Lewis County

Sheriff's Office

Civil Service Commission
Employment Application

The mission for every member of the Lewis County Sheriff's Office is to seek and find ways to affirmatively promote, preserve and deliver a feeling of security, safety and quality services to members of the community.

1. TITLE OF POSITION YOU ARE APPLYING FOR_____

2. FULL NAME_____

Any other names _____

_____

3. LEGAL ADDRESS:

STREET _____

CITY _____

STATE_____ ZIP _____ HOME PHONE( )_____

MAILING ADDRESS:

STREET _____

CITY _____

STATE_____ ZIP _____ BUSINESS PHONE ( )_____

BEGINNING WITH THE MOST RECENT, LIST RESIDENCE ADDRESSES AND DATES FOR THE PAST TEN YEARS:

_____
Address (Street & Number) City State Zip-code Date from - to

_____
Address (Street & Number) City State Zip-code Date from - to

_____
Address (Street & Number) City State Zip-code Date from - to

_____
Address (Street & Number) City State Zip-code Date from - to

4. DATE OF BIRTH _____ SOC. SEC. NO. _____
month/day/year

5. MILITARY STATUS

Have you ever served in the Army, Navy, Marine Corps, Air Force, Coast Guard, R.O.T.C., or any Military Reserve unit?
YES____ NO____ If YES, explain:

_____

Entry Date Rank/Branch/Organization Discharge Type Date

Are you claiming Veterans Preference?

YES____ NO ____ N/A ____

6. PERSONS LIVED WITH: List ALL person with whom you have lived during the past five years. DO NOT include family members

Name	Street Address	City, State Zip Code	Telephone (area code)	Relationship

7. FAMILY REFERENCES:

List all immediate relatives, parents, siblings, in-laws and ex-spouses.

Name	Relationship	Age	Street Address	City, State Zip Code	Telephone (area code)

8. EDUCATION - TRAINING - SKILLS

A. HIGH SCHOOL _____
Name Location Year Graduated

OR
GED_____
School Name Location Year Awarded

B. COLLEGE OR POST HIGH SCHOOL EDUCATION (list formal education you have completed at the college or university level. Please attach a copy of your graduation diploma(s) and a copy of your official transcript(s). The official transcript(s) should be sent to the Lewis County Civil Service Commission, P. O. Box 29, Chehalis, WA 98532.

College/University attended and location_____

Dates Attended_____

Number of quarter or semester credits earned_____

Degree earned and year_____

Major course of study_____

College/University attended and location_____

Dates Attended_____

Number of quarter or semester credits earned_____

Degree earned and year_____

Major course of study_____

College/University attended and location_____

Dates Attended_____

Number of quarter or semester credits earned_____

Degree earned and year_____

Major course of study_____

If you have skills or experience gained through hobbies or volunteer work which you believe are relevant to the position for which you are applying, describe here:

_____

_____

_____

What level of computer expertise do you possess?_____

_____

Languages spoken fluently other than English_____

9. LIST ALL PERIODS OF EMPLOYMENT AND UNEMPLOYMENT IN THE PAST TEN (10) YEARS, BEGINNING WITH THE PRESENT OR MOST RECENT EMPLOYER AND GOING BACKWARDS. LIST EVERYTHING IN PROPER SEQUENCE, *OMIT NONE*

a.

Employed by _____

Address _____

Telephone Number _____

Your Title _____ Dates Employed _____ to _____

Immediate Supervisor _____ Salary _____

Reason for Leaving _____

Specific Duties _____

_____

b.

Employed by _____

Address _____

Telephone Number _____

Your Title _____ Dates Employed _____ to _____

Immediate Supervisor _____ Salary _____

Reason for Leaving _____

Specific Duties _____

_____

c.

Employed by _____

Address _____

Telephone Number _____

Your Title _____ Dates Employed _____ to _____

Immediate Supervisor _____ Salary _____

Reason for Leaving _____

Specific Duties _____

_____

d.

Employed by _____

Address _____

Telephone Number _____

Your Title _____ Dates Employed _____ to _____

Immediate Supervisor _____ Salary _____

Reason for Leaving _____

Specific Duties _____

_____

e.

Employed by _____

Address _____

Telephone Number _____

Your Title _____ Dates Employed _____ to _____

Immediate Supervisor _____ Salary _____

Reason for Leaving _____

Specific Duties _____

_____

f.

Employed by _____

Address _____

Telephone Number _____ _____

Your Title _____ Dates Employed _____ to _____

Immediate Supervisor _____ Salary _____

Reason for Leaving _____

Specific Duties _____

_____

10. List three (3) references (not relatives, or, former employers) who are responsible adults, and who have known you well during the past five (5) years: INCLUDE PHONE NUMBER WITH AREA CODES

Use an additional sheet if necessary

Name Street City State Zip Home/Phone

How long known? Occupation & Business Address Work Phone

Name Street City State Zip Home/Phone

How long known? Occupation & Business Address Work Phone

Name Street City State Zip Home/Phone

How long known? Occupation & Business Address Work Phone

a. List the names of any acquaintances employed by this department:

_____

b. Have you ever applied to, or been employed by the Lewis County Sheriff's Office in any capacity as a paid employee or a volunteer?

YES____ NO____ If YES, Date and Position:_____

c. Have you ever applied for any position with another law enforcement agency within the past three years?

YES____ NO____ If YES, explain (use back of page if necessary):

Date Agency Name and State Status of Application

Date Agency Name and State Status of Application

Date Agency Name and State Status of Application

d. Have you ever had any involvement or association with another law enforcement agency, either as a volunteer or paid employee?

YES____ NO____ If YES, when/where:_____

_____

_____

11. WORK SCHEDULES

	YES	NO
Can you meet work schedules that require rotating shifts with various hours?	_____	_____
Can you meet work schedules which include work on Saturday, Sunday and/or Holidays?	_____	_____
Would you be available to work in addition to your regularly scheduled hours for overtime or compensatory time?	_____	_____

12. ARREST HISTORY

Have you ever been given a Citation, Arrested, Convicted, Charged or Questioned for any offense, violation of any statute or ordinance, law or regulation by any civil or military authority? (Include any convictions or adjudication as a juvenile.)

YES_____NO_____If YES, describe them below:

Date	Location	Arresting Agency	Original Charge	Reduced to	Disposition/Court Action

List below any Traffic and/or Parking citations since you began driving, in this country or an other country.

Date	Location	Issuing Agency	Charge	Charge Reduced	Disposition	Accident Related Y/N

1. Have you ever operated a motor vehicle while under the influence of alcohol? YES_____ NO_____

2. Have you ever been licensed to drive in another state?
YES_____NO_____

_____
State License Number and Type

3. Have you ever had your license revoked, suspended, or restricted?
YES_____ NO_____ If YES, list below:

_____
State License Number and Type Date and Reason Susp/Revoked

4. Have you ever attended a driver improvement school as a result of a traffic citation, or to dismiss the filing of a traffic citation?
YES_____ NO_____ If YES, list below:

_____
State Location/Jurisdiction What was the citation for?

A. Yes ( ) No ( ) Have you ever had your wages attached?
B. Yes ( ) No ( ) Have you ever been a party to a small claims or other court action?
C. Yes ( ) No ( ) Have you ever been involved with any civil court action?
D. Yes ( ) No ( ) Have you ever had judgment rendered against you?
E. Yes ( ) No ( ) Have you ever been refused credit?
F. Yes ( ) No ( ) Have you ever had any property repossessed?
G. Yes ( ) No ( ) Have you ever been fired, discharged or asked to resign from any position?
H. Yes ( ) No ( ) Have the police ever been called to your home?
I. Yes ( ) No ( ) Have you ever committed any criminal violation that has gone undetected?
J. Yes ( ) No ( ) Have you or your spouse ever been sued or summoned into court?
K. Yes ( ) No ( ) Have any relatives of you or your spouse ever been convicted of any crime or imprisoned?
L. Yes ( ) No ( ) Do you now or have you ever had any gambling debts?
M. Yes ( ) No ( ) Have you ever used an employer's money to gamble with?
N. Yes ( ) No ( ) Have you ever had an F.B.I. fingerprint check done for any reason?
O. Yes ( ) No ( ) In any employment setting, including military service, have you received any verbal or written reprimands or suspensions for violations of company policy?
P. Yes ( ) No ( ) Would you have difficulty in working or dealing with members of the opposite sex, different origin, race, religion, or nationality?
Q. Yes ( ) No ( ) In any job that you've held, have you been involved in any physical or major verbal confrontations?
R. Yes ( ) No ( ) Would you be able to follow direct orders, even though you may not agree with them?
S. Yes ( ) No ( ) In any previous employment setting, were you ever exposed to any high stress or an extreme emergency condition?
T. Yes ( ) No ( ) Have you ever left a place of employment without giving two weeks notice?
U. Yes ( ) No ( ) Have you ever operated a motor vehicle while under the influence of alcohol or drugs, to the point that you knew you should not have been driving?
V. Yes ( ) No ( ) Have you ever been extensively delinquent on any of your financial obligations?
W. Yes ( ) No ( ) Have you ever filed for bankruptcy?
X. Yes ( ) No ( ) Have you ever had any of your financial obligations turned over to a collection agency?
Y. Yes ( ) No ( ) Are you now current on your financial obligations?
Z. Yes ( ) No ( ) Have you ever been placed on court supervision or probation?
AA. Yes ( ) No ( ) Have you ever had any court proceeding expunged?
AB. Yes ( ) No ( ) Have you been unemployed during the last 10 years? If yes, explain below how you supported yourself?
AC. Yes ( ) No ( ) Do you pay child support or spousal maintenance?
AD. Yes ( ) No ( ) Are your support payments current?

PLEASE USE THIS AREA TO EXPLAIN YOUR YES ANSWERS TO QUESTIONS A-AD

List the date of each occurence

Question - Date -- Explanation

_____ -_____--_____

_____ -_____--_____

_____ -_____--_____

_____ -_____--_____

_____ -_____--_____

_____ -_____--_____

_____ -_____--_____

_____ -_____--_____

_____ -_____--_____

_____ -_____--_____

_____ -_____--_____

_____ -_____--_____

_____ -_____--_____

_____ -_____--_____

_____ -_____--_____

_____ -_____--_____

DEPUTY or RESERVE APPLICANTS ONLY

Should the necessity arise, in the course of your duties as a Deputy Sheriff, to take the life of another human being, would you have any reluctance to do so?

YES_____NO_____ If YES, explain:_____

CERTIFICATION

I hereby certify that the entries on this statement are true, complete, and correct to the best of my knowledge and belief. These entries are made in good faith. I understand that knowing and willfully making any false statement on this form constitutes a violation of the law, and may be cause to initiate an action to suspend or revoke certified peace officer status or removal of my name from civil service consideration.

_____

Signature Date

Do you have any knowledge or information, in addition to that specifically required in this questionnaire, which is or may be relevant, directly or indirectly to an investigation of your eligibility or fitness for the position you are seeking? This includes, but is not limited to: character traits, temperance, habits, employment, education, subversive activities, family, associations, undetected criminal offenses, traffic violations, or residence? If "YES" provide full information below.

YES_____NO_____

_____

_____

_____

_____

_____

_____

_____

_____

LEWIS COUNTY SHERIFF'S OFFICE
CIVIL SERVICE COMMISSION
EMPLOYMENT APPLICATION REQUIREMENTS

REQUIREMENTS:

21 Years of Age
No Felony Convictions
Valid Washington State Driver's License
United States Citizen
High School Diploma or G.E.D. Certificate
Good Physical Health and Condition
Other Agency Requirements

APPLICATION PROCESS:

1. Applications are available from the Lewis County Sheriff's Office, Monday through Friday, 8:00 a.m. to 5:00 p.m.
2. $10.00 application/testing fee (cash, money order, or check payable to Lewis County Civil Service Commission) must be paid prior to receiving application packet.
3. The following **MUST** be included with application packet:
   a. "Waiver and Authorization to Release Information" signed and notarized
   b. "Criteria Standards for Disqualification" signed and notarized
   c. Copy of Birth Certificate
   d. Copy of Washington State Driver's License
   e. Copy of Social Security Card
   f. Copy of High School Diploma or G.E.D. Certificate
   g. Deputy/Corrections Applicants: "Physical Ability Test Waiver of Rights" signed
   h. Deputy/Corrections Applicants: Testing Sign-Up Slip
   i. Lateral Applicants: Copy of Washington State Basic Academy Certificate (or any state's equivalent academy certificate)
   j. Lateral Applicants: Completed Supplemental Application
   k. Veteran's credit can be used within eight years of the date of release from active service. You must submit a copy of your DD214 with the application.
   l. If you have served as an L.C.S.O. Reserve Deputy, indicate the dates served on the application form. You must be a current Reserve Deputy in order to receive bonus points.
4. Sign and date back of application packet.

Please See Reverse Side

EMPLOYMENT APPLICATION/BACKGROUND QUESTIONNAIRE:

1. Follow directions and read each question carefully
2. Use ink to complete application
3. Complete legibly in your own handwriting or printing
4. Answer all questions completely and accurately
    a. Include complete addresses (street address, city, state, zip code) and telephone numbers (area code and number)
5. If a question does not apply, write N/A in the space provided
6. If you need more space, use an additional form

    NOTE: Failure to follow instructions/incomplete information may delay the background process or eliminate you from further processing. Incomplete employment packets will be rejected.

TESTING:

1. Deputy/Corrections Applicants: Physical Ability (must be passed prior to taking video test) and Video Testing. *(See enclosure for additional testing information) An eligibility list will be established from those applicants receiving a passing score on the test. Lateral applicants do not take physical ability or video test.
2. Support Technician Applicants: Keyboarding, written (proofreading, grammar, punctuation, spelling), filing, receipt writing, typed communications (MS Word). *(See enclosure for additional testing information)
3. Structured in-house oral interview
4. Polygraph examination
5. Psychological evaluation
6. Criminal history and background investigation
7. Reference check

Deputy/Corrections Applicants: All candidates selected will be sent to the appropriate law enforcement academy and will be expected to successfully complete all phases of the academy.

Mailing Address:

Lewis County Sheriff's Office
345 West Main Street; MS: SHE01
Chehalis, WA 98532
Phone Number (360)748-9286

OFFICE OF THE LEWIS COUNTY

SHERIFF

345 W. Main St., First Floor
Chehalis, WA 98532-1900
(360) 748-9286
FAX 740-1476 • TDD 740-1480

STEVE MANSFIELD
SHERIFF

Gordon Spanski
Undersheriff

Joseph A. Doench
Chief Criminal Deputy

Chandra Wrzesinski
Jail Administrator

Gene O. Seiber
Chief Civil Deputy

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

This document affects your legal rights.
Read carefully before signing.

To whom it may concern:

I, the undersigned, authorize you to furnish to Lewis County or its agencies any and all information that you have concerning me, my work record, my reputation, my medical records, my psychological testing and analysis plus recommendation, my military service records, my educational background and records, my financial status, and such other information and records as you may have in your possession relating to me. Information of a confidential or privileged nature may be included in the materials you provide to Lewis County or its agencies. Your reply will be used to assist Lewis County or its agencies in determining my qualifications and fitness for a position I am seeking with Lewis County and/or one of its departments or agencies.

I understand my right to request access to any public records relating to me pursuant to Title 5 of the United States Code, Section 552 et seq., the Privacy Act of 1974, the Freedom of Information Act, and Revised Code of Washington (RCW) 42.17 et seq., and specifically waive those rights understanding that the information furnished will be used by Lewis County and/or its agencies or departments in conjunction with employment procedures. I will make no attempt to gain access to the information provided by you to Lewis County and/or its agencies or departments in conjunction with this employment process and hereby expressly waive any rights I may have to request the disclosure or information provided by you to Lewis County and/or its agencies or departments in conjunction with employment procedures.

Lewis County Sheriff's Office Mission Statement
To make a positive difference for members of our community by seeking and finding ways to affirmatively promote, preserve and deliver a feeling of security, safety and quality service.

Further, I do hereby release you, your organization, your agents, and others from any liability or damage which may result from furnishing information to Lewis County pursuant to this waiver and authorization to release information.

I do hereby release the Lewis County Sheriff's Office, its agents, and others and authorize them to provide my present employer with any information developed during the background investigation.

_____ _____

Applicant's Name (Printed) Date

_____

Applicant's Signature

SUBSCRIBED AND SWORN to before me this _____ day of _____, _____.

_____

Notary Public in and for the State
of _____, residing at
_____.

My commission expires:_____

_____
Date

Position _____
( ) Sworn ( ) Corrections ( ) Reserve ( ) Civilian

TO THE APPLICANT:

This questionnaire will be used for reference by those who will be considering you for employment, or for a commission with the Lewis County Sheriff's Office.

An extensive background investigation will be conducted into your personal history.

Applicants will be required to take a polygraph examination to confirm the information in this questionnaire and to determine other items of background information.

I understand that I will not receive nor am I entitled to a copy of the report or to know its contents. I understand no documents submitted by me will be returned and no copies of any other reports or documents utilized for or during my application for employment or a commission will be furnished or given to me. I further understand that when administered a single test, I will not be given the reason if not selected.

Where written explanations are required in this form, it is mandatory that information be listed totally and completely.

The existence of any of the conditions listed below may result in rejection from the selection process. These areas will be explored during an extensive background investigation, psychological, and polygraph examinations.

CRITERIA STANDARDS FOR DISQUALIFICATION

- Any Felony, no time limit.
- Participation in any crime.
- Any misdemeanor conviction involving narcotic drugs, marihuana, or domestic violence.
- Any selling of narcotics, drugs, or marihuana.
- Any illegal use of opiate narcotics, hallucinogens, and/or other dangerous drugs. (Includes LSD, PCP, Peyote, Mescaline, Codeine, Heroin, Morphine, Opium, Psilocybin, Cocaine, Hash, Speed, Barbiturates, etc.
- Any recent or excessive use of marihuana.
- Any history of disregard for traffic laws with such frequency so as to indicate a disrespect for traffic laws and a disregard for the safety of other persons of the highway.
- Any sexual conduct prohibited by law.
- Negligence in maintaining financial responsibility.

PLEASE CONFIRM YOU HAVE READ, UNDERSTAND, AND AGREE TO THE AFOREMENTIONED CONDITIONS AND CRITERIA BY SIGNING BELOW. (MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.)

_____

Signature Date

Sworn to and subscribed before me

this _____ day of _____, ____.

_____

Notary Public

LEWIS COUNTY SHERIFF'S OFFICE SELF-ASSESSMENT CHECKLIST

The Lewis County Sheriff's Office conducts a thorough investigation on all candidates. The investigation includes some or all of the following: prior employment references, credit ratings, criminal, driving and related police records, a polygraph and psychological evaluation, and a medical examination.

Some of the reasons why past applicants have not been accepted for employment or why individuals have had their names removed from the eligibility list after a lengthy and time-consuming testing process include the following:

- Deception at any stage in the employment process.
- Poor credit rating, i.e., a habit of not paying your bills on time.
- Work history that reflects incompetence, instability, dereliction of duty, or inability to get along with supervisors, co-workers, etc.
- Failure to provide proof of citizenship or educational certificates as required prior to appointment.
- Close affiliation with known criminals.
- Patterns of misdemeanor criminal activity.
- Felonious criminal activity or crimes of moral turpitude.
- The use of hallucinogenic drugs.
- Alcohol or drug abuse.
- The illegal use of any controlled substance within the last three years; usage prior to three years will be considered case-by-case and may be grounds for removal.
- Vision, hearing or medical problems that might endanger you, your fellow employees and/or the citizens we serve.
- Excessive traffic citations or accidents.
- Traffic citations involving drugs or alcohol.
- DUI citations or accidents.
- Driving with an invalid driver's license or inability to obtain a valid driver's license.

The above information is provided to help you make the determination whether or not to proceed with the examination process.

INFORMATION FOR FEDERAL AND STATE REPORTING

It is the policy of Lewis County to provide equal opportunity in all terms, conditions, and privileges of employment for all qualified applicants and employees without regard to race, color, religion, creed, national origin, sex, age, martial status, disability, disabled veteran or Vietnam-era veteran.

To help us comply with governmental record keeping, reporting, and other legal requirements, please complete the affirmative action data below. Your voluntary cooperation in completing all the sections below is appreciated. The completed form will be filed separately from your application material. Only authorized personnel will have access to this information for legitimate purposes.

1. What ethnicity do you consider yourself to be?

_____ ***Caucasian/White*** (not Hispanic origin) - those having origins in any of the original peoples of Europe, North Africa or the Middle East.

_____ ***Black/African American*** (not of Hispanic origin) - those having origins in any of the original groups of Africa.

_____***Hispanic*** - those of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin regardless of race.

_____***Asian or Pacific Islanders*** - those having origins in any of the original peoples of the Far East, South Asia, Indian Subcontinent or the Pacific Islands.

_____***American Indian or Alaskan Native*** - those having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

2. Gender

_____ Male _____ Female

Please complete reverse side

3. ***Are you 40 years of age or older?*** _____ Yes _____No

4. ***Military Status*** (Please check all that apply)

_____Non Veteran
_____Vietnam Era Veteran
_____Veteran (Other than Vietnam)
_____Spouse of deceased Veteran
_____Disabled Vietnam Era Veteran
_____Disabled Veteran (other than Vietnam)

Date of Discharge:_____

Disabled Veteran - Anyone entitled to disability compensation under laws administered by the U.S. Department of Veteran Affairs for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Vietnam Era Veteran - Anyone who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1961 and May 7, 1975 and was discharged or released from duty with other than a dishonorable discharge.

5. ***Disability*** (Please check all that apply)

_____Not disabled
_____Hearing
_____Ambulatory/Mobility
_____Visual
_____Mental/Psychological
_____Multiple Disability
Other:_____

For affirmative action purposes, people with disabilities are persons with a permanent, physical, mental or sensory impairment which substantially limits one or more major life activities. Physical, mental or sensory impairment means: (a) any physiological or neurological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems or function; or (b) any mental or psychological disorders such as mental retardation's, organic brain syndrome, emotional or mental illness or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.

LEWIS COUNTY SHERIFF'S OFFICE & LEWIS COUNTY CIVIL SERVICE

PHYSICAL ABILITY TEST WAIVER OF RIGHTS

READ CAREFULLY

I have read the informational handout in my application packet and understand that the physical fitness test demands a level of performance that is strenuous. I understand the type of physical fitness that will be required of each test. I understand I am advised that I should consult with my personal physician. I feel I have been properly informed as to the risks. I understand I may ask questions prior to any tests being performed. It is my decision to perform the tests and to participate in the testing process.

I hereby certify that I consider myself capable and safe in exerting the levels of effort necessary to perform the physical fitness test.

IN CONSIDERATION of the Lewis County Sheriff's Office and Lewis County Civil Service granting me the opportunity to participate in the physical fitness test as part of the entry level examination, I waive, release and forever discharge any and all rights and claims for any and all physical fitness test, against Lewis County Sheriff's Office, Lewis County Civil Service Commission, their agents, employees, officials and the administrators while acting within the scope of their duties. I further hold harmless such persons and organizations from all and any claims and causes of action, costs and expenses which may arise as a result of my activities during the physical fitness test and agree so on behalf of myself, my dependents, my heirs, executors and administrators.

I have read the above and desire to participate in the physical ability test and have agreed to do so.

_____ _____

SIGNATURE DATE

_____

PRINT NAME

2006 CIVIL SERVICE TESTING SCHEDULE
CORRECTIONS OFFICER

Entry level corrections officer applicants must pass the physical ability test prior to moving on to the video test. Lateral applicants do not take physical ability or video testing. The Civil Service Commission scores lateral applications.

The physical ability test is offered once a month and the video test is offered every other month.

Testing is conducted at the Lewis County Sheriff's Office Training Room, located on the first floor of the Lewis County Law & Justice Center, 345 West Main Street, Chehalis. Please wear comfortable clothes (i.e., sweats, t-shirts, tennis shoes) for the physical ability test.

If you have any questions, contact (360) 740-2713 or (360) 748-9286, or E-mail Sheriff@co.lewis.wa.us.

VIDEO TESTING 6:00 P.M.	PHYSICAL ABILITY TESTING 10:00 A.M.
February 1, 2006	January 4, 2006
April 5, 2006	February 1, 2006
June 7, 2006	March 1, 2006
August 2, 2006	April 5, 2006
October 4, 2006	May 3, 2006
December 6, 2006	June 7, 2006
	July 5, 2006
	August 2, 2006
	September 6, 2006
	October 4, 2006
	November 1, 2006
	December 6, 2006

RETURN THIS PORTION WITH YOUR APPLICATION

NAME & PHONE #: _____

POSITION: _____

Please sign me up for the physical ability test scheduled for the month of:

- ☐ January
- ☐ February
- ☐ March
- ☐ April
- ☐ May
- ☐ June
- ☐ July
- ☐ August
- ☐ September
- ☐ October
- ☐ November
- ☐ December

Revised 10/11/05

CIVIL SERVICE COMMISSION

LEWIS COUNTY
Washington • Since 1845

COMMISSIONERS
Joseph M. Mano, Jr.
Charles Dibble
Cy Meyers

Jerry Grill, Secretary - Examiner

ENTRY LEVEL CORRECTIONS OFFICER APPLICANTS PHYSICAL FITNESS ABILITY TEST

Attached is a copy of the Criminal Justice Training Commission Fitness Ability Test, required at the Criminal Justice Training Basic Correction Officer Academy.

Applicants that receive a passing score on the entry level test, will be required to pass the ability test, before continuing pre-employment screening.

The Lewis County Civil Service Commission has authorized staff of the Lewis County Sheriff's Office to conduct the test on their behalf.

If you have any questions, you can contact Jerry Grill, the Secretary/Examiner, at 360-736-5125.

The physical ability test is a strenuous test. You are advised to contact your personal physician prior to taking the test.

P.O. Box 29 • Chehalis, WA 98532-0029

Physical Ability Testing Dates

Testing is conducted on the first day of the COA and JSWA Academies. Please click on either Academy to see the specific date.

Highlights

Overview
Fitness Requirements
Performance Standards
Test Events & Scoring
How to Prepare
Contact us

Physical Ability Testing
Basic Corrections Academies

Each Academy applicant requesting admission to a Corrections Officers Academy or Juvenile Security Workers Academy (Custody) with a start date of April 30, 2001, or later will be required to demonstrate the necessary level of fitness for Sit-ups, Push-ups, and a 1.5 mile Run. The three-event test assesses the areas of aerobic capacity, strength and flexibility. Participants are graded using a composite scoring system: age and gender norming are not included in the test. The scoring includes a "target level," for performance; however, a student can score higher or lower in any of the tasks, to the range listed, and still earn "points". *A total of 120 points is required to pass the overall test.* A composite passing score [making up in one area what is lost in another] is possible*; 120 points is still required to pass.*

Applicants who pass the examination will be granted eligibility entrance to an Academy for 30 days after the date of initial testing, or the start of the next scheduled Academy. Applicants failing the test may retest after 30 days following their initial examination or at the scheduled date of the next testing beyond 30 days.

The Physical Ability Test (PAT) for Corrections is the result of stakeholder and customer input to the Training Commission and recommendations of a Task Force Group created for that purpose. Membership in the group has reflected a variety of Corrections professionals and interests; subsequent recommendations have been drawn from surveys of existing models on Federal, state and local levels. The abiding concern for the Training Commission is that testing be done that focuses on the need for good health and adequate physical fitness to actively and fully participate in academy training. This test has been presented in writing and in numerous forums, with adult and juvenile corrections audiences. The feedback has been positive and welcome.

Corrections Division P.A.T. Overview

Physical Abilities Testing Basic Corrections Academies:
Juvenile Security Workers Academy
Corrections Officers Academy

Rationale for the Test

Work in the Corrections field can be physically demanding and requires good health and adequate physical fitness. The Washington Administrative Code, section 139.10.212, specifies that participants in training...

> "sponsored or conducted by the Washington State Criminal Justice Training Commission shall possess good health and the physical capability to actively and fully participate in defensive tactics training and other required physical activities.
>
> In order to minimize risk of injury and maximize the benefit of such participation, each trainee in any academy session shall, as a precondition of his or her academy attendance, demonstrate a requisite level of physical fitness, as established by the training commission.
>
> For this purpose, each academy applicant shall be evaluated in the assessment areas of aerobic capacity, strength, and flexibility, in accordance with the requirements and procedures established by the Training Commission. ...
>
> Failure to demonstrate a requisite level of fitness within each assessment area will result in ineligibility for academy admissions and/or attendance."

This Physical Ability Test, properly conducted, meets the requirements of the Washington Administrative Code, section 139.10.212, and helps ensure the student is in proper physical condition *for the academy*. Studies conducted by Criminal Justice Training Commission staff concluded that a more physically fit student not only does better in Defensive Tactics training, but also is less likely to be injured both in training and on the job. More physically fit students also do better academically and are less likely to fail out of the academy. Testing has been reviewed by the Washington State Attorney General's Office and has been proven defensible because the test emphasis is on fitness for training. The Physical Ability Test will ensure that the students who graduate from the academy will be more physically fit, better trained, and more skilled.

Fitness Requirements
Basic Corrections Officers Academy

*All students are required by state law (WAC 139-10-212) to fully and actively participate in all training sessions.

*Students should expect the following physical activities...

Basic Corrections Officers Academy:

- Aerobic conditioning activities during Defensive Tactics training
- Pushups periodically throughout the academy as part of the Team Building process
- Running up to and including 1.5 miles per session
- Crawling, bending, and climbing under and over bunks and other furniture while conducting a cell search or vehicle search

Defensive Tactics Training includes:

- Being taken to the ground by the hair or arm and handcuffed behind the back
- Taking others to the ground by the hair or arm and handcuffing them behind the back (to simulate restraining a resistive person)
- Defensive Tactics training in the gym for up to 6 continuous hours
- Kicking, punching, elbowing striking, knee striking, and palm heel striking a heavy bag (to simulate fending off an assault)

Bending and stretching is required in order to perform a frisk - pat down and apply waist and ankle restraints.

The Statement of Fitness for the Basic Corrections Officers Academy, that both an agency representative and a physician sign, states the following on the reverse side of the form:

> Proper Use of Physical Force (Defensive Tactics): Training requires each student to be actively involved in techniques used to restrain aggressive individuals. Various techniques will include, but not be limited to, restraining hostile individuals and maneuvering them to the floor or to the wall. These techniques will place stress on the joint and muscles of the back, neck, knees, shoulders, wrists, and elbows. Students will also be required, as a training partner, to have techniques applied to them. These techniques, if properly applied, are designed to ensure the safety of the student who is free from health problems or physical limitations.

Performance Standards

		1.5 M Run Scoring Matrix				1/2 point per second			50 point maximum		
Push-ups Scoring Matrix		Time	Points	Time	Points	Time	Points	Time	Points	Time	Points
		Min. 18:17	0	17:53	12	17:29	24	17:05	36	16:41	48
# of Reps	Pts/Rep	:16	0.5	:52	12.5	:28	24.5	:04	36.5	:40	48.5
Max 23	60.53	:15	1	:51	13	:27	25	:03	37	:39	49
22	57.9	:14	1.5	:50	13.5	:26	25.5	:02	37.5	:38	49.5
21	55.27	:13	2	:49	14	:25	26	:01	38	Max :37	50
20	52.64	:12	2.5	:48	14.5	:24	26.5	17:00	38.5	:36	50

19	50	:11	3	:47	15	:23	27	16:59	39	:35	50
18	47.38	:10	3.5	:46	15.5	:22	27.5	:58	39.5	:34	50
17	44.74	:09	4	:45	16	:21	28	:57	40	:33	50
16	42.11	:08	4.5	:44	16.5	:20	28.5	:56	40.5	:32	50
Minimum 15	39.48	:07	5	:43	17	:19	29	:55	41	:31	50
		:06	5.5	:42	17.5	:18	29.5	:54	41.5	:30	50
		:05	6	:41	18	**17:17**	30	:53	42	:29	50
		:04	6.5	:40	18.5	:16	30.5	:52	42.5	:28	50
Sit-ups Scoring Matrix		:03	7	:39	19	:15	31	:51	43	:27	50
		:02	7.5	:38	19.5	:14	31.5	:50	43.5	:26	50
# of Reps	**Pts/Rep**	:01	8	:37	20	:13	32	:49	44	:25	50
Max 18	48.06	18:00	8.5	:36	20.5	:12	32.5	:48	44.5	:24	50
17	45.39	17:59	9	:35	21	:11	33	:47	45	:23	50
16	42.74	:58	9.5	:34	21.5	:10	33.5	:46	45.5	:22	50
15	40	:57	10	:33	22	:09	34	:45	46	:21	50
14	37.38	:56	10.5	:32	22.5	:08	34.5	:44	46.5	:20	50
13	34.71	:55	11	:31	23	:07	35	:43	47	:19	50
Minimum 12	32.04	17:54	11.5	17:30	23.5	17:06	35.5	16:42	47.5	:18	50
										16:17	50

The test consists of sit-ups, push-ups and a one and one-half mile run. The expected scoring for these tasks is included. The gray area is the target level, however, you will notice that a student can score higher or lower in any of the tasks, to the range listed, and still earn "points". A composite pass is possible by earning a total of 120 points by making up in one area what is lost in another.

Test Events and Scoring

To meet these requirements, the Training Commission has developed a three-event test:

- 1.5 Mile Run to evaluate aerobic capacity and cardio respiratory endurance
- Pushups to evaluate muscular strength and endurance of the upper body, and
- Sit-ups to evaluate muscular strength, endurance, and flexibility of the abdominal muscles.

Each event is scored according to the score sheet at Appendix 1. The scoring is gender and age neutral, meaning that the scoring is set to test any person's physical ability regardless of gender or age. For example, anyone, male or female, regardless of age, who did 22 pushups would get 58 points.

The three event scores are totaled to reach the final score. A minimum of 120 points is required to pass. A "goal score" is set for each event. The goal score is midway through the expected performance range for that event. Meeting the goal scores for each event totals 120 points. Goal scores for the three events are:

- 1.5 mile run 17 minutes: 17 seconds
- Pushups 19
- Sit-ups 15

The individual can score more points by doing a higher number of repetitions therefore creating a higher score. If one doesn't make the goal score in one event, the points can be made up in another event to reach the required 120 points. This scoring allows an individual who may be weak in one area to pass by doing better and scoring higher in another area.

Purpose and Conduct of Test Events

1.5 Mile run

This test is a measure of cardio-respiratory endurance or the aerobic capacity used in extended control and prolonged defensive tactics training. This is important for performing tasks involving stamina and endurance, e.g., prolonged uses of force, continuous performance in 8-hour use of force training classes, and minimizing the risk of cardiovascular health problems.

The run is conducted on the C.J.T.C. track or a designated and measured course at regional academies.

Push-ups

This test is used to measure the muscular strength/endurance of the upper body, particularly the shoulders, chest, and triceps (back of upper arm) used in high intensity defensive tactics training and application. This is a critical component of use of force involving pushing, grabbing, and breaking one's fall to the ground, as well as getting back up off the ground.

The push-up is conducted with the participant starting in the up position. A counter lies facing the participant with a four-inch cube placed under the participant's chest. The participant has one minute to do the maximum number of correct pushups they can do. The count begins when the participant's chest compresses the cube and finishes when the participant returns to the up position with the elbows fully extended. A correct pushup is performed when the participant's back is flat (NO arch or bow), the feet are together (one foot can be placed on the heel of the other), and the hands are shoulder width apart. Rest can only be done in the up position.

Sit-ups

This test is used to measure the muscular strength, endurance, and flexibility of the abdominal muscles. These torso muscles are some of the most used muscles in the body. They are used to bend and twist the torso and to generate power used in many of the control tactics taught at the academy, as well as performing other tasks that involve the use of force. These muscles are also important for maintaining good posture and minimizing lower back problems.

The sit-up is conducted with the participant lying on their back with knees bent to a 90-degree angle and the heels of their feet on the perimeter of a padded floor mat. A spotter straddles the participant's feet holding the knees tightly, and a counter kneels behind the participant with a hand placed beneath the participant's head.

The participant has a choice of two positions for their hands on the head:

1. Position 1 is with the hands behind the head and the fingers laced. The fingers MUST stay laced behind the head for the repetition to count.
2. Position 2 is the hands are cupped over the ears along side the head. Again, the hands MUST stay cupped over the ears for the repetition to count.

Once in position, the participant has one minute to do as many correct sit-ups as they can do. One full repetition starts with the back on the mat. The participant then comes forward all the way to break the plane of their knees with their elbow, or touch elbows to knees. Then come back down to the mat so that their head touches the counter's hand. Rest can only be done in the up position.

How to Prepare for the Fitness Ability Test

Before beginning a physical exercise program it is strongly recommended that the individual be cleared by a doctor to undertake such a program. Individuals 40 years of age or older should not begin an exercise program until they have been cleared by a doctor.

The following program is progressive to allow the body time to adapt and build up. It is assumed that the applicant will begin this program at least 12 weeks in advance of the test date.

Delayed muscle soreness (24-48 hours post exercise) may occur as a result of any new exercise program. This soreness should only be mild in nature and should dissipate prior to the next scheduled exercise session.

If significant or severe soreness exists, the student exercised too hard and therefore should not

- Listed below is a very gradual training schedule that will allow the student to work at maximum effort in the 1.5 mile run.
- Generally, it is recommended that the student reach a training distance that is twice the testing level.

Week	Activity	Distance	Time (min.)	Frequency
1	walk	1 mile	20-17	5/week
2	walk	1.5 miles	29-25	5/week
3	walk	2 miles	35-32	5/week
4	walk	2 miles	30-28	5/week
5	walk/jog	2 miles	27	5/week
Begin sprint training				
6	walk/jog	2 miles	26	5/week
7	walk/jog	2 miles	25	5/week
8	walk/jog	2 miles	24	4/week
9	jog	2 miles	23	4/week
10	jog	2 miles	22	4/week
11	jog	2 miles	21	4/week
12	jog	2 miles	20	4/week
13	jog	2.25 miles	22-23	4/week
14	jog	2.5 miles	24-25	4/week
15	jog	2.75 miles	26-27	3-4/week
16	jog	3 miles	28-30	3-4/week

- Students should continue to increase speed and decrease time for completion of a 3-mile jog 3 times per week with a maximal speed 1.5 mile run 1 day per week.
- If the student is able to adapt and advance more quickly than the schedule recommends, he/she should do so. However, be sure that the student's exercise program does not cause any undue muscle soreness or strain.

Students may also use their sprint training as part of their distance-training program.