



CLATSOP COUNTY SHERIFF'S OFFICE

1190 SE 19th Street • Warrenton, OR 97146

CLATSOP COUNTY SHERIFF'S OFFICE UNDERWATER RECOVERY TEAM

APPLICATION INSTRUCTIONS:

- 1) Fill out the application completely.
- 2) Fill out and sign the attached waiver form. Sign waiver form in front of Notary (a Notary is available at the Sheriff's office during normal business hours).
- 3) Attach copies of all certification you list in this application.
- 4) Return application and attachments to the Clatsop County Sheriff's Office at 1190 SE 19th Street, Warrenton Oregon 97146. Attention: Deputy Grant Shimer, URT Team Coordinator.

If you have any questions please contact Deputy Grant Shimer at (971)704-8635 or by email at gshimer@clatsopcounty.gov

MATTHEW D. PHILLIPS, SHERIFF

Medical Examiner
503-861-8833

Corrections
503-325-8641

Enforcement/Administrative
503-325-8635

Community Corrections
503-861-2875

Animal Control
503-861-7387

Applicant Information												
Full Name:								DOB:				
Last				First				M.I.				
Address:												
Street Address								Apartment/Unit #				
City								State		ZIP Code		
Phone:	()				E-mail Address:							
Date Available:			Driver's License No.:									
Position Applied for:												
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?							
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>								
If yes, explain:												
Education												
High School:						Address:						
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:					
College:						Address:						
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:					
Other:						Address:						
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:					
References												
Please list three professional references.												
Full Name:						Relationship:						
Company:						Phone:		()				
Address:												
Full Name:						Relationship:						
Company:						Phone:		()				
Address:												
Full Name:						Relationship:						
Company:						Phone:		()				
Address:												

CCSO SAR URT APPLICATION

Previous Employment

Company:					Phone:	()	
Address:					Supervisor:		
Job Title:							
Responsibilities:							
From:		To:		Reason for Leaving:			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company:					Phone:	()	
Address:					Supervisor:		
Job Title:							
Responsibilities:							
From:		To:		Reason for Leaving:			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company:					Phone:	()	
Address:					Supervisor:		
Job Title:							
Responsibilities:							
From:		To:		Reason for Leaving:			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		

Certifications(Include copy w/application)	AGENCY	CERT #	DATE OBTAINED
CPR & First Aid	YES <input type="checkbox"/> NO <input type="checkbox"/>		
EMT Certification:	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Open Water Diver	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Advanced Open Water Diver	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Rescue Diver	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Master Diver	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Dive Master	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Dive Instructor Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>		
DAN O ₂ Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>		
OTHER SPECIALTIES /Certifications (List Below)			

Diving Experience

Circle all environments, conditions and experiences you have been in.

Location	Ocean	Bay	Pond	Quarry	River	
Current	Slight	Moderate	Strong			
Depth	0-50	51-100	101-130			
Visibility	None	0-5 ft	10 ft	25 ft	75 ft	100 ft+
Purpose	Military	SAR	Commercial	Recreation		
Specialty	Cave	Night	Ice	Deep	Wreck	Boat
Specialty cont.	Dry Suit	Navigation	Search & Recovery	U/W Photography		

Military Service

Branch:		From:		To:	
Rank at Discharge:		Type of Discharge:			
If other than honorable, explain:					

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:		Date:	
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CLATSOP COUNTY UNDERWATER RECOVERY TEAM

Supplemental questionnaire:

How will the URT benefit from your membership?

What tasks of diving make you most uncomfortable?

Do you have any prior experience with Public Safety Diving? If so, where?

Because the U.R.T. is on call 24 hours per day, 365 days per year, when there is a call out, each member is depended on to respond when not at work or family emergencies. Are you willing to take this responsibility? Y / N

CCSO SAR URT APPLICATION
AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

APPLICANT'S NAME _____
CURRENT ADDRESS _____
TELEPHONE NUMBER _____

TO WHOM IT MAY CONCERN: I am an applicant for a position with Clatsop County, Oregon. The County needs to thoroughly investigate my employment background and personal history to evaluate my qualifications for this position. It is in the public interest that all relevant information concerning my personal and employment history be disclosed to Clatsop County. Employment history includes but is not limited to any records or information related to my application(s) for employment, whether or not I was ever hired.

I hereby authorize any representative of the Clatsop County Sheriff's Office bearing this release to obtain any information in your files pertaining to my employment records, employment application records, records and information obtained in the application process while determining my suitability for employment, recruitment records, background investigation records, or any part thereof, regardless of whether those records are considered public, private or confidential. The intent of this authorization is to provide full and free access to my background and history, for the specific purpose of conducting a background investigation that may provide relevant information for the Sheriff's Office to consider in determining my suitability for employment with Clatsop County. The intent of this release agreement is to authorize the agency that is releasing records and information ("releasing agency") to release any and all records and information the releasing agency has in its files on me, the above name applicant, regardless of whether I was ever hired by releasing agency. It is my specific intent to provide access to employment application records and documents (including any and all information obtained by releasing agency during its investigation into my suitability for employment with releasing agency), recruitment, personal, background, and personnel information, however personal or confidential it may appear to be. This release agreement does not authorize the release of any medical records. Employment application records are defined as any and all information and documents, written or oral, obtained or received by releasing agency in the processing of an application for employment with the releasing agency, which includes but is not limited to background investigation records and information, regardless of the stage the applicant made it to, or did not make it to, in the application process and regardless of whether the applicant was ever hired.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, employment application records, my financial status, my criminal history including any arrest records, any information in investigatory files, efficiency ratings, complaints or grievances against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another in any case in which I was involved, attendance records, polygraph examinations, any internal affairs investigations and discipline, including any files which are deemed to be confidential or sealed. I specifically authorize the release of law enforcement or criminal records and information from law enforcement agencies.

I hereby release you, your organization/releasing agency, and all others from liability or damages that may result from furnishing the requested information, regardless of any prior agreement I have made with you or your organization to the contrary. For and in consideration of releasing agency's acceptance of this release and furnishing of any information or documentation pursuant to this release, I agree to hold harmless and indemnify releasing agency, its officers, agents, and employees from any claim or liability associated with my background check, the release of records and information releasing agency has, and any decision to employ, not employ, or cease employing me with Clatsop County.

For and in consideration of the Clatsop County's acceptance and processing of my application for employment and background check, I agree to hold harmless and indemnify Clatsop County, its officers, agents, and employees from any claim or liability associated to my background check and any decision to employ, not employ, or cease employing me with Clatsop County. I understand that if information of a serious criminal nature is discovered in this investigation, that information will be turned over to the proper authorities.

I understand that the Privacy Act, 5 USC § 552a, prohibits disclosure of certain federal records without my signed authorization or other statutory exemption. My signature above indicates my express permission to release these records pursuant to 5 USC § 552a (b), to the Clatsop County Sheriff's Office for their use in conducting this background check.

A photocopy, e-mail transmission, or telephonic facsimile (fax) of this release shall be valid as an original, even though such photocopy or fax does not contain my original signature. This release is valid for six months from the date of my signature.

DATE _____ SIGNATURE _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public for the State of _____
In the County of _____
My commission expires the _____ day of _____, 20____.