



## **Position open, Jefferson County District Court**

### **JUDICIAL SUPPORT SPECIALIST I**

JUDICIAL SUPPORT SPECIALIST – Jefferson County District Court has an immediate opening for a Judicial Support Specialist 1. This position performs a variety of detailed clerical and office tasks requiring knowledge of court function and procedures. Performs a wide variety of technical operations requiring clerical knowledge and possessing the skills to provide assistance to Judge(s), Court Administrator, and court staff.

EDUCATION and/or EXPERIENCE (minimum) – Applicants must have a high school diploma or GED; and a minimum two years related experience in a legal setting in the State of Washington, or equivalent combination of education and experience. Experience in a court setting is desirable.

WORK WEEK – Monday-Friday, 8:30 a.m. to 4:30 p.m.

This is a UFCW position starting at \$16.17 per hour (Grade 22, Step 1) and is a 40-hour per week position. A complete job description and application are available at the Office of the County Commissioners (application also attached). Submit an application, resume and letter of interest to the Board of County Commissioners office.

Position closes April 14, 2017 at 4:30 p.m.

EOE.

District Court / Adult Probation Administrator  
1820 Jefferson Street/ PO Box 1220  
Port Townsend, WA 98368  
360-385-9134  
[www.co.jefferson.wa.us](http://www.co.jefferson.wa.us)



# JEFFERSON COUNTY

## EMPLOYMENT APPLICATION

PO Box 1220, Port Townsend, WA 98368  
Phone: (360) 385-9100  
FAX: (360) 385-9382  
E-Mail: [jeffbocc@co.jefferson.wa.us](mailto:jeffbocc@co.jefferson.wa.us)

### PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Business Phone: \_\_\_\_\_

Have you ever applied for employment with Jefferson County? ☐ YES ☐ NO

If yes: Month & Year \_\_\_\_\_

Department: \_\_\_\_\_

#### Position Applying For:

Department: \_\_\_\_\_

Pay Expected: \_\_\_\_\_

Are you available for full time work?  
If not, what hours or schedule can you work?

You may need to work overtime. Will  
such a requirement create a problem  
for you?

Are you legally eligible for employment in the United States? If no, please give reason.

When will you be available to begin  
work?

If under 18 years of age do you have a work permit?

Do you have a valid Washington State Driver's License? If yes, list the number: \_\_\_\_\_

Do you have a valid Washington State CDL? If yes, list the number and the class: \_\_\_\_\_

Do you have relatives working for Jefferson County? ☐ YES ☐ NO How did you learn of this position? \_\_\_\_\_

If yes, give name, relationship and Department: (There are some limitations on the employment of relatives. Each case is considered separately for potential conflict of interest.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Co. Department \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Co. Department \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Co. Department \_\_\_\_\_

Have you ever worked for or are you acquainted with other County employees? If yes, please identify. YES NO

Name: \_\_\_\_\_ Co. Department \_\_\_\_\_

Name: \_\_\_\_\_ Co. Department \_\_\_\_\_

Name: \_\_\_\_\_ Co. Department \_\_\_\_\_

Name: \_\_\_\_\_ Co. Department \_\_\_\_\_

Name: \_\_\_\_\_ Co. Department \_\_\_\_\_

**Any misrepresentation or omission made by me on this form or any supplement will be sufficient grounds for immediate termination.**  
Employment Application - Revised October 2008 - Page: 1

## EDUCATION

| Type of School     | Name & Location of School | Course of Study | Yrs. Completed | Did you Graduate?   | Degree or Diploma |
|--------------------|---------------------------|-----------------|----------------|---|-------------------|
| High School        |                           |                 |                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                   |
| Technical School   |                           |                 |                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                   |
| Community College  |                           |                 |                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                   |
| College/University |                           |                 |                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                   |
| Other:             |                           |                 |                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                   |

## SKILLS

### I. OFFICE

Keyboarding Speed: \_\_\_\_\_ words per minute

Do you have any computer experience?  
(Check all that apply)

☐

Personal Computer

☐

PC on Network

☐

Main Frame Terminal

a) Level of Skill -

☐

Beginner

☐

Proficient

☐

Advanced

b) Years of Operating Experience \_\_\_\_\_

c) What software programs have you used?

☐

MS Word

☐

Other word processing  
program(s)--List

☐

MS Excel

☐

Other spreadsheet  
program(s)--List

☐

Database Program(s) - List

☐

Windows

☐

E-mail (list)

☐

Publishing Program(s) list

### II. EQUIPMENT OPERATIONS OR TRADE SKILLS

☐

Microsoft Certified Professional (MCP)  
in 2000 or 2003 Server

☐

Other (list)

## Membership in Professional/Civic Organizations or Military Experience

(Exclude those which may disclose your race, color, religion, or national origin)

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## EMPLOYMENT HISTORY

When listing former employers start with your most recent employer.

### 1. Company Name

Address:

Telephone (include Area Code)

Employed (State Month & Year)

From:

To:

Name of Supervisor

Pay

Per Hour

Per Month

Per Year

Start \$

Last \$

Hours worked week

Reason for Leaving

Job Title

Describe your work.

### 2. Company Name

Address:

Telephone (include Area Code)

Employed (State Month & Year)

From:

To:

Name of Supervisor

Pay

Per Hour

Per Month

Per Year

Start \$

Last \$

Hours worked week

Reason for Leaving

Job Title

Describe your work.

### 3. Company Name

Address:

Telephone (include Area Code)

Employed (State Month & Year)

From:

To:

Name of Supervisor

Pay

Per Hour

Per Month

Per Year

Start \$

Last \$

Hours worked week

Reason for Leaving

Job Title

Describe your work.

in evaluating your application we may contact the employers listed above unless you list below those you do not want us to contact and state the reason why we should not contact them.

Do Not contact Employer number \_\_\_\_\_

Reason: \_\_\_\_\_

*Any misrepresentation or omission made by me on this form or any supplement will be sufficient grounds for immediate termination.*

## PERSONAL HISTORY

**Have you ever been convicted of a crime?** (An affirmative answer will not automatically disqualify you from being considered for employment.)

☐

Yes, List below

☐

No

| Name of Court | City & State: | Date of Conviction |
|---------------|---------------|--------------------|
|               |               |                    |
|               |               |                    |
|               |               |                    |
|               |               |                    |

## DRUG POLICY

It is the policy of the Employer to maintain a drug free workplace. Employees who are observed in possession or using controlled substances (drugs) will be terminated and may have criminal actions filed against them. If you are affected by or become an abuser of drugs or alcohol you may ask for help from your supervisor.

## EQUAL OPPORTUNITY STATEMENT

Equal opportunity is the policy of this Employer and employment opportunities will NOT be limited because of race, color, religion, sex, or nationality and will be so applied. This Employer affirmatively seeks to employ and advance qualified Veterans of Vietnam and recent conflict as identified in Federal Law and disabled Veterans. Hiring, promotions, lay-off, discharge, rates of pay, training and other employment activities will be consistent with this Equal Opportunity Statement. The Employer abides by the principles of the Age Discrimination in Employment Act (ADEA) and does not unlawfully discriminate on the basis of age. This Employer complies with the Americans with Disabilities Act (ADA) when requested to make an accommodation.

## NO EMPLOYMENT CONTRACT

I, understand that if employed, I am employed AT WILL and that no contract between myself and this Employer is created except the agreement on disputes below, by completion of this application, my receiving employment, my continued employment or my receiving benefit of employment of any type. No promises of any form or nature have been made to me, no guarantee of any length of employment is or shall be binding on this Employer, unless in writing. I reserve my right to terminate my employment at any time and the Employer has the same right at any time.

## SIGNATURE AND ACKNOWLEDGMENT

I, the below signed, make this application as an inducement for this Employer to employ me. I have read this completed application, including Equal Opportunity Statement and I certify that entries made by me are without omission and are a full, truthful account of my present and past activities. I authorize and give the right to this Employer to make a thorough, vigorous investigation of all entries made on this form by me and other material I have provided. Any false or misleading statement or entry on this form and other material I have provided IS cause sufficient for my immediate termination, if I am employed. I agree to payroll deduction of overpayments made to me.

Date:

**This is a legal document, read it carefully before signing.**

\_\_\_\_\_  
Applicant's Signature

**Any misrepresentation or omission made by me on this form or any supplement will be sufficient grounds for immediate termination.**

## AUTHORIZATION TO RELEASE INFORMATION

Print Name of Applicant:

Date:

I authorize any person, corporation, company, agency, or other entity, whose name and address I provide in my application or other materials I have provided to Jefferson County, to release information.

## AUTHORIZATION

I, the above named applicant, the below signed, do hereby authorize the receiving person, corporation, company or other entity to FULLY AND COMPLETELY DISCLOSE any and all facts regarding my employment, character, work habits, skills, or other employment related information requested by Jefferson County, or their agents, who bear this authorization and to whom I have provided your name and address as a reference.

## RELEASE

In consideration for assisting me in my application for employment, I the above applicant, the below signed, hereby RELEASE AND HOLD HARMLESS the reference recipient person, corporation, company or other entity receiving this release from any and all possible damages, direct or consequential, immediate or remote, of all forms or types, that I may sustain or allege to sustain by virtue of the recipient person, corporation, company, or other entity from complying with my request to fully and completely comply with the investigation, inquiry or interests of this Employer to whom I have made an application for Employment and the bearer of this Authorization. I have given my consent to reproduce this release and such copy shall be considered to be the original for all purposes whether such copy be by photo reproduction or an electronically transmitted facsimile. By my signature I release any and all parties from any and all liability for any and all statements, writings, conversations or communications of any form, with this Employer regarding any entry on this application and other material I have provided.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

**This is a legal document, read it carefully before signing.**

Applicant's Signature:

Witness' Signature:

Witness' Address:

## PERSONAL REFERENCES (Optional)

| Name: | Address: | Phone: |
|-------|----------|--------|
|       |          |        |
|       |          |        |
|       |          |        |
|       |          |        |
|       |          |        |

***Any misrepresentation or omission made by me on this form or any supplement will be sufficient grounds for immediate termination.***

## AFFIRMATIVE ACTION DATA

Name: \_\_\_\_\_

TITLE OF JOB YOU APPLIED FOR: \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_

It is the policy of Jefferson County to provide equal opportunity in all terms, conditions, and privileges of employment for all qualified job applicants and employees without regard to race, color, national origin, sex, age, marital status, veteran status, sexual orientation or the presence of any mental or physical disability.

To help us comply with government record keeping, reporting and other legal requirements, please complete the affirmative action data below. Providing this information is voluntary and will be kept in a confidential file separate from the application form.

### Ethnic Category (Choose only one.)

☐

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

☐

Black (not of Hispanic origin) - those having origins in any of the Black racial groups of Africa.

☐

Hispanic - those of Cuban, Mexican, Puerto Rican, Central or South America or other Spanish culture or origin regardless of race.

☐

Asian or Pacific Islanders - those having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent or Pacific Island.

☐

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.

AGE: \_\_\_\_\_

SEX \_\_\_\_\_

Marital Status \_\_\_\_\_

Are You Disabled? (if yes, please explain) \_\_\_\_\_