

Lewis County Sheriff's Office



Civil Service Commission Support Technician 1 Employment Application

Lewis County Sheriff's Office Mission Statement:

Being a committed community partner, providing professional service to enhance the safety, security, and quality of life in Lewis County.

_____ *For Office Use Only* _____

Date Received: _____

Panel Interview Score: _____

SUPPORT TECHNICIAN 1 EMPLOYMENT APPLICATION INSTRUCTIONS:

1. Follow directions and read each question carefully.
2. Answer all questions completely and accurately. Include complete addresses (street address, city, state, zip code) and phone numbers (area code and number).
3. If a question does not apply, write N/A in the space provided.
4. If you need more space, use an additional piece of paper.

NOTE: Incomplete application packets will be rejected. Failure to follow instructions/ incomplete information may delay the background process or eliminate you from further processing.

Applications are due by 4:00 p.m. on Friday, February 16, 2024. Return completed application to the Lewis County Sheriff's Office either in person, by emailing application to Sheriff@lewiscountywa.gov, or by mail (postmarked no later than February 16, 2024) to:

Lewis County Sheriff's Office
Attn: Applications
345 West Main Street
Chehalis, WA 98532

MINIMUM QUALIFICATIONS:

- Citizen of the United States.
- Provide proof of eligibility to work in the United States.
- Read and write English.
- High school diploma or GED.
- Minimum 21 years of age.
- Washington State driver's license.
- Minimum keyboarding speed 30 words per minute (corrected).
- Passing score on panel interview.
- Pass physical assessment, polygraph and thorough background examination.
- Able to obtain notary public status.
- Meet and pass State and Federal background and testing to be certified to access restricted and confidential computer systems.

NOTE: The information for State and Federal Reporting Form is voluntary. By providing this information, you assist the County in meeting state and federal reporting requirements. The information provided on the form is not used as part of the review and selection process.

Lewis County is an equal opportunity employer that provides access, free from discrimination based on race, color, national origin, religion, age, sex, marital status, sexual orientation, military or veteran status, pregnancy, disability, genetic information, or any other basis protected by law in employment or provisions of services.

1. APPLICANT'S FULL NAME (FIRST, MIDDLE, LAST):

NAME: _____

ANY OTHER NAMES USED: _____

2. CONTACT INFORMATION:

STREET ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

MAILING ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

CELL PHONE: _____

HOME PHONE: _____

BUSINESS PHONE: _____

EMAIL ADDRESS: _____

3. BIRTHPLACE & SOCIAL SECURITY NUMBER:

DATE OF BIRTH: _____

BIRTH PLACE (CITY/COUNTY/STATE/COUNTRY): _____

SOCIAL SECURITY NUMBER: _____

4. DRIVER'S LICENSE:

DRIVER'S LICENSE NUMBER: _____

DRIVER'S LICENSE STATE: _____

EXPIRATION: _____

5. MILITARY STATUS:

HAVE YOU SERVED IN THE ARMY, NAVY, MARINE CORPS, AIR FORCE, COAST GUARD,
R.O.T.C., OR ANY MILITARY RESERVE UNIT? Yes No

BRANCH/ORGANIZATION: _____

ENTRY DATE: _____

EXIT DATE: _____

DISCHARGE TYPE: _____

ARE YOU CLAIMING VETERAN'S PREFERENCE? Yes No

6. RELATIVES:

FATHER

NAME: _____

ADDRESS (NUMBER & STREET): _____

CITY: _____

STATE: _____

ZIP: _____

PHONE: _____

ADDITIONAL INFORMATION: _____

MOTHER

NAME: _____

ADDRESS (NUMBER & STREET): _____

CITY: _____

STATE: _____

ZIP: _____

PHONE: _____

ADDITIONAL INFORMATION: _____

SPOUSE/REGISTERED DOMESTIC PARTNER

NAME: _____

ADDRESS (NUMBER & STREET): _____

CITY: _____

STATE: _____

ZIP: _____

PHONE: _____

ADDITIONAL INFORMATION: _____

FATHER-IN-LAW

NAME: _____

ADDRESS (NUMBER & STREET): _____

CITY: _____

STATE: _____

ZIP: _____

PHONE: _____

ADDITIONAL INFORMATION: _____

MOTHER-IN-LAW

NAME: _____
ADDRESS (NUMBER & STREET): _____
CITY: _____
STATE: _____
ZIP: _____
PHONE: _____
ADDITIONAL INFORMATION: _____

SIBLINGS – List all siblings, including half-siblings and step-siblings

#1 Brother Sister

NAME: _____
ADDRESS (NUMBER & STREET): _____
CITY: _____
STATE: _____
ZIP: _____
PHONE: _____
ADDITIONAL INFORMATION: _____

#2 Brother Sister

NAME: _____
ADDRESS (NUMBER & STREET): _____
CITY: _____
STATE: _____
ZIP: _____
PHONE: _____
ADDITIONAL INFORMATION: _____

#3 Brother Sister

NAME: _____
ADDRESS (NUMBER & STREET): _____
CITY: _____
STATE: _____
ZIP: _____
PHONE: _____
ADDITIONAL INFORMATION: _____

#4 Brother Sister

NAME: _____
ADDRESS (NUMBER & STREET): _____

CITY: _____
STATE: _____
ZIP: _____
PHONE: _____
ADDITIONAL INFORMATION: _____

#5 Brother Sister

NAME: _____
ADDRESS (NUMBER & STREET): _____
CITY: _____
STATE: _____
ZIP: _____
PHONE: _____
ADDITIONAL INFORMATION: _____

#6 Brother Sister

NAME: _____
ADDRESS (NUMBER & STREET): _____
CITY: _____
STATE: _____
ZIP: _____
PHONE: _____
ADDITIONAL INFORMATION: _____

#7 Brother Sister

NAME: _____
ADDRESS (NUMBER & STREET): _____
CITY: _____
STATE: _____
ZIP: _____
PHONE: _____
ADDITIONAL INFORMATION: _____

#8 Brother Sister

NAME: _____
ADDRESS (NUMBER & STREET): _____
CITY: _____
STATE: _____
ZIP: _____
PHONE: _____
ADDITIONAL INFORMATION: _____

#9 Brother Sister

NAME: _____
ADDRESS (NUMBER & STREET): _____
CITY: _____
STATE: _____
ZIP: _____
PHONE: _____
ADDITIONAL INFORMATION: _____

#10 Brother Sister

NAME: _____
ADDRESS (NUMBER & STREET): _____
CITY: _____
STATE: _____
ZIP: _____
PHONE: _____
ADDITIONAL INFORMATION: _____

CHILDREN – List all children, including step-children

NAME: _____ AGE: _____
NAME: _____ AGE: _____
NAME: _____ AGE: _____
NAME: _____ AGE: _____
NAME: _____ AGE: _____
NAME: _____ AGE: _____
NAME: _____ AGE: _____
NAME: _____ AGE: _____
NAME: _____ AGE: _____
NAME: _____ AGE: _____

PROVIDE ANY ADDITIONAL FAMILY DETAILS BELOW:

7. PERSONAL REFERENCES (NO RELATIVES):

#1

NAME: _____

ADDRESS (NUMBER & STREET): _____

CITY: _____

STATE: _____

ZIP: _____

PHONE: _____

ADDITIONAL INFORMATION: _____

#2

NAME: _____

ADDRESS (NUMBER & STREET): _____

CITY: _____

STATE: _____

ZIP: _____

PHONE: _____

ADDITIONAL INFORMATION: _____

#3

NAME: _____

ADDRESS (NUMBER & STREET): _____

CITY: _____

STATE: _____

ZIP: _____

PHONE: _____

ADDITIONAL INFORMATION: _____

PROVIDE ANY ADDITIONAL PERSONAL REFERENCE DETAILS BELOW:

8. PROFESSIONAL REFERENCES:

#1

NAME: _____

ADDRESS (NUMBER & STREET): _____

CITY: _____

STATE: _____

ZIP: _____

PHONE: _____

ADDITIONAL INFORMATION: _____

#2

NAME: _____

ADDRESS (NUMBER & STREET): _____

CITY: _____

STATE: _____

ZIP: _____

PHONE: _____

ADDITIONAL INFORMATION: _____

#3

NAME: _____

ADDRESS (NUMBER & STREET): _____

CITY: _____

STATE: _____

ZIP: _____

PHONE: _____

ADDITIONAL INFORMATION: _____

PROVIDE ANY ADDITIONAL PROFESSIONAL REFERENCE DETAILS BELOW:

9. EDUCATION – HIGH SCHOOL/GED:

NAME OF SCHOOL: _____

LOCATION: _____

YEAR GRADUATED: _____

PROVIDE ANY ADDITIONAL HIGH SCHOOL/GED DETAILS BELOW:

10. POST-SECONDARY EDUCATION:

#1

COLLEGE/UNIVERSITY ATTENDED: _____

CITY: _____

STATE: _____

FROM: _____ TO: _____

TYPE OF DEGREE EARNED: _____

MAJOR: _____

#2

COLLEGE/UNIVERSITY ATTENDED: _____

CITY: _____

STATE: _____

FROM: _____ TO: _____

TYPE OF DEGREE EARNED: _____

MAJOR: _____

#3

COLLEGE/UNIVERSITY ATTENDED: _____

CITY: _____

STATE: _____

FROM: _____ TO: _____

TYPE OF DEGREE EARNED: _____

MAJOR: _____

PROVIDE ANY ADDITIONAL POST-SECONDARY EDUCATION BELOW:

11. TRADE, VOCATIONAL OR BUSINESS SCHOOLS:

#1

SCHOOL ATTENDED: _____

CITY: _____

STATE: _____

FROM: _____ TO: _____

MAJOR: _____

#2

SCHOOL ATTENDED: _____

CITY: _____

STATE: _____

FROM: _____ TO: _____

MAJOR: _____

PROVIDE ANY ADDITIONAL TRADE, VOCATIONAL, OR BUSINESS SCHOOL EDUCATION BELOW:

12. PRIOR RESIDENCES:

#1

ADDRESS (NUMBER & STREET): _____

CITY: _____

STATE: _____ ZIP: _____

FROM: _____ TO: _____

#2

ADDRESS (NUMBER & STREET): _____

CITY: _____
STATE: _____ ZIP: _____
FROM: _____ TO: _____

#3 PRIOR RESIDENCE

ADDRESS (NUMBER & STREET): _____
CITY: _____
STATE: _____ ZIP: _____
FROM: _____ TO: _____

#4

ADDRESS (NUMBER & STREET): _____
CITY: _____
STATE: _____ ZIP: _____
FROM: _____ TO: _____

#5

ADDRESS (NUMBER & STREET): _____
CITY: _____
STATE: _____ ZIP: _____
FROM: _____ TO: _____

13. HOUSEMATES:

#1

HOUSEMATE NAME: _____
PHONE NUMBER: _____

#2

HOUSEMATE NAME: _____
PHONE NUMBER: _____

#3

HOUSEMATE NAME: _____
PHONE NUMBER: _____

#4

HOUSEMATE NAME: _____
PHONE NUMBER: _____

#5

HOUSEMATE NAME: _____
PHONE NUMBER: _____

PROVIDE ANY ADDITIONAL RESIDENTIAL DETAILS BELOW:

14. EMPLOYMENT HISTORY – Start with most recent employment

#1

NAME OF EMPLOYER: _____

POSITION: _____

DATES EMPLOYED – START DATE: _____ END DATE: _____

STREET ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

SUPERVISOR'S NAME: _____

EMPLOYER PHONE: _____

EMAIL: _____

TWO NAMES OF COWORKERS: _____

REASONS FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER? _____

RESPONSIBILITIES & DUTIES: _____

#2

NAME OF EMPLOYER: _____

POSITION: _____

DATES EMPLOYED – START DATE: _____ END DATE: _____

STREET ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

SUPERVISOR'S NAME: _____

EMPLOYER PHONE: _____

EMAIL: _____

TWO NAMES OF COWORKERS: _____

REASONS FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER? _____

RESPONSIBILITIES & DUTIES: _____

#3

NAME OF EMPLOYER: _____

POSITION: _____

DATES EMPLOYED – START DATE: _____ END DATE: _____

STREET ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

SUPERVISOR'S NAME: _____

EMPLOYER PHONE: _____

EMAIL: _____

TWO NAMES OF COWORKERS: _____

REASONS FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER? _____
RESPONSIBILITIES & DUTIES: _____

#4

NAME OF EMPLOYER: _____
POSITION: _____
DATES EMPLOYED – START DATE: _____ END DATE: _____
STREET ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
SUPERVISOR'S NAME: _____
EMPLOYER PHONE: _____
EMAIL: _____
TWO NAMES OF COWORKERS: _____
REASONS FOR LEAVING: _____
MAY WE CONTACT THIS EMPLOYER? _____
RESPONSIBILITIES & DUTIES: _____

#5

NAME OF EMPLOYER: _____
POSITION: _____
DATES EMPLOYED – START DATE: _____ END DATE: _____
STREET ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
SUPERVISOR'S NAME: _____
EMPLOYER PHONE: _____
EMAIL: _____
TWO NAMES OF COWORKERS: _____
REASONS FOR LEAVING: _____
MAY WE CONTACT THIS EMPLOYER? _____
RESPONSIBILITIES & DUTIES: _____

#6

NAME OF EMPLOYER: _____
POSITION: _____
DATES EMPLOYED – START DATE: _____ END DATE: _____
STREET ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
SUPERVISOR'S NAME: _____
EMPLOYER PHONE: _____
EMAIL: _____
TWO NAMES OF COWORKERS: _____

REASONS FOR LEAVING: _____
MAY WE CONTACT THIS EMPLOYER? _____
RESPONSIBILITIES & DUTIES: _____

#7

NAME OF EMPLOYER: _____
POSITION: _____
DATES EMPLOYED – START DATE: _____ END DATE: _____
STREET ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
SUPERVISOR'S NAME: _____
EMPLOYER PHONE: _____
EMAIL: _____
TWO NAMES OF COWORKERS: _____
REASONS FOR LEAVING: _____
MAY WE CONTACT THIS EMPLOYER? _____
RESPONSIBILITIES & DUTIES: _____

#8

NAME OF EMPLOYER: _____
POSITION: _____
DATES EMPLOYED – START DATE: _____ END DATE: _____
STREET ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
SUPERVISOR'S NAME: _____
EMPLOYER PHONE: _____
EMAIL: _____
TWO NAMES OF COWORKERS: _____
REASONS FOR LEAVING: _____
MAY WE CONTACT THIS EMPLOYER? _____
RESPONSIBILITIES & DUTIES: _____

PROVIDE ANY ADDITIONAL EMPLOYMENT DETAILS BELOW:

ISSUES IN EXPERIENCE & EMPLOYMENT – Answer yes or no. If yes, explain circumstances.

Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions)	
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<p>Have you ever been fired, released from probation, or asked to resign from any place of employment?</p>	
<p>Were you ever involved in a physical/verbal altercation with a supervisor, coworker, or customer?</p>	
<p>Have you ever quit without giving proper notice?</p>	
<p>Have you ever resigned in lieu of termination?</p>	
<p>Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a coworker, superior, subordinate, or customer?</p>	
<p>Were you ever the subject of a written complaint at work?</p>	
<p>Have you ever been counseled at work due to lateness or absences?</p>	
<p>Did you ever receive an unsatisfactory performance review?</p>	
<p>Have you ever sold, released, or given away legally confidential information?</p>	
<p>Have you ever called in sick when you were neither sick nor caring for a sick family member?</p> <p>If yes, explain circumstance and indicate how many days used in past five years not due to illness.</p>	
<p>In the past three years, have you missed days or been late to work</p>	

<p>due to drug or alcohol consumption?</p> <p>If yes, explain circumstances and how often.</p>	
<p>Has your work performance ever been affected by your use of alcohol or drugs?</p>	
<p>In the past three years, have you been warned by an employer about your drinking?</p>	
<p>In the past three years, have you been warned by an employer about your drinking or drug habits and their impact on your performance?</p>	

INVOLVEMENT WITH LEGAL JUSTICE SYSTEM – Answer yes or no. If yes, explain circumstances.

<p>Have you ever been placed on court probation as an adult?</p>	
<p>Were you ever required to appear before a juvenile court for an act that would have been a crime if committed as an adult?</p>	
<p>Have you ever been a party in a civil lawsuit (small claims actions, dissolutions, child custody, paternity, support, etc.)?</p>	
<p>Have the police ever been called to your home for any reason?</p>	
<p>Have you or your spouse/partner ever been referred to Child Protective Services?</p>	
<p>Have you ever been the subject of an emergency protective order/restraining order/stay-away order?</p>	
<p>Have you ever settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?</p>	

DISCLOSURE OF ARRESTS AND CONVICTIONS – Answer yes or no. If yes, explain circumstances.

<p>Either as an adult or a juvenile, have you ever been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in any state?</p>	
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INVOLVEMENT IN FELONY ACTS – Answer yes or no. If yes, explain circumstances.

<p>Arson (intentionally destroying property by setting a fire)?</p>	
<p>Assault with a deadly weapon?</p>	
<p>Theft of a vehicle and/or vehicle parts?</p>	
<p>Burglary (entering a structure or vehicle to commit theft or other crime)?</p>	
<p>Child molestation (performing unlawful acts with a child)?</p>	
<p>Accessing and/or possessing child pornography?</p>	
<p>Elder abuse/neglect?</p>	
<p>Embezzlement (theft of money or other valuables entrusted to you)?</p>	
<p>Felony drunk driving (involving injuries)?</p>	
<p>Forcible rape or other act of unlawful intercourse?</p>	
<p>Forgery (falsifying any type of document, check, certificate, license,</p>	

currency, etc.)?	
Hit and run (with injuries)?	
Hate crime?	
Insurance fraud?	
Grand theft (value of over \$400, or any firearm)?	
Murder, homicide, or attempted murder?	
Perjury (lying under oath)?	
Possession of an explosive/destructive device?	
Robbery (theft from another person using a weapon, force, or fear)?	
Stalking?	
Blackmail or extortion?	
Any other act amounting to a felony?	

INVOLVEMENT IN MISDEMEANORS – Answer yes or no. If yes, explain circumstances.

Annoying/obscene phone calls?	
Battery (use of force or violence upon another)?	

Brandishing a weapon (any type of weapon)?	
Carrying a concealed weapon without a permit?	
Contributing to the delinquency of a minor?	
Defrauding an innkeeper (not paying for food or room at a hotel/motel)?	
Driving under the influence of alcohol and/or drugs?	
Drunk in public (being so intoxicated in a public place that you are not able to care for yourself)?	
Hit and run collision (no injuries)?	
Hunting/fishing without a license?	
Illegal gambling?	
Impersonating a peace officer (pretending to be a police officer)?	
Indecent exposure (including flashing or mooning)?	
Joyriding (using a car or other vehicle without owner's permission)?	

Petty theft (value up to \$400, including shoplifting/switching price tags)?	
Possession of alcohol as a minor?	
Possession of falsified or altered identification, including use of another person's ID (for any reason)?	
Possession of stolen property (including vehicles)?	
Prostitution or soliciting a prostitute?	
Resisting arrest (including running from the police)?	
Trespassing?	
Vandalism (including "tagging," malicious mischief and/or property damage)?	
Intentionally writing a bad check?	
Filing a false police report?	
Any other act amounting to a misdemeanor within the past seven years?	

DRUG USE – Answer yes or no. If yes, explain circumstances.

Within the past six months, have you used any drug(s)?	
Provide any additional information you would like to include regarding your drug use record.	

DRIVING – Answer yes or no. If yes, explain circumstances.

Have you ever been involved as the driver in a motor vehicle accident within the past seven years? If yes, explain circumstances (accident type, date of accident, city, and state).	
Have you ever received any moving violations?	
Have you ever received any traffic citations?	
Have you ever driven a vehicle without auto insurance, as required by law?	
Have you ever been refused automobile liability insurance or a bond, or had them cancelled?	

OTHER TOPICS – Answer yes or no. If yes, explain circumstances.

Have you ever been the subject of any judicial or non-judicial disciplinary action (such as court martial, captain's mast, office hours, company punishment)?	
Were you ever denied a security clearance, or had a clearance	

revoked, suspended, or downgraded?	
Have you ever been refused a permit to carry a concealed weapon?	
Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?	
Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?	
Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation, or other violent act?	
Have you ever hit or physically overpowered a spouse or romantic partner?	

LIST OTHER LAW ENFORCEMENT APPLICATIONS:

NAME OF AGENCY: _____
 POSITION APPLIED FOR: _____
 DATE APPLIED: _____
 STATUS OF APPLICATION: _____

NAME OF AGENCY: _____
 POSITION APPLIED FOR: _____
 DATE APPLIED: _____
 STATUS OF APPLICATION: _____

LIST THE NAMES OF ANY ACQUAINTANCES EMPLOYED BY THIS OFFICE OR LEWIS COUNTY: _____

WERE YOU RECRUITED BY AN EMPLOYEE OF THE LEWIS COUNTY SHERIFF'S OFFICE?

Yes No IF YES, BY WHOM: _____

OPTIONAL

INFORMATION FOR FEDERAL AND STATE REPORTING

It is the policy of Lewis County to provide equal opportunity in all terms, conditions, and privileges of employment for all qualified applicants and employees without regard to race, color, religion, creed, national origin, sex, age, marital status, disability, disabled veteran, or Vietnam-era veteran.

Your cooperation in providing this information is strictly voluntary, but highly encouraged. The information requested will be kept CONFIDENTIAL, maintained separately from your application material, and will be used for statistical purposes only. Your application will be reviewed whether or not you provide this information. Only authorized personnel will have access to this information for legitimate purposes.

GENDER: Male Female **ARE YOU 40 YEARS OF AGE OR OLDER?** Yes No

ARE YOU DISABLED? Yes No

For affirmative action purposes, people with disabilities are persons with a permanent, physical, mental, or sensory impairment that 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 it is seldom fully corrected by medical replacement, therapy, or surgical means.

WHAT ETHNICITY DO YOU CONSIDER YOURSELF TO BE?

Caucasian/White (not Hispanic origin) - Those having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black/African American (not of Hispanic origin) - Those having origins in any of the original groups of Africa.

Hispanic - Those of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture regardless of race.

Asian or Pacific Islanders - Those having origins in any of the original peoples of the Far East, South Asia, Indian Subcontinent, or the Pacific Islands.

American Indian or Alaskan Native - Those having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

VETERAN? Yes No

VIETNAM VETERAN? Yes No

Vietnam Era Veteran – Anyone who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1961 and May 7, 1975, and was discharged or released from duty with other than a dishonorable discharge.

DISABLED VETERAN? Yes No **SPOUSE OF DECEASED VETERAN?** Yes No

Disabled Veteran - Anyone entitled to disability compensation under laws administered by the U.S. Department of Veteran Affairs for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

DATE OF DISCHARGE: _____

Lewis County is an Equal Opportunity Employer