



**FERRY COUNTY  
SHERIFF**

POST OFFICE BOX 1099  
REPUBLIC, WASHINGTON 99166-1099  
(509) 775-3132 OR 800-342-4344 FAX (509) 775-2127

**LETTER OF UNDERSTANDING**

Name of Applicant \_\_\_\_\_

Date of Birth \_\_\_\_\_

I am applying for a position with the Ferry County Sheriff's Office. I understand that there are certain requirements I must meet before I can be accepted into a position of employment. I understand that I must submit to an extensive background investigation, which consists of the following areas of concern, at a minimum:

- Review of my completed Personal History Statement
- Thorough criminal background check
- Thorough examination of prior employment
- Examination of my personal credit / financial report

Administration will review the results of this investigation and make a preliminary decision as to my potential suitability for employment. I may at this point receive a conditional offer of employment, which will be followed by completion of some or all of the following tests, depending upon the position being sought:

- Polygraph examination
- Drug screening test
- Standard medical examination
- Psychological examination

The aforementioned tests will be administered in a manner selected by the Ferry County Sheriff's Office. I understand that the results of the tests are the property of the agency to which I have applied, and that I will not receive copies of the reports nor any information contained in them, except as it may relate to a serious condition discovered by the examining physician.

A second review by Administration of all the tests in light of the requirements of the job, along with the previous information and will make a final decision as to my suitability for employment.

I agree to assist in the expedient conclusion of these reviews and examinations. I understand that successful completion of this process does not guarantee employment with the Ferry County Sheriff's Office, only that I will be considered for positions as they become available, pursuant to established rules and regulations of the Ferry County Sheriff's Office. I have read and understand the content and purpose of this Letter of Understanding. I agree to abide by these requirements as a condition of employment with the Ferry County Sheriff's Office.

Signature of Applicant \_\_\_\_\_

Signed or attested before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public in and for said County of \_\_\_\_\_, State of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

My Appointment Expires \_\_\_\_\_