

LATERAL CORRECTIONS DEPUTY

Salary \$22.01 p/hr + DOE + benefits

This position has jailer duties. If you wish to apply for this position, **PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY.**

Applicants must be 18 years of age, read and write English, be a Citizen of the United States or a lawful permanent resident, have a valid driver's license, and pass a written Civil Service test.

Applicants are **required to attach to the application** (1) copy of high school diploma or GED; (2) copy of certificate of completion at an academy; (3) copy of DD214 if claiming Veteran's Preference; and copy of driver's license.

LATERAL is defined as having completed the Washington Criminal Justice Training Commission Corrections Academy (or equivalent) and is currently employed with an agency or has been employed by an agency within the last two years and has met the probationary period of that agency.

WRITTEN TEST: The test will be a scenario test as follows: (1) you send in your application; (2) I will check it for required documents, if they are all there I will send you a scenario (situation that might happen in the jail) and (3) you will send me back a written report on the problem; I will send your answer out to be graded and then establish an Eligibility List. The only time you will need to appear is when the Sheriff calls you for an interview (assuming you pass the test and make it to the Eligibility List). A passing score of 70% is required.

Successful applicants may be asked to take a polygraph and psychological examination.

COMPLETED APPLICATION MUST BE RECEIVED BY 5 P.M ON FEBRUARY 6, 2023.

THEY CAN BE MAILED TO:

Sharlene Tiller, Chief Examiner
Asotin County Civil Service
P.O. Box 643
Asotin, WA 99402

OR HAND DELIVERED TO:

135 2nd Street Suite 210
Asotin, WA. 99402

APPLICATIONS CLOSE AT 5 P.M. ON FEBRUARY 6, 2023. NO POSTMARKS ACCEPTED

APPLICATIONS THAT DO NOT HAVE THE REQUIRED DOCUMENTS ATTACHED (LISTED ABOVE) AND/OR ARE RECEIVED AFTER 5 P.M. ON FEBRUARY 6, 2023 WILL NOT BE ACCEPTED.

For more information email **civilservice@co.asotin.wa.us**



Asotin County CIVIL SERVICE

Complete all information. Incomplete applications may delay or disqualify you.

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City _____ State ZIP Code

Phone: () _____ Cell: () _____ E-mail Address: _____

Date Available: _____ Social Security No: _____ How did you hear of opening? _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO If yes, explain: _____

Have you been convicted of a misdemeanor in the last 7 years? YES NO If yes, explain: _____

I have read the job description and can perform the duties without an accommodation YES NO If no, explain: _____

Do you have any relatives working for Asotin County? YES NO If yes, what department? _____

Education

High School: _____ City & State: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ City & State: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ City & State: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Relevant professional certificates and/or licenses: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Previous Employment

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

In order to receive veteran's preference a copy of your DD-214 must be submitted.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____

Date: _____

APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION

As an applicant for a position with Asotin County, I hereby authorize any employers or supervisors, educational institutions, personal and professional references and /or other persons to release any and all requested information about my work and education history for use in determining my qualifications for this position. I understand, agree, and authorize that a copy or facsimile of this form to be as valid as the original.

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 RCW 42.17 et seq. and specifically waive those rights understanding that the information furnished will be used by Asotin 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 Asotin 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 Asotin County and/or its agencies or departments in conjunction with employment procedures.

All former employers who provide such information are indemnified and released from liability arising from such disclosures.

Signature: _____

Date: _____



CRIMINAL HISTORY BACKGROUND CHECK

I _____ hereby authorize and release Asotin County to conduct a criminal history background check. The sole purpose of this background check is in relation to the position so applied for with Asotin County.

Social Security Number

Full legal name (please print)

Signature of Applicant

Date