



# Employment Application

## WASHINGTON COUNTY SHERIFF'S OFFICE

26861 Highway 34, Akron, CO 80720  
Phone: (970)345-2244 Fax: (970)345-2419  
[www.washcountysheriff.com](http://www.washcountysheriff.com)



### General Instructions:

1. Print all information so that it is legible- DO NOT TYPE.
2. If an item doesn't apply to write "NA".
3. A completed application is required.
4. Any misstatements, misrepresentations or omissions will be cause for disqualification from employment considerations.
5. All information is subject to verification.

Date \_\_\_\_\_

### POSITION FOR WHICH YOU ARE APPLYING:

\_\_\_\_\_

Name:

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Alias (es), Nick Names, Maiden Names: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's license #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: (If different than above)

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**FOR OFFICIAL USE ONLY**

## APPLICATION PROCESS

The application process may consist of the following steps:

**Employment Application:** Initial employee applications are screened for suitability based on a variety of factors. Approval of the application moves prospective employees on to the **Written Test**.

**Written Test:** The written test may consist of a variety of essay, multiple choice, or true-false questions.

**Physical Ability:** The course will consist of timed components: one -minute maximum push-ups, one-minute maximum sit-ups, and a timed mile and a half run.

**Oral Boards:** The oral boards consist of a panel of experienced personnel and are designated to give the applicant an opportunity to express himself/herself verbally. Applicants will answer a variety of questions, and discuss various strategies and scenarios relating to the position for which they are applying. The board may or may not recommend that the applicant move on to the next application phase.

**Polygraphs:** You may be asked questions about your background based on the following areas of inquiry: Theft of merchandise, of money from employers: commission of undetected crimes: falsification of application: job terminations, suspensions, disciplinary actions: use of excessive force, assault behavior: illicit drug use: bribes: job related alcohol use: falsification of official documents: financial history: fraud or deceit during the application process.

**Comprehensive Background Check:** The background check is intended to further illuminate and illustrate the applicant's behavior, history, and personality.

**Staff Review:** All applicants will be subject to approval by the Sheriff's Office management staff.

**Medical/ Psychological Examination:** Upon receiving a conditional job offer, employment may be contingent upon physical and psychological examinations to determine the applicant's fitness to perform required duties.

### **Please read the whole question, and answer all parts.**

Per 5 U.S.C. 301; U.S.C. 509, 510; 42 U.S.C. 15601-15609. The Washington County Sheriff's Office shall not hire nor promote anyone who may have contact with a resident who has engaged in sexual abuse in a prison or other institution as defined in 42 U.S.C. 1997; or has been convicted of engaging in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse, or has been civilly or administratively adjudicated to have engaged in the activity described in the above paragraph; The agency shall consider any incidents of sexual harassment in determining whether to promote anyone who may have contact with offenders or residents. By submitting this application for hire and or promotion, I acknowledge and understand that I have a continuing affirmative duty to disclose and immediately report to my Appointing Authority my involvement in any form of sexual abuse, sexual assault or sexual harassment. I acknowledge and understand that I have not knowingly engaged in sexual abuse, sexual assault, sexual harassment, or romantic relationship including hugging, kissing or sending letters to an offender in the custody of the Washington County Sheriff's Office. All answers and statements are true and complete to the best of my knowledge. I acknowledge and understand that untruthful answers or deliberate omissions may be cause for disciplinary action up to and including termination (for employees) or termination of services (for contractors or volunteers). I acknowledge and understand the information will be used by my supervisor as part of my evaluation to comply with the federal PREA standards.

**I have read and I understand the above statement.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GENERAL INFORMATION**

YES NO

- \_\_\_ \_\_\_ 1. Do you have any relatives/ friends that work in Washington County?  
If yes, who do they work for in the County? \_\_\_\_\_ Relationship to you? \_\_\_\_\_
- \_\_\_ \_\_\_ 2. In the past, have you ever applied for any position with the Washington County Sheriff's Office?  
If yes, explain (Position/Dates, results ) \_\_\_\_\_
- \_\_\_ \_\_\_ 3. If hired, can you furnish proof you are eligible to work in the U.S.?
- \_\_\_ \_\_\_ 4. Are you a Certified Peace Officer?  
If yes, in what state? \_\_\_\_\_ Certificate # \_\_\_\_\_ Date of issue \_\_\_\_\_
- \_\_\_ \_\_\_ 5. Are you able to perform the essential functions of the position for which you are applied, with or without accommodations?
- \_\_\_ \_\_\_ 6. Are you willing to work shift work including weekends, holidays and overtime?
- \_\_\_ \_\_\_ 7. If required, do you consent to the following: Polygraph, background investigation, drug test, physical examination and psychological examination?
- \_\_\_ \_\_\_ 8. Have you ever taken a polygraph examination? If yes, why? \_\_\_\_\_
- \_\_\_ \_\_\_ 9. Are there any incidents in your life, which if known might disqualify you as an applicant, whether or not you were directly involved, which might be discovered by subsequent investigations?

**EDUCATION**

CIRCLE Highest Grade Completed    GED    7 8 9 10 11 12    13 14 15 16    17 18  
High school    Undergraduate    Graduation

LIST ALL HIGH SCHOOLS ATTENDED, (If GED give number, location and date)

High School Attended: \_\_\_\_\_ Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

High School Attended: \_\_\_\_\_ Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

LIST THE COLLEGE, UNIVERSITY OR BUSINESS/VOCATIONAL SCHOOLS ATTENDED:

Name: \_\_\_\_\_ Dates attended: \_\_\_\_\_ Credit Hrs: \_\_\_\_\_

Degree received: BA \_\_\_ BS \_\_\_ Other \_\_\_\_\_ Major \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Dates attended: \_\_\_\_\_ Credit Hrs: \_\_\_\_\_

Degree received: BA \_\_\_ BS \_\_\_ Other \_\_\_\_\_ Major \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## EMPLOYMENT HISTORY

Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with an organization? No \_\_\_ Yes \_\_\_. If Yes, when did this occur and what were the circumstances? \_\_\_\_\_

Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason? No \_\_\_ Yes \_\_\_ If yes, When did this occur and what were the circumstances? \_\_\_\_\_

Begin with your most recent job and list your work history for at least ten years, including part time, temporary and seasonal employment. Identify part time jobs with "PT" and temporary jobs with "TEMP". Explain any gaps in employment lasting more than two months.

COMPLETE ALL INFORMATION REQUESTED; AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED. Resumes can be included, but may not be used in place of completing this application.

Can we contact your current employer? \_\_\_\_\_

\*Use mo/yr for Dates of Employment\*

Present or last employer:	Dates of employment from:	To:
Address:	Hours worked weekly:	
Name of Supervisor:	Phone: (    )	
Duties:		
Co-worker (list one)	(H) Phone	(W) Phone
Reason for leaving:		

\*Use mo/yr for Dates of Employment\*

Present or last employer:	Dates of employment from:	To:
Address:	Hours worked weekly:	
Name of Supervisor:	Phone: (    )	
Duties:		
Co-worker (list one)	(H) Phone	(W) Phone
Reason for leaving:		

\*Use mo/yr for Dates of Employment\*

Present or last employer:	Dates of employment from:	To:
Address:	Hours worked weekly:	
Name of Supervisor:	Phone: (    )	
Duties:		
Co-worker (list one)	(H) Phone	(W) Phone
Reason for leaving:		

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Present or last employer:	Dates of employment from:	To:
Address:	Hours worked weekly:	
Name of Supervisor:	Phone: (    )	
Duties:		
Co-worker (list one)	(H) Phone	(W) Phone
Reason for leaving:		

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Present or last employer:	Dates of employment from:	To:
Address:	Hours worked weekly:	
Name of Supervisor:	Phone: (    )	
Duties:		
Co-worker (list one)	(H) Phone	(W) Phone
Reason for leaving:		

\*Use mo/yr for Dates of Employment\*

Present or last employer:	Dates of employment from:	To:
Address:	Hours worked weekly:	
Name of Supervisor:	Phone: (    )	
Duties:		
Co-worker (list one)	(H) Phone	(W) Phone
Reason for leaving:		

### PERSONAL REFERENCES

*Instructions:* List three persons who know you well enough to provide current and past information about you. Do not include relatives or former employers.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

**CRIMINAL AND TRAFFIC OFFENSE INFORMATION**

Complete the following for each criminal conviction. Include all traffic citations, regardless of disposition. Use supplemental pages if necessary.

Offense: \_\_\_\_\_ Misdemeanor: \_\_\_\_\_ Felony: \_\_\_\_\_  
 Agency of occurrence: \_\_\_\_\_ Date: \_\_\_\_\_  
 Disposition (paid fine, guilty, dismissed, not guilty, plead to charges, etc.): \_\_\_\_\_

Offense: \_\_\_\_\_ Misdemeanor: \_\_\_\_\_ Felony: \_\_\_\_\_  
 Agency of occurrence: \_\_\_\_\_ Date: \_\_\_\_\_  
 Disposition (paid fine, guilty, dismissed, not guilty, plead to charges, etc.): \_\_\_\_\_

Offense: \_\_\_\_\_ Misdemeanor: \_\_\_\_\_ Felony: \_\_\_\_\_  
 Agency of occurrence: \_\_\_\_\_ Date: \_\_\_\_\_  
 Disposition (paid fine, guilty, dismissed, not guilty, plead to charges, etc.): \_\_\_\_\_

Offense: \_\_\_\_\_ Misdemeanor: \_\_\_\_\_ Felony: \_\_\_\_\_  
 Agency of occurrence: \_\_\_\_\_ Date: \_\_\_\_\_  
 Disposition (paid fine, guilty, dismissed, not guilty, plead to charges, etc.): \_\_\_\_\_

Have you ever been placed on court probation as an adult?  Yes  No If Yes please give details (include when, where, why).

\_\_\_\_\_

Are you currently on probation at this time?  Yes  No If yes please give details (include where and why)

\_\_\_\_\_

Do you have a valid Colorado Driver's license?  Yes  No Provide the following information for the past ten years.

TYPE of Driver's license	State of Issue	Expiration Date	License Number

Have you been denied issuance of a driver's license or have you ever had a driver's license suspended or revoked?

Yes  No If Yes, what year did this occur and why? \_\_\_\_\_

\_\_\_\_\_

Have you ever been involved as a driver in a motor vehicle accident?  Yes  No If yes, was a summons issued? \_\_\_\_\_

To Whom? \_\_\_\_\_ Violation? \_\_\_\_\_

Location? \_\_\_\_\_ Date: \_\_\_\_\_ Injury: \_\_\_\_\_ Non-injury: \_\_\_\_\_

**RESIDENCE**

Please list all of your residences during the last 10 years. Begin with the most current residence.

Address of residence	City, State, Zip code	Dates		If rented, give name & address of the person responsible for the collection of rent
		From Month/Year	To Month/Year	

\*USE CONTINUATION SHEET AS NEEDED\*

**NARCOTICS**

Have you ever used any illegal drugs, including, but not limited to, marijuana, hashish, cocaine or taken any depressants, amphetamines, tranquilizers, etc., that have not been prescribed for you by a physician?  Yes  No If yes, complete the following for each type of drug(s) used:

Type if illegal drug	How many times	Date of last time used

Have you ever sold or given any illegal drugs, narcotics, marijuana, hashish etc., to anyone?  Yes  No If yes, what drug(s)? \_\_\_\_\_ How many times? \_\_\_\_\_

When was the last time? \_\_\_\_\_

Do you associate with any person who uses illegal drugs, narcotics, or marijuana?  Yes  No If Yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

**FINANCIAL**

*The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations.*

Are you willing to submit to a credit check?  Yes  No

Have you ever been the subject of a civil suit?  Yes  No

If yes, please give details (Include when, where, why): \_\_\_\_\_

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

**MILITARY**

Have you served in a regular component of the Armed Forces?  Yes  No

If yes, what branch of service? \_\_\_\_\_ Dates Served: From: \_\_\_\_\_ To: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ Duties and skills while in the Military: \_\_\_\_\_

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

Were you ever subjected to any demotion or other disciplinary action while in the Military Service?  Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Promotions, awards, medals, schools, etc.: \_\_\_\_\_

Are you a member of the Military Reserves?  Yes  No

National Guard?  Yes  No

**Washington County Sheriff's Office provides equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.**

**MUST BE SIGNED BY APPLICANT**

I certify that I have made no misstatements, misrepresentations, omissions, or falsifications in this application, and that the entries are true, complete and correct to the best of my knowledge. Any misstatements, misrepresentations, omissions, of falsifications on this application may be grounds for immediate termination. All application materials, without exception, become the property of the Washington County Sheriff's Office.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_



STATEMENT OF ACKNOWLEDGEMENT AND CONSENT TO RELEASE INFORMATION

STATE OF COLORADO )  
COUNTY OF WASHINGTON ) ss

I \_\_\_\_\_, Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ being first sworn upon oath as follows:

I am presently an applicant for employment with the Washington County Sheriff's Office, Akron, Colorado.

I fully understand that the Washington County Sheriff's office conducts a background investigation of all applicants (using this application for its beginning point), who are being considered for a position with the Washington County Sheriff's office. This investigation includes, but is not limited to, an investigation of my past employment performance, school records, military, police, driving records and character. Records should include all investigations of my conduct in any regard (to include internal affairs or professional standards investigations.) I hereby waive any and all rights that I may have to examine, review, or inspect any documents or information of whatever kind, form, or nature, obtained in the course of the background investigation.

I hereby authorize any person who is contacted by Washington County Sheriff's Office personnel to release any information to the Washington County Sheriff's Office pertaining to the background investigation including, but not limited to, records or information relating to my past employment performance, health, financial stability, schooling, military, police, driving records and character for use by the Washington County Sheriff's Office in the consideration of my application for employment and for no other purpose.

I also understand that this application and any and all papers and other exhibits submitted by me or any other person, government agency, former employer, private business, or any other individual or group of individuals become, upon submission to the Washington County Sheriff's Office, the property of the County of Washington, State of Colorado, and can not and will not be returned to me under any circumstances whatsoever and will not be disclosed to me except as provided by Colorado Law.

I authorize the Washington County Sheriff's Office to release any documents or information collected during the application process to any person or entity lawfully empowered to obtain such information or documents.

I further agree to release and hold harmless any person releasing such information to the Washington County Sheriff's Office from any and all liability or claims which I may have against that person arising out of the release of such information.

I further agree to release and hold harmless Washington County, it's elected officials, agents and employees from any and all liability or claims which I may have arising out of the disclosure of such information to the Washington County Sheriff's Office for use by the Washington County Sheriff's Office in the consideration of my application for employment and for such other purposes as may be related to any subsequent employment with Washington County Sheriff's Office, and the disclosure or release of any documents or information by the Washington County Sheriff's Office or agents thereof collected during the application process to any person or entity lawfully empowered to obtain such information or documents.

This authorization for the release of information shall be valid for a six (6) month period hereof. Any release of claim or liability set forth herein shall survive the termination of the agreement.

I further certify hereby that all statements made by me in the completion of this application are, to the best of my knowledge and recollection, accurate and true and I understand that any false answer or any fraud whatsoever, constitutes a basis for automatic rejection of this application, of if I am hired and fraud and/or deceit is subsequently discovered, and such fraud and/or deceit will become grounds for my immediate dismissal from the Washington County Sheriff's Office.

Signature \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Witness my hand and official seal. My commission expires \_\_\_\_\_.

NOTARY PUBLIC \_\_\_\_\_.

**ADDITIONAL DOCUMENTS**

*Applicants who pass written tests and continue in the hiring process will be required to provide the following documentation upon request*

**CERTIFIED COPY OF BIRTH CERTIFICATE**

**COPY OF SOCIAL SECURITY CARD**

**COPY OF VALID COLORADO DRIVERS LICENSE**

**COPY OF HIGH SCHOOL DIPLOMA OR GED (IF APPLICABLE)**

**OFFICIAL COLLEGE TRANSCRIPTS (IF APPLICABLE)**

**COPY OF DD-214 (IF APPLICABLE)**

**COPY OF SPECIAL LICENSE/CERTIFICATE (IF APPLICABLE)**

**ADDITIONAL INFORMATION**

How did you find out about this job?

\_\_\_\_\_ Friend

\_\_\_\_\_ Job Line

\_\_\_\_\_ Newspaper (Which one be specific) \_\_\_\_\_

\_\_\_\_\_ Washington County Web Page

\_\_\_\_\_ Other (Be specific about this information) \_\_\_\_\_

**WASHINGTON COUNTY SHERIFF'S OFFICE  
IN AN EQUAL OPPORTUNITY EMPLOYER**

**EEOC – Self-Identification Survey**

In order to comply with Federal Regulations in the area of Equal Employment Opportunity, Washington County requests that Applicants provide the following information. This is Voluntary. The information will be treated confidentially and will not result in adverse treatment of any individual. This information may be provided to State and Federal Regulatory Agencies.

Position Applying For:	Date:
Last Name:	First Name & Middle Initial:
Address:	City/State/Zip:
Gender:	Age:

**Ethnic Background**

- White – Not of Hispanic origin, all persons having origins in any of the original people of Europe, North Africa or the Middle East.
- Black – Not of Hispanic origin, all persons having origins in any of the Black racial groups of Africa.
- Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American, OT other Spanish culture of origin, regardless of race.
- Asian or Pacific Islander – All persons having origins in any of the original peoples of the Far East, Southeast.
- Asia, the Indian Subcontinent – All persons from China, Japan, Korea, the Philippine Islands, and Samoa.
- American Indian or Alaskan Native – All persons having origins in any of the original peoples of North America and who maintain cultural identification through affiliation or community recognition.
- Other – List Sources \_\_\_\_\_

**Veteran Status**

- Vietnam Era Veteran - Defined as a veteran who (a) served on active duty in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or (b) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released there from with other than a dishonorable discharge, or (c) was discharged or released from active duty for a service-connected disability if any part of his or her active duty was performed between August 5, 1964 and May 7, 1975.
- Other Eligible Veteran - Defined as any veteran who served in a "war" declared by Congress, in a campaign or on an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded.

I do not wish to Self-Identify

How did you find out about our opening?  Current Employee  Newspaper Ad  Company Website  
 State Employment Service  Other \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Washington County Sheriff's Office Applicant Self-Screening Questionnaire

**Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This questionnaire is designed to give an applicant a realistic look at what work at the sheriff's office entails and some of the expectations we have of an employee, BEFORE the applicant selection process begins.

Carefully consider each question before submitting your application. All of the below statements are required aspects of working in law enforcement

If you have questions about these requirements, please contact sheriff's office administration before you submit your application. **This form must be submitted with your job application to be considered for employment.**

**YES**      **NO**

		Can you read, write and speak the English language so as to be easily understood?
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		The sheriff's office sometimes requires that you work overtime to meet minimum staffing requirements. Are you willing to work mandatory overtime assignments, as needed?
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		The sheriff's office operates 24 hours per day, 7 days per week, 365 days per year. You must be willing to work any shift within this period. This includes graveyard, weekends, and holidays. Are you willing to work the required schedule?
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		Law enforcement often requires that staff be "on-call" and be available to respond to work at any time. Are you willing to be on-call during your off-duty time and available to respond to work within a short period of time?
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		The sheriff's office sometimes has extra overtime available on your regular days off that you may work on a voluntary basis. Are you willing to work extra overtime to assist with scheduling?
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		In the event of a local critical event, or larger scale situations such as a disaster or terrorist attack, you may need to work extra hours on an emergency basis. Are you willing to work lengthy periods in the event of an emergency?
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		Both the Detention Training Programs (Jail) and Field Training Programs (Patrol) are rigorous and may last several months. During this training program, your shift may be changed to accommodate training. Are you willing to have your shift moved to accommodate training?
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		Sheriff's office command staff has the right to change your shift at any time to meet staffing needs. This means that your assigned shift might change at any time. Are you willing to change shifts if needed to meet staffing needs?
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YES NO

Law enforcement staff are often exposed to many unpleasant experiences, including but not limited to; profanity, vulgarity, nudity, lewd acts, threats of harm to yourself and family, communicable diseases and acts of physical violence against yourself and others. Are you willing to work an environment where you would be exposed to these situations?

Law enforcement officers often work in hazardous environments, including but not limited to; low light and darkness, extreme weather and temperature changes, long-term exposure to the elements, exposure to hazardous materials and body fluids, such as blood, vomit, urine and feces. Are you willing to work in an environment where you are exposed you to such risks?

Law enforcement officers often face disturbing situations involving traumatic injuries, violence and death to include; accidents, suicide, child abuse and neglect, rape and sexual assault, dismemberment, human and animal suffering, murder and other forms of death. Are you willing to work in an environment where you face those situations?

I am able to record information quickly and accurately.

I am able to think clearly in emergency situations.

I am able to deal with difficult people in a courteous and professional manner.

I am able to handle stressful situations in a calm and rational manner.

I am able to remember important details.

I am able to concentrate and work in an often noisy and chaotic environment.

I am able to be empathetic to people in crisis.

I am honest and can handle tough situations with integrity.

I am able to admit my mistakes and correct them, if able.

I am willing and able to accept constructive criticism on a regular basis from my peers and supervisors without taking it personally.

I understand that in emergencies and other active situations that I may not be able to leave my duty assignment for long periods of time.

I am able to learn large amounts of information in a short period of time. I understand that if I am unable to perform all aspects of the job within my probationary period, that I may be released from employment.

		I understand that I must be able to obtain all certifications as required by state law or agency policy during my training period, or I may be released from employment.
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YES NO

		Salary increases are based on budgets approved by the Board of County Commissioners as well as performance evaluations. There may be years where there are NO or nominal salary increases depending on the annual budget. I understand salary increases are not always expected or implied.
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		County salary policies for sworn Deputy Sheriffs are dictated by federal rules and regulations. Therefore, overtime pay is not to be expected until the employee has worked at least 171 hours within a specified pay period. I understand that not all hours worked above a regular work week or pay period are compensable for overtime pay.
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		Sheriff's office staff fall under county pay and benefits. Currently the county offers certain benefits to the employee. Insurance benefits for your family is at an added cost. I understand that if employee benefit packages are of concern to me, that I alone have responsibility to determine what those benefits are before proceeding with the application process.
--	--	---

		The justifiable taking of human life is always a reality that a law enforcement officer must face. I have no ethical or moral obstacle that would prevent me from the justifiable taking of another's life.
--	--	---

		Per county policy, you accrue approximately 8 hours per month of vacation leave. However, you are not allowed to take vacation time until after the first 3 months of employment. I understand that I may not take vacation time during my first 3 months of employment.
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		Per county policy, you accrue approximately 8 hours per month of sick leave. However, any abuses of sick leave (patterns of taking sick leave during a weekend, on the first or last days of your work week, etc) will be grounds for termination of employment. I understand abuse of sick leave are grounds for termination.
--	--	--

		Law enforcement is a demanding and stressful occupation. Officers are at increased risk of divorce, alcohol and drug abuse, domestic violence and suicide. I understand that a law enforcement career can have a profound impact on myself, as well as personal and family relationships.
--	--	---

		Law enforcement is a dangerous job. There are risks of injury or death from accident, fall, drowning, exposure to toxic substances, as well as physical assault and intentional murder. I acknowledge and accept the risks that come with the job. personal and family relationships.
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		Law enforcement is a dangerous job. There are risks of injury or death from accident, fall, drowning, exposure to toxic substances, as well as physical assault and intentional murder. I acknowledge and accept the risks that come with the job.
--	--	--

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YES      NO

		And finally, law enforcement is a calling that not everyone is meant for. I acknowledge that I understand the unique challenges of this profession, that I am of sound mind and body, and if selected for a position with the Washington County Sheriff's Office, that I will act with the utmost integrity, character and honor for the people that I serve.
--	--	---

If you answered "No" to any of these questions, a law enforcement career may not be an appropriate career for you. If you answered no, please re-consider applying until you are ready to commit to a challenging, but rewarding, career

If you have answered yes to all of these questions, then please complete the application and return it with this form as well as other required documentation.

My signature below indicates I have answered all of the above questions truthfully and I am able to participate in further applicant screening and selection processes.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

