

**San Juan County  
DEPUTY SHERIFF  
Lateral Entry Supplemental Application**

This supplemental application will assist us in evaluating you on the factors considered most important to be successful as a Deputy Sheriff with the San Juan County Sheriff's Office. Your answers will be scored according to a structured rating guide. Please answer each question completely.

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

**SECTION I**

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.

a) Why do you want to leave your present employer?

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b) 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.)

c) 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 more than one, please cite this information for each incident. Use a separate sheet of paper if necessary.)

d) Have you used non-prescription controlled substances? 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(s) have you used?

TYPES:

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e) Have you had any traffic tickets within the last five years? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, list each citation and the dates you received them:

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f) Have you been involved in a traffic accident, on or off duty, in the last five years?

YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, explain and list the date(s):

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**SECTION II - LAW ENFORCEMENT EXPERIENCE**

List all positions you have held as a full-time, paid peace officer. Begin with your present or most recent experience:

EMPLOYER NAME: \_\_\_\_\_  
EMPLOYER ADDRESS: \_\_\_\_\_  
JURISDICTION POPULATION: \_\_\_\_\_  
JURISDICTION'S NUMBER OF FULL-TIME, PAID SWORN OFFICERS: \_\_\_\_\_  
TITLE/RANK: \_\_\_\_\_  
DATES OF EMPLOYMENT:    from: \_\_\_\_\_ to: \_\_\_\_\_  
IMMEDIATE SUPERVISOR'S NAME: \_\_\_\_\_  
MAJOR RESPONSIBILITY:  
\_\_\_\_\_  
\_\_\_\_\_  
REASON FOR LEAVING:  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_  
EMPLOYER ADDRESS: \_\_\_\_\_  
JURISDICTION POPULATION: \_\_\_\_\_  
JURISDICTION'S NUMBER OF FULL-TIME, PAID SWORN OFFICERS: \_\_\_\_\_  
TITLE/RANK: \_\_\_\_\_  
DATES OF EMPLOYMENT:    from: \_\_\_\_\_ to: \_\_\_\_\_  
IMMEDIATE SUPERVISOR'S NAME: \_\_\_\_\_  
MAJOR RESPONSIBILITY:  
\_\_\_\_\_  
\_\_\_\_\_  
REASON FOR LEAVING:  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_  
EMPLOYER ADDRESS: \_\_\_\_\_  
JURISDICTION POPULATION: \_\_\_\_\_  
JURISDICTION'S NUMBER OF FULL-TIME, PAID SWORN OFFICERS: \_\_\_\_\_  
TITLE/RANK: \_\_\_\_\_  
DATES OF EMPLOYMENT: \_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_  
IMMEDIATE SUPERVISOR'S NAME: \_\_\_\_\_  
MAJOR RESPONSIBILITY:  
\_\_\_\_\_  
\_\_\_\_\_  
REASON FOR LEAVING:  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_  
EMPLOYER ADDRESS: \_\_\_\_\_  
JURISDICTION POPULATION: \_\_\_\_\_  
JURISDICTION'S NUMBER OF FULL-TIME, PAID SWORN OFFICERS: \_\_\_\_\_  
TITLE/RANK: \_\_\_\_\_  
DATES OF EMPLOYMENT: \_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_  
IMMEDIATE SUPERVISOR'S NAME: \_\_\_\_\_  
MAJOR RESPONSIBILITY:  
\_\_\_\_\_  
\_\_\_\_\_  
REASON FOR LEAVING:  
\_\_\_\_\_  
\_\_\_\_\_

*You may copy this page if additional sheets are necessary.*



**SECTION IV - LAW ENFORCEMENT TRAINING**

List documented training classes that were certified by a recognized training organization. NOTE: course title, certificate earned, school and location. Dates attended and number of hours earned beginning with your basic academy. Please attach copies of certificates and also please request that your training commission of state training authority send copies of transcript or training record to the San Juan County Civil Service Commission as well as attach a copy to this application.

( ) COURSE TITLE: \_\_\_\_\_  
CERTIFICATE EARNED: \_\_\_\_\_  
SCHOOL / TRAINING ORGANIZATION: \_\_\_\_\_  
\_\_\_\_\_  
LOCATION: \_\_\_\_\_  
DATES ATTENDED: from: \_\_\_\_\_ to: \_\_\_\_\_

( ) COURSE TITLE: \_\_\_\_\_  
CERTIFICATE EARNED: \_\_\_\_\_  
SCHOOL / TRAINING ORGANIZATION: \_\_\_\_\_  
\_\_\_\_\_  
LOCATION: \_\_\_\_\_  
DATES ATTENDED: from: \_\_\_\_\_ to: \_\_\_\_\_

( ) COURSE TITLE: \_\_\_\_\_  
CERTIFICATE EARNED: \_\_\_\_\_  
SCHOOL / TRAINING ORGANIZATION: \_\_\_\_\_  
\_\_\_\_\_  
LOCATION: \_\_\_\_\_  
DATES ATTENDED: from: \_\_\_\_\_ to: \_\_\_\_\_

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**SECTION V - FORMAL EDUCATION**

List formal education you have completed at the college or university level. Note course title of degree earned, school and location, dates attended and number of hours earned. Please attach a copy of your graduation diploma(s) or a copy of your official transcript. Please have your college or university send an official transcript to the San Juan County Civil Service Commission.

( ) COLLEGE / UNIVERSITY ATTENDED: \_\_\_\_\_  
LOCATION: \_\_\_\_\_  
COURSE TITLE / MAJOR: \_\_\_\_\_  
DEGREE RECEIVED: \_\_\_\_\_  
DATES ATTENDED:    from: \_\_\_\_\_ to: \_\_\_\_\_  
NUMBER OF CREDIT HOURS EARNED: \_\_\_\_\_

( ) COLLEGE / UNIVERSITY ATTENDED: \_\_\_\_\_  
LOCATION: \_\_\_\_\_  
COURSE TITLE / MAJOR: \_\_\_\_\_  
DEGREE RECEIVED: \_\_\_\_\_  
DATES ATTENDED:    from: \_\_\_\_\_ to: \_\_\_\_\_  
NUMBER OF CREDIT HOURS EARNED: \_\_\_\_\_

( ) COLLEGE / UNIVERSITY ATTENDED: \_\_\_\_\_  
LOCATION: \_\_\_\_\_  
COURSE TITLE / MAJOR: \_\_\_\_\_  
DEGREE RECEIVED: \_\_\_\_\_  
DATES ATTENDED:    from: \_\_\_\_\_ to: \_\_\_\_\_  
NUMBER OF CREDIT HOURS EARNED: \_\_\_\_\_

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**SECTION VI - GENERAL QUESTIONS**

a) Why did you select a career in law enforcement?

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b) Why do you want to be employed with the San Juan County Sheriff's Office?

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c) What is the most significant accomplishment in your law enforcement career and why?

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d) What have you done during your law enforcement career to further your formal education? Be specific.

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e) What community activities are you currently involved in and how do you participate?

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why?

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f) Describe your philosophy as it relates to law enforcement?

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g) In your opinion, what is the single greatest problem impacting law enforcement and society today? What approach(es) must law enforcement take in effectively combating this problem? Use a separate sheet(s) of paper to answer this if necessary.

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**SECTION VII - SPECIAL CERTIFICATIONS**

List documented and current special certifications outside of general law enforcement or formal education (i.e. Pilot's license, canine trainer, polygraph examiner, scuba diver, forensic science, master or mates license, forestry, electronics technician, detox, etc.). Please attach copies of licenses or certificates.

( ) TITLE: \_\_\_\_\_  
LICENSE OF CERTIFICATE RECEIVED: \_\_\_\_\_  
SCHOOL OR CERTIFYING AUTHORITY: \_\_\_\_\_  
DATE OF EXPIRATION: \_\_\_\_\_

( ) TITLE: \_\_\_\_\_  
LICENSE OF CERTIFICATE RECEIVED: \_\_\_\_\_  
SCHOOL OR CERTIFYING AUTHORITY: \_\_\_\_\_  
DATE OF EXPIRATION: \_\_\_\_\_

( ) TITLE: \_\_\_\_\_  
LICENSE OF CERTIFICATE RECEIVED: \_\_\_\_\_  
SCHOOL OR CERTIFYING AUTHORITY: \_\_\_\_\_  
DATE OF EXPIRATION: \_\_\_\_\_

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**SECTION VIII - DEFINITIONS AND LAWS: DEPUTY SHERIFF**

Define the term "Probable Cause":

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What is the most significant recent Washington State Supreme Court decision relative to vehicle searches and in what manner does the decision impact police conduct?

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As a fully commissioned police officer in the State of Washington, under what conditions or circumstances are you empowered to act in an enforcement capacity outside of your own jurisdiction?

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**APPLICANT DISCLOSURE FORM**  
**Pursuant to Chapter 43.43 RCW**

San Juan County takes seriously its obligations to provide a safe atmosphere to all persons involved in youth activities. As you know, child abuse is of increasing concern to everyone. The purpose of this Disclosure form is to implement the Washington Child and Adult Abuse Information Act. Our intent is to do what we can to assure the well-being of all youth we serve.

NOTE: By completing this form, applicants understand that an inquiry may be made to the Washington State Patrol under the Child and Adult Abuse Information Act to determine whether the applicant has any history relating to crimes against the person or child abuse.

In answering these questions, keep in mind two important definitions. The term “Financial exploitation” means: the illegal or improper use of a vulnerable adult or that adult’s resources for another person’s profit or advantage. The term “vulnerable adult” means: a person sixty years of age or older who has the functional, mental, or physical inability to care for himself or herself or a patient in a state hospital as defined in Chapter 72.23 RCW.

Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided indicating the charge or finding, the date and the court(s) or board(s) involved.

1. Have you ever been convicted of any of the following crimes:  
Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first second or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution?

ANSWER: \_\_\_\_\_ (If YES, explain below:)

2. Have you been convicted of any of the following crimes when the crime involved a “vulnerable adult” (as defined above): First, second or third degree extortion; first, second or third degree theft; first or second degree robbery; forgery?

ANSWER: \_\_\_\_\_ (If YES, explain below:)

3. Have you ever been found guilty in any dependency action under RCW 13.43.030 (2)(b) to have sexually assaulted or exploited any minor or to have physically abused any minor?

ANSWER: \_\_\_\_\_ (If YES, explain below:)

4. Have you ever been found guilty by a court in a domestic relations proceeding, under Title 26 RCW, to have sexually abused or exploited any minor or to have physically abused any minor?

ANSWER: \_\_\_\_\_ (If YES, explain below:)

5. Have you ever been found guilty in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or "financially exploited" any vulnerable adult" (as defined above)?

ANSWER: \_\_\_\_\_ (If YES, explain below:)

6. Have you been found guilty in a protection proceeding under Chapter 74.34 RCW (entitled: Abuse of Vulnerable Adults) to have abused or "financially exploited" a "vulnerable adult" (as defined above)?

ANSWER: \_\_\_\_\_ (If YES, explain below:)

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Applicant's Printed Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date and Place: \_\_\_\_\_