**DREW W. HYER**

**CALVIN DANSEREAU**

*UNDERSHERIFF*

**CYNTHIA HOLBERT**

*911 COORDINATOR/*

*COMMUNICATIONS DIRECTOR*

**GARFIELD COUNTY SHERIFF**

P.O. BOX 338

POMEROY, WA 99347-0338

(509) 843-3494 \* FAX (509) 843-1347

Position Desired:

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| PLEASE TYPE OR PRINT – ANSWER ALL QUESTIONS – USE INK ONLY  This form is required for employment and must be filled out completely. |

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| Name: | | Social Security #: |
| Address: | | Availability: |
| City, State, and Zip: | | Immediate  Other (specify)\_\_\_\_\_\_\_ |
| Telephone-Home: | Telephone-Work: | Telephone-Message: |
| Are you legally authorized to work in the USA? Note: Proof of authorization will be required on hiring. Yes No | | |

\*\* YOU MUST NOTIFY THE GARFIELD COUNTY SHERIFF’S OFFICE IF YOU CHANGE YOUR ADDRESS \*\*

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| Type of work you will accept (check appropriate boxes) | Full Time  Part-Time |
| Temporary  Seasonal | Shift Work  Weekend Work |

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| **PROFESSIONAL REFERENCES** – List three persons who can speak knowledgeably of your ability to do the job | | | | |
| Name | Address | Telephone | Occupation | Years Known |
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| **GENERAL INFORMATION** | |
| Have you ever been discharged (fired) or resigned (quit) in lieu of discharge except for layoff because of lack of work? Yes No | |
| Are you a current Garfield County employee? Yes No | Are you a former Garfield County employee? Yes No |
| If yes, what was your termination date: | |

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| Have you been convicted of a crime by a court of law within the last 10 years? Yes  No  A conviction will not necessarily bar you from employment |
| If yes, please explain: |

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| Do you possess a valid driver’s license? Yes  No | | If yes, enter it here: |
| State of issue: | Commercial Driver’s License Number: | |

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| **EDUCATION AND TRAINING** | | | |
|  | Name of School | Diplomas, degrees, certificates, etc. | Dates Attended |
| High School |  |  |  |
| Colleges & Universities |  |  |  |
| Technical or Trade Schools |  |  |  |
| Specialized Training/Certifications |  |  |  |
| Have you completed an apprenticeship? Yes  No | | Which craft (s)? | |

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| **OTHER SKILLS AND QUALIFICATIONS** | |
| What office machines do you operate? | |
| Computer software and/or mainframe? | Typing Speed: |
| List any special technical or machine operation skills that you have gained: | |
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| May we inquire about your current employer? Yes  No | |

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| **EMPLOYMENT EXPERIENCE** |
| Beginning with your present or most recent employment, list your work history, including U.S. Military service, in reverse for the last five positions you held. If more space is needed, please attach an additional sheet(s).  Be sure to complete all sections of this application completely and accurately to the best of your ability, even if you are submitting a resume in addition to this application. Give us a clear description of your job duties, the time spent doing that work, the equipment you used, and anything else which will help us understand the nature of your work. We will evaluate the information you provide to decide which applicants will be invited to the examination for this position. Your application will be used as part of the examination process and, therefore, should represent your best effort. |

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| Name & address of employer: | |
| Company Phone: | Hours worked per week: |
| Immediate Supervisor: | Dates (month & year): From To |
| Position: | Reason for leaving: |
| Ending Salary: | Description of work: |
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| --- | --- |
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| *Garfield County Sheriff*  It is the policy of the County of Garfield to ensure equal opportunity in employment and promotion. This policy will be administered without regard to race, religion, color, national origin, marital status, sex, age (except in cases where it’s a bona fide occupational qualification), or the presence of disabilities.  The information requested below will be used for statistical purposes only, as required by the Equal Employment Opportunity Commission (EEOC). This is VOLUNTARY information and will not be filed with your job application.  If you have any questions, please contact the Garfield County Sheriff’s Office. |

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| Name: | | Position Applied For: | |
| Date: | Birthdate: | | Sex: Male  Female |
| Which ethnic group do you most identify with(check one): | | | |
| CAUCASIAN – Includes origins in Europe, North Africa, Middle East; not Hispanic or East Indian. | | | |
| BLACK – Includes origins in any black racial group. | | | |
| AMERICAN INDIAN/ALASKAN NATIVE – Origins in any of the original peoples of North America who maintains identifiable tribal affiliations through membership and participation or community identification. | | | |
| ASIAN – Includes origins in Far East, Southeast Asia, Pacific Islands, or Indian Subcontinent (China, Japan, Korea, Philippines, Samoa, Vietnam, India, Pakistan). | | | |
| HISPANIC – Includes origins of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture. | | | |

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| Are you a veteran?  Yes No | Discharge Date: | Are you a disabled Veteran? Yes |
| Are you a Vietnam Era Veteran? Yes |

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| Do you consider yourself to be disabled? (Physically, mentally, or sensory) Yes  If yes, please specify: |
| Do you require special accommodation to participate in the application or examination process? Yes  If yes, please specify: |

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| I learned of this job opening through:  (check all that apply) | | Job Posting (Where) | |
| Friend or Relative | Newspaper | Job Line | Current Employee |
| Other (Specify) | | | |

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| **AGREEMENT, CERTIFICATION, AND AUTHORIZATION**  **(Please read carefully)** | |
| I certify that all statements made in this application are true, complete, and correct to the best of my knowledge, and that any misrepresentation or omission shall be considered sufficient cause for employment disqualification or discharge.  I authorize my current or former employer(s) to provide Garfield County Sheriff’s Office representatives any information regarding my current or former employment. I understand that such information may or may not help my application for employment with the Sheriff’s Office. I hereby release any current or former employer and its agents or employees from any and all liability resulting from the release of such information. My authorization to current or former employers to release information and my waiver of liability, which are written above, are knowing, intelligent, and voluntary acts.  I understand as a condition of employment, I may have to pass a pre-employment physical examination which includes drug screening and alcohol testing, and that background checks and fingerprints may be required in order to obtain my criminal records.  You have been given the essential job functions of the position for which you have applied. Are you able to perform each of these essential job functions with or without accommodations? Yes No  If you can perform the essential job functions with an accommodation, please describe how you would performs these functions with the required accommodation:  I understand that as a condition of employment and within 3 days of being employed, I must provide documentation to prove employment eligibility and personal identification as required by the Immigration Reform and Control Act of 1986. | |
| Signature of applicant: | Date of application: |
| Notice: All applications must be complete, signed, and dated in order to be accepted for consideration | |