



CLALLAM COUNTY
CIVIL SERVICE COMMISSION
223 E. 4TH ST., SUITE 16
PORT ANGELES, WA 98362-3015

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EMAIL: BWENZL@CO.CLALLAM.WA.US

**Clallam County Civil Service Commission
LATERAL ENTRY CORRECTIONS DEPUTY
(CONTINUOUS TESTING)
CLALLAM COUNTY SHERIFF'S OFFICE
Job #2022-04**

SALARY: \$4389.40/month to \$5662.81/month DOQ (Current starting wage as of 10/1/2022 is \$5335.40)

Lateral entry, union-eligible position with benefits. Employees in this classification are responsible for 24-hour-per-day, 7-day-per-week operation of the Clallam County Corrections Facility. They will rotate shifts, have varying days off, and be expected to satisfactorily perform the functions and duties of all shifts in all required job areas of the Clallam County Corrections Facility.

RECRUITMENT CRITERIA:

Requires two (2) years continuous, full-time paid experience as a Corrections Deputy in a civil government jurisdiction within the last year at time of this application AND successful completion of a Corrections Deputy Academy. The candidate must successfully complete Corrections Deputy Training at the Washington Criminal Justice Training Center within one year of employment, unless the candidate already has certification from the Washington State Criminal Justice Training Commission. Citizen of the United States (or legal proof of ability to work in the United States); High School graduate or G.E.D.; Washington State Driver's License at time of employment with a driving record acceptable to the County's Risk Manager and insurance carrier; Minimum 21 years of age at time of employment; Successfully pass all testing and examinations which measure ability to perform essential job functions. These tests may include but are not limited to physical agility, written, oral, skill, polygraph, psychological, medical, and background investigation; No felony convictions or convictions for misdemeanors involving moral turpitude; Eligibility to possess a firearm and pistol under Washington State and Federal statutes; Ability to pass a post-offer, pre-employment drug test.

TO APPLY:

The following seven documents must be fully-completed and submitted to the Human Resources | Risk Management Department: *(faxed or emailed applications and documents are not accepted; signatures must be original.)*

- 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 including required attachments

Also included in this package are Clallam County Civil Service Commission Physical Ability Standards, originally developed by the Washington State Criminal Justice Training Commission.

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

Review of Application Package: Candidates are required to first complete a physical agility test. If successful with the physical agility test, the completed application materials, including performance evaluations and reports, will be rated by sergeants and command staff. A score of 70% for application materials is considered passing. 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 in deciding what pay step to offer the lateral entry applicant.

After a successful initial application screening process, the candidate will be invited for an oral board interview. A score of 70% on the oral board is considered passing. Successful candidates will receive a position on the

employment list, which is determined by a combination of 30% of the application score and 70% of the oral board score. After a conditional job offer is given, the formal background process will begin. This background includes a polygraph, psychological, criminal background check, on-site investigation, medical examination, and drug testing.

BENEFITS PACKAGE:

Clallam County Corrections Deputies receive a complete, competitive package of benefits.

JOB DESCRIPTION:

Nature of Work: Employees in this classification are responsible for 24-hour-per-day, 7-day-per-week operation of the Clallam County Corrections Facility. They will rotate shifts, have varying days off, and be expected to satisfactorily perform the functions and duties of all shifts in all required job areas of the Clallam County Corrections Facility.

Corrections Deputies are expected to manage a variety of potentially dangerous situations in a calm and competent manner. Routine job performance shall be according to policies and procedures as stated in P&P and/or according to policies and procedures approved by the Chief Corrections Deputy. Unusual problems and situations are referred to the Corrections Sergeant. Corrections Deputies shall use the minimum physical restraint necessary to preserve the security of Clallam County Corrections Facility and the safety of Corrections personnel and prisoners. Corrections Deputies do not carry arms or other lethal weapons within the Clallam County Corrections Facility. When commissioned and authorized, they will carry firearms during the transportation of prisoners. Job performance of Corrections Deputies is reviewed and evaluated by Corrections Sergeants according to demonstrated ability to handle a variety of work situations.

All Corrections Deputies serve a one (1) year probationary period and receive frequent performance evaluations during probation. Clallam County Sheriff's Department current policy requires qualification with an approved firearm for continued employment.

Special assignment positions which are a part of this classification include Corrections Deputy assigned to Chain Gang, Medical, Courthouse Security, Transport, and Court. Corrections Deputies may be required to perform the duties of any of these special assignments as detailed in corresponding position descriptions.

Corrections Deputies function in the male as well as in the female security areas.

General Duties: Ensure general Clallam County Corrections Facility security; Conduct regular inmate counts; Conduct frequent security checks of inmates. Each inmate shall be personally seen by a Corrections Deputy at least once every sixty (60) minutes, but at irregular intervals; Operate the control room; Process inmates for booking and release; Be familiar with and able to operate the facility computer; Transport inmates to and from various courts; Provide security in the courtroom according to policy; Conduct physical searches of inmates and the separate segments of the facility for contraband; Manage inmate visiting, exercise periods, library usage and other activities; Evaluate incoming inmates for confinement classification and orient them to Clallam County Corrections Facility regulations and expectations; Manage physically aggressive inmates as necessary; Distribute items to inmates; Maintain a wide variety of record-keeping forms; Respond to inmate requests and complaints; Manage the inmate grievance system when assigned; Administer drug and alcohol tests as required; Manage and operate the inmate commissary when assigned; Perform as Shift Medical Liaison Officer when assigned; Screen incoming inmate mail for security reasons and distribute; Perform other duties assigned to ensure orderly and proper functioning of the Clallam County Corrections Facility.

Supervisory Control: Corrections Deputies are supervised by their assigned Corrections Sergeant.

Selection Criteria: Ability to understand and implement written and verbal standards; ability to perform efficiently under stressful conditions; ability to manage groups of prisoners.

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

Environmental Factors – Employees in this classification must be able to work in a confined space for long periods of time. Work includes both indoor and outdoor conditions in both light and dark environments. Outdoor work may include walking and/or running in hot weather, rain, snow, ice or other slippery conditions. Outdoor work may also include walking or running on uneven surfaces. Indoor work includes performing duties in a jail setting requiring sitting, standing, walking, running, climbing stairs, stooping, bending, kneeling, crouching, reaching, pushing, pulling, twisting, a sense of touch, finger dexterity, gripping with fingers and hands, ability to hear voice conversations and to speak. This position also requires lifting and carrying 50-100 pounds, working in confined space, working in noisy work area, the ability to hear alarms, the possession of close vision, far vision, side vision, depth perception, night vision, color vision. This position may require wearing a respirator, safety glasses or goggles, ear plugs or muffs, rubber gloves, rubber boots, and chemical resistant clothing. This position may expose employees to smoke, noxious odors, fumes, and chemicals. This position includes shift rotation.

Essential Functions – Supervision and Interaction with Inmates: observe remote surveillance devices to monitor inmates; resolve conflict between inmates verbally; identify and observe group agitators, gang members, etc; confront and control hostile groups; observe incoming inmate to identify mental condition; request examination of the physical condition and/or mental state of inmate by medical personnel; transport inmate to outside medical facility for treatment; drive a motor vehicle; check inmate to verify that medication is taken; observe inmate to recognize symptoms of drug withdrawal; observe inmate to recognize symptoms of drug use; observe mentally disturbed or suicidal inmates; monitor/log behavior of inmates in disciplinary segregation; use restraints on inmates in segregation; observe inmates who may be suffering from mental or emotional disorders to maintain facility and personal security; recognize (identify) inmate groups, gangs, etc. to anticipate potential problems; recognize behavioral characteristics of a violent offender; identify bitterness and unrest among prisoners. **Maintenance of Facility Security:** inspect vehicles and/or containers entering or leaving the facility; inspect identification of persons entering or leaving the facility; patrol tiers, cell areas, corridors and other security areas inside the facility to ensure security and observe inmate behavior; control entry into the detention area; guard inmates away from the facility, e.g., court, hospital, etc; pat-search female inmates; strip-search female inmates; pat-search male inmates; strip-search male inmates; search clothing/property left for inmates; conduct periodic searches of inmate cells to discover and seize contraband, weapons, etc; process evidence seized during search of inmates and/or cells, rooms, etc; seize contraband; notice and investigate unusual traffic or movement; take action to stop and/or report penetrations of the facility, escapes, security breaches, etc; maintain key security; identify and seize contraband being brought into the facility; conduct head or institutional count; respond to facility escape; participate in facility lockdown; review documents of arrest and commitment before accepting new inmate into the facility; verify identity of officer bringing inmate into facility; check identity of inmates leaving the facility; inspect documents prior to release or transfer of inmates; verify identity of officer picking up inmate; conduct cell search for evidence in criminal matters; search inmate's personal property; conduct inmate roll call; escort inmate in motor vehicle; escort inmate on foot; report unusual or irregular incidents to supervisor. **Provide Emergency Assistance and Services:** report severe depression or unusual behavior which might indicate self-destructive behavior, e.g., suicide; investigate unusual odors/sounds; review and comprehend emergency procedures to be initiated in case of fire, escape, riot, etc; search for or apprehend escaped inmate; take emergency steps when inmate suicide is threatened; use air pack (Life Air, Scott, MSA air pack); administer cardio-pulmonary resuscitation (CPR); administer mouth-to-mouth resuscitation; apply basic first responder first aid for allergic reaction, choking, convulsions, or diabetic reaction; apply basic first responder first aid to control bleeding; apply basic first responder first aid to treat for abrasions, broken bones, lacerations, puncture wounds, sprains; apply basic first responder first aid to treat a variety of problems, e.g., burns, eye injuries, overdoses, etc; use gloves, masks, gowns, etc., to prevent contact with infectious diseases; use cleanup kit to clean blood-borne pathogens; oversee cleanup of blood and body fluids; collect evidence and property from crime scenes; document chain of custody for evidence; package evidence; notify supervisors of potential emergencies or hazards; move prisoners to evacuate an area or facility; direct actions of officer(s) arriving to assist in emergency situations; practice the use of emergency equipment. **Human Interaction and Problem Solving:** investigate injuries to inmates; record injuries to inmates; request psychiatric assistance for inmate; determine when an inmate crisis or problem should be referred to facility staff; take action to avoid confrontation with a prisoner who is trying to provoke you; control personal feelings against inmate(s) to encourage proper supervision; recognize inmate efforts to manipulate Corrections Deputies; counsel inmates to help resolve problems. **Use of Deadly Force:** carry handgun while guarding inmates outside the facility; carry handgun while transporting inmates outside the facility; qualify and/or engage in required practice of operation of firearms and other weapons; discharge handgun at persons; draw weapon to protect self and others; fire weapon in combat situation. **Make Physical Effort to Protect and Control:** use hands or feet in self-defense; use physical force to maintain order or protect life; physically place inmates in or remove inmates from cells; use restraint devices (waist chains, restraint chair, leg irons, handcuffs, etc.) to control inmate; physically restrain violent inmates; break up fights between inmates; run after fleeing prisoner; pull resisting inmate out of cell; subdue attacking prisoner; subdue prisoner resisting restraint; use weaponless defense tactics; use take-down technique to control inmate; tackle fleeing inmate; break up fights between two or more persons; grip persons tightly with hand to prevent their escape; use hair-hold to control inmate. **Meet attendance standards necessary for successful job performance.**

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
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 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

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 CIVIL SERVICE COMMISSION

LATERAL ENTRY CORRECTIONS OFFICER 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 Human Resources at (360) 417-2396.

1. This position requires a minimum of two years current full-time paid experience as a corrections officer in a civil government jurisdiction at time of this application. **Do you meet this requirement?** Yes No

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

Department Name and Address:

Dates

_____	_____
_____	_____
_____	_____
_____	_____

2. Please list the post-secondary educational institutions that you have attended:

School(s)

Dates

Degree Received

No. of Credits

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you willing to work any shift, weekends and holidays? Yes No

3. State the name and location of the corrections academy you graduated from, the dates attended, and the organization that runs the academy (e.g., State of Washington)

7. Do you have any experience in the area of **cell searches and inmate disturbances**? Yes No
Briefly describe your experience:

Do you have any experience in the area of **inmate medical**? Yes No
Briefly describe your experience.

8. Please describe any other experience you have had in police work. Include any special assignments you have had (e.g., FTO, K-9 handler, special weapons training, medical liaison, transport, court duties, etc.). Include dates of assignment.

9. Have you had a break in service in your corrections officer career? Yes No

If yes, list dates not in active service and reason for break in service.

10. Have you ever been named as the officer under investigation in a court or administrative agency action involving alleged or sustained civil rights violations? Yes No

If yes, please explain.

11. Have you ever been discharged from employment or resigned from employment because of misconduct or unsatisfactory performance? Yes No

If yes, please explain.

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

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

14. Describe the level of proficiency of your computer and keyboarding skills:

15. Why do you want to be a Corrections Officer at Clallam County?

16. 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 major infraction reports that you have written. Please blacken out subjects' names;
- c) A copy of your college degree(s) if applicable; and
- d) A copy of your Corrections Officer Academy Certificate.

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



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: _____

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.

