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
Entry Level 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.

<table>
<thead>
<tr>
<th>Mandatory Requirements</th>
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<tbody>
<tr>
<td>Birth Certificate or naturalization papers, or Permanent Resident Card</td>
<td>21 Years of Age (prior to appointment)</td>
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<tr>
<td>High School Diploma or GED</td>
<td>Washington State Driver’s License (Prior to appointment)</td>
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<tr>
<th>Automatic Removal Factors</th>
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<tbody>
<tr>
<td>Use of marijuana in the last 12 months, use of steroids in the last 24 months, or any other illegal drug use in the last 5 years other than steroids</td>
<td>Unfit for service based on the behavioral assessment or manipulation of the behavioral assessment</td>
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<tr>
<td>Felony conviction as an adult</td>
<td>Failing the polygraph examination</td>
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<tr>
<td>Illegal sexual relations with a minor</td>
<td>A domestic violence conviction</td>
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</table>

<table>
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<tr>
<th>Potential Removal Factors</th>
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<tbody>
<tr>
<td>History of behavior demonstrating anger control problems</td>
<td>Pattern of illegal use of drugs in the past 10 years</td>
</tr>
<tr>
<td>Pattern of fighting (physical or verbal)</td>
<td>Excessive illegal use of drugs prior to the past 10 years</td>
</tr>
<tr>
<td>Prejudice of bigotry towards a class of people</td>
<td>Use of marijuana in the last 3 years</td>
</tr>
<tr>
<td>Discriminatory action, including sexual misconduct and harassment</td>
<td>Employment History</td>
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<tr>
<td>History of fiscal irresponsibility</td>
<td>Significant non-judicial punishment in the military (e.g., Article 15 or Captain's Mast)</td>
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<tr>
<td>Falsifying official documents or giving false information</td>
<td>Unsatisfactory work history</td>
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<tr>
<td>Untreated alcohol or substance abuse</td>
<td>Significant history or disciplinary or corrective action, including being late to work and abuse of unscheduled leave</td>
</tr>
<tr>
<td>Criminal History</td>
<td>Unexplained frequent job turnover</td>
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<tr>
<td>Criminal conduct as an adult</td>
<td>Misrepresentation on an employment application</td>
</tr>
<tr>
<td>Any act of domestic violence</td>
<td>Negative personal or professional references</td>
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<tr>
<td>Insubordination</td>
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</table>

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://www.co.mason.wa.us/forms/civil-service/civil-service-rules.pdf](https://www.co.mason.wa.us/forms/civil-service/civil-service-rules.pdf).

Approved 2/20/2020
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
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:

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Department</th>
<th>Dates of Employment</th>
</tr>
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<tbody>
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</table>

   Do you have any relatives working for Mason County? No [ ] Yes [ ]
   If yes please list:

<table>
<thead>
<tr>
<th>Name(s)</th>
<th>Relationship</th>
<th>Department</th>
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</table>

   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:**

<table>
<thead>
<tr>
<th>High School Name/GED Agency</th>
<th>Location</th>
<th>Year Graduated/GED</th>
</tr>
</thead>
</table>

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.)**

<table>
<thead>
<tr>
<th>Name of School</th>
<th>City and State</th>
<th>Dates Attended</th>
<th>Degree or Credits and Year</th>
<th>Major</th>
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<thead>
<tr>
<th>Other Courses/Training</th>
<th>City and State</th>
<th>Dates Attended</th>
<th>Certificate and Year</th>
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<tr>
<th>Professional License/Certificate</th>
<th>State/Date of Issue</th>
<th>License Number</th>
<th>Expiration Date</th>
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List any other skills, abilities, or experiences you feel may be relevant to this position:

________________________________________________________________________

Please list all software in which you are proficient:

<table>
<thead>
<tr>
<th>Software</th>
<th>Years of Experience</th>
<th>Equipment, Hardware, Other Info</th>
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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.

<table>
<thead>
<tr>
<th>Employer:</th>
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<tbody>
<tr>
<td>Address:</td>
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<tr>
<td>Job Title:</td>
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<tr>
<td>Dates Employed:</td>
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<tr>
<td>Supervisor:</td>
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<td>Reason for Leaving:</td>
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<td>Primary Duties:</td>
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<th>Employer:</th>
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<tr>
<td>Reason for Leaving:</td>
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<td>Primary Duties:</td>
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<td>Address:</td>
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<td>Supervisor:</td>
</tr>
<tr>
<td>Reason for Leaving:</td>
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<tr>
<td>Primary Duties:</td>
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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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Arresting Agency</th>
<th>Original Charge</th>
<th>Reduced To</th>
<th>Disposition/Court Action</th>
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Please list any traffic citations you have received during the past 5 years:

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Issuing Agency</th>
<th>Charge</th>
<th>Reduced To</th>
<th>Disposition</th>
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Current Driver’s License Number __________________________ State_____ Expiration_______
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
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
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 purposes
- 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

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

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 ____________________________
"Veteran" defined for certain purposes.

(1) As used in this section and RCW 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 this section and RCW 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) Any 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.

[ 2020 c 178 § 1; 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.
"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.
### 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.

<table>
<thead>
<tr>
<th>Position Title</th>
<th>Position Number (if applicable)</th>
<th>Department</th>
<th>Closing Date</th>
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<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
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**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:**
- [ ] Yes

**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 ________________