



WALLA WALLA COUNTY SHERIFF'S OFFICE

Reserve Deputy Sheriff Written Assessment

Name of Applicant: _____

Applications for Reserve Deputy Sheriff will be accepted from
October 5, 2015 until the close of business on October 23, 2015.

Any prior applications or interest submitted will not be considered so that
all applicants have an equal opportunity to compete for these positions.

Interested applicants must submit two documents:

this written assessment and a **WWSO application for employment** to be considered for the position.

Return the completed assessment along with your resume to:

Walla Walla County Sheriff's Office
Attn: Chief Deputy Shanda Zessin
240 West Alder Street, Ste. 101
Walla Walla, WA 99362

This assessment and accompanying application will be scored based upon spelling, grammar, and content. Applicants will be scaled down based upon this score. Passing applicants will be notified of a date for an oral board interview. Please direct any questions to Chief Deputy Shanda Zessin at 509.524.5400 or szessin@co.walla-walla.wa.us.

About Being a Reserve Deputy Sheriff

RCW 10.93.020 (5) "Specially commissioned Washington peace officer,...means any officer, ..., commissioned by a general authority Washington law enforcement agency to enforce some or all of the criminal laws of the state of Washington, who does not qualify under this chapter as a general authority (full-time) Washington peace officer for that commissioning agency, specifically including reserve peace officers,... A reserve peace officer is an individual who is an officer of a Washington law enforcement agency who does not serve such agency on a full-time basis but ..., is fully commissioned on the same basis as full-time peace officers to enforce the criminal laws of the state."

A WWSO Reserve Deputy is a volunteer peace officer who serves in the above capacity on a part-time unpaid basis. WWSO Reserve Deputies are required to serve a minimum of 16 hours per month. Service will initially consist of working patrol, training, and quarterly meetings. After a specified number of hours of service, Reserve Deputies may qualify for specialty assignments such as Marine Patrol and Detective Bureau.

Traditionally, citizens are interested in serving as a Reserve Deputy either as an initial step towards a full-time career in law enforcement or for a sense of volunteer service back to their community. WWSO welcomes both types of applicants for the position of Reserve Deputy Sheriff.

More information regarding Reserve Law Enforcement may be found at the Washington State Criminal Justice Training Commission website; https://fortress.wa.gov/cjtc/www/index.php?option=com_content&view=article&id=28&Itemid=31

Minimum Eligibility Requirements

Applicants must be 21 years of age upon reserve academy graduation (anticipated June 2016) and be able to pass the same certification standards as full-time general authority Deputy Sheriffs. This includes successfully completing this **written assessment application**, an **oral interview**, a **polygraph examination**, a **psychological examination**, a **medical examination** by your doctor, urinalysis **drug screening**, a thorough **background investigation**, and a **physical fitness qualification** test. A failure of any of these unfortunately will result in disqualification from the selection process.

Physical fitness qualification:

Age	Push-Ups	Sit-Ups	1.5 Mile Run
21 – 31	28	34	14:02 minutes
32 – 42	24	26	15:22 minutes
43 +	20	22	17:00 minutes

About this Written Assessment and Application

This assessment application helps us evaluate candidates on those factors considered important to succeed as a Reserve Deputy Sheriff with the Walla Walla County Sheriff's Office. Your answers will be scored according to a structured rating guide. All questions require a printed or type-written answer. Use N/A if a question does not apply to you. Please answer each question fully, being specific and concise. Do not omit or misstate facts. The statements on this form are subject to verification.

You may attach additional pages if necessary.

Name: _____

Address _____

Email: _____

Home Phone: _____

Mobile Phone: _____

SECTION I-GENERAL INFORMATION

Why do you want to become a WWSO Reserve Deputy Sheriff? (Use additional sheets if necessary.)

Where are you currently employed?

Are you currently enrolled in school?

Yes _____ No _____

If so, where, number of semester/quarter units, and anticipated graduation date?

Have you ever been arrested?

Yes _____ No _____

If yes, please explain all arrests in detail including the alleged violation, date of arrest, and disposition of the case.

Have you ever had any official complaints and any disciplinary action taken against you by an employer?

Yes _____ No _____

If yes, please explain all complaints and discipline in detail including the type, reason, date and resolution of the complaint.

Have you used a non-prescribed state or federally controlled substance?

Yes _____ No _____

If yes, please explain when and what type of non-prescribed controlled substance?

Have you had any traffic citations within the last five years?

Yes _____ No _____

If yes, please list each infraction, the corresponding date received, and agency issuing.

Have you been involved in a traffic collision in the last five years?

Yes _____ No _____

If yes, please explain and include the date(s).

SECTION II- PUBLIC SERVICE / VOLUNTEER EXPERIENCE

Have you ever worked or volunteered in a public service/first responder capacity?

Yes _____ No _____

If so, please list the agency, type of service, dates of service, supervisor's name and phone number.

SECTION III- PROFESSIONAL EXPERIENCE

Do you have any professional experience(s) which you feel would benefit you as a Reserve Deputy Sheriff? If yes, be specific and describe how your professional experience will be useful as a volunteer serving our community.

SECTION IV- PERSONAL STATEMENTS

Given today's negative climate in some news media and some members of the public towards law enforcement, why do you wish to volunteer in such a role?

What concepts in the WWSO statement of Vision, Mission, and Core Values resonate with you? What do you like in our Vision, Mission, and Core Values, and why is it important to you?

Given all the many worthy volunteer opportunities in the Walla Walla Valley, why do you wish to volunteer specifically at the Walla Walla County Sheriff's Office?

How did you learn about this Reserve Deputy Sheriff opportunity?

Is there anything else you would like us to know about yourself or why you seek to become a volunteer Reserve Deputy Sheriff for the Walla Walla County Sheriff's Office?

Thank you for your interest in serving your community and becoming a Reserve Deputy Sheriff. Upon the closing of the application period and scoring, all applicants will be contacted with the results of their written assessment. Remember to submit this assessment along with a WWSO application as described on page 1. Those who do not submit both on time, will not be considered for this position. Please direct any questions to Chief Deputy Shanda Zessin at 509.524.5400 or szessin@co.walla-walla.wa.us.

EDUCATION

LIST ALL HIGH SCHOOLS ATTENDED. INDICATE IF HIGH SCHOOL GRADUATE OR GED: _____

Name	Location	Dates Attended	Years

HIGHER EDUCATION: LIST ALL COLLEGES OR UNIVERSITIES ATTENDED:

Name	Location	Dates Attended	Courses/Degree

MILITARY EXPERIENCE

HAVE YOU EVER SERVED IN THE MILITARY SERVICES OF THE UNITED STATES? Yes _____ No _____
IF YES, PROVIDE FOLLOWING INFORMATION:

Branch of Service	Dates of Service	Military Installation	Location

LIST DUTIES IN THE SERVICE, INCLUDING SPECIAL TRAINING: _____

SKILLS

ARE THERE ANY EXPERIENCES, SKILLS, OR QUALIFICATIONS WHICH YOU FEEL WOULD ESPECIALLY FIT YOU FOR THE JOB FOR WHICH YOU HAVE APPLIED: _____

IF YES, PLEASE EXPLAIN: _____

WHAT OFFICE OR LAW ENFORCEMENT RELATED EQUIPMENT ARE YOU PROFICIENT WITH? _____

ARE YOU PROFICIENT IN ANY FOREIGN LANGUAGES? _____ IF YES, WHAT? _____

LIST ANY EDUCATIONAL COURSES YOU HAVE COMPLETED AT HIGH SCHOOL OR COLLEGE LEVEL THAT WOULD ASSIST YOU IN PERFORMING THE JOB FOR WHICH YOU HAVE APPLIED: _____

WORK HISTORY

LIST BELOW ALL THE JOBS YOU HAVE HELD IN THE PAST TEN (10) YEARS, BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT. ACCOUNT FOR UNEMPLOYMENT PERIODS. ATTACH SUPPLEMENTAL PAGES IF NECESSARY.

BUSINESS/EMPLOYER'S NAME _____
ADDRESS _____ PHONE # _____
DATES OF EMPLOYMENT: FROM _____ TO _____ HOURS PER WEEK _____
POSITION HELD _____ STARTING/ENDING SALARY _____ / _____
PRIMARY DUTIES _____

REASON FOR LEAVING _____
IMMEDIATE SUPERVISOR/TITLE _____
MAY WE CONTACT HIS EMPLOYER? _____ E-MAIL ADDRESS _____

BUSINESS/EMPLOYER'S NAME _____
ADDRESS _____ PHONE # _____
DATES OF EMPLOYMENT: FROM _____ TO _____ HOURS PER WEEK _____
POSITION HELD _____ STARTING/ENDING SALARY _____ / _____
PRIMARY DUTIES _____

REASON FOR LEAVING _____
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POSITION HELD _____ STARTING/ENDING SALARY _____ / _____
PRIMARY DUTIES _____

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IMMEDIATE SUPERVISOR/TITLE _____
MAY WE CONTACT HIS EMPLOYER? _____ E-MAIL ADDRESS _____

NOTE: DUPLICATE THIS PAGE AS NECESSARY

CRIMINAL / TRAFFIC RECORD

HAVE YOU EVER BEEN **CITED** FOR, **ARRESTED** FOR, OR **CONVICTED** OF ANY VIOLATION OF THE LAW (FELONY, MOSDEMEANOR, TRAFFIC VIOLATION OR OTHER INFRACTION)? (Y/N) _____
IF YES, PROVIDE INFORMATION BELOW:

Date	Location	Charge / Disposition
Date	Location	Charge / Disposition
Date	Location	Charge / Disposition
Date	Location	Charge / Disposition
Date	Location	Charge / Disposition

REFERENCES

LIST FIVE (5) REFERENCES, OTHER THAN RELATIVES, CURRENTLY RESIDING IN THE UNITED STATES:

Name	Business / Home Address	Business / Home Phone
Name	Business / Home Address	Business / Home Phone
Name	Business / Home Address	Business / Home Phone
Name	Business / Home Address	Business / Home Phone
Name	Business / Home Address	Business / Home Phone

AGREEMENT AND CERTIFICATION

I certify that all information given on this application is true and complete to the best of my knowledge. In the event of my employment with the Walla Walla County Sheriff's Office, I fully understand that false or misleading information given in this application shall be cause for discharge.

I hereby give permission to the Walla Walla County Sheriff's Office to conduct an investigation into my background. I hereby waive any and all claims against any company, corporation, educational institution, individual or other informational source pertaining to information gathered as a result of this investigation.

Signature of Applicant

Date of Application

NOTE: ALL APPLICATIONS MUST BE SIGNED AND DATED IN ORDER TO BE ACCEPTED FOR CONSIDERATION.

AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

APPLICANT'S NAME: _____

CURRENT ADDRESS: _____

TELEPHONE NUMBER: _____

DATE: _____ SIGNATURE: _____

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Walla Walla County Sheriff's Office, 240 W. Alder Street, Walla Walla, Washington. The Sheriff's Office needs to thoroughly investigate my employment background and personal history to evaluate my qualifications for this position. It is in the public interest that all relevant information concerning my personal and employment history be disclosed to the Walla Walla County Sheriff's Office.

I hereby authorize any representative of the Walla Walla County Sheriff's Office bearing this release to obtain any information in your files pertaining to my employment records, or any part thereof, regardless of whether those records are considered public, private or confidential. The intent of this authorization is to provide full and free access to my background and history, for the specific purpose of conducting a background investigation that may provide relevant information for the Sheriff's Office to consider in determining my suitability for employment with Walla Walla County. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be. This release does not authorize the release of any medical records.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history including any arrest records, any information in investigatory files, efficiency ratings, complaints or grievances against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another in any case in which I was involved, attendance records, polygraph examinations, psychological tests, any internal affairs investigations and discipline, including any files which are deemed to be confidential or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the requested information, regardless of any prior agreement I have made with you or your organization to the contrary. I also release Walla Walla County, its past and present agents, employees, officials, representatives or attorneys, in their individual or official capacity, for any right I have to bring a claim for any information received from my prior employers or references. **The Walla Walla County Sheriff's Office will discontinue processing of my application and/or background check if you refuse to provide the requested information.**

For and in consideration of the WWSO's acceptance and processing of my application for employment and background check, I agree to hold harmless and indemnify the County of Walla Walla, its officers, agents, and employees from any claim or liability associated to my background check and any decision to employ, not employ, or cease employing me with the County of Walla Walla. I understand that if information of a serious criminal nature is discovered in this investigation, that information will be turned over to the proper authorities.

I understand that the Privacy Act, 5 USC § 552a, prohibits disclosure of certain federal records without my signed authorization or other statutory exemption. My signature above indicates my express permission to release these records pursuant to 5 USC §552a (b), to the Walla Walla County Sheriff's Office for their use in conducting this background check.

A photocopy or telephonic facsimile (fax) of this release shall be valid as an original, even though such photocopy or fax does not contain my original signature. This release is valid for six months from the date of my signature above.

This form must be notarized in order to be valid.

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

Notary Public for Washington

My commission expires the _____ day of _____, 20_____.