITH THE CLALLAM COUNTY SHERIFF'S OFFICE. UNSIGNED AND/OR INCOMPLETE APPLICATIONS FOR EXAMINATION WILL BE DISQUALIFIED. **PLEASE TYPE OR PRINT LEGIBLY.**

GENERAL INFORMATION:

EXAMINATION (POSITION) APPLYING FOR:			
FULL NAME (LAST, FIRST, MIDDLE INITIAL):			
DATE OF BIRTH (Required for Law Enforcement and Corrections Deputy positions only):			
UNITED STATES CITIZENSHIP IS REQUIRED FOR CIVIL SERVICE APPOINTMENT TO THE SHERIFF'S OFFICE. ARE YOU A CITIZEN OF THE UNITED STATES? (CIRCLE ONE): YES NO			
HAVE YOU EVER BEEN ARRESTED, CHARGED OR CONVICTED OF ANY LAW VIOLATION? (CIRCLE ONE): YES NO IF YES, PLEASE SUPPLY THE INFORMATION BELOW:			
DATE OF OFFENSE	PLACE	CHARGES	DISPOSITION

VETERANS' PREFERENCE

RCW 41.04.010 provides for a Veterans' Preference to be added to the passing score of eligible Veterans. If you believe you are eligible to be considered for such preference, and if you have attained a passing score in the testing process, you may complete the following questionnaire. Initial the following statements that apply to you and circle the percentage to which you are entitled below. Also, please certify the accuracy of your answers by your signature and **attach a copy of your DD214 form.** (Must be submitted with this application).

Date of termination from the United States active military service: _____.

_____ 1. I have served on active duty in a branch of the Armed Forces of the United States.

AND

_____ 2. I have been released from active service under honorable conditions, i.e., received an honorable discharge or a discharge for physical reasons *with honorable record*;

AND

_____ 3. I have not previously used Veterans' Preference to obtain *any* employment (may only be used once);

AND

_____ 4. I am not currently in the military, i.e., on active duty. If you are, you are not a "veteran" by definition and are not eligible. This is the interpretation given by the State Office of Veterans' Affairs. It applies even if there was a prior period of service.

If you meet all of the above requirements, determine which of the following percentages applies to you:

a. **10%** preference will be added to your overall passing examination score if you served during a period of war or in an armed conflict, were honorably discharged, and you are *not* receiving veteran's retirement payments.

b. **5%** preference will be added to your overall passing examination score if you received an honorable discharge, but your service was not during a period of war or armed conflict, or you are receiving veteran's retirement payments.

I certify that to the best of my knowledge I am entitled to (circle one): 5% 10% Veterans' Preference and that if I falsely claim Veterans' Preference I will be disqualified from employment with Clallam County Government. I also understand that if employed, any misrepresentation of facts regarding my receiving Veterans' Preference is sufficient cause for dismissal.

Date _____ Print Name _____ Signature _____



CLALLAM COUNTY SHERIFF'S OFFICE APPLICANT DISQUALIFIERS FOR DEPUTY SHERIFF AND CORRECTIONS DEPUTY

THE FOLLOWING STANDARDS APPLY TO ALL CANDIDATES FOR DEPUTY SHERIFF AND CORRECTIONS DEPUTY:

Honesty / Integrity Honesty and Integrity are essential traits for a successful career in Law Enforcement. Any false statements, noted polygraph deception, lack of candor, cheating, or failure to fully divulge requested information may result in immediate disqualification from the hiring process.

PART I - Minimum Requirements

- Be at least 21 years of age.
- Be a US citizen of the United States of America or a lawful permanent resident who can read and write the English language. (RCW 41.12.070)
- Provide proof of high school diploma or a GED certificate.
- Possess a valid WASHINGTON State Driver's License at time of employment and have a driving record acceptable to the County's Risk Manager and insurance carrier.
- Eligibility to possess a firearm and pistol under Washington State and Federal statutes.
- Successfully pass a background investigation that includes a complete criminal records check, a polygraph examination, psychological examination, and any other testing which measures the ability to perform the functions of the job.
- Satisfactorily complete a medical examination per the Clallam County Civil Service Commission standards.

A. Vision Requirement - Applicant must have normal color vision. Applicant must have vision correctable to 20/20.

B. Body Decoration - Visible body decorations such as, brands, body art, or intentional mutilation shall be covered while on duty. The following body decorations are prohibited: Split or forked tongues; foreign objects inserted under the skin to create a design or pattern; enlarged or stretched out holes in the ears; dental ornamentation; visible piercings other than those in the ear(s) that present a professional image.

INITIAL the appropriate selection for Part 1 (Minimum Requirements):

- I believe I meet this standard: _____
- I believe I do not meet this standard: _____
- I am not certain if I meet this standard: _____

PART 2 - Automatic Disqualifiers

A. **Drug Use** - Please note that the use of illegal drugs and the illegal use of prescription drugs, referred to in this acknowledgement, means the use, possession, or distribution of drugs which is unlawful under the provisions of the Uniform Controlled Substances Act in this state or its equivalent in any other jurisdiction.

The following drug use (or distribution of) will be disqualifying:

- Any use of illegal drugs while employed by a law enforcement agency.
- As an adult, convicted of any felony drug crime.
- Any instance of illegally using a drug after submitting an “in process” application to any Law Enforcement agency.
- Any participation in the manufacture, selling, offering to sell, distribution or transporting for sale any illegal drugs and/or narcotics within the past ten (10) years, or as an adult (age 21 or older).
- Illegal use of four (4) or more different controlled substances, excluding marijuana, in the last ten (10) years.
- Use of hallucinogens (includes GHB & ecstasy; excludes mushrooms), cocaine, methamphetamine, or opiates within the last five (5) years.
- Use of mushrooms within the last three (3) years.
- Use of any other illegal drug, including steroids, within the last five (5) years.
- Obtaining a prescription under false pretenses.
- A history of alcohol or controlled substance abuse which has hampered job performance at any time during the five years immediately preceding the date of application.

INITIAL the appropriate selection for PART 2 (Drug Use):

I believe I meet this standard: _____

I believe I do not meet this standard: _____

I am not certain if I meet this standard: _____

B. **Criminal Violations** - The following will be disqualifying:

- Any adult felony conviction.
- Any juvenile felony conviction within the past five years.
- Conviction of any felony crime of violence or misdemeanor domestic violence.
- Conviction of any sexual offense.
- Any conviction of a felony crime at any time while employed in any capacity with a Law Enforcement Agency (including volunteer, intern, and reserve positions).
- Any single theft of property or money in excess of \$100 value within the past five years.

INITIAL the appropriate selection for PART 2 (Criminal Violations):

I believe I meet this standard: _____

I believe I do not meet this standard: _____

I am not certain if I meet this standard: _____

C. **Criminal Relationships** – The following will be disqualifying:

- A recent or current affiliation with, and/or support of, any organization or group which advocates the violent overthrow of the State or of the United States Government, or whose professed goals are contrary to the interest of public safety and welfare.

INITIAL the appropriate section for PART 2 (Criminal Relationships):

I believe I meet this standard: _____
 I believe I do not meet this standard: _____
 I am not certain if I meet this standard: _____

D. Military Service - The following will be disqualifying:

- Any discharge from any military service other than honorable will be evaluated on a case-by-case basis.
- A dishonorable discharge from any military service remains an automatic disqualifier.

INITIAL the appropriate selection for PART 2 (Military Service):

I believe I meet this standard: _____
 I believe I do not meet this standard: _____
 I am not certain if I meet this standard: _____

E. Traffic Record - Traffic violations that will be disqualifying include:

- Any criminal traffic conviction within the past 5 years for:
 - Driving Under the Influence (DUI),
 - Reckless Driving,
 - Negligent Driving, or
 - Hit & Run Driving.

INITIAL the appropriate selection for PART 2 (Traffic Record):

I believe I meet this standard: _____
 I believe I do not meet this standard: _____
 I am not certain if I meet this standard: _____

F. Financial Record - Any willful failure to pay income tax or court ordered child support is disqualifying.

INITIAL the appropriate selection for PART 2 (Financial Record):

I believe I meet this standard: _____
 I believe I do not meet this standard: _____
 I am not certain if I meet this standard: _____

PART #3 - Potential Disqualifiers

A. Criminal Relationships - Applicant maintains an on-going relationship with individuals who have been convicted of felony crimes and/or who are reputed to be involved in recent or current felonious activity.

- B. Criminal Violations** - An applicant's criminal record, including all arrests, prosecutions, deferred prosecutions, "Alford" pleas, and non-conviction information will be thoroughly assessed and may be grounds for disqualification.
 - Commission of a felony crime (non-conviction)
 - Applicant has criminal proceedings pending or is under investigation for a crime.
 - Applicant has been involved in significant misdemeanor activity.
 - Applicant's history shows a pattern of thefts.

- C. Driving Record** - Applicant's driving record shows a continuing and/or recent pattern of poor decision making.

- D. Employment Record** - An applicant's employment history, including a pattern of unexcused absences, discipline, any terminations, or leaving an employer in lieu of termination, will be thoroughly assessed and may be grounds for disqualification.

- E. Financial Record** - An applicant's financial history, including excessive credit card debt or unresolved accounts in collection will be thoroughly assessed and may be grounds for disqualification.

- F. Drug Use** - Marijuana use will be reviewed on a case-by-case basis; however, in order to increase the likelihood of continuing on in the hiring and background process, an applicant should not have used Marijuana in the last 6 months.

INITIAL the appropriate selection for PART 3 (Potential Disqualifiers):

- I understand and do not believe I have any potential disqualifier(s): _____
- I understand and believe I have potential disqualifier(s): _____
- I understand and am not certain if I have any potential disqualifier(s): _____

Any conclusion by an oral interview panel that the applicant is unsuited for Law Enforcement/Corrections work will be an automatic disqualifier. (Initial)_____

CERTIFICATION

I, the undersigned, have carefully reviewed and completed this document.

Signature: _____

Printed Name: _____

Date: _____



CLALLAM COUNTY CIVIL SERVICE COMMISSION

LATERAL ENTRY DEPUTY SHERIFF EXPERIENCE & TRAINING QUESTIONNAIRE

APPLICANT NAME: _____ DATE: _____

Please print or type. Please answer all questions completely and to the best of your ability. Use additional paper if necessary. This questionnaire will be used to evaluate your qualifications for this position, and it must be returned with your application. Your responses should be concise, but complete, since you cannot be given credit for experience and training that you do not tell us about. Statements should include job assignments, the degree of your responsibility, size and scope of projects, etc. Answers must be neat and legible. Remember to include the name of the employer or school and dates worked for each response. **DO NOT SAY "REFER TO APPLICATION OR RESUME."** If you have any questions about completing this questionnaire, please call Clallam County Civil Service Chief Examiner at (360) 417-2396.

- 1) This position requires you to be a non-probationary employee currently working as a paid commissioned officer for a law enforcement agency and having a minimum of 24 consecutive months as full-time, paid commissioned officer assigned to patrol or investigate duties. Qualifying time is calculated from the date of graduation from the Washington State Criminal Justice Training Center (WSCJTC) Basic Law Enforcement Academy or other state-certified police academy. **Do you meet this requirement?**
Yes No

Please list the department(s) where you gained this experience:

<u>Department Name and Address:</u>	<u>Dates</u>
_____	_____
_____	_____
_____	_____

- 2) This position requires a High School graduate or GED; AA/AS or accredited* state university undergraduate unit equivalency preferred. **Do you meet this requirement?** Yes No
- 3) Please list the post-secondary educational institutions that you have attended and/or below that, any military experience:

<u>School(s)</u>	<u>Dates</u>	<u>Degree Received</u>	<u>No. of Credits</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Military Experience: Include entry and discharge dates, type of discharge.

15) Have you ever been discharged from employment or resigned from employment because of misconduct or unsatisfactory performance? Yes No
If yes, please explain.

16) Describe any disciplinary actions you have received during your law enforcement career which have resulted in suspension for more than three days, demotion, or termination.

17) List any certifications you have as an instructor in a law enforcement related subject (i.e., firearms instructor, defensive tactics instructor). **Please provide certificates and/or dates and sponsor of courses.**

18) Describe the level of proficiency of your computer and keyboarding skills:

19) Why do you want to be a Deputy Sheriff at Clallam County?

20) The following items **MUST** be submitted with your completed questionnaire:

- a) A copy of your last two (2) employee evaluations,
- b) A copy of three (3) different felony reports that you have written. Please blacken out subjects' names;
- d) A copy of your Basic Law Enforcement Academy Certificate.

21) The following items **MUST** be submitted with your completed questionnaire **if applicable**:

- a) A copy of your college degree(s) and/or transcripts; and/or
- b) A copy of your military DD214.

I CERTIFY THAT THESE RESPONSES ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING FALSE INFORMATION IS GROUNDS FOR REJECTION OR DISMISSAL.

Signature

Date

Printed Name

EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- for incapacity due to pregnancy, prenatal medical care or child birth;
- to care for the employee's child after birth, or placement for adoption or foster care;
- to care for the employee's spouse, son, daughter or parent, who has a serious health condition; or
- for a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees whose spouse, son, daughter or parent is on covered active duty or call to covered active duty status may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is: (1) a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness*; or (2) a veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.*

***The FMLA definitions of "serious injury or illness" for current servicemembers and veterans are distinct from the FMLA definition of "serious health condition".**

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least 12 months, have 1,250 hours of service in the previous 12 months*, and if at least 50 employees are employed by the employer within 75 miles.

***Special hours of service eligibility requirements apply to airline flight crew employees.**

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and

a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- interfere with, restrain, or deny the exercise of any right provided under FMLA; and
- discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulation 29 C.F.R. § 825.300(a) may require additional disclosures.

