



Charles County Sheriff's Office

PO Box 189 -- La Plata, Maryland 20646

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

CIVILIAN 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.

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.

1. POSITION APPLIED FOR: Check only one position per application. A separate application is required for each position. *Should a full-time position not be available, I will accept a part-time position:* Yes No

- Police Communications Officer / Dispatcher
- Station Clerk
- General Office Support
- Part Time Sheriff's Cadet
- Volunteer
- Other (Specify) _____

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

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

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

5. EMAIL ADDRESS: _____

6. SOCIAL SECURITY NUMBER: _____

7. ARE YOU AT LEAST 18 YEARS OF AGE? Yes No

8. ARE YOU A UNITED STATES CITIZEN? Yes No

9. DATE OF BIRTH: _____

MISCELLANEOUS

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

If Applicant: _____ If Employee: _____ Dates of Employment _____
 Date of Application: _____ Position Title: _____ From _____ To _____
 Position Applied For: _____

Please indicate the source from which you learned of this position:
 Newspaper (Name): _____
 Bulletin or poster (Posted where): _____
 Job Recording
 County Employee
 Other (Specify): _____

11. **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.)

Foreign Language Spoken or Read: _____ Computer - Word Processing Skills: _____

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.)

12. Do you possess a valid motor vehicle operator's license? Yes No

~~When~~ If your answer was yes, please state jurisdiction in which license was issued: _____

Expiration Date: _____ Type & #: _____

MILITARY HISTORY

13. Have you served in the U.S. Armed Forces? Yes No
If yes, your branch of service: _____

From: _____ To: _____

Did you receive any disciplinary action while in the Service? 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 OR MOST RECENT POSITION:**

EMPLOYER NAME: _____

ADDRESS: _____

Dates of Employment Month / Year	Salary	Average Hours Per Week
From: Mo: _____ Yr: _____	Start \$ _____	_____
To: Mo: _____ Yr: _____	Final \$ _____	_____

TELEPHONE: _____ NAME AND TITLE OF SUPERVISOR: _____

REASON FOR LEAVING: _____

NO. & TYPE OF EMPLOYEES SUPERVISED: _____

JOB TITLE: _____ DUTIES: _____

FORMER POSITIONS:

EMPLOYER NAME: _____

ADDRESS: _____

Dates of Employment Month / Year	Salary	Average Hours Per Week
From: Mo: _____ Yr: _____	Start \$ _____	_____
To: Mo: _____ Yr: _____	Final \$ _____	_____

TELEPHONE: _____ NAME AND TITLE OF SUPERVISOR: _____

REASON FOR LEAVING: _____

NO. & TYPE OF EMPLOYEES SUPERVISED: _____

JOB TITLE: _____ DUTIES: _____

EMPLOYER NAME: _____

ADDRESS: _____

Dates of Employment Month / Year	Salary	Average Hours Per Week
From: Mo: _____ Yr: _____	Start \$ _____	_____
To: Mo: _____ Yr: _____	Final \$ _____	_____

TELEPHONE: _____ NAME AND TITLE OF SUPERVISOR: _____

REASON FOR LEAVING: _____

NO. & TYPE OF EMPLOYEES SUPERVISED: _____

JOB TITLE: _____ DUTIES: _____

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 of 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.

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

Position applying for: _____

ADDITIONAL INFORMATION: