Lincoln County
Civil Service Commission
PO Box 28 Davenport WA 99122
Hours: Wednesday 8:00 a.m. - 3:00 p.m.
509-725-3031

Testing for the purpose of establishing an eligibility list of future candidates for employment. To take the examination for DEPUTY SHERIFF (LATERAL) you must meet the requirements listed below:

- Age 21, a citizen of the United States, who can read and write the English language.
- Possess a valid Washington State Driver's License at time of appointment.
- High School Diploma or GED Certificate.
- No record of any felony convictions.
- Height and weight proportional and sufficient for physical restraint of suspects.
- Vision no worse that 20/100 w/o correction, correctable to 20/20-20/30. Good night vision. Normal hearing in voice tones at 500 to 2000 Hz.
- Able to pass written, physical ability and oral interview.
- Pass background review, polygraph, psychological examination and drug test.
- Willing to relocate anywhere within Lincoln County when hired, if position requires relocating.
- No less than 12 months full-time experience as a sworn, paid police office within the last three years.
- This is a union position and as a condition of your employment, you may be required to join the union.

2013 Wage = $3944. - $4956. per month, plus shift differential

Written and ability testing will be held February 15, 2013
Location: Lincoln County Courthouse, lower level, entrance is on 5th street.
Time 9:00 AM

The written test is the first part of the test and when passed, the physical ability test will follow.
Enclosed are physical requirements for passing the ability test. The ability test form must be signed by your physician prior to your taking the ability test.
Bring Physician signed slip on the day of the test.

Return your completed application with the waiver notarized.
Postmarked by: February 9, 2013 to:
Lincoln County Civil Service
PO Box 28
Davenport WA 99122

You will not receive a conformation notice.
Anne Filion Secretary/Examiner

The enclosed papers are the requirements for passing the agility test. Your physician must sign the form prior to your taking the test.
Please bring this signed form with you on the day of the test.

SCORING THE FITNESS ABILITY TEST
Lateral Road Deputy

The test consists of 150 meter run, sit-ups and push-ups. The scoring for these tasks is based upon a score for point accumulation in each test activity.

I have reviewed the 3 elements of the Washington State Criminal Justice Training Commission Fitness Ability test on the attached form and tested the vision and hearing and find the candidate identified below can perform the elements of the test safely.

Vision:
Vision no worse that 20/100 w/o correction, correctable to 20/20 - 20/30.
Yes_____ No _____

Hearing:
Normal hearing in voice tones at 500 to 2000 Hz. Yes_____ No _____

Date_____

Candidate's Name_____

Physician's Name _____

Physician's Address_____

_____

Physician's Signature_____

Requirements for Lateral Road Deputy:

150 meter Sprint Pass_____ Fail_____

16 Push ups Pass _____ Fail _____

18 Sit ups Pass _____ Fail _____
45 seconds

LINCOLN COUNTY
CIVIL SERVICE COMMISSION
P O BOX 28
DAVENPORT WA 99122

APPLICATION FOR EXAMINATION
SHERIFF'S OFFICE

POSITION TITLE APPLIED FOR:_____

QUESTIONS on this form must be answered in ink and in the handwriting (written or printed) of the applicant. If a question does not apply to you, write "N/A" (not applicable). A false or dishonest answer to any question may be grounds for rating you ineligible for county employment, or for dismissal after appointment. All statements made are subject to investigation, including a police record check, fingerprints, and former employment.

NAME_____SOCIAL SECURITY NO._____

PHYSICAL ADDRESS_____
Street City State Zip

MAILING ADDRESS_____
Street City State Zip

HOME PHONE_____MESSAGE PHONE_____

E-MAIL ADDRESS_____CELL PHONE_____

BIRTH DATE_____ AGE_____

Are you a citizen of the U.S.A.?_____ DRIVER'S LICENSE #_____

VETERANS PREFERENCE will be granted in accordance with Washington State Law.
Do you claim Veterans Preference? Yes No If yes, you must attach a copy of your DD-214.
Branch of Service_____Enlistment Date_____
Date of Discharge_____
Have you received an appointment to public office where you used your Vet. Pref.?_____

Circle the highest grade completed in school:
Grammar: 1 2 3 4 5 6 7 8 9 10 11 12 GED **College**: 1 2 3 4 **Graduate**: 1 2 3 4

PLEASE LIST ALL SCHOOLS ATTENDED AFTER HIGH SCHOOL

NAME OF SCHOOL	LOCATION	DIPLOMA/DEGREE

REFERENCES: Character references (list three persons who are NOT RELATED TO YOU who have definite knowledge of your character and fitness for the position for which you are applying.

NAME	ADDRESS	PHONE NUMBER

Have you ever been arrested or convicted, taken into custody, charged or tried by any law enforcement authority?

_____

_____

EMPLOYMENT: List all employment beginning with **present position and working back 5 years.** If you need additional space, please continue on a separate sheet of paper.
May inquiry be made of your present employer? Yes___No___

Employer	Job Title	FROM (Month, Year)
Address		TO (Month, Year)
Phone	E-mail	Monthly Salary
Specific Duties		Immediate Supervisor
Reason for Leaving		

Employer	Job Title	FROM (Month, Year)
Address		TO (Month, Year)
Phone	E-mail	Monthly Salary
Specific Duties		Immediate Supervisor
Reason for Leaving		

Employer	Job Title	FROM (Month, Year)
Address		TO (Month, Year)
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Employer	Job Title	FROM (Month, Year)
Address		TO (Month, Year)
Phone	E-mail	Monthly Salary
Specific Duties		Immediate Supervisor
Reason for Leaving		

I understand that it is my responsibility to keep the Lincoln County Sheriff's Office informed of any change of address and/or telephone number, and that failure to do so may result in my name being removed from the eligible list.

I have read and understand all questions and statements contained in this application; further, all statements I have made herein are in my own handwriting and are true and correct to the best of my knowledge and belief.

I consent and authorize Lincoln County and its personnel to request any information concerning my previous employment, education, military service, or other pertinent material. I hereby release all parties connected with any requested information from all claims, liabilities, and damages for whatever reason arising out of furnishing such job related information.

SIGNATURE OF APPLICANT_____ DATE_____

Failure to disclose or provide full information may result in your rejection for employment.

Please read and sign

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history, financial and credit record through any investigative, credit agency or bureau of your choice.

In making this application for employment, I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living.

_____ _____

Date Signature of Applicant

Please submit any additional documentation you wish to include with this application.

LINCOLN COUNTY SHERIFF'S OFFICE

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I authorize you to furnish the Lincoln County Sheriff's Department with any and all information you have concerning me, my work record, my reputation, my medical record, my military service records, and my financial status. Information of a confidential or privileged nature may be included. Your reply will be used to assist the Sheriff's Department in determining my qualifications and fitness for the position I am seeking with the Department.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Lincoln County Sheriff's Office. I understand that all materials pertaining to this background investigation become the property of the Lincoln County Sheriff's Office and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me, and I hereby waive any right to discovery of said information should legal proceedings be undertaken as a result of not being hired by said department.

I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested.

_____
Applicant's Signature

_____
Date

State of _____

County of _____

Subscribed and sworn to before me this ____ day of _____, 20___. .

_____
NOTARY PUBLIC in and for the State of Washington,
residing in _____
My commission expires_____

NOTE: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this form in your files.

MUST BE NOTARIZED