



Steve Keane, Benton County Sheriff

**Benton County Civil Service Commission
Lateral Entry Deputy/Corrections Officer
Application-Assessment Exam**

Instructions for Application-Assessment Exam

1. Return the completed assessment exam/application to the Benton County Civil Service Commission, in the Personnel Office, at 7122 West Okanogan Place, Bld. A, Kennewick, WA 99336.
DO NOT RETURN IT TO THE BENTON COUNTY SHERIFF'S OFFICE
2. You may contact the Benton County Civil Service Commission, Susan Ratliff, Examiner at (509) 783-5880. Or by email at Susan.Ratliff@co.benton.wa.us.
3. A check or money order for \$15.00 made payable to the *Benton County Sheriff's Office* must accompany your exam. This is a processing fee, which will be returned if you do not meet the minimum requirements. **Do not send cash.**
4. You will be notified of a date for the oral board examination upon completion of the grading of the assessment exam/application.
5. Bureau of Law Enforcement: Captain Clay Vannoy (509) 735-6555, ext 3286
Bureau of Corrections: Commander Jon Law (509) 735-6555, ext 3290

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MINIMUM ELIGIBILITY REQUIREMENTS

1. You must have completed the testing process and been hired by another agency/department within the State of Washington, from a Civil Service Commission certified eligibility list of like process.
2. You must have successfully completed your probationary period with your current or previous law enforcement/corrections employer.
3. You must have been continuously employed by your present or previous employer as a civilian law enforcement or corrections officer for not less than 12 months in Washington State, and have not less than 24 months total experience for deputy sheriff and 18 months for corrections officer. You must have been employed as a law enforcement or corrections officer within the last 24 months.

3.1 *FOR DOC Applicants:* If DOC hired you after April 1, 2008, you are no longer eligible to apply as a *lateral* correction officer with Benton County. You must apply as entry-level through Public Safety Testing at www.PublicSafetyTesting.com

4. You must have graduated from the Washington State Criminal Justice Training Academy for law enforcement or corrections. If you have not, you must be able to challenge the process for an equivalency certification.

This lateral entry assessment exam is designed to help us evaluate candidates on those factors considered most important to succeed as a Deputy Sheriff or Corrections Officer with the Benton County Sheriff's Office. Your answers will be scored according to a structured rating guide.

Please answer each question fully. Be specific and concise in your responses. **You may attach additional pages if necessary.**

NOTE: This exam **must be completed in your own hand.** Please print all responses. Do not submit a typed copy.

APPLYING FOR: Deputy Sheriff: _____ Corrections Officer: _____



Applicant name: _____

Applicant address: _____

Email Address: _____

Applicant phone number: _____ Cell: _____

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SECTION I. *This section must be completed for your application to be accepted for consideration.*

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

b. Have you had any complaints officially filed against you while performing your law enforcement or corrections duties?

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.

c. Have you ever had a disciplinary action imposed on you while performing the duties of a law enforcement or corrections officer?

Yes _____ No _____

If yes, please explain the circumstances in detail, including what disciplinary action was taken, the reason for the disciplinary action, the name and address of your employer and the date of the action. (If you have received more than one, please cite each instance. You may use a separate sheet of paper, if needed.)

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SECTION I. Continued

a. Have you used any non-prescribed controlled substances?

Yes _____ No _____

If yes, when did you last use a non-prescribed controlled substance?

Date(s) _____

If yes, what type(s) of non-prescribed controlled substance(s) have you used?

b. Have you had any traffic tickets within the last five years?

Yes _____ No _____

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

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

Yes _____ No _____

If yes, please explain and list the date(s)

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SECTION I. *Continued*

- d. How much sick leave or time have you used during your most recent 24 months of employment? Please explain any extended absences.

SECTION II-LAW ENFORCEMENT/ CORRECTIONS EMPLOYMENT

List all the positions you have held as a full time paid law enforcement or corrections officer, beginning with your present or most recent job.

a) Agency/Employer: _____

Title/Rank: _____

Number of Full-Time paid Officers: _____

Population of the Jurisdiction: _____

Agency/Employers address: _____

Dates of Employment: From: _____ To: _____

Total Number of Months Employed: _____

Hours Worked per Month: _____

Immediate Supervisor's Name: _____

Major Responsibilities: _____

Reason for Leaving: _____

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SECTION II. *Continued*

b) Agency/Employer: _____
Title/Rank: _____
Number of Full-Time paid Officers: _____
Population of the Jurisdiction: _____
Agency/Employers address: _____
Dates of Employment: From: _____ To: _____
Total Number of Months Employed: _____
Hours Worked per Month: _____
Immediate Supervisor's Name: _____
Major Responsibility: _____

Reason for Leaving: _____

c) Agency/Employer: _____
Title/Rank: _____
Number of Full-Time paid Officers: _____
Population of the Jurisdiction: _____
Agency/Employers address: _____
Dates of Employment: From: _____ To: _____
Total Number of Months Employed: _____
Hours Worked per Month: _____
Immediate Supervisor's Name: _____
Major Responsibility: _____

Reason for Leaving: _____

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SECTION III-LAW ENFORCEMENT/ CORRECTIONS ASSIGNMENTS

Areas of work: Describe all duty and specialty assignments in your career: such as traffic, computer operation, criminal investigations, narcotics, court officer, community relations, FTO assignments, instructor assignments etc.

a) Assignment: _____
Your Title/Rank: _____
Agency: _____
Length of Assignment: Years: _____ Months: _____
Duties Performed: _____

b) Assignment: _____
Your Title/Rank: _____
Agency: _____
Length of Assignment: Years: _____ Months: _____
Duties Performed: _____

c) Assignment: _____
Your Title/Rank: _____
Agency: _____
Length of Assignment: Years: _____ Months: _____
Duties Performed: _____

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SECTION III. *Continued*

d) Assignment: _____
Your Title/Rank: _____
Agency: _____
Length of Assignment: Years: _____ Months: _____
Duties Performed: _____

e) Assignment: _____
Your Title/Rank: _____
Agency: _____
Length of Assignment: Years: _____ Months: _____
Duties Performed: _____

SECTION IV- LAW ENFORCEMENT/CORRECTIONS TRAINING (include military training)

Law Enforcement/Corrections Training: List by documented training classes that were certified or certificated by a recognized training center. Note: Course title, certificate earned, school and location, dates and number of hours-earned beginning with a basic academy. Please attach copies of certificates. Also, please request that you training commission or like agency send copies of transcripts or training records to the Benton County Civil Service Commission. (Please have them attach a copy of this application with the transcript.)

a) Course Title: _____
Certificate earned: _____
Total Number of Hours: _____
School: _____
Location: _____
Dates Attended: _____

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SECTION IV. *Continued*

b) Course Title: _____

Certificate earned: _____

Total Number of Hours: _____

School: _____

Location: _____

Dates Attended: _____

c) Course Title: _____

Certificate earned: _____

Total Number of Hours: _____

School: _____

Location: _____

Dates Attended: _____

d) Course Title: _____

Certificate earned: _____

Total Number of Hours: _____

School: _____

Location: _____

Dates Attended: _____

e) Course Title: _____

Certificate earned: _____

Total Number of Hours: _____

School: _____

Location: _____

Dates Attended: _____

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SECTION IV. *Continued*

- f) Course Title: _____
Certificate earned: _____
Total Number of Hours: _____
School: _____
Location: _____
Dates Attended: _____

SECTION V - FORMAL EDUCATION

Formal Education: List formal education that you have completed at the college or university level. Not course title(s), degree earned, school and location, dates attended and number of credit 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 Benton County Civil Service Commission.

- a) Course Title/Major: _____
Degree earned: _____
Total Number of Credit Hours Earned: _____
Institution Attended: _____
Location: _____
Dates Attended: _____

- b) Course Title/Major: _____
Degree earned: _____
Total Number of Credit Hours Earned: _____
Institution Attended: _____
Location: _____
Dates Attended: _____

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SECTION V. *Continued*

- c) Course Title/Major: _____
Degree earned: _____
Total Number of Credit Hours Earned: _____
Institution Attended: _____
Location: _____
Dates Attended: _____

SECTION VI - SPECIAL CERTIFICATIONS

Special Certifications: List documented and current special certifications outside general law enforcement/corrections or formal education like pilot license, CDL, marine licenses, etc. Please attach copies of licenses or certifications.

- a) Title: _____
License or Certificate: _____
Expiration date: _____
- b) Title: _____
License or Certificate: _____
Expiration date: _____
- c) Title: _____
License or Certificate: _____
Expiration date: _____
- d) Title: _____
License or Certificate: _____
Expiration date: _____

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SECTION VII - COMMUNICATION SKILLS/PROFESSIONAL MOTIVATIONS

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

b) Why do you want to be employed by the Benton County Sheriff's Office?

c) What is your most significant accomplishment in your career?

d) What have you done during your career to further your formal education? Please be specific.

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SECTION VII. *Continued*

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

- f) Describe your personal philosophy as it relates to law enforcement/corrections?

- g) In your opinion, what is the single greatest problem impacting law enforcement/
corrections and society today? What approaches must we take in effectively combating
this problem?

- h) Define “probable cause”.

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SECTION VII. *Continued*

i) What would define as the most significant recent court decision to affect your job?

j) What are your short term and long-term goals in the profession?

k) What was your source of information about the job position with the Benton County Sheriff's Office?

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I HAVE REVIEWED ALL OF THE INFORMATION I PROVIDED IN THIS APPLICATION AND IN ANY ATTACHMENTS OR SUPPORTING DOCUMENTS AND CERTIFY THAT THE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSIFICATION, MISREPRESENTATION OR OMISSION, AS WELL AS ANY MISLEADING STATEMENTS OR OMISSIONS, WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF MY EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

I UNDERSTAND THAT EMPLOYMENT WITH BENTON COUNTY IS "AT WILL," WHICH MEANS THAT EITHER BENTON COUNTY OR I CAN TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE OR NOTICE, UNLESS SPECIFICALLY STATED OTHERWISE IN AN APPLICABLE COLLECTIVE BARGAINING AGREEMENT OR WRITTEN EMPLOYMENT CONTRACT SIGNED BY THE BENTON COUNTY COMMISSIONERS AND/OR THE APPROPRIATE ELECTED OFFICIAL. I FURTHER UNDERSTAND THAT UNLESS OTHERWISE LIMITED BY SUCH COLLECTIVE BARGAINING AGREEMENT OR WRITTEN EMPLOYMENT CONTRACT, I AM NOT ENTITLED TO ANY PARTICULAR TERMS OR CONDITIONS OF EMPLOYMENT, AND THAT THEY MAY BE CHANGED AT ANY TIME, IN BENTON COUNTY'S DISCRETION, TO THE EXTENT PERMITTED BY LAW.

I AUTHORIZE BENTON COUNTY, ITS ELECTED OFFICIALS, JUDGES, DIRECTORS, APPOINTEES, MANAGERS, EMPLOYEES, VOLUNTEERS, AGENTS, AND ASSIGNS (COLLECTIVELY, "BENTON COUNTY") TO INVESTIGATE ANY AND ALL MATTERS THAT BENTON COUNTY DEEMS RELEVANT TO MY QUALIFICATIONS FOR EMPLOYMENT, INCLUDING BUT NOT LIMITED TO ALL STATEMENTS MADE IN THIS APPLICATION AND IN ANY ATTACHMENTS OR SUPPORTING DOCUMENTS. I AUTHORIZE BENTON COUNTY TO REQUEST AND RECEIVE INFORMATION AND RECORDS RELATING TO ME, AND ANY PERSON, ORGANIZATION, AND/OR ENTITY TO PROVIDE ANY INFORMATION AND/OR RECORDS SOLICITED BY BENTON COUNTY IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT. I HEREBY RELEASE THOSE PERSONS, ORGANIZATIONS, AND ENTITIES, AND BENTON COUNTY, FROM ANY AND ALL LIABILITY THAT MAY RESULT FROM PROVIDING AND/OR SOLICITING SUCH INFORMATION AND/OR RECORDS.

I UNDERSTAND THAT IF I AM SELECTED FOR EMPLOYMENT WITH BENTON COUNTY, PRIOR TO EMPLOYMENT, I MUST PROVIDE THE REQUIRED DOCUMENTATION CONFIRMING MY ELIGIBILITY FOR EMPLOYMENT IN THE UNITED STATES AND THAT I MUST SUBMIT TO AND SUCCESSFULLY PASS A BACKGROUND CHECK PRIOR TO MY FIRST DAY OF WORK. I AUTHORIZE BENTON COUNTY TO CONDUCT A BACKGROUND CHECK PRIOR TO MY EMPLOYMENT AND PERIODICALLY THEREAFTER. I UNDERSTAND THAT THE RESULTS OF A BACKGROUND CHECK MAY RESULT IN WITHDRAWAL OF ANY OFFER OF EMPLOYMENT AND/OR TERMINATION OF MY EMPLOYMENT WITH BENTON COUNTY.

I HAVE READ, FULLY UNDERSTAND, AND AGREE TO EACH OF THE ABOVE STATEMENTS.

SIGNATURE OF APPLICANT

DATE