

CHELAN COUNTY CIVIL SERVICE – SUPPLEMENTAL APPLICATION

Name:

Date:

Position Applying For:

Instructions: Please read the following CAREFULLY. Please do NOT apply to our agency if ANY of the following are applicable. Items marked with an * are potential disqualifiers and will be considered on a case by case basis, if have questions about any of the automatic or potential disqualifiers contact the Secretary/Chief Examiner at (509) 667-6804 or email rosalinda.barragan@co.chelan.wa.us

DRIVING:

- ✗ One (1) or more traffic crime convictions in the past five (5) years (DWI, Suspended, Reckless, etc.)
- ✗ Suspension of driver's license within the past five (5) years
- ✗ Five (5) or more moving violations in the past two (2) years
- ✗ Two (2) or more at-fault accidents in the past two (2) years
- ✗ A negligent driving conviction is considered on a case-by- case basis.*

DRUG USE:

- ✗ Use of illegal drugs in the past three (3) years.
- ✗ Illegal use of ANY controlled substance while employed in a criminal justice capacity.
- ✗ Illegal LSD.
- ✗ Hallucinogen use within the past ten (10) years. No more than three (3) uses total.
- ✗ Illegal use of three (3) or more controlled substances within the last ten (10) years will be considered on a case-by-case basis*
- ✗ Illegal sale of ANY drug, including marijuana.
- ✗ Illegal use of dangerous drugs or narcotics, other than marijuana, for any purpose more than three (3) times in lifetime, and ANY use within the past ten (10) years*
- ✗ Use of marijuana within the past year, will be considered on a case-by-case basis*
- ✗ Other drug use and exposure, outside these standards, will be considered on a case-by-case basis*

CRIMINAL ACTIVITY:

- ✗ ANY adult felony conviction.
- ✗ ANY misdemeanor, or felony conviction, while employed in a criminal justice capacity.
- ✗ Conviction of any crime under a domestic violence statute.
- ✗ Unlawful sexual misconduct.
- ✗ Adult misdemeanor convictions as well as juvenile felony convictions will be carefully reviewed.*

EMPLOYMENT:

- ✗ Two (2) or more terminations or leaving employment in lieu of termination.
- ✗ Withdrawn from consideration for any law enforcement, fire, corrections, or dispatch employment because of Criminal Conviction and/or Drug Usage.
- ✗ Dishonorable discharge from the United States Armed Forces.
- ✗ Dishonesty during any stage of the hiring process.
- ✗ Falsification of application, personal history questionnaire, or any other forms during the hiring process.
- ✗ Previous revocation/denial of any CJTC/POST certified status or suspension of current CJTC/POST certified status.

FINANCIAL:

- ✗ Failure to pay income tax or child support.
- ✗ Current credit accounts or unresolved accounts in collections will be carefully reviewed.*

I hereby certify that I have read the above AUTOMATIC AND POTENTIAL DISQUALIFIERS and that I am a qualified applicant:

Signature

Date



Mike Morrison | Sheriff

Law and Justice Building | 401 Washington St. #1 | Wenatchee, WA 98801
Office (509) 667-6851 | Fax (509) 667-6860

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

I respectfully request and authorize you to furnish any agency any and all information you may have concerning me, my work record, educational history, school record, military history, criminal record, my general reputation, and my financial and credit status. Please included any and all medical, physical and mental records or reports, including all information of a confidential or privileged nature, and photostats of the same, if requested. This information will be used for the purpose of determining my eligibility for employment.

This waiver and authorization shall supersede any prior waiver, authorization, release or direction which I may have given you to the contrary concerning my records.

I understand my rights under Title 5, U.S.C., Section 552a, the Privacy Act of 1974, and waive those rights with the under-standing that information furnished will be used by a law enforcement agency in conjunction with the employment process.

I hereby release you, your organization or others from any liability or damage which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications as an employee.

Applicant's Full Name (Print)

____/____/____
Birthdate

____-____-____
Social Security Number

Applicant's Signature

Address

Subscribed and sworn to me on the _____ day of _____, _____

NOTARY PUBLIC for the State of Washington
Residing in _____
My Commission expires _____

A photocopy of this request shall be for all intents and purposes as valid as the original.

You may keep this copy for your file.