



# WALLA WALLA COUNTY SHERIFF'S OFFICE

## APPLICATION FOR EMPLOYMENT

POSITION DESIRED: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

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

### PERSONAL INFORMATION

NAME \_\_\_\_\_ ALIAS/FORMER NAMES(S) \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

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

CURRENT ADDRESS \_\_\_\_\_  
NUMBER/STREET CITY STATE ZIP

DATES OF OCCUPANCY \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ HOME PHONE NUMBER \_\_\_\_\_

### PRIOR ADDRESSES

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

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

### DRIVER'S LICENSE INFORMATION

CURRENT DRIVER'S LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_ EXPIRATION \_\_\_\_\_

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

IF SO, GIVE STATE, DATES, AND REASON \_\_\_\_\_

LIST ANY OTHER LICENSES OR CERTIFICATIONS HELD: \_\_\_\_\_

## EDUCATION

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

Name	Location	Dates Attended	Years
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HIGHER EDUCATION: LIST ALL COLLEGES OR UNIVERSITIES ATTENDED:

Name	Location	Dates Attended	Courses/Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## MILITARY EXPERIENCE

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

IF YES, PROVIDE FOLLOWING INFORMATION:

Branch of Service	Dates of Service	Military Installation	Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST DUTIES IN THE SERVICE, INCLUDING SPECIAL TRAINING: \_\_\_\_\_

\_\_\_\_\_

## SKILLS

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

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

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

ARE YOU PROFICIENT IN CONVERSATIONAL SPANISH? \_\_\_\_\_ READING/WRITING? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## WORK HISTORY

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

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

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

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

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

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

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

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

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

**NOTE: DUPLICATE THIS PAGE AS NECESSARY**

## CRIMINAL / TRAFFIC RECORD

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

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

## REFERENCES

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

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

## ABILITY TO PERFORM

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

Yes      No

## AGREEMENT AND CERTIFICATION

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

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application

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