



Charles County Sheriff's Office

PO Box 189 -- La Plata, Maryland 20646

APPLICATION FOR EMPLOYMENT

DATE OF APPLICATION: _____

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR VETERAN STATUS, SEXUAL ORIENTATION, OR ANY OTHER LEGALLY PROTECTED STATUS. APPLICANTS SHOULD NOTIFY US PROMPTLY IF THE APPLICANT REQUIRES ACCOMMODATION UNDER THE AMERICANS WITH DISABILITIES ACT OR SIMILAR STATUTES.

The Charles County Sheriff's Office in its recruitment efforts want to know how you heard about the position you are applying for. Please either **TYPE** this application or **PRINT CLEARLY IN INK**.

POSITION APPLIED FOR: Check only one position per application. A separate application is required for each position.

- Police Officer PT Sheriff's Cadet
- Correctional Officer
- Court Security Officer / *I will accept a part-time position:* Yes No

Have you ever been an applicant or an employee of the Charles County Sheriff's Office? Yes No

If Applicant:

Position Applied For: _____ Date of Application: _____

If Employee:

Dates of Employment _____
Position Title: _____
From _____ To _____

Where did you hear about this job opportunity?

- CCSO Website Other Web-based source (Please specify): _____
- College/University job pages Job Fair (Please specify which job fair): _____
- Recruiting card/flyer CCSO employee _____
- Friend/Family member Other: _____
- Radio/Television/Media

State of current primary residence?

- MD DC DE VA
- PA NY NJ OTHER: _____



Charles County Sheriff's Office

PO Box 189 -- La Plata, Maryland 20646

APPLICATION FOR EMPLOYMENT

PERSONNEL USE ONLY
RECEIVED BY: _____
Date: _____
ENTERED IN TRACKING

DATE OF APPLICATION: _____

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR VETERAN STATUS, SEXUAL ORIENTATION, OR ANY OTHER LEGALLY PROTECTED STATUS. APPLICANTS SHOULD NOTIFY US PROMPTLY IF THE APPLICANT REQUIRES ACCOMMODATION UNDER THE AMERICANS WITH DISABILITIES ACT OR SIMILAR STATUTES.

PROOF OF IDENTITY AND AUTHORIZATION WILL BE REQUIRED UPON EMPLOYMENT, LEGALLY AUTHORIZING YOU TO WORK IN THE UNITED STATES. Each applicant appointed to a merit system position must meet all the requirements of that position. Such requirements may include successful completion of a verbal or written examination, a medical examination, and a confidential investigation, as well as the submission of certain documents.

Please either **TYPE** this application or **PRINT CLEARLY IN INK**. Any application which is not completed properly and in its entirety, will not be accepted. Please read entire packet before completing. **Any spaces that do not apply please mark with N/A.**

POSITION APPLIED FOR: Police Officer Correctional Officer Court Security Officer PT Sheriff's Cadet

PERSONAL INFORMATION

1. NAME: _____
(First) (Middle) (Last)

2. ALL OTHER NAMES USED: _____
(Include nicknames, maiden name, etc.)

3. CURRENT MAILING ADDRESS: _____
(Street) (City) (State) (Zip Code)

4. HOME PHONE: _____ WORK PHONE: _____
(Area Code & Number) (Area Code & Number)

5. CELL PHONE: _____ EMAIL ADDRESS: _____

6. SOCIAL SECURITY NUMBER: _____

7. IF YOU ARE APPLYING FOR THE POSITION OF POLICE OFFICER, ARE YOU AT LEAST 21? Yes No

8. IF YOU ARE APPLYING FOR THE POSITION OF CORRECTIONAL OFFICER ARE YOU AT LEAST 18?
 Yes No

9. ARE YOU A UNITED STATES CITIZEN? Yes No

10. DATE OF BIRTH: _____

11. ** DO YOU HAVE ANY PREVIOUS EXPERIENCE/CERTIFICATION AS A LAW ENFORCEMENT OR CORRECTIONAL OFFICER (FROM ANY STATE)? Yes No
 If yes, describe:

**** Maryland Certified Law Enforcement Officers and Correctional Officers must attach a copy of Academy Certification, Diploma, and / or Training.**

12. **EDUCATION AND TRAINING**

Did You Graduate? Yes No Date: _____

Earn a G.E.D.? Yes No Date awarded: _____

High School Attended: _____ Address: _____

COLLEGES ATTENDED	CITY & STATE	TYPE OF DIPLOMA OR DEGREE AWARDED	NUMBER OF CREDITS	MAJOR FIELD	DATES ATTENDED	
					From	To

OTHER (Military, Trade, Business, Secretarial, etc.) _____

Computer - Word Processing Skills: _____

Foreign Language Spoken or Read: _____

Professional License: Type: _____ License #: _____ State Issued: _____ Expiration Date: _____

Please list below any additional information you consider pertinent to your application for employment (including school honors, organization memberships, unique skills, etc.)

MILITARY HISTORY

13. Have you served in the U.S. Armed Forces? Yes No (If yes, supply a copy of DD214)

If yes, your branch of service: _____

Dates of Service From: _____ To: _____

Did you receive any disciplinary action while in the Service? Yes No If yes, please explain:

EMPLOYMENT HISTORY

Instructions:

Please provide a detailed employment history. List all positions held for the last ten years, including military, part-time, summer and volunteer. Use additional sheets if necessary. If you submit a resume, all information must still be provided on this application form.

14. PRESENT EMPLOYER:

EMPLOYER NAME: _____

ADDRESS: _____

Dates of Employment Month / Year		Average Hours Per Week
From: Mo: _____	Yr: _____	_____
To: Mo: _____	Yr: _____	_____

TELEPHONE _____ NAME & TITLE OF SUPERVISOR: _____

NO. & TYPE OF EMPLOYEES SUPERVISED: _____

JOB TITLE: _____

DUTIES:

FORMER EMPLOYER:

EMPLOYER NAME: _____

ADDRESS: _____

Dates of Employment Month / Year		Average Hours Per Week
From: Mo: _____	Yr: _____	_____
To: Mo: _____	Yr: _____	_____

TELEPHONE: _____ NAME AND TITLE OF SUPERVISOR: _____

REASON FOR LEAVING: _____

NO. & TYPE OF EMPLOYEES SUPERVISED: _____

JOB TITLE: _____

DUTIES:

EMPLOYER NAME: _____

ADDRESS: _____

Dates of Employment		Average Hours Per Week
Month / Year		
From: Mo: _____	Yr: _____	_____
To: Mo: _____	Yr: _____	_____

TELEPHONE: _____ NAME AND TITLE OF SUPERVISOR: _____

REASON FOR LEAVING: _____

NO. & TYPE OF EMPLOYEES SUPERVISED: _____

JOB TITLE: _____

DUTIES:

EMPLOYER NAME: _____

ADDRESS: _____

Dates of Employment		Average Hours Per Week
Month / Year		
From: Mo: _____	Yr: _____	_____
To: Mo: _____	Yr: _____	_____

TELEPHONE: _____ NAME AND TITLE OF SUPERVISOR: _____

REASON FOR LEAVING: _____

NO. & TYPE OF EMPLOYEES SUPERVISED: _____

JOB TITLE: _____

DUTIES:

EMPLOYER NAME: _____

ADDRESS: _____

Dates of Employment		Average Hours Per Week
Month / Year		
From: Mo: _____	Yr: _____	_____
To: Mo: _____	Yr: _____	_____

TELEPHONE: _____ NAME AND TITLE OF SUPERVISOR: _____

REASON FOR LEAVING: _____

NO. & TYPE OF EMPLOYEES SUPERVISED: _____

JOB TITLE: _____

DUTIES:

15. Have you ever been discharged (fired) or requested to resign from a former position? Yes No
(If yes, please explain):

16. Have you ever been charged with a criminal offense? Yes No **If yes, provide details, explanation and outcome.**

17. Have you ever been charged with a civil offense? Yes No **If yes, provide details, explanation and outcome.**

18. Have you ever been charged with a serious traffic offense (example; DUI/DWI, driving while suspended or revoked, driving uninsured, reckless driving, etc)? Yes No **If yes, provide details, explanation and outcome.**

19. Do you have a valid driver's license? Yes No

State: _____ D/L Number: _____ Exp. Date: _____

20. Has your driver's license or your privilege to drive ever been (in this state or any other state)

Refused? Yes No **Suspended?** Yes No **Revoked?** Yes No

If yes: What State: _____

When? _____

Why? _____

21. Have you ever **illegally** tried, experimented with, used, tasted any of the following drugs or substances? (This does not include medications prescribed to you.)

Drug Type	Yes	No	# Times Used	Period of Usage	Month/Year Last Used
Marijuana					
Hashish					
Cocaine					
Crack					
PCP					
Heroin					
LSD					
Mushrooms					
Ice					
Crystal Meth					
Amphetamines					
Barbiturates					
Oral Steroids					
Injected Steroids					

If you believe you have used marijuana legally, describe the circumstance and time frame of usage.

22. Have you ever inhaled any substance(s) such as glue, paint thinner, amyl nitrate "rush", etc. for the purpose of getting "high"? Yes No **If yes, explain**

23. Have you ever used any illegal drug not listed? Yes No **If yes, explain**

24. Have you ever taken any prescribed medication not specifically prescribed for you? Yes No

If yes;

What? _____

When? _____ Number of times? _____

25. Have you ever sold, held, or passed any illegal drugs or narcotics? Yes No **If yes, explain.**

26. Have you ever been present during or participated in any way in an illegal drug transaction? Yes No

If yes, explain what type of substance, when did it take place, and how many times

27. Have you ever bought, or been with someone else who has bought, any illegal drugs or narcotics? Yes No

If yes, explain what type of substance, when did it take place, and how many times.

28. Do you consume alcohol? Yes No **If yes, how often?** _____

29. Are you able and willing to work rotating shifts? Yes No

30. 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 race, religion, political affiliation, ethnic origin, nationality, gender or sexual preference?

Yes No

31. Do you have, or have you ever had a; cut (searing), brand (burn) or any body marking signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group?

Yes No

EQUAL OPPORTUNITY EMPLOYER

Notice to Applicants

The Charles County Government is an Equal Opportunity Employer and accordingly monitors and reviews its hiring practices and policies with respect to non-discrimination in recruitment and selection. The information requested below on this form will not be considered in the selection process of the job position you are applying for. The information detailed below will be used to conform with Equal Employment Opportunity Commission guidelines concerning application statistics and is voluntary.

SEX: Male Female

RACE: Black Asian American White

American Indian Hispanic Other: _____

Signature: _____

Date: _____

I agree that if any misrepresentation has been made, any offer of employment may be withdrawn or my employment terminated immediately without any obligation to me other than for payment of services actually rendered.

I understand that part of the hiring process will include additional questionnaires, interviews, a background check, a drug screening test and may include a physical examination.

I understand and agree that this employment application, by itself or together with other Charles County Sheriff's documents or policy statements, does not create a contract or employment. I also understand that I may voluntarily leave or be terminated at any time and for any reason.

I further understand and agree that the Sheriff reserves the authority to deny employments to any applicant who, in his sole discretion, does not meet the standards of the Charles County Sheriff's Office.

I hereby authorize and fully consent to the disclosure and release to the Charles County Sheriff's Office, Charles County, Maryland of any information and documents bearing on my academic history; job performance; and / or other credentials or license that may pertain to the position for which application is made. It is my specific intent to provide access to the above detailed information, no matter how personal or confidential it may appear to be. In consideration of the Charles County Sheriff's Office acceptance and evaluation of the application, I hereby release and hold harmless the Charles County Sheriff's Office, Charles County, Maryland; any school; any present or former employer; and / or any other person furnishing such information or documents from any loss, costs or damages resulting from the release of such information.

I understand that I must notify the Charles County Sheriff's Office, Human Resources, of any changes in my name, address, phone number or other pertinent information.

Signature of Applicant

Date

In order to preclude a delay in the processing of your application, please be sure you have signed and dated the form and that you have answered every question clearly and completely.



Office of the Sheriff

Charles County, Maryland

Troy D. Berry
Sheriff

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review or, and full disclosure of, all records, or any part thereof, concerning myself, to any duly authorized agent of the Charles County Sheriff's Office, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of any and all records concerning me, including, but not limited to, the records of any:

- Educational institutions;
- Financial or credit institution, including records of deposits, withdrawals, and balances of Checking and savings accounts and loans, also the records of commercial or retail credit agencies (including credit reports and/or ratings);
- Public utility companies;
- Employer, including, but not limited to, efficiency ratings, complaints or grievances filed by or against me, internal complaints, investigations or inquiries, pre-employment history, and salary records;
- Medical, psychological and psychiatric reports of consultation, treatment and evaluation at or by any hospital, clinic, private practitioner and the U.S. Veteran's Administration;
- All polygraph examination reports and the reports or results of any other test or examination;
- Real and personal property tax statements and records, and other financial statements and record wherever filed;
- Records of complaint, arrest, trial and/or convictions for alleged or actual violations of the law including criminal and/or traffic records;
- Records of complaints of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had, an interest.

- Records concerning rental property, prior residences or current residence to include, letters of complaint, payment records to include past due monies, credit reports, and rental agreements.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Charles County Sheriff's Office to consider in determining my suitability for employment by that Agency. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the source of information specifically enumerated above and is not intended to deny access to any records not specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed, directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the Charles County Sheriff's Office. I have had explained to me, and I fully understand, that refusal to grant this authorization will not, in itself, constitute a basis for rejection of my application.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with the request.

I further understand that in the event my application is disapproved; the sources of confidential information cannot be revealed to me. A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Signature of Applicant

Applicant's Date of Birth

Signature of Parent or Legal Guardian
(if under the age of 18)

Applicant's Street Address/P.O. Box Number

Applicant's Social Security #

City/State

Zip Code



Office of the Sheriff Charles County, Maryland

Application Process for all Police Officer, Correctional Officer and PT Sheriff's Cadet applicants

The Charles County Sheriff's Office is an equal opportunity employer. Anyone interested in a position with the Sheriff's Office must have at least a high school diploma, be in good physical condition and be able to pass an in-depth background investigation to include a polygraph examination, a psychological examination, a physical examination, and a drug screening test.

Your first step is to complete the employment application in its entirety. Any fields left blank could result in your application being made inactive. Remember you are applying for a position which requires good moral character. Once complete, your application may be mailed, faxed, hand delivered or submitted online.

Your second step in the hiring process is to complete the physical agility test. Prior to the start of the physical agility test, you will be given a Preliminary Questionnaire. Complete honesty is required when completing the Preliminary Questionnaire.

The physical agility test consists of the following:

* **Three Hundred Yard Shuttle:** Given a measured distance of 50 yards, the applicant will run the beginning of the 50 yards to the end and back a total of three (3) times for a total distance traveled of 300 yards. The applicant will accomplish this in 75 seconds or less.

* **1.5-mile Walk/Run:** Given a measured course, the applicant will run and or walk a total distance of 1.5 miles within the allotted 18 minutes.

* **Unconscious Victim Drag:** Given a mannequin weighing 165 pounds, the applicant will drag the mannequin a distance of 75 feet in 35 seconds. The applicant will begin the drag within 30 seconds of being told to start.

* **Trigger Pull Test (Passing Score Not Required for Correctional Officer applicants):** Given a police service pistol, the applicant will: hold the weapon in one hand at shoulder height and with the upper arm, forearm, hand and barrel of the weapon forming an essentially straight line, be able to pull the trigger completely back causing the hammer of the weapon to rise and fall completing a double action firing sequence. This will be accomplished 12 times successively in a period of 20 seconds. With a 10 second rest period, the exercise will be repeated three (3) times for a total of 48 complete double action firing cycles in 110 seconds. The applicant will complete this process for both the right and left hand in order to pass this phase of the testing.

* **Sit-Ups:** Given one (1) minute, the applicant will have to complete a minimum 20 sit-ups using proper form.

* **Push-Ups:** Given one (1) minute, the applicant will have to complete a minimum of 12 straight arm push-ups.

The next step in the hiring process is the written test. Applicants must score at least a 70% to continue to the next step of the hiring process. Those applicants passing the written test will then go on to the oral interview.

The oral interview is set up as a panel interview. Once the interviews are complete, the applicants will be ranked according to a total score combining both your interview score and your written test score. Those applicants scoring high enough to continue will then be moved on to an eligibility list.

As positions become available the applicants will be selected in ranking order from the eligibility lists be offered a conditional offer of employment. The conditional offer of employment is contingent upon the applicant successfully completing and passing the background investigation to include the polygraph, psychological, physical, and drug screen. Those applicants who successfully pass these final steps will be presented to the Sheriff for final approval of hire. Once approved, the applicant will then be set up with a date of hire.