



MASON COUNTY CIVIL SERVICE COMMISSION

Self-Report Checklist

The purpose of this checklist is to enable you to evaluate whether you meet the requirements for employment with the Mason County Sheriff's Office.

It is necessary for you to complete and sign this checklist and return it with your application. This is a supplement to your application. IT IS NOT a graded part of the examination process.

FAILURE TO COMPLETE AND RETURN THIS FORM WILL BE CAUSE FOR DISQUALIFYING YOU AS AN APPLICANT FOR EMPLOYMENT WITH THE MASON COUNTY SHERIFF'S OFFICE.

Please answer TRUE or FALSE to the following questions:

1. True ____ False ____ I do not have a record reflecting any adult felony convictions or a pattern of adult misdemeanor convictions.
2. True ____ False ____ My driving record does not reflect serious or repeated traffic violations.
3. True ____ False ____ I do not use illegal drugs and, if asked to, I can pass a drug test.
4. True ____ False ____ I have never been dismissed or forced to resign from any job because of dishonesty or abuse of privilege.
5. True ____ False ____ I can work shift work, rotating shifts, weekends, holidays, and/or overtime on demand basis as required.
6. True ____ False ____ I have nothing in my past that I feel may keep me from being hired if revealed.

IF YOU CANNOT ANSWER **TRUE** TO THE ABOVE SIX QUESTIONS, YOU DO NOT MEET THE STANDARDS REQUIRED TO BE A CANDIDATE FOR EMPLOYMENT IN THE MASON COUNTY SHERIFF'S OFFICE.

Applicant's Signature
(Your typed name represents your signature)

Date