



# CLALLAM COUNTY HUMAN RESOURCES

## JOB ANNOUNCEMENT

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**POSITION:** PROBATION OFFICER I

**DEPARTMENT:** Juvenile Services

**SALARY:** \$21.84 to \$26.61/hour

**CLOSES:** Friday, July 2, 2010 at 4:30 pm

**JOB NUMBER:** 2010-19

**Summary:** Fulltime (37.5 hours per week), union and retirement-eligible position with benefits. This position supervises an assigned caseload of juvenile probationers. It also performs the investigation, counseling, guidance and monitoring of the behavior of offenders on court ordered probation in the field and office. Duties are performed under general supervision and do not have direct supervisory responsibilities for other employees.

**To Apply:** The following three documents are included in the application packet and must be fully-completed and submitted to Clallam County Human Resources in Port Angeles by the closing date (postmarks accepted). ***NOTE: Only applicants selected for interviews will be notified.***

- a Clallam County application,
- a notarized Release of Personal History form,
- a "Clallam County Request for Driving Record"

**➔➔➔UNSIGNED OR INCOMPLETE APPLICATION MATERIALS  
WILL AUTOMATICALLY DISQUALIFY THE APPLICANT←←←**

**Essential Duties:** (May vary by position) Assists the court by preparing and presenting presentence reports and pre-disposition recommendations. Conducts interviews, investigations and makes observations in preparation for writing presentence and pre-disposition reports. Directs and counsels juveniles referred to the Court concerning conditions of probation and the requirements of reporting, payment of restitution, fines and other costs associated with the terms of probation. Observes, monitors and collects information on probationer behavior and activities to determine if conditions of probation, reporting, payment of costs and other responsibilities are being fulfilled. Makes recommendations concerning the release/detainment of juveniles physically referred to the Juvenile Detention Center by law enforcement agencies. Assesses probationer personalities, social history, risk to the community, individual needs and other relevant factors to determine rehabilitation potential and plans to assist with rehabilitation. Monitors activities of probationers by visiting residences, places of work, schools and conducts legally authorized searches of persons, places or belongings. Maintains written and electronic records of activities, observations, contacts and other relevant events and issues on each assigned probationer. Prepares various reports as required. Directs and/or refers probationers to community resources such as treatment centers or other agencies based on observation of activities, behavior and conditions of probation. Locates absconders, serves warrants and arrests probationers when necessary and appears and testifies in court as require. Probation Officers with a minimum of eighteen (18) months experience may carry a specialized caseload and may provide assistance and/or work support to lesser-experienced officers. Must meet attendance standards necessary for successful job performance.

**Additional Responsibilities/Duties:** May provide assistance to new probation officers. May provide policy and/or procedural guidance to support staff and volunteers. Attends various training programs as necessary to learn new techniques, comply with new laws or departmental policies. Interfaces with community agencies and law enforcement departments in the performance of duties. Remains abreast of contemporary social and economic conditions, regulations, guidelines, community social service programs and resources as they relate to probation and the justice system

**Knowledge/Skills:** Knowledge – Basic principles of psychology and other social science; techniques and methods of interviewing and routine investigative techniques; the effects and symptoms of physical, sexual and emotional abuse and crisis intervention methods and techniques. Skills – Interviewing, counseling, observing and collecting data from probationers and other sources pertaining to probationer activities and behavior; skills in the areas of self-control, patience, initiative, courtesy, tact and diplomacy. Abilities – Operate a variety of equipment necessary to perform job duties such as computers, telephones, radios, handcuffs and other equipment depending on case assignments; communicate effectively in writing and orally with a diversity of individuals and groups; present recommendations in court on sentencing and/or probationary terms based on investigative findings.

**Minimum Requirements:**

- A minimum age of 21 years AND
- Must be a United States citizen or have legal resident status; AND
- A Bachelors degree preferably in the field of behavioral science or a related field; AND
- Two years of experience in a related field, such as but not limited to, criminal justice, social work, and/or counseling.

**Licensing/Certification Requirements:**

- Washington State Driver's License
- U.S. citizenship,
- Pass polygraph test
- Pass background check
- Drug testing

**Physical Demands/Working Conditions:** Perform work that requires good physical strength and condition to apply restraining techniques, defensive tactics, react to physical confrontations and emergency situations; may lift up to 75 pounds and bend, reach, kneel, crouch, crawl and stoop when necessary; read and comprehend court orders, report, written rules and regulations, hear and understand speech and radio transmissions and record information accurately and completely; observe behaviors and situations, recall facts, work outside exposed to extreme weather conditions, and perform administrative duties in an office environment.

**NOTICE:** Pursuant to the Immigration Reform and Control Act of 1986, Part 274a, all new employees must verify identity and show authorization to work in the United States. *Applicants are advised that this documentation must be submitted within 72 hours of the date of hire.* THIS IS A CONDITION OF EMPLOYMENT WITH CLALLAM COUNTY.

**CLALLAM COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER AND A DRUG FREE WORKPLACE**

**Clallam County Human Resources**  
**223 E. 4<sup>th</sup> St., Suite 16**  
**Port Angeles, WA 98362-3015**  
**Voice: 360-417-2241**  
**Fax: 360-417-2550**  
**Email: [personnel@co.clallam.wa.us](mailto:personnel@co.clallam.wa.us)**



# CLALLAM COUNTY EMPLOYMENT APPLICATION

Return Completed Application to:  
Clallam County Human Resources Department  
223 E. 4th St., Suite 16  
Port Angeles, WA 98362-3015

**Clallam County is an Equal Opportunity Employer &  
Drug Free Workplace**

FOR OFFICE USE ONLY

### INSTRUCTIONS FOR COMPLETING THIS APPLICATION

- A separate original application must be completed for EACH POSITION for which you are applying. We require the original application even if you fax your application to us.
- *Complete the application thoroughly.* Your answers determine whether you will be considered. We will not accept "See Resume." Resumes may be used to supplement an application, but may not be used in lieu of completing the application form. Applications that are incomplete (including "see resume", or do not list references) will not be accepted.
- Be sure to sign your name and enter the date you signed it where the application asks. Original signature is required.
- Keep a copy of your application and any attachments because what you submit will not be returned.
- Only applicants who are interviewed will receive notice of selection.
- Clallam County is an Equal Opportunity Employer. If you require a reasonable accommodation to complete the employment application process, please advise a representative in the Clallam County Human Resources Department.

TITLE OF POSITION APPLYING FOR:			DATE		JOB NO.	
FIRST NAME		MIDDLE INITIAL/NAME		LAST NAME		
PHYSICAL STREET ADDRESS			CITY		STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)			CITY		STATE	ZIP CODE
DAY PHONE:	EVENING PHONE:	OTHER PHONE:		PERSONAL EMAIL ADDRESS		
ARE YOU UNDER 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO			LIST PRIOR NAMES KNOWN BY:			
ARE YOU ABLE TO WORK: <input type="checkbox"/> Full-time <input type="checkbox"/> Part time <input type="checkbox"/> Shifts <input type="checkbox"/> Temporary <input type="checkbox"/> On Call						
HAVE YOU BEEN PREVIOUSLY EMPLOYED BY CLALLAM COUNTY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST DEPARTMENT AND DATES Department: _____ Dates: _____						
THERE ARE SOME LIMITATIONS ON THE EMPLOYMENT OF RELATIVES. EACH CASE IS CONSIDERED SEPARATELY FOR POTENTIAL CONFLICTS OF INTEREST. LIST RELATIVES EMPLOYED BY CLALLAM COUNTY: Name: _____ Relationship: _____ Department: _____ Name: _____ Relationship: _____ Department: _____						
HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN. _____ _____						
HAVE YOU BEEN CONVICTED OF A CRIME (OTHER THAN A MINOR TRAFFIC INFRACTION) OR SERVED TIME IN PRISON WITHIN THE LAST TEN (10) YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO. A CONVICTION OF A CRIME WILL NOT NECESSARILY BAR A PERSON FROM EMPLOYMENT. EACH CASE IS CONSIDERED SEPARATELY. ARE YOU CURRENTLY AWAITING CRIMINAL PROSECUTION FOR A MISDEMEANOR (OTHER THAN A MINOR TRAFFIC INFRACTION) OR A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF YOU ANSWERED "YES" TO EITHER OR BOTH OF THE ABOVE QUESTIONS, PLEASE PROVIDE THE DETAILS IN THE SPACE BELOW (AND AN ATTACHED SHEET IF NEEDED) AND INCLUDE: (1) DATE; (2) CHARGE, (3) PLACE; AND (4) ACTION TAKEN. _____ _____						
AFTER REVIEWING THE ESSENTIAL FUNCTIONS LISTED IN THE JOB ANNOUNCEMENT, ARE YOU ABLE TO PERFORM THEM WITH OR WITHOUT REASONABLE ACCOMMODATION? <input type="checkbox"/> YES <input type="checkbox"/> NO.						

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 8 9 10 11 12    Some College    AA/AS    BA/BS    Masters+  
 HIGH SCHOOL GRADUATE OR GED?     YES     NO

NAME OF HIGH SCHOOL, COLLEGE OR VOCATIONAL SCHOOL, & LOCATION (DESIGNATE LOCATION IF GED):	ACADEMIC MAJOR, SKILL OR TRADE:	NO. OF YEARS ATTENDED:	DEGREE EARNED:

**SKILLS & LICENSES**

LIST YOUR SKILLS, CURRENTLY VALID LICENSES, AND CERTIFICATES OR REGISTRATIONS RELATIVE TO THIS POSITION:

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**WORK HISTORY**

RESUMES MAY BE ATTACHED BUT WILL NOT BE ACCEPTED AS A SUBSTITUTE FOR COMPLETING THIS SECTION. **BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT**, LIST YOUR WORK EXPERIENCE FOR AT LEAST THE LAST TEN YEARS, INCLUDING PERIODS OF SELF-EMPLOYMENT, U.S. MILITARY SERVICE, UNPAID EXPERIENCE OR VOLUNTEER WORK IF YOU FEEL THAT IT REPRESENTS QUALIFYING EXPERIENCE FOR THE POSITION FOR WHICH YOU ARE APPLYING. ATTACH SEPARATE SHEETS, IF NECESSARY. FAILURE TO PROVIDE ALL INFORMATION REQUIRED MAY RESULT IN REJECTION OF APPLICATION.

DATES OF EMPLOYMENT (MONTH/YEAR) FROM: _____ TO: _____	TITLE OF POSITION
SALARY Starting \$ _____ per _____	EMPLOYER NAME
Ending \$: _____ per _____	EMPLOYER ADDRESS
NAME AND TITLE OF IMMEDIATE SUPERVISOR:	
AREA CODE AND PHONE NO.:	DESCRIPTION OF WORK:

IF CURRENTLY EMPLOYED, WHO SHOULD BE CONTACTED REGARDING YOUR CURRENT EMPLOYMENT?

SHOULD WE NOTIFY YOU FIRST?  YES     NO

**WORK HISTORY CONTINUED**

DATES OF EMPLOYMENT (MONTH/YEAR) FROM: _____ TO: _____	TITLE OF POSITION
SALARY Starting \$ _____ per _____  Ending \$: _____ per _____	EMPLOYER NAME
	EMPLOYER ADDRESS
NAME AND TITLE OF IMMEDIATE SUPERVISOR:	
AREA CODE AND PHONE NO.:	DESCRIPTION OF WORK:

DATES OF EMPLOYMENT (MONTH/YEAR) FROM: _____ TO: _____	TITLE OF POSITION
SALARY Starting \$ _____ per _____  Ending \$: _____ per _____	EMPLOYER NAME
	EMPLOYER ADDRESS
NAME AND TITLE OF IMMEDIATE SUPERVISOR:	
AREA CODE AND PHONE NO.:	DESCRIPTION OF WORK:

DATES OF EMPLOYMENT (MONTH/YEAR) FROM: _____ TO: _____	TITLE OF POSITION
SALARY Starting \$ _____ per _____  Ending \$: _____ per _____	EMPLOYER NAME
	EMPLOYER ADDRESS
NAME AND TITLE OF IMMEDIATE SUPERVISOR:	
AREA CODE AND PHONE NO.:	DESCRIPTION OF WORK:

**WORK HISTORY CONTINUED**

DATES OF EMPLOYMENT (MONTH/YEAR) FROM: _____ TO: _____	TITLE OF POSITION
SALARY Starting \$ _____ per _____ Ending \$: _____ per _____	EMPLOYER NAME EMPLOYER ADDRESS
NAME AND TITLE OF IMMEDIATE SUPERVISOR:	
AREA CODE AND PHONE NO.:	DESCRIPTION OF WORK:

NOTE: USE ADDITIONAL SHEETS IF NECESSARY. ATTACH INSIDE APPLICATION FORM

**REFERENCES**

LIST THREE INDIVIDUALS NOT RELATED TO YOU WHO CAN PROVIDE JOB-RELATED OR CHARACTER REFERENCE INFORMATION ABOUT YOU. NAME, ADDRESS AND PHONE INFORMATION IS REQUIRED.

- NAME OF REFERENCE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CURRENT PHONE \_\_\_\_\_
- NAME OF REFERENCE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CURRENT PHONE \_\_\_\_\_
- NAME OF REFERENCE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CURRENT PHONE \_\_\_\_\_

**AGREEMENT, CERTIFICATION, AND AUTHORIZATION**

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 INVESTIGATION AT ANY TIME DISCLOSE ANY SUCH MISREPRESENTATION OR FALSIFICATION, MY APPLICATION MAY BE REJECTED, MY NAME MAY BE REMOVED FROM CONSIDERATION OR I MAY BE DISCHARGED FROM MY EMPLOYMENT.

I AUTHORIZE MY CURRENT OR FORMER EMPLOYERS AND ALL SCHOOLS OR EDUCATIONAL AND TECHNICAL INSTITUTIONS WHICH I HAVE ATTENDED TO PROVIDE CLALLAM COUNTY REPRESENTATIVES ANY INFORMATION REGARDING MY CURRENT OR FORMER EMPLOYMENT, SCHOLASTIC RECORDS OR RATINGS. I HEREBY RELEASE ANY SUCH CURRENT OR FORMER EMPLOYERS OR INSTITUTIONS, 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 AM WILLING TO SUBMIT TO A PRE-EMPLOYMENT PHYSICAL EXAMINATION, IF REQUIRED.

I UNDERSTAND THAT AS A CONDITION OF EMPLOYMENT I MUST PROVIDE DOCUMENTATION TO PROVE MY ELIGIBILITY TO OBTAIN EMPLOYMENT ALONG WITH PERSONAL IDENTIFICATION INFORMATION AS REQUIRED BY THE IMMIGRATION REFORM AND CONTROL ACT OF 1986.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**AFFIRMATIVE ACTION INFORMATION**

**THIS FORM IS A REQUIRED PART OF YOUR APPLICATION**

Information as to race, sex, etc. is voluntary, however, it is required that you fill in your name, address and telephone number. Clallam County is an Equal Opportunity Employer. This information will be used for EEO/Affirmative Action purposes only. For an explanation of this County's Affirmative Action Policy, please refer to the information below, Affirmative Action in Clallam County: Information for the Applicant" that accompanies this application. A copy of this form and Clallam County's complete Affirmative Action Policy are available from the Clallam County Human Resources, 223 E. 4th St., Suite 16, Port Angeles, WA 98362. Phone: (360) 417-2241.

POSITION APPLIED FOR:			JOB NO.:		
NAME:					
ADDRESS:					
CITY:		STATE:	ZIP:	PHONE:	
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE                      AGE: _____					
DISABLED: <input type="checkbox"/> NO <input type="checkbox"/> YES    If yes, indicate limitations: _____					
REASONABLE ACCOMMODATIONS: If requested, Clallam County will provide reasonable accommodation to disabled applicants. Please notify the Human Resources Department.					
RACE: (Check one category) <input type="checkbox"/> WHITE - persons of European descent <input type="checkbox"/> BLACK - PERSONS OF African descent as well as Jamaican, Trinidadian and West Indian. <input type="checkbox"/> HISPANIC - persons of Mexican, Puerto Rican, Cuban, Latin American or Spanish descent. <input type="checkbox"/> ASIAN AMERICAN - persons of Japanese, Chinese, Korean, Filipino, Malayan, Thai, Vietnamese, Polynesian, Pakistani, or East Indian descent. <input type="checkbox"/> NATIVE AMERICAN - persons who identify themselves as American Indian, Aleuts, Eskimos or who are known as such by virtue of tribal association and have proper documentation.					
HOW DID YOU HEAR ABOUT THIS JOB? <input type="checkbox"/> Jobs Line <input type="checkbox"/> Newspaper Ad (Which one?): _____ <input type="checkbox"/> Website: _____ <input type="checkbox"/> Informed by Referred by Clallam County Employee <input type="checkbox"/> Courthouse Job Board					

**AFFIRMATIVE ACTION IN CLALLAM COUNTY: INFORMATION FOR THE APPLICANT**

The following is a brief explanation of the Clallam County Affirmative Action Policy. It describes—in a very condensed form—the reasons we request the affirmative action information and how that information is used by Clallam County. Most importantly, this supplement describes the safeguards Clallam County uses to protect the information received from the people who will make the hiring decisions.

**WHY CLALLAM COUNTY HAS AN AFFIRMATIVE ACTION POLICY . . .**

The affirmative action policy exists to provide equal opportunity and treatment to women, minority groups, and all other persons who are employed by or are applying for employment with Clallam County. The information is used to correct the under-utilization of women and members of minorities at all levels of the County's work force. The policy also provides that the County enter into contracts only with equal opportunity employers.

**WHAT WE DO WITH THE INFORMATION YOU GIVE US . . .**

The information we request of you (sex, age, disability, race, etc.) is used to assist us in determining whether women and minorities are being under-utilized or barred from employment. "Under-utilization" is defined here as having fewer minorities or women working in a particular job classification than one would expect by the number of women and minorities present in our area. We also use the information to comply with any federal and state reporting requirements that inform the government how well we are doing in the recruitment and hiring of women and minorities.

**HOW WE KEEP YOUR CONFIDENTIAL INFORMATION CONFIDENTIAL . . .**

The data you give us on the "Affirmative Action Information Sheet" is not recorded on any paper which is kept in a personnel file. In addition, it is not made available to anyone who determines your job qualifications. That would be considered an unfair employment practice on the part of the Clallam County. We have developed these procedures to guarantee that these safeguards are in place and are actually implemented:

1. The "Affirmative Action Information Sheet" will be separated from the job application when it is received by an employee designated in the Human Resources Department to receive Clallam County job applications. It will be placed in a separate, confidential file before applications are processed and distributed to the department with the open position.
2. The information is kept in the confidential file until it is needed to implement a corrective employment program, or to consider or accommodate a disability as authorized by federal or state law or regulations. It is also used for statistical information, or to verify the statistics by the County or by the Washington State Human Rights Commission or other concerned governmental agencies. It is not subject to the inquiries or the viewing by any third party, except those administrative federal and state agencies who make a bona fide exception.
3. The data never becomes part of an employee's personnel file.

Clallam County considers any breach or violation of these rules to be sufficient cause for discipline.

If you would like a copy of the complete Clallam County Affirmative Action Policy (Chapter 12 of the Clallam County Uniform Personnel Policies and Procedures) please contact the Clallam County Human Resources Department in person or by mail at the following address: Clallam County Courthouse, 223 E. 4th St., Suite 16, Port Angeles, WA 98362, or call (360) 417-2241.

**Clallam County is an Equal Opportunity and Affirmative Action Employer.**



# CLALLAM COUNTY

## AUTHORIZATION TO RELEASE PERSONAL HISTORY INFORMATION

(TO BE COMPLETED BY APPLICANT AND SUBMITTED WITH APPLICATION)  
THIS FORM MUST BE NOTARIZED

A complete personal and criminal background investigation will be conducted before hiring for this position. Your fingerprint record may be checked through the Federal Bureau of Investigation. Therefore, the following information is necessary. Other physical, mental, or other job-related tests may be required depending on position applying for. Proof of name and date of birth is required. Only authorized staff will have access to this form. **I CERTIFY THAT THE INFORMATION PROVIDED BELOW IS COMPLETE AND ACCURATE.**

NAME: \_\_\_\_\_

OTHER NAMES KNOWN BY: \_\_\_\_\_

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_

DRIVER'S LICENSE NO.: \_\_\_\_\_ STATE ISSUING: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

LIST STATES OTHER THAN WASHINGTON IN WHICH YOU HAVE RESIDED WITHIN LAST 10 YEARS (include County name & years):

STATE	CORRESPONDING COUNTY	YEARS (TO & FROM)

**TO WHOM IT MAY CONCERN:** I hereby waive my rights as specified in Public Law 93-579 - December 31, 1974 - Title V, U.S.C. 552A. I respectfully request and authorize you to furnish the Clallam County Human Resources Department or its designated agent bearing this release with any and all information that you may have concerning me, including but not limited to, academic achievement, attendance, athletic, military, personal history, health history including psychological and medical records, disciplinary records, and credit records. I also authorize Clallam County Human Resources Department or its designated agent bearing this release to obtain a certified abstract of my full driving record. I request you to answer any questions asked of you with complete candor and cooperation.

I hereby release and agree to hold harmless, you, your organization, including its officers, employees, agents, and insurers, individually and collectively, from any and all liability or damage of whatever kind, which may at any time result to me, my heirs, family or associates due to or in any way related to compliance with this authorization and request to release information, or any attempt to comply with it.

A photocopy of this release form will be valid as an original thereof, even though the photocopy does not contain an original writing of my signature. The original of this form is maintained at the Clallam County Human Resources Department and will be made available upon request.

The information resulting from this release is to be used to assist the Human Resources Department in determining my fitness and qualifications for a position of trust and responsibility. I waive all rights I may assert to obtain information provided to Clallam County pursuant to this release, and agree that Clallam County may preserve the confidentiality from me of statements, opinions and documentation provided by you.

This release will expire one (1) year after date of execution and, prior to that time may be deemed irrevocable.

\_\_\_\_\_  
Signature (SIGN IN FRONT OF NOTARY)

\_\_\_\_\_  
Date of Execution:

\_\_\_\_\_  
Printed Name

### TO BE COMPLETED BY NOTARY PUBLIC

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss

NOTARY SEAL

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

I, the undersigned notary public, do affirm that the above individual has presented valid identification to me.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC



# CLALLAM COUNTY Request for Driving Record

***Completed form must be submitted with Employment Application***

FIRST NAME	MIDDLE NAME	LAST NAME
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PLEASE COMPLETE THE FOLLOWING: DO YOU HAVE A VALID DRIVER'S LICENSE?  YES  NO IF YES, PLEASE INDICATE STATE/NUMBER: \_\_\_\_\_ HAVE YOU BEEN CONVICTED OF ANY MOVING VIOLATIONS OR BEEN INVOLVED IN A VEHICULAR ACCIDENT IN THE LAST 5 YEARS?  YES  NO. IF YES, PLEASE LIST AND EXPLAIN ALL INCIDENTS. INCLUDE ANY NOTICES YOU HAVE RECEIVED SINCE GETTING AN ABSTRACT OF DRIVING RECORD WITHIN THE LAST 6 MONTHS.

STATE	MONTH/YEAR	TYPE OF VIOLATION/EXPLANATION

***If more space is needed, please attach additional sheets of paper.***

Infractions or citations will not necessary remove you from consideration, but the County will consider your driving record and insurability when making employment decisions.

**The information provided above is true to the best of my knowledge. I understand that providing false Information is cause for elimination in the selection process or dismissal from employment.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**AT THE TIME OF AN INTERVIEW**, applicants being interviewed are **required** to submit a copy of their **COMPLETE** driving record to Clallam County Human Resources. **COMPLETE** driving records may be obtained at any Washington State Department of Licensing branch office for a fee of \$10.00 or on-line at the Department of Licensing website (other states may have different procedures). This fee is at the applicant's own expense. We will only accept driving records that are less than six (6) months old.

**County Driving Standards:**

Applicants for positions in which the occupant is expected to operate a motor vehicle must be at least 18 years old and will be required to present a valid Washington State driver's license with any necessary endorsements. Driving records of applicants may be checked. Applicants may be disqualified from driving on behalf of the County under the following circumstances:

- Violations More than two moving infractions within the preceding three years; or felony or criminal traffic violations within the preceding five years.

# EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

## Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

## Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

## Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

## Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

## Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

## Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

## Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

## Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

## Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

## Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

## Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

**FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.**



For additional information:  
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627  
[WWW.WAGEHOUR.DOL.GOV](http://WWW.WAGEHOUR.DOL.GOV)

