



# Wahkiakum County Sheriff's Office

DEPUTY SHERIFF APPLICATION

ENTRY LEVEL OR LATERAL

## Deputy Salary / Benefits/ Qualifications

### Opportunity 1: Deputy

The Wahkiakum County Sheriff's Office is accepting applications for the position of Deputy in order to establish a current list of eligible candidates. Candidates must pass a physical agility test, written test and a background check. Candidates that pass the physical and agility tests will be ranked and selected for the oral board interview. Based on all test and oral board scores, candidates are then placed on a selection list. Finally, candidates must successfully pass a background check, physical and psychological evaluation and polygraph examination. Preference points for veterans and reserve deputies

### Salary:

- Salary Range \$3,900.45 -\$4,183.46 per month.
- Paid academy training.
- Longevity pay for years of service & shift differential premium.
- Paid holidays, vacation days & paid sick leave.

### Benefits:

- Take home car.
- All uniforms and most equipment provided.
- Medical, dental and vision for you and your dependents.
- Basic life insurance
- Basic accidental death and dismemberment (AD&D) insurance available.
- Additional /enhanced life insurance available.
- Flexible spending accounts available for health and dependent care expenses.
- Pension-Washington State Law Enforcement and Fire Fighters Retirement System
- Optional Deferred Compensation Plan

### Basic Qualifications for All Applicants:

- You must be a United States Citizen at time of application.
- You must have the ability to read, speak and write the English language fluently.
- You must be at least 20 years of age at the time of application; 21 at the date of hire.
- You must have a Washington State Driver's License or be able to obtain one by date of hire.
- You must have a high school degree or GED.
- You must meet medical standards, as determined by a medical exam following an offer of employment.
- You must be able to pass the background investigation.

**More information can be found by contacting the Undersheriff at 360-795-3242 ext 6.**

**WAHIAKUM COUNTY SHERIFF'S OFFICE**  
**PERSONAL HISTORY STATEMENT**  
INSTRUCTIONS TO THE APPLICANT

The information you provide in the attached personal history statement will be used in the investigation of your personal background. This will assist the Sheriff's Office in determining your suitability for employment in the position you have applied for. Please fill out the questionnaire completely and accurately. Keep in mind that:

1. The completion of this questionnaire is mandatory in order for you to be considered for employment with the Wahkiakum County Sheriff's Office.
2. All statements are subject to verification.
3. Deliberate inaccuracies or incomplete statements or omission of material facts may result in your removal from the eligibility list.
4. All time periods in your background must be accounted for. It is to your advantage to respond openly to all the questions. Any negative factors in your background will be evaluated in terms of the circumstances and facts surrounding the occurrence and their relevance to the job for which you have applied. For instance, being terminated from a job or having an arrest record is not necessarily grounds for disqualification. During the investigation, the investigator will inquire into the facts surrounding such an occurrence and an evaluation will be made to determine the relevance of those facts to the requirements of the job.

You need not list an arrest and/or conviction if the record of such an incident has been sealed pursuant to a court order, or if your record has been expunged. However, you must list an arrest and/or conviction if you have received a release, deferred prosecution or a pardon.

Please print in black ink or type your responses to this questionnaire. If a question does not apply to you, write "N/A" (Not Applicable) in the space provided. If you need more space to respond to a question, use an additional piece of paper and identify the additional information by question number. **DO NOT WRITE ON THE REVERSE SIDE OF THE QUESTIONNAIRE.**

As part of the Civil Service testing process, you will be required to undergo a polygraph examination. An appointment will be made for you.

If you are an applicant for Deputy Sheriff or Undersheriff, you also will be required to:

Pass a psychological screening. You will be notified of the date, time and place for this. The County will pay for the exam.

Successfully pass a pre-employment physical examination performed by a medical doctor. The County will select the doctor, set the appointment and pay for the exam.

All applicants are required to furnish an official transcript from the last high school attended. College transcripts are optional.

If you have any questions regarding any aspect of this Personal History Statement, feel free to contact the Undersheriff of the Wahkiakum County Sheriff's Office, phone (360) 795-3242, Tuesday through Friday between 9:00AM and 4:00PM.

Do not delay returning the Personal History Statement. If the credit report or school transcript have not been received, make a note to that effect when you turn the packet in.

Please sign and date this page, acknowledging that you have read and understand these instructions. Return this instruction form with your completed Personal History Statement.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DATE

# Wahkiakum County Sheriff's Office

## Sheriff Mark C. Howie



P. O. Box 65/64 Main Street ,Cathlamet, WA 98612  
Chief Civil Deputy Joannie Kuhlmeier

360-795-3242 or 360-465-2202 Fax: 360-795-3145  
Undersheriff Gary Howell

### WAHIAKUM COUNTY CIVIL SERVICE EXAMINATIONS

APPLICANT'S NAME: \_\_\_\_\_

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

#### INSTRUCTIONS:

Answer the following questions in full. **Type or print** your answers. If your answer requires more than the space provided, attach an additional sheet of paper and identify the number of the question you are answering. Do not write on the backs of pages. **FALSIFICATION OR OMISSION OF ANY REQUESTED INFORMATION WILL AUTOMATICALLY VOID YOUR APPLICATION.**

The information you provide in this application will be used to conduct a preliminary investigation into your personal background and will assist the investigators in determining if you are eligible to take the civil service pre-employment examination.

For any Sheriff's Office position, you must successfully pass a background investigation and polygraph examination. Candidates receiving a contingent employment offer will be required to pass a psychological screening and a medical examination before being hired.

Applicants for Civil Service positions will be required to successfully complete a written examination, and any other tests as authorized by the Commission. As positions become available, candidates at the top of the list will complete an oral interview, and must successfully pass a background investigation and polygraph examination.

If you change residences during the testing process or after placement on the eligibility list, it is your responsibility to notify the Sheriff's Office and/or the Civil Service Commission of your new address and telephone number. This information can be mailed to the Wahkiakum County Sheriff's Office, ATTN: Undersheriff, Wahkiakum County Sheriff's Office, P.O. Box 65, Cathlamet, WA 98612

Please sign below to acknowledge that you have read and understand the instructions.

\_\_\_\_\_  
APPLICANT'S SIGNATURE



# Wahkiakum Co. Sheriff's Office

## Deputy Sheriff

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

LIST OTHER NAMES YOU HAVE USED: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

U.S. CITIZENSHIP IS REQUIRED FOR THIS POSITION. PROOF IS REQUIRED THAT YOU ARE A LEGAL RESIDENT IN THIS COUNTRY. CAN YOU PROVIDE SUCH DOCUMENTATION? \_\_\_ YES \_\_\_ NO

**FOR THE PURPOSE OF IDENTIFICATION, PLEASE PROVIDE THE FOLLOWING:**

<b>HEIGHT</b>	<b>WEIGHT</b>	<b>HAIR COLOR</b>	<b>EYE COLOR</b>
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<b>DRIVERS LIC #</b>	<b>STATE</b>	<b>EXPIRATION DATE</b>
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SCARS, MARK OR TATTOOS: \_\_\_\_\_

**RELATIVES, REFERENCES AND ACQUAINTANCES**  
DURING THE COURSE OF THE BACKGROUND INVESTIGATION, PERSONS WHO KNOW YOU WILL BE ASKED TO COMMENT ON YOUR SUITABILITY FOR THE POSITION YOU HAVE APPLIED FOR. INQUIRIES WILL BE CONFINED TO JOB-RELEVANT MATTERS.

SUPPLY THE APPROPRIATE INFORMATION IN THE SPACES PROVIDED BELOW. IF A CATEGORY IS NOT APPLICABLE, WRITE N/A.  
IF LIVING, NAME OF YOUR: \_\_\_\_\_ ADDRESS (STREET, CITY, STATE AND ZIP) \_\_\_\_\_ PHONE \_\_\_\_\_

<b>SPOUSE:</b>		
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<b>SPOUSE'S EMPLOYER:</b>		
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**SUPPLY THE APPROPRIATE INFORMATION IN THE SPACES PROVIDED BELOW. IF A CATEGORY IS NOT APPLICABLE, WRITE N/A.**

<b>IF LIVING, NAME OF YOUR:</b>	<b>ADDRESS (STREET, CITY, STATE AND ZIP )</b>	<b>PHONE</b>
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<b>FATHER:</b>		
<b>MOTHER:</b>		
<b>FATHER-IN-LAW</b>		
<b>MOTHER-IN-LAW</b>		
<b>BROTHER &amp; SISTERS</b>		
<b>BROTHER &amp; SISTERS:</b>		
<b>BROTHERS &amp; SISTERS:</b>		
<b>STEP-FATHER:</b>		
<b>STEP-MOTHER:</b>		
<b>ADULT CHILDREN:</b>		
<b>ADULT CHILDREN</b>		
<b>ADILT CHILDREN:</b>		

**LIST THOSE INDIVIDUALS WITH WHOM YOU HAVE RESIDED DURING THE LAST 10 YEARS. (LIST NO INFORMATION PRIOR TO YOUR 15<sup>TH</sup> BIRTHDAY) EXCLUDE FAMILY MEMBERS**

NAME	ADDRESS (STREET, CITY ,STATE)	PHONE

**BELOW, LIST 3 TO 5 INDIVIDUALS AS REFERENCES, WHO HAVE KNOWN YOU AND YOUR QUALIFICATIONS. EXCLUDE RELATIVES, FORMER EMPLOYERS AND FRIENDS.**

NAME	ADDRESS	PHONE

**LIST 3 INDIVIDUALS WHO ARE SOCIAL ACQUAINTANCES (i.e. PERSONS WHOM YOU HAVE SEEN FREQUENTLY IN THE LAST YEAR) AND HAVE KNOWLEDGE OF YOU AND YOUR QUALIFICATIONS. EXCLUDE RELATIVES AND FORMER EMPLOYERS.**

NAME	ADDRESS	PHONE

**EDUCATION**

List all schools attended, starting with high school or GED certification. During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts. **Please furnish official transcripts for all colleges attended and for the high school from which you graduated.**

NAME OF SCHOOL	LOCATION OF SCHOOL (CITY & STATE)	DATES ATTENDED FROM MO/YR TO MO/TR		SCHOOL REFERENCES TEACHERS, COUNSELOR, ETC.

<b>HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM ANY SCHOOL?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>IF YES, PLEASE EXPLAIN:</b>

**DO YOU HAVE PLANS FOR FURTHERING YOUR EDUCATION OR DEVELOPING EXISTING SKILLS?  
IF SO, PLEASE  
EXPLAIN:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RESIDENCE**

Individuals who have become acquainted with you by reason of your residing in different locations are often helpful in providing useful information for the background investigation. List all of your residences during the last 10 years, beginning with your current residence. (List no information prior to your 15th birthday).

ADDRESS	CITY, STATE & ZIP	FROM	TO	IF RENTED, LANDLORD

**EXPERIENCE AND EMPLOYMENT**

Beginning with your most current employment, please list all job (including part-time, temporary, and voluntary positions) you have held in the past 10 years. For identification and verification, indicate the nature of the activity (full time, part-time, voluntary). If you have intervening periods of military service or unemployment, list those periods in sequence in the spaces provided.

<b>DATES OF EMPLOYMENT</b>  <b>FROM:</b>  <b>TO:</b>	<b>NAME/ADDRESS/PHONE OF EMPLOYER</b>	<b>NAME OF SUPERVISOR</b>
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary	<b>TITLE OR DUTIES</b>	<b>NAMES OF CO-WORKERS</b> <hr/> <hr/> <hr/> <hr/>

<b>REASON FOR LEAVING:</b>  <input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed                      From:                      To
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<b>DATES OF EMPLOYMENT</b>  <b>FROM:</b>  <b>TO:</b>	<b>NAME/ADDRESS/PHONE OF EMPLOYER</b>	<b>NAME OF SUPERVISOR</b>
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<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary	<b>TITLE OR DUTIES</b>	<b>NAMES OF CO-WORKERS</b> <hr/> <hr/> <hr/> <hr/>
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**REASON FOR LEAVING:**

Military Service     Not Employed                      From:                      To

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<b>DATES OF EMPLOYMENT</b>  <b>FROM:</b>  <b>TO:</b>	<b>NAME/ADDRESS/PHONE OF EMPLOYER</b>	<b>NAME OF SUPERVISOR</b>
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary	<b>TITLE OR DUTIES</b>	<b>NAMES OF CO-WORKERS</b> <hr/> <hr/> <hr/> <hr/>

**REASON FOR LEAVING:**

Military Service     Not Employed                      From:                      To

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<b>DATES OF EMPLOYMENT</b>  <b>FROM:</b>  <b>TO:</b>	<b>NAME/ADDRESS/PHONE OF EMPLOYER</b>	<b>NAME OF SUPERVISOR</b>
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary	<b>TITLE OR DUTIES</b>	<b>NAMES OF CO-WORKERS</b> <hr/> <hr/> <hr/> <hr/>

**REASON FOR LEAVING:**

Military Service     Not Employed                      From:                      To

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Would any problem result if your present employer was contacted during the course of the background investigation?

Yes  No If "no", when should such contact be made?

If you have had no prior employment, please explain in the space below.

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Have you ever had any extended work absences for reasons other than earned vacations?  Yes  No

If "yes", please give details (include when, where, circumstances):

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Have you ever stolen from an employer?  Yes  No

If "yes", please give details (include when, where, circumstances):

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Have you ever been fired or asked to resign from any place of employment?  Yes  No

If "yes", please give details (include when, where, circumstances):

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Have you ever been a successful or unsuccessful candidate for another position requiring law enforcement or public safety employment?  Yes  No

If "yes", please give details (include date, agency name, city, state, position applied for, name used, test results):

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**MILITARY SERVICE**

Are you registered with the Selective Service Board? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever served in the armed forces, National Guard, or military reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide the following information:

BRANCH OF SERVICE	SERVICE NUMBER	DATES OF SERVICE FROM-TO	TYPE OF DISCHARGE

Are you <i>currently</i> participating in any military reserve or National Guard Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard, or military reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give details, including branch of service, when, where, circumstances.

Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. If your military service has been within the last ten years, please list those individuals who know you well enough to provide accurate information about you.

BASE OR POST NAME	CONTACT NAME	CONTACT ADDRESS	YEARS KNOWN FROM - TO	

**FINANCIAL**

The management of personal finances is relevant to an individual's qualifications for the position of peace officer. Therefore, please fill in the financial statement below. Be complete and accurate. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations.

**HOUSING**

NAME OF LANDLORD/ MORTGAGE HOLDER	ADDRESS (STREET, CITY, STATE & ZIP)	ACCOUNT NUMBER, IF APPLICABLE

**CREDIT**

PLEASE SUPPLY INFORMATION ABOUT YOUR CHARGE ACCOUNTS, CONTRACT AND OTHER FINANCIAL LIABILITIES
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NAME OF FIRM	ADDRESS	ACCOUNT NUMBER

Have you ever filed for or declared bankruptcy or filed for the Wage Earner's Plan?  Yes  No  
 If "Yes," give details (include when, where, why). \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have any of your bills ever been turned over to a collection agency?  Yes  No  
 If "Yes," give details (include when, firms involved, circumstances). \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you had anything repossessed?  Yes  No  
 If "Yes," give details (include when, firms involved, circumstances). \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have your wages ever been garnished?  Yes  No  
 If yes, give details (include when, where, why). \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been delinquent on income or other tax payments?  Yes  No

If yes, please give details (include when, where, why). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been delinquent in any court-ordered payments, including spousal and/or child support and alimony?  Yes  No

If yes, please give details (include when, where, why). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**As part of the background screening process, you are required to furnish a current credit report. This must be mailed to you and you must either deliver or mail it, unopened, to the:**

**Wahkiakum County Sheriff's Office,  
64 Main Street,  
P. O. Box 65,  
Cathlamet, WA 98612**

### **LEGAL**

**IF YOU HAVE EVER BEEN ARRESTED FOR ANY CRIME (EXCLUDING TRAFFIC CITATIONS), GIVE THE FOLLOWING INFORMATION:**

<b>APPROXIMATE DATE</b>	<b>POLICE AGENCY, CITY &amp; STATE</b>	<b>CIRCUMSTANCES</b>
<b>APPROXIMATE DATE</b>	<b>POLICE AGENCY/ CITY &amp; STATE</b>	<b>CIRCUMSTANCES</b>

APPROXIMATE DATE	POLICE AGENCY/ CITY & STATE	CIRCUMSTANCES

Have you ever been placed on court probation as an adult?  Yes  No  
 If "Yes," please give details (including when, where, why).

Have you ever received deferred prosecution following an arrest?  Yes  No  
 If yes, please give details (include when, where, why).

Were you ever required to appear before a juvenile court for an act which would have been a crime if it had been committed by an adult?  
 Yes  No  
 If "yes" give details (include when, where, why and juvenile court disposition):

Has anyone in your family been arrested?  Yes  No  
 If "yes" please explain:

**\*NOTE\*** The fact that your record may have been affected by a sealing, an expungement, a release, or a pardon has specific legal implications as to how you should answer these question. Please see the Instruction page for a detailed guide.

Have you ever been reported to a law enforcement agency as a missing person or a runaway?  Yes  No  
 If "Yes," give details:

Are you now or have you ever been involved as a plaintiff or defendant in any civil court action?  Yes  No

If yes, give details (include when, where, name and location of court and circumstances. Include any actions for change of name. \_\_\_\_\_  
\_\_\_\_\_

**MOTOR VEHICLE OPERATION**

Operation of a motor vehicle is an integral part of law enforcement. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information:

**WASHINGTON DRIVER'S LICENSE NUMBER:** \_\_\_\_\_ **EXPIRATION DATE** \_\_\_\_\_

**NAME WHICH LICENSE WAS GRANTED:** \_\_\_\_\_

**LIST OTHER STATES YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:**

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been refused a driver's license by any state?  Yes  No

If "yes" please explain (include when, where, why): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you now have current auto insurance?  Yes  No

Have you ever had your auto insurance canceled or refused?  Yes  No

If "yes," please explain: \_\_\_\_\_

**LIST ALL TRAFFIC CITATIONS (EXCLUDING PARKING VIOLATIONS) YOU HAVE RECEIVED IN THE LAST 7 YEARS.**

NATURE OF VIOLATION	LOCATION (CITY OR COUNTY AND STATE)	APPROXIMATE DATE	INDICATE WHETHER FINED OR ACTION WAS TAKEN ON YOUR DRIVER'S LICENSE

**MOTOR VEHICLE OPERATION (CONTINUED)**

Have you been involved as a driver in a motor vehicle accident within the past 7 years?  Yes  No  
 If "yes" give details for each accident.

<b>DATE</b>	<b>LOCATION</b>	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
<b>POLICE INVESTIGATION?</b> <input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury	<b>LAW ENFORCEMENT AGENCY</b>	

<b>DATE</b>	<b>LOCATION</b>	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
<b>POLICE INVESTIGATION</b> <input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury	<b>LAW ENFORCEMENT AGENCY</b>	

**IF THERE ARE MORE, PLEASE ADD ON BACK OF PAGE.**

If there is anything you wish to discuss about your driving record, use the space below.

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Has your license ever been suspended, revoked, placed on restricted status, or on negligent operator's probation?  Yes  No  
 If "yes" give details (include what, when, where, why):

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**LIST YOUR VEHICLE COVERAGE FOR THE PAST 3 YEARS**

<b>COMPANY NAME</b>	<b>ADDRESS</b>	<b>POLICY NUMBER</b>

Do you have any special qualifications and skills?

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Do you have any special interests and hobbies?

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Do you have any religious or other beliefs which would prevent you from fully performing the duties of a law enforcement officer, including working on weekends or shift work?  Yes  No If "yes" please explain.

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*(Deputy Applicants Only)* If it became necessary to take a human life during the course of your duties, would any religious or other beliefs prevent you from doing so?  Yes  No  
If "Yes," please explain.

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To what extent do you use intoxicating liquors?

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Have you ever used marijuana or any other drug not prescribed by your physician? Please be specific as to the type of drug used, frequency and last date used.

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Have you ever sold or furnished drugs or narcotics to anyone?  Yes  No  
If "yes", please explain.

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Do you have any physical problems that might hinder you in performing the required duties of the position applied for?  Yes  No If "yes", please explain.

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Are there any incidents in your life, or details not mentioned herein, which may influence this department's evaluation of your suitability for employment?  Yes  No  
If "yes", please explain.

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I hereby certify that all statements made in this personal history statement are true and complete, and I understand that any misstatements or omissions of material facts will subject me to disqualification as an applicant, or immediate dismissal should these misstatements or omissions be discovered after I am employed.

**Signature**

**Date completed**

**WAHIAKUM COUNTY SHERIFF'S OFFICE  
P. O. BOX 65  
CATHLAMET, WA 98612  
PHONE (360) 795-3242  
FAX (360) 795-3145**

**AUTHORIZATION  
TO RELEASE INFORMATION**

I authorize you to furnish the Wahkiakum County Sheriff's Office and/or the Wahkiakum County Civil Service Commission with any and all information that you have concerning me, my work record, my school record, my reputation, and my financial status. Information of a confidential, privileged nature may be included.

Your reply will be used to assist the Wahkiakum County Sheriff's Office and or the Wahkiakum County Civil Service Commission in determining my qualifications and fitness for a position in which I may be handling confidential information for the Wahkiakum County Sheriff's Office.

I authorize the Wahkiakum County Sheriff's Office to perform a Criminal History Background check.'

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

**NOTE: A PHOTOCOPY REPRODUCTION OF THIS DOCUMENT SHALL BE FOR ALL INTENTS AND PURPOSES VALID AS THE ORIGINAL.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Notary Public in and for the State of Washington, residing in \_\_\_\_\_