



# 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. 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 type N/A in all blocks that do not apply.**

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

- Police Communications Officer
- Station Clerk
- Volunteer
- Other (Specify) \_\_\_\_\_

Should a full-time position not be available, I will accept a part-time position:  Yes  No

### PERSONAL INFORMATION

2. NAME: \_\_\_\_\_  
(First) (Middle) (Last)

3. ALL OTHER NAMES USED: \_\_\_\_\_  
(Include nicknames, maiden name, etc.)

4. CURRENT MAILING ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

5. HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
(Area Code & Number) (Area Code & Number)

6. CELL PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
(Area Code & Number)

7. SOCIAL SECURITY NUMBER: \_\_\_\_\_

8. ~~DO YOU HAVE ANY OTHER EMPLOYMENT?~~  Yes  No

9. DATE OF BIRTH: \_\_\_\_\_

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: \_\_\_\_\_

Dates of Employment

**If Employee:**

Position Title: \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

**Where did you hear about this job opportunity?**

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

**State of current primary residence?**

- MD
- DC
- VA
- DE
- PA
- NY
- NJ
- OTHER: \_\_\_\_\_

10.

**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**

11. 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 Served From: \_\_\_\_\_ Date Served 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.**

12. **CURRENT EMPLOYER:**

**EMPLOYER NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

Dates of Employment		Average Hours Per Week
Month / Year		
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 & TITLE OF SUPERVISOR:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

**NO. & TYPE OF EMPLOYEES SUPERVISED:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **DUTIES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYER NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

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

**TELEPHONE:** \_\_\_\_\_ **NAME & TITLE OF SUPERVISOR:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

**NO. & TYPE OF EMPLOYEES SUPERVISED:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **DUTIES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYER NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

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

**TELEPHONE:** \_\_\_\_\_ **NAME & 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 & TITLE OF SUPERVISOR: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

NO. & TYPE OF EMPLOYEES SUPERVISED: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ DUTIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**GENERAL INFORMATION**

Affirmative responses to the following questions will not automatically exclude you from employment consideration.

14. HAVE YOU EVER BEEN CONVICTED OF **ANY** VIOLATION OF ANY FEDERAL LAW, STATE LAW, COUNTY OR MUNICIPAL LAW REGULATION OR ORDINANCE? (Includes court-martial while in the military, traffic citations or traffic arrests.)

Yes  No

15. IF YES, LIST THE NATURE OF THE CHARGE(S), THE CHARGING AGENCY AND THEIR FULL ADDRESS, THE DATE(S) OF THE CHARGE(S), AND THE FINAL DISPOSITION. (If additional space is needed, continue under "Additional Information.")

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**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:** \_\_\_\_\_

***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.**