Civil Service Commission
Board Members:
William Kendrick
Susan Ickes
Mark Nault

CHIEF EXAMINER:
Becky Rogers
Mailing: 411 N. 5th Street
Physical: 423 N. 5th Street
Shelton, WA 98584
360.427.9670 x 268
civilservice@masoncountywa.gov

Civil Service Lateral Entry Employment Application Packet

MASON COUNTY SHERIFF'S OFFICE
EMPLOYMENT STANDARDS

Prior to appointment to a position, an applicant must successfully complete a thorough background investigation. The background investigation may consist of, but is not limited to, the following: Sheriff's Office Interview, Employment History Check, Neighborhood Check, Reference Check, Behavioral Assessment, Polygraph Examination, Medical Examination (including drug screen), and Criminal, Driving, and Financial History Checks.

Failure to successfully pass or complete any phase of the Sheriff's Office background investigation is cause for removal from the employment eligibility list. The following information is provided to demonstrate the Sheriff's Office standards; this is not meant to be an exhaustive list**.** Information obtained in the background investigation and testing may be cause for the Sheriff's Office to request removal of an applicant from an eligibility list as "unfit for service."

If you have questions about the background investigation or the civil service process, please call the Sheriff's Office at 360-427-9670 x 313 or the Civil Service Chief Examiner at 360-427-9670 X 268.

Mandatory Requirements

Birth Certificate or naturalization papers, or Permanent Resident Card	21 Years of Age (prior to appointment)	Read, Write & Speak English
High School Diploma or GED	Washington State Driver's License (Prior to appointment)	

Automatic Removal Factors
Any one or a combination of these factors will be cause for removal

Use of steroids in the last 24 months, or any other illegal drug use in the last 5 years other than steroids	Unfit for service based on the behavioral assessment or manipulation of the behavioral assessment	Intentional deception of misrepresentation in any stage of the background investigation
Felony conviction as an adult	Failing the polygraph examination	Use of a prostitute within the last 5 years
Illegal sexual relations with a minor	A domestic violence conviction	DUI conviction within the last 5 years

Potential Removal Factors
Any one or a combination of these factors may be cause for removal

Conduct	Drug Standards	Cooperation with Background Investigation
History of behavior demonstrating anger control problems	Pattern of illegal use of drugs in the past 10 years	Intentional deception in the selection process of any law enforcement agency
Pattern of fighting (physical or verbal)	Excessive illegal use of drugs prior to the past 10 years	Failing the polygraph examination
Prejudice of bigotry towards a class of people	Excessive use of marijuana in the last 3 years.	Failure to notify Civil Service or the Sheriff's Office of a change of address or job change during any part of the Civil Service processing including while on an eligibility list.
Discriminatory action, including sexual misconduct and harassment	**Employment History**	Failure to show for any Sheriff's Office appointment or being more than 20 minutes late
History of fiscal irresponsibility	Significant non-judicial punishment in the military (e.g., Article 15 or Captain's Mast)	Failure to cooperate with the background investigation process
Falsifying official documents or giving false information	Unsatisfactory work history	**Driving Record**
Untreated alcohol or substance abuse	Significant history or disciplinary or corrective action, including being late to work and abuse of unscheduled leave	Multiple traffic infractions within last five years (e.g. no liability insurance, no driver's license or speeding)
Criminal History	Unexplained frequent job turnover	More than one DUI conviction in a lifetime
Criminal conduct as an adult	Misrepresentation on an employment application	Knowingly driving without a valid driver's license or without car insurance for an extended period
Any act of domestic violence	Negative personal or professional references	
	Insubordination	

Decisions to remove applicants from employment eligibility lists are made by the Civil Service Commission or Chief Examiner. Applicants may request a review of their removal from a list pursuant to Civil Service Rules. The list is not all inclusive and individual circumstances or histories not presented in the list may disqualify a candidate as well.

To view the Civil Service Rules, go to https://masoncountywa.gov/forms/civil-service/civil-service-rules.pdf.

Approved 5/8/2023

MASON COUNTY CIVIL SERVICE

Self-Report Checklist

The purpose of this checklist is to enable you to evaluate whether or not you meet the requirements for employment with the Mason County Sheriff's Office.

It is necessary for you to complete and sign this checklist IN INK and return it with your application. This is a supplement to your application. IT IS NOT a graded part of the examination process.

FAILURE TO COMPLETE AND RETURN THIS FORM WILL BE CAUSE FOR DISQUALIFYING YOU AS AN APPLICANT FOR EMPLOYMENT WITH THE MASON COUNTY SHERIFF'S OFFICE.

Please answer TRUE or FALSE to the following questions:

1. I do not have a record reflecting any adult felony convictions or a pattern of adult misdemeanor convictions.

   True _____ False _____

2. My driving record does not reflect serious or repeated traffic violations.

   True_____ False _____

3. I do not use illegal drugs and, if asked to, I can pass a drug test.

   True_____ False_____

4. I have never been dismissed or forced to resign from any job because of dishonesty or abuse of privilege.

   True _____ False_____

5. I am able to work shift work, rotating shifts, weekends, holidays, and/or overtime on demand basis as required.

   True _____ False _____

6. I have nothing in my past that I feel may keep me from being hired if revealed.

   True _____ False _____

IF YOU CANNOT ANSWER TRUE TO THE ABOVE SIX QUESTIONS, YOU DO NOT MEET THE STANDARDS REQUIRED TO BE A CANDIDATE FOR EMPLOYMENT IN THE MASON COUNTY SHERIFF'S OFFICE.

_____ _____

Applicant's Signature Date

Civil Service Advisory Board Members:
William Kendrick
Susan Ickes
Mark Nault

CHIEF EXAMINER:
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Mason County Civil Service Commission
Application for Employment

1. POSITION APPLYING FOR: Corrections Deputy ☐ Deputy Sheriff ☐ _____ ☐

2. FULL NAME: _____

   U.S. Citizen or Lawful Permanent Resident: Yes_____No_____Date of Birth: _____

3. LEGAL ADDRESS:
   Current Residence: _____
   Street City State Zip

   Mailing Address: _____
   Street City State Zip

   Home Phone:_____Cell Phone _____

   Email: _____

4. MILITARY STATUS: Have you served in the United States military services? Yes_____No_____

   Branch:_____; Date In:_____Date Out:_____

   Do you claim Vet. Preference Points? Yes___No___; If *yes*, see attached Veteran's Criteria Scoring Form.

   Have you ever obtained employment through the use of Veteran's preference? Yes_____No_____

5. Have you now or have you ever been employed by Mason County? No_____ Yes_____

   If yes please list:

Job Title	Department	Dates of Employment

   Do you have any relatives working for Mason County? No_____ Yes_____
   If yes please list:

Name(s)	Relationship	Department

   Have you previously taken a Civil Service exam for any Mason County Civil Service positions?

   No____Yes_____. If *yes*, when?_____For which position?_____

6. EDUCATION, TRAINING, LICENSES:

High School/GED:

_____

High School Name/GED Agency Location Year Graduated/GED

Post High School Education: List formal education at college/university/technical/other levels. Use additional pages if needed; also list any professional licenses and certifications (next page).

7. EDUCATION, TRAINING, LICENSES (cont.)

Name of School	City and State	Dates Attended	Degree or Credits and Year	Major

Other Courses/Training	City and State	Dates Attended	Certificate and Year

Professional License/Certificate	State/Date of Issue	License Number	Expiration Date

List any other skills, abilities, or experiences you feel may be relevant to this position:

_____

_____

Please list all software in which you are proficient:

Software	Years of Experience	Equipment, Hardware, Other Info

LANGUAGES: Are you fluent in languages other than English? Yes _____ No_____. If *yes*, please list:

_____

8. EMPLOYMENT HISTORY: Please list all periods of employment and unemployment in the past 5 years. Begin with present or most recent; attach supplemental pages if needed; omit nothing.

Employer:	
Address:	
Job Title:	Phone Number:
Dates Employed:	Hrs. Worked Weekly:
Supervisor:	
Reason for Leaving:	
Primary Duties:	
Employer:	
Address:	
Job Title:	Phone Number:
Dates Employed:	Hrs. Worked Weekly:
Supervisor:	
Reason for Leaving:	
Primary Duties:	
Employer:	
Address:	
Job Title:	Phone Number:
Dates Employed:	Hrs. Worked Weekly:
Supervisor:	
Reason for Leaving:	
Primary Duties:	
Employer:	
Address:	
Job Title:	Phone Number:
Dates Employed:	Hrs. Worked Weekly:
Supervisor:	
Reason for Leaving:	
Primary Duties:	

9. WORK SCHEDULES:

Can you work rotating shifts with various hours? Yes_____ No_____

Can you meet a work schedule that includes weekends and/or holidays? Yes_____No_____

10. CRIMINAL HISTORY:

The Mason County Sheriff's Office places GREAT emphasis on integrity. A criminal record will not automatically disqualify your application, but lying about your record will. Please be honest as you complete your application.

Have you ever been cited or convicted for any offense, violation of any statute or ordinance, law, or regulation by civil or military authorities? Yes_____ No_____

If *yes*, please describe below:

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

Please list any traffic citations you have received during the past 5 years:

Date	Location	Issuing Agency	Charge	Reduced To	Disposition

Current Driver's License Number _____ State_____ Expiration_____

Mason County Civil Service Commission
Mailing: 411 North 5th Street
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Shelton, WA 98584
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LATERAL DEPUTY AND CORRECTIONS - TESTING AND EMPLOYMENT SEQUENCE

1. Acceptance of a completed lateral application packet
2. Placement of eligibility register for one (1) year.
3. Certification to Sheriff's Office for Employment Consideration
4. Background Check by Sheriff's Office
5. Interview with Sheriff's Office
6. Conditional Offer of Employment from Sheriff's Office
7. Polygraph Test by Sheriff's Office
8. Psychological Examination
9. Medical Examinations
10. Pre Academy Fitness Testing

Failure of any one of these steps precludes further testing by the Mason County Sheriff's Office and your name will be returned to the Civil Service Commission with a request to remove your name from the Eligibility Register.

SELF-ASSESSMENT CHECKLIST
LATERAL LAW ENFORCEMENT CANDIDATES

This department conducts a thorough investigation on all candidates for law enforcement positions. The investigation includes prior employment references, credit rating, criminal, driving and related police records investigation, a polygraph and psychological evaluation, a medical examination, etc. 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 includes the following:

- Felonious criminal activity or crimes of moral turpitude
- Close affiliation with known criminals
- Patterns of misdemeanor criminal activity
- The use of hallucinogenic drugs
- Alcohol or drug abuse
- The illegal use of any controlled substance after the date of your application
- Deception at any stage in the employment process
- Medical problems that might endanger yourself, fellow employees and/or the citizens we serve (see also specific physical demands listed in the job announcement)
- Work history that reflects incompetence, instability, dereliction of duty, or inability to get along with supervisors, co-workers, etc.
- Excessive traffic citations or accidents
- Traffic citations involving drugs or alcohol
- DUI occurrences
- Invalid driver's license or inability to obtain valid driver's license
- Vision not correctable to at least 20/30 in the weakest eye; no worse than 20/100 uncorrected
- Poor hearing
- Failure to provide proof of citizenship or educational certificates as required prior to appointment
- Poor credit rating, i.e., a habit of not paying your bills on time
- History of Domestic Violence

The above information provides you with help in making the determination whether, or not, to proceed with our examination process.

LATERAL ENTRY SALARY:
NEGOTIABLE WITHIN CONTRACT LIMITS

DESCRIPTION OF DUTIES: Deputy Sheriff's respond to crimes in progress and citizens' requests for services; investigate crimes; enforce county and state laws; service civil process and warrants; transport prisoners; testify in court; educate citizens in public safety; resolve juvenile, civil, and domestic complaints; guard prisoners for extended period of time; and write reports. May administer first aid; perform crisis intervention and investigate natural and unnatural deaths. They are sometimes subjected both physical and psychological danger; sometimes required to used appropriate physical force to carry out their duties and are expected to handle a variety of potentially volatile situations in a calm, confident, and professional manner.

MINIMUM QUALIFICATIONS: Must be high school graduate or have a G.E.D. certificate. Must be age twenty-one (21) and have a valid Washington State driver's license at the time of appointment. Must be a United States citizen and be able to read and write the English language as required by RCW 41.14.100. Must pass a background investigation, polygraph examination, psychological and medical examinations, AND MEET ALL OF THE FOLLOWING REQUIREMENTS:

1. Have a current Washington State Criminal Justice Training Commission Basic Law Enforcement Academy Certification or have an equivalent certification from another state approved basic law enforcement academy; **and**
2. Have successfully completed a testing process and was hired by another jurisdiction from a Civil Service Commission certified eligibility list or other like process; **and**
3. Have been continuously employed by your present or previous employer, **within the past twelve (12) months**; as a full-time, paid, civilian law enforcement officer **for at least twelve (12) months; and**
4. Have successfully completed a probationary period with your current or previous employer; **and**
5. Can obtain the Washington State Criminal Justice Training Commission's equivalency certification **within the first twelve (12) months of employment.**

EXAMINATION PROCESS: The written examination consists of a Mason County Civil Service application and supplemental questionnaire, which must be completed and returned. **The application will remain unranked until such time that the appointing authority has a vacant position.** The supplemental questionnaire and application will be graded and a ranked register will be established based on the score obtained. You are notified by mail of your position on this register when it is established. You shall remain on the register for one (1) year unless you are appointed or removed from the register as provided by the Civil Service Rules.

APPLICATION PROCEDURE: Lateral Entry Civil Service Applications can be obtained by sending a letter of request to the Mason County Civil Service Commission Chief

Examiner, Becky Rogers via email at civilservice@masoncountywa.gov or by visiting the Mason County website at http://masoncountywa.gov/civil-service/index.php

SUBMIT your (1) completed and signed application, (2) the supplemental questionnaire, (3) a copy of your basic academy course curriculum, (4) your academy certificate, (5) proof of citizenship, (6) proof of education, (7) DD-214, if claiming veteran's preference, to this address: MASON COUNTY Civil Service Commission, (mailing) 411 N 5th Street, Shelton, WA 98584, or physical 423 North 5th Street, Shelton, WA 98584.

BENEFITS

UNION/GUILD – You must join the applicable Guild or Union within one (1) year after you are appointed.

VACATION – You will accrue 12 days vacation the first year with additional amounts accrued thereafter, in accordance with the union contract.

SICK LEAVE – You will accrue one (1) day per month of sick leave with a maximum accrual of one hundred fifty (150) days. LEOFF I employees accrue a maximum of twelve (12) sick leave days which renew annually.

GROUP INSURANCE – Partial county-paid employee medical, dental, vision, and life insurance, and partial payment of dependent coverage is provided.

RETIREMENT – You and the county contribute jointly to the Washington State Retirement Plan.

OTHER BENEFITS – Education/special assignment incentive, uniform allowance, and annual training is provided.

Mason County selection and employment procedures are designed to comply with the **Americans with Disabilities Act**. Disabled applicants contacted to participate further in the selection process, desiring accommodation, should communicate accordingly with the Civil Service Commission Chief Examiner, Becky Rogers.

SHERIFF LATERAL ENTRY – SUPPLEMENTAL APPLICATION
REQUIRED FORM

This supplemental application will assist the grader to evaluate you on the factors considered most important to be successful as a Law Enforcement Officer with the Mason County Sheriff's Office. Please answer each question fully.

This supplemental application must be completed in your own handwriting. Please print all responses. Do not submit typed copy.

This section must be completed for your application to be accepted for consideration. No points are assigned to the questions on this portion of the supplemental application.

1. Why do you want to leave your present employer?

   _____

   _____

2. Have you had any complaints officially filed against you while performing the duties of a law enforcement officer?

   Yes ____ No ____

   If yes, please explain in detail. Include the type of complaint, reason for the complaint, date, and resolution. (If you have had more than one complaint filed against you, please cite each one.)

   _____

   _____

3. Have you had a disciplinary action imposed on you while performing the duties of a law enforcement officer?

   Yes ____ No ____

   If yes, please explain the circumstances in detail; include what disciplinary action was taken, the name and address of your employer, and the date of the action. (If you have received more than one, please cite this information for each incident. Use a separate sheet(s) of paper.

4. Have you used a non-prescribed controlled substance?

   Yes ____ No ____

   If yes, when did you last use a non-prescribed controlled substance? Date _____
   If yes, what type(s) of non-prescribed controlled substance have you used?

   _____

   _____

5. Have you had any traffic tickets within the last five years? Yes ____ No ____

   If yes, please list each citation and the dates you received them.

   _____

   _____

6. Have you been involved in a traffic accident, on or off duty, in the last five years?
   If yes, please explain and list the dates(s).
   _____
   _____

7. How much sick leave have you used during your most recent 24 month employment period?
   Please explain any extended absences.
   _____
   _____

Print Name_____ Signature_____ Date_____

CERTIFICATION

I hereby certify, under the penalty of perjury in the State of Washington, that this application contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose any such misrepresentation or falsification, my application my name may be removed from consideration. Further, I understand that my employment with Mason County may be terminated at any time subsequent to being hired should it be determined that there is a misrepresentation or falsification of information.

I authorize my current or former employers, and all schools or educational and technical institutes which I have attended to provide Mason County representatives any information regarding my current or former employment, including performance, discipline and attendance, scholastic records or ratings. I hereby release any such current or former employers or institutes, their agents or employees, from any and all liability resulting from the release of such information. My authorization and release from liability are knowing, intelligent and voluntary acts. I hereby waive any claims against Mason County for relying on any information from my prior employers.

I understand that as a condition of employment I may be required to provide verification of any qualifications or representations made in my application documentation. Additionally, I must be able to provide original documentation along with personal identification information as may be required by the Immigration Reform and Control Act of 1986 or any other State or Federal Law.

Equal Opportunity Employer: Mason County is committed to affirmative recruitment and diversity in employment opportunity. It is the policy of Mason County to provide equal opportunity to all persons seeking or having access to its employment, services and activities, which is free from restriction based on race, color, religion, national origin, age, sex, marital status, veteran's status, disability, or sexual orientation.

_____

Printed Name of Applicant

_____ _____

Signature of Applicant Date

Mason County
Veteran's Scoring Criteria Status Declaration
(formerly Veteran's Preference)

NAME _____ **DATE** _____

(*please print*) Last First MI

- RCW 41.04.005 "Veteran" defined for certain
- RCW 41.04.007 "Veteran" defined for certain purposes
- RCW 41.04.010 provides for veterans' scoring criteria status to be added to the passing grade of certain veterans.

1. I certify that:

✓ I have been released from active military service or I am in receipt of separation orders; AND

✓ I received an honorable discharge or discharge for medical reasons with an honorable record

☐ **Yes** ☐ **No**

➲ IF YOU ANSWERED "NO" TO ABOVE, STOP HERE AND SUBMIT THIS FORM

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2. Have you been appointed to a position with a state, county or municipal government or other political subdivision of the State of Washington ***after*** you were eligible for veteran's points?

☐ **Yes** ☐ **No**

If "Yes": Job Title_____ Date appointed _____

Employer _____

➲ IF YOU ANSWERED "YES" TO ABOVE, STOP HERE AND SUBMIT THIS FORM

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3. Scoring Criteria Status Claimed (*check one if you are eligible*):

☐ Ten percent (10%) to a veteran who served during a period of war or in an armed conflict as defined in RCW 41.04.005 and does not receive military retirement. The percentage shall be added to the passing mark, grade, or rating of competitive examinations until the veteran's first appointment. The percentage shall not be utilized in promotional examinations.

☐ Five percent (5%) to a veteran who did not serve during a period of war or in an armed conflict as defined in RCW 41.04.005 or is receiving military retirement. The percentage shall be added to the passing mark, grade, or rating of competitive examinations until the veteran's first appointment. The percentage shall not be utilized in promotional examinations.

I certify that to the best of my knowledge I am entitled to the veteran's scoring criteria status as set forth in RCW 41.04.010, and that by falsely claiming veterans' scoring criteria status I will be disqualified from employment with Mason County Sheriff's Office. I also understand that, if employed, any misrepresentation of facts regarding my receiving veteran's scoring criteria status is sufficient cause for dismissal.

Please sign below and attach a copy of your United States Department of Defense discharge document DD Form 214, National Guard Bureau Report of Separation & Service NGB Form 22, or other equivalent or successor discharge paperwork (DD Form 214WS Worksheet, USDVA Verification Letter, Statement of Military Service) that characterizes your service as honorable.

Applicant Signature _____

RCW 41.04.005

"Veteran" defined for certain purposes.

(1) As used in RCW **41.04.005**, **41.16.220**, **41.20.050**, and **41.40.170** "veteran" includes every person, who at the time he or she seeks the benefits of RCW **41.04.005**, **41.16.220**, **41.20.050**, or **41.40.170** has received an honorable discharge, is actively serving honorably, or received a discharge for physical reasons with an honorable record and who meets at least one of the following criteria:

(a) The person has served between World War I and World War II or during any period of war, as defined in subsection (2) of this section, as either:

(i) A member in any branch of the armed forces of the United States;

(ii) A member of the women's air forces service pilots;

(iii) A U.S. documented merchant mariner with service aboard an oceangoing vessel operated by the war shipping administration, the office of defense transportation, or their agents, from December 7, 1941, through December 31, 1946; or

(iv) A civil service crewmember with service aboard a U.S. army transport service or U.S. naval transportation service vessel in oceangoing service from December 7, 1941, through December 31, 1946; or

(b) The person has received the armed forces expeditionary medal, or marine corps and navy expeditionary medal, for opposed action on foreign soil, for service:

(i) In any branch of the armed forces of the United States; or

(ii) As a member of the women's air forces service pilots.

(2) A "period of war" includes:

(a) World War I;

(b) World War II;

(c) The Korean conflict;

(d) The Vietnam era, which means:

(i) The period beginning on February 28, 1961, and ending on May 7, 1975, in the case of a veteran who served in the Republic of Vietnam during that period;

(ii) The period beginning August 5, 1964, and ending on May 7, 1975;

(e) The Persian Gulf War, which was the period beginning August 2, 1990, and ending on February 28, 1991, or ending on November 30, 1995, if the participant was awarded a campaign badge or medal for such period;

(f) The period beginning on the date of any future declaration of war by the congress and ending on the date prescribed by presidential proclamation or concurrent resolution of the congress; and

(g) The following armed conflicts, if the participant was awarded the respective campaign badge or medal, or if the service was such that a campaign badge or medal would have been awarded, except that the member already received a campaign badge or medal for a prior deployment during that same conflict: The crisis in Lebanon; the invasion of Grenada; Panama, Operation Just Cause; Somalia, Operation Restore Hope; Haiti, Operation Uphold Democracy; Bosnia, Operation Joint Endeavor; Operation Noble Eagle; southern or central Asia, Operation Enduring Freedom; Persian Gulf, Operation Iraqi Freedom; Iraq and Syria, Operation Inherent Resolve; and Afghanistan, Operation Freedom's Sentinel.

[**2018 c 61 § 1.** Prior: **2005 c 255 § 1; 2005 c 247 § 1;** prior: **2002 c 292 § 1; 2002 c 27 § 1; 1999 c 65 § 1; 1996 c 300 § 1; 1991 c 240 § 1; 1984 c 36 § 1; 1983 c 230 § 1; 1982 1st ex.s. c 37 § 20; 1969 ex.s. c 269 § 1.**]

NOTES:

Severability—2005 c 247: "If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected." [**2005 c 247 § 3.**]

Effective date—2005 c 247: "This act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and takes effect immediately [May 3, 2005]." [**2005 c 247 § 4.**]

Effective date—1983 c 230: "This act is necessary for the immediate preservation of the public peace, health, and safety, the support of the state government and its existing public institutions, and shall take effect July 1, 1983." [**1983 c 230 § 3.**]

Effective date—Severability—1982 1st ex.s. c 37: See notes following RCW **28B.15.012**.

RCW 41.04.007

"Veteran" defined for certain purposes.

"Veteran" includes every person who, at the time he or she seeks the benefits of RCW **46.18.212**, **46.18.235**, **72.36.030**, **41.04.010**, **73.04.090**, or **43.180.250**, has received an honorable discharge, received a discharge for medical reasons with an honorable record, where applicable, or is in receipt of a United States department of defense discharge document DD form 214, NGB form 22, or their equivalent or successor discharge paperwork, that characterizes his or her service as honorable, and who has served in at least one of the following capacities:

(1) As a member in any branch of the armed forces of the United States, including the national guard and armed forces reserves, and has fulfilled his or her initial military service obligation;

(2) As a member of the women's air forces service pilots;

(3) As a member of the armed forces reserves, national guard, or coast guard, and has been called into federal service by a presidential select reserve call up for at least one hundred eighty cumulative days;

(4) As a civil service crewmember with service aboard a U.S. army transport service or U.S. naval transportation service vessel in oceangoing service from December 7, 1941, through December 31, 1946;

(5) As a member of the Philippine armed forces/scouts during the period of armed conflict from December 7, 1941, through August 15, 1945; or

(6) A United States documented merchant mariner with service aboard an oceangoing vessel operated by the department of defense, or its agents, from both June 25, 1950, through July 27, 1953, in Korean territorial waters and from August 5, 1964, through May 7, 1975, in Vietnam territorial waters, and who received a military commendation.

[**2017 c 97 § 1; 2013 c 42 § 1; 2010 c 161 § 1105; 2007 c 448 § 1; 2006 c 252 § 2.** Prior: **2005 c 251 § 1; 2005 c 216 § 7; 2002 c 292 § 2.**]

NOTES:

Effective date—Intent—Legislation to reconcile chapter 161, Laws of 2010 and other amendments made during the 2010 legislative session—2010 c 161: See notes following RCW **46.04.013**.

RCW 41.04.010

Veterans' scoring criteria status in examinations.

In all competitive examinations, unless otherwise provided in this section, to determine the qualifications of applicants for public offices, positions, or employment, either the state, and all of its political subdivisions and all municipal corporations, or private companies or agencies contracted with by the state to give the competitive examinations shall give a scoring criteria status to all veterans as defined in RCW **41.04.007**, by adding to the passing mark, grade or rating only, based upon a possible rating of one hundred points as perfect a percentage in accordance with the following:

(1) Ten percent to a veteran who served during a period of war or in an armed conflict as defined in RCW **41.04.005** and does not receive military retirement. The percentage shall be added to the passing mark, grade, or rating of competitive examinations until the veteran's first appointment. The percentage shall not be utilized in promotional examinations;

(2) Five percent to a veteran who did not serve during a period of war or in an armed conflict as defined in RCW **41.04.005** or is receiving military retirement. The percentage shall be added to the passing mark, grade, or rating of competitive examinations until the veteran's first appointment. The percentage shall not be utilized in promotional examinations;

(3) Five percent to a veteran who was called to active military service from employment with the state or any of its political subdivisions or municipal corporations. The percentage shall be added to promotional examinations until the first promotion only;

(4) All veterans' scoring criteria may be claimed:

(a) Upon release from active military service with an honorable discharge or a discharge for medical reasons with an honorable record, where applicable; or

(b) Upon receipt of a United States department of defense discharge document DD form 214, NGB form 22, or their equivalent or successor discharge paperwork, that characterizes his or her service as honorable.

[**2017 c 97 § 2; 2013 c 83 § 1; 2009 c 248 § 1; 2007 c 449 § 1; 2003 c 45 § 1; 2002 c 292 § 4; 2000 c 140 § 1; 1974 ex.s. c 170 § 1; 1969 ex.s. c 269 § 2; 1953 ex.s. c 9 § 1; 1949 c 134 § 1; 1947 c 119 § 1; 1945 c 189 § 1;** Rem. Supp. 1949 § 9963-5.]

NOTES:

*Veterans and veterans' affairs: Title **73** RCW.*

THIS PAGE MUST BE NOTARIZED FOR YOUR APPLICATION TO BE COMPLETE

Mason County Civil Service Commission
Mailing: 411 N 5th Street
Physical: 423 N. 5th Street
Shelton, Washington 98584
(360) 427-9670 ext. 268
civilservice@masoncountywa.gov

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I authorize you to furnish the Mason County Sheriff's Office with any and all information that you have concerning me, my work record, my reputation, my medical records, my psychological testing analysis and recommendation, 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 Office in determining my qualifications and fitness for the position I am seeking with the Mason County Sheriff's Office.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by the Sheriff's Office in conjunction with employment procedures.

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

_____ _____
Applicant's Signature Date

_____
Print Name

Subscribed and sworn to before me on the _____day of _____,_____

_____
Notary Public

AFFIRMATIVE ACTION INFORMATION-The information below will be separated from your application and used for statistical purposes only. It will enable the County to evaluate its recruitment process in light of the federal and state equal opportunity laws and the County's Affirmative Action Program. Your cooperation is strictly voluntary, by highly encouraged. Your application will be reviewed whether or not you provide this information.

Position Title	Position Number (if applicable)	Department	Closing Date

Last Name	First Name	Middle Initial

Do you wish to participate? No ☐ **Yes** ☐

Gender: Female ☐ Male ☐ Age: Under 40 years old ☐ 40 years of age or older ☐

What race(s) or culture(s) do you consider yourself?

☐ American Indian or Alaskan Native	☐ Black or African American
☐ Native Hawaiian or other Pacific Islander	☐ Hispanic or Latino
☐ Asian	☐ White/Caucasian
If you are more than one race, please check "Multi-Racial" below and indicate your preference for Affirmative Action purposes.	
☐ Multi-Racial, preference:	

Have you ever been on active duty in the US Armed Forces? No ☐ Yes ☐ If yes, please provide the dates:_____

Vietnam-Era Veteran: ☐ Disabled Veteran (percent(%)of disability: ☐

Do you have a long-term physical, sensory, or mental condition that subsequently limits any of your major life functions, such as working, caring for yourself, walking, doing things with your hands, seeing, hearing, speaking, or learning? No ☐ Yes ☐

Affirmative Action Definitions:

American Indian or Alaskan Native (not Hispanic or Latino). A person with origins in any of the original peoples of North and South America (including Central America) and who maintains cultural identification through documented tribal affiliation or community recognition.

Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) A person with origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian.A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Black or African-American (not Hispanic or Latino).A person with origins in any of the black racial groups of Africa.

Hispanic or Latino. A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race. For example, persons from Brazil, Guyana, or Surinam would be classified according to their race and would not necessarily be included in the Hispanic category. This category does not include persons from Portugal, who should be classified according to race.

White/Caucasian (not Hispanic or Latino). A person with origins in any of the original peoples of Europe, North Africa, or the Middle East.

Disabilities. 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 functions; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that is seldom fully corrected by medical replacement, therapy, or surgical means.

Disabled Veteran. A person entitled to disability compensation under laws administered by the U.S. Department of Veteran Affairs for disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of veteran who has been determined by the Department of Veteran's Affairs to have a serious employment handicap, or (C) a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Vietnam-era Veteran. A person who served on active duty for a period of more than 180 days, any part of which occurred between February 28, 1961 and May 7, 1975, and was discharged or released from duty with other than a dishonorable discharge. Or who was discharged or released from active duty for a service connected disability if any part of the active duty was performed between August 5, 1964 and May 7, 1975. Services between February 28, 1961 and August 14, 1964 must have been performed within the Republic of Vietnam.

How did you learn of this employment opportunity?

☐ Walk-in/Mason County Sheriff's Office	☐ Washington State Department of Employment Security
☐ Mason County Internet Website	☐ Friend/Word of Mouth
☐ Employee Referral (Employee Name)	
☐ Newspaper/Journal (Specify)	
☐ Other Internet Site (Specify)	
☐ Other (Specify)	

Signature of Applicant_____ Date_____