



TALBOT COUNTY SHERIFF'S OFFICE



115 West Dover St.
Easton, Maryland 21601

Office
410-822-1020

Dallas G. Pope
Sheriff

Fax
410-770-8110

Application for Employment

Position Applied For: _____ **Date:** _____

Part 1: Personal Information

Name (Last, First, Middle): _____

Address: _____

Telephone: H _____ **W** _____

Social Security Number: _____

Date of Birth: _____

Aliases and Nicknames: _____ **Maiden Name:** _____

Driver's License Number: _____ **Class:** _____ **State:** _____

Place of Birth: _____

Citizenship: United States Other: _____

Naturalization Date: _____ **Certification Number:** _____

Height: _____ **Weight:** _____ **Race:** _____ **Gender:** _____ **Hair:** _____ **Eye:** _____

Scars, Marks, Tattoos: _____

Marital Status: Married, Single, Divorced, Separated, Widowed
 Other

Marriage Date: _____ Location (city, state): _____ License #: _____

Spouse's Name: _____ Maiden Name: _____

Spouse's Address and Telephone Number (if Different): _____

Spouse's Employer: _____ Telephone Number: _____

Residences from Birth

From: _____ To: _____ Address: _____

From: _____ To: _____ Address: _____

From: _____ To: _____ Address: _____

From: _____ To: _____ Address: _____

From: _____ To: _____ Address: _____

From: _____ To: _____ Address: _____

From: _____ To: _____ Address: _____

From: _____ To: _____ Address: _____

From: _____ To: _____ Address: _____

Parent/Guardian Information

Mother: Name: _____

Address: _____

Telephone: _____

Date of Birth: _____

Living: [] Yes, [] No

Father: Name: _____

Address: _____

Telephone: _____

Date of Birth: _____

Living: Yes, No

Guardian: Name: _____

Address: _____

Telephone: _____

Date of Birth: _____

Living: Yes, No

Part 2: Educational Information

Name of High School: _____ Dates Attended: _____

Address: _____

Diploma Received: Yes, No, G.E.D., Graduation Date: _____

Certification #: _____

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2

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Name of College/Universities: _____

Address/Addresses: _____

Dates Attended: _____

Total Credits: _____

Date Graduated: _____

Major: _____

Specialized Training, Skills or Qualifications
Law Enforcement and Military Training

Type of Training, Date, Certification: _____

MAKE COPIES OF ALL TRAINING AND QUALIFICATIONS CERTIFICATES

Part 3: Employment History

(List all Employers Beginning With Current or Most Recent)

Employer: _____

Address: _____

Telephone: _____

Dates Employed: From: _____ To: _____ [] Full Time, [] Part Time

Hours per week: _____

Position Held: _____ Salary: Starting: _____ Ending: _____

Supervisor's Name: _____ Title: _____

Reason for Leaving: _____

Employer: _____

Address: _____

Telephone: _____

Dates Employed: From: _____ To: _____ [] Full Time, [] Part Time

Hours per week: _____

Previous Employer, Cont.

Position Held: _____ Salary: Starting: _____ Ending: _____

Supervisor's Name: _____ Title: _____

Reason for Leaving: _____

Previous Employer

Employer: _____

Address: _____

Telephone: _____

Dates Employed: From: _____ To: _____ [] Full Time, [] Part Time

Hours per week: _____

Position Held: _____ Salary: Starting: _____ Ending: _____

Supervisor's Name: _____ Title: _____

Reason for Leaving: _____

Previous Employer

Employer: _____

Address: _____

Telephone: _____

Dates Employed: From: _____ To: _____ [] Full Time, [] Part Time

Hours per week: _____

Position Held: _____ Salary: Starting: _____ Ending: _____

Supervisor's Name: _____ Title: _____

Reason for Leaving: _____

Previous Employer Continued:

Employer: _____

Address: _____

Telephone: _____

Dates Employed: From: _____ To: _____ [] Full Time, [] Part Time

Hours per week: _____

Position Held: _____ Salary: Starting: _____ Ending: _____

Supervisor's Name: _____ Title: _____

Reason for Leaving: _____

Previous Employer, Cont.

Employer: _____

Address: _____

Telephone: _____

Dates Employed: From: _____ To: _____ [] Full Time, [] Part Time

Hours per week: _____

Position Held: _____ Salary: Starting: _____ Ending: _____

Supervisor's Name: _____ Title: _____

Reason for Leaving: _____

Previous Employer

Employer: _____

Address: _____

Telephone: _____

Dates Employed: From: _____ To: _____ [] Full Time, [] Part Time

Hours per week: _____

Position Held: _____ Salary: Starting: _____ Ending: _____

Supervisor's Name: _____ Title: _____

Reason for Leaving: _____

Previous Employer

Employer: _____

Address: _____

Telephone: _____

Dates Employed: From: _____ To: _____ [] Full Time, [] Part Time

Hours per week: _____

Position Held: _____ Salary: Starting: _____ Ending: _____

Supervisor's Name: _____ Title: _____

Reason for Leaving: _____

Previous Employer

Employer: _____

Address: _____

Telephone: _____

Dates Employed: From: _____ To: _____ [] Full Time, [] Part Time

Hours per week: _____

Position Held: _____ Salary: Starting: _____ Ending: _____

Supervisor's Name: _____ Title: _____

Reason for Leaving: _____

Previous Employer Continued:

Employer: _____

Address: _____

Telephone: _____

Dates Employed: From: _____ To: _____ [] Full Time, [] Part Time

Hours per week: _____

Position Held: _____ Salary: Starting: _____ Ending: _____

Supervisor's Name: _____ Title: _____

Reason for Leaving: _____

Part 3. Employment History (cont.)

1) Have you ever been discharged from any employment for reasons other than medical?

[] yes, [] no, If yes explain: _____

2) Have you ever resigned from a previous employment while anticipating your employer intended to discharge (fire) you for any reason?

[] yes, [] no, If yes explain: _____

3) Have you ever resigned from previous employment while anticipating your employer intended to take any form of disciplinary action against you?

[] yes, [] no, If yes explain: _____

4) Have you had any extended absences from work for reasons other than medical or approved vacations?

[] yes, [] no, If yes explain: _____

Part 4: Military and Selective Service Information

Branch of Service: Army, Navy, Air Force, Marines, Coast Guard

Other: _____

Entrance Date: _____ Discharge Date: _____ Highest Rank Held: _____

Type of Discharge: Honorable, Dishonorable, General, Medical

Other: _____

Are you a present or past member of a military reserve or National Guard unit? yes,

no, Past, Present, Active, Inactive

If yes, Branch, Name, and Address of Unit: _____

Selective Service Registration Number: _____

Part 5: Criminal Activity Information

Have you ever been involved in criminal related activity as indicated below?

<u># of Activity</u>		<u>Times</u>	<u>Date of Last</u>
<u>Activity</u>			
Battery	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	_____
Theft	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	_____
Assault	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	_____
Domestic	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	_____
Serious Traffic	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	_____

Marihuana	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	_____
Possession/Use			
Cocaine/Crack	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	_____
Possession/Use			
Heroin	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	_____
Possession/Use			
PCP(Phencyclidine)	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	_____
Possession/Use			
Amphetamines	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	_____
Possession/Use			
Barbiturates	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	_____
Possession/Use			
Anabolic Steroids	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	_____
Possession/Use			
Inhalants (any)	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	_____
Huffing, Whip-it,			
Nitrous Oxide, Rush			
LSD	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	_____
Possession/Use			

Criminal Activity Information, Cont.

Have you ever been arrested for a violation of any drug law? [] yes, [] no.

If yes, provide date and information: _____

Have you illegally sold any type of drug or controlled dangerous substance? [] yes, [] no.

If yes, provide date and information: _____

Have you illegally purchased any type of drug or controlled dangerous substance? [] yes, [] no.

If yes, drugs/substances purchased: _____

Part 6: General Information

1) Excluding parking tickets, have you received any traffic citations, been arrested, taken into custody, detained for investigation or charged with a crime by any law enforcement agency or military authority (include expungements, indictment, criminal summons, criminal information, probation before judgment, etc.)? [] yes, [] no.

2) Have you ever previously applied for employment with this or any other law enforcement or security/protective/investigative agency? [] yes, [] no.

3) Have you ever been rejected for any reason, other than medical, after applying for employment with this or any other law enforcement related agency? [] yes, [] no.

4) Are there incidents in your background (not mentioned above) which may reflect on your ability to perform duties associated with this position? [] yes, [] no.

5) Have you ever been served with a protective order or exparte order? [] yes, [] no.

6) Has your driving privilege ever been denied, suspended, or revoked in this State or any other jurisdiction? [] yes, [] no.

7) Have you appeared in civil court as either a Defendant or Plaintiff? [] yes, [] no.

General Information, Cont.

8) Have any judgments been filed against you? [] yes, [] no.

9) Have you ever been refused credit? [] yes, [] no.

*For all questions to which you answered [x] yes, indicate the question number and a detailed explanation in the space provided below. For additional space use the reverse side of this form.

Part 7: Character References

List five character references that have knowledge of your background, qualifications, and reputation. Do not include relatives, former employers or supervisors, or individuals living outside the United States or its territories.

Name	Address	Telephone	Yrs. Known
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____

Part 8: Foreign Languages

***Are you proficient in the following areas? [x]**

<u>Language</u>	<u>Reading</u>	<u>Writing</u>	<u>Speaking</u>
_____	[]yes, []no	[]yes, []no	[]yes, []no
_____	[]yes, []no	[]yes, []no	[]yes, []no
_____	[]yes, []no	[]yes, []no	[]yes, []no
_____	[]yes, []no	[]yes, []no	[]yes, []no

Describe your ability for each "yes" answer: _____

Part 9: Clubs and Organizations

List all clubs and organizations of which you are currently a member.

Part 10: Hobbies and Interest

List all hobbies, activities, and interest and the amount of time spent for each.



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Authorization for Release of Information

Last First Middle DOB

Address _____ **Social Security No.** _____

do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by/to any duly authorized agent of the Talbot County Sheriff's Office, whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature. The intention of this authorization is to provide information which will be utilized for investigative resources material.

I authorize the full and complete disclosure of the records of educational institutions, financial or credit institutions, and the records of commercial or retail mercantile establishments and retail credit agencies; medical and psychiatric consultation and/or treatment, including those of hospitals, clinics, private practitioners, the U.S. Veterans' Administration, and all military and psychiatric facilities; public utility companies; employment and pre-employment records including background investigation reports, the results of polygraph examinations, efficiency ratings, complaints or grievances filed by or against me; records of complaints of a civil nature made by or against 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.

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

Signature

Date

Notary Public Certification

State of Maryland, County of _____

I hereby certify that on this _____ day of _____, 20____, before me, a

**Notary Public for said state and county, personally appeared
____, and made oath in due form of law that he/she has executed this authorization for
release of information in the capacity therein stated and for the purpose therein contained.
In witness, I here unto set my hand and official seal.**

_____ **My commission expires:** _____

Notary Public Signature

Affix Official Seal

Truthfulness Statement

I certify the information contained herein is true and complete to the best of my knowledge. I understand employment is contingent upon successful completion of all required performance, polygraph and medical examinations, verification of the employment application information and oral interview. I further understand that willful misrepresentations, omissions or falsifications during any phase of the employment process may disqualify me from further consideration for employment.

Applicant's Signature: _____ Date: _____

Witness: _____ Date: _____