

St. Mary's County Sheriff's Office
Applicant Preliminary Information Sheet

CHECK: The position you are applying for:

Deputy Sheriff Entry Level ☐ **Deputy Sheriff Lateral** ☐

Correctional Officer ☐ **Correctional Officer Lateral** ☐ **Cadet** ☐

Application Date: _____

Full Legal Name: _____

Current Address: _____

Date of Birth: ____ - ____ - ____ Race: _____ Sex: _____

Email Address: _____

Phone Number: ____ - ____ - ____

Return Forms: Info Sheet, Waiver & Authorization by ***Email, Fax, or mail.***

Email address: sheriffrecruiting@stmaryscountymd.gov

Fax Number: **301-475-4068**

Address: ***St. Mary's County Sheriff's Office***

23150 Leonard Hall Drive

Leonardtown, Maryland 20650

Office Number: **301-475-4200 Ext. 1936**

WAIVER OF LIABILITY

I, _____, whose current address is _____ in consideration of my being permitted to participate in the initial screening process to determine my ability to perform the essential job functions of a St. Mary's County Sheriff's Deputy or Correctional Officer, do hereby relieve and hold harmless, for any injury or damage I may suffer as a result of my participation, the Sheriff of St. Mary's County, the St. Mary's County Government, the State of Maryland, and any and all other persons who may assist the Sheriff or the County in the administration of this process. I certify that I have educated myself concerning the nature of the testing process, and I understand that the physical activities involved require a certain level of strength and physical conditioning. I have had the opportunity to consult with a physician of my choosing regarding my participation in this process and on sound medical advice, and/or of my own free will, have decided to participate and accept the liability for any and all injuries or damages I may incur as a result of the process. I certify, further, that I have had the opportunity to discuss this document with an attorney and, with complete understanding, do agree to its conditions.

Date: _____

Applicants

Signature: _____

(If Applicable) Parent or Guardian

Signature: _____

Witness

Signature: _____

**Office of the Sheriff
St. Mary's County, Maryland**

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION
TO THE ST. MARY'S COUNTY GOVERNMENT**

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

I, _____, Parent and/or Guardian of _____, a minor child, do hereby authorize a review of and disclosure of the following records, concerning _____, to a duly authorized agent of the St. Mary's County Government or Sheriff's Office:

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 institutions, 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 records wherever filed;
- Adult or juvenile 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 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.
- Pre-employment background investigation and/or reports.

I reiterate, and emphasize that the intent of this authorization is to provide full and complete 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 St. Mary's County Sheriff's Office to consider in determining my suitability for employment by the St. Mary's County Government. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above and are 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 St. Mary's County Government.

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 this request.

I further understand that in the event my application is disapproved, the source 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

Date of Birth

Signature of Parent or Guardian (if applicable)
Both parent and minor must be present for Notary.

Relationship

Street Address/Rural Route No./P.O. Box no.

Social Security Number

City/State

Zip Code

State of _____, County/City of _____, (Name of
Applicant) _____ personally appeared before me on this _____ day of
_____, 20____, and acknowledged his/her signature to the above statement.

Notary Public

My Commission Expires: _____

(SEAL)

St. Mary's County Sheriff's Office

PHYSICAL AGILITY TEST

Push-Ups: 20 full repetitions in a one (1) minute timeframe. (Applicant's choice of Modified-[knees] or Traditional)

Purpose: This is an important consideration when dealing with the use of force and self-defense, such as control and restraint techniques.

Sit-Ups: 20 full repetitions in a one (1) minute timeframe. (Arms across your chest, or fingers behind ears, someone will hold your feet)

Purpose: This is important when dealing with the use of force, as it measures the endurance of the abdominal muscles.

Wall Climb: Climb over a five (5) foot wall. Must be completed within thirty (30) seconds once making contact with the obstacle.

Purpose: This test measures the strength in hands, arms, and upper body, and demonstrates the ability to handle body weight. This is an essential function of officers in foot pursuit situations.

Unconscious Victim Drag: Drag a 150 pound dummy 50 feet without stopping.

Purpose: This is an essential job function as officers are often called upon to remove victims of accidents, natural and manmade disasters, attacks of other individuals, as well upon officers and to prevent further injury or death of a victim or fellow officer.

Three hundred yard shuttle or sprint: ninety (90) seconds or less.

A measured course of 50 yards. The applicant will run 50 yards to the end and back to the beginning for a total of three (3) times for a total distance traveled of 300 yards. The applicant will accomplish this in (90) seconds or less from the instant the applicant is signaled to begin.

Purpose: Essential job function because officers are frequently required to pursue and apprehend persons whom they are required to arrest. Many of those who flee are quite adept at running, dodging, twisting, and turning to avoid apprehension. The 300 yard shuttle is designed to determine if the applicant has a minimal level of ability to pursue fleeing persons.

Timed Run: 1 mile (equivalent to four (4) laps around a standard track) in a twelve (12) minute timeframe.

Purpose: This test measures aerobic power and sustained cardiovascular endurance that is relative to exhaustive efforts an officer may encounter during a foot pursuit and/or confrontation.

Trigger Pull: (Deputy Sheriff Applicants and Cadets only) ten (10) consecutive repetitions with the dominant hand, and ten (10) consecutive repetitions with the non-dominant hand.

Purpose: Measures the ability to control a firearm, which is an essential task of Deputy.

Stairs Climb: (Deputy Sheriff Applicants and Cadets only) will demonstrate the ability to traverse up and down at least (2) two flights of stairs.

Purpose: This test measures aerobic power and sustained cardiovascular & muscular endurance that is relative to performing an officer's response to a call for service.

APPLICATION PROCESS

Please follow the below guidelines when applying to the St. Mary's County Sheriff's Office:

For Deputy Sheriff, Correctional Officer, or Cadet the process is the same.

Complete the Fillable PDF Personal History Statement:

<https://www.firstsheriff.com/docs/Personal-History-Statement-for-Website.pdf>

- Download the PDF Personal History Statement and save it to your computer.
- Fill out the Personal History Statement.
- Read entire document, verify that this document is truthful, accurate and complete.
- Digitally sign the Personal History Statement on page 14 and the Waiver of Liability on page 15.
- After completion, email your Personal History Statement to sheriffrecruiting@stmaryscountymd.gov.
- Once we receive your Personal History Statement, we will send you the Authorization to Release Information to have signed in the presence of a Public Notary.

Authorization to Release Information Form:

<https://www.firstsheriff.com/docs/Authorization%20for%20Release%20of%20Personal%20Information.pdf>

For questions, please contact the Personnel and Recruiting Section at
sheriffrecruiting@stmaryscountymd.gov