

This is an application for employment which includes an overview of our hiring process. You are officially employed by the Office of Sheriff for St. Mary's County only after a Personnel Action has been issued by the Department of Human Resources. While I understand that I may receive information from the Department of Human Resources and other Departments of County Government, I acknowledge that I am an employee of the Sheriff's Office for St. Mary's County and am under the direct control and supervision of those individuals employed by the Sheriff's Office. Any representation as regards to your appointment, setting of wages, or any other personnel action made to you by other than the Department of Human Resources is without authority and you are advised that you have no right to rely upon such representation. Concerns about our EEO policy or hiring process should be directed to the Director of Human Resources at 301-475-4200, extension 1100.

I hereby certify that I have personally completed this application and the answers I have given to each question are true and complete to the best of my knowledge and will be used to consider my eligibility for employment. In submitting this application for employment, I authorize investigation of all statements contained therein. I hereby authorize St. Mary's County Sheriff's Office to make any contacts considered necessary to my employment, such as previous employers, criminal or credit bureau records. I authorize any person or organization whose name I have given as a character reference or by whom I have been previously employed and any educational institution which I have stated I attended to furnish the Sheriff's Office any information they may have concerning me. I hereby release all such persons, organizations and institutions from any claims for damages or otherwise by reason of furnishing such information and records. It is understood and agreed that any misrepresentations, omissions or falsification knowingly made in this application will be sufficient cause for disqualification, withdrawal of conditional job offer or termination of employment.

I understand that as a condition of employment, I will be required to undergo and successfully pass a screening for substance abuse. I also understand and agree that, if employed, I may be required to submit to an alcohol or substance abuse screening as required by Law and St. Mary's County Government's Policies and Procedures. I hereby consent to having the results of any such alcohol or substance abuse screening I may be required to undergo disclosed to the hiring official.

I understand that this application, as well as any background investigation conducted, is the sole property of the Sheriff's Office and I am not entitled to the contents of the background investigation. I further am waiving my right to request any and all parts of this application as well as any part of my background investigation. Driving record checks may be required on an applicant or employee who may be required to operate a vehicle for business purposes. This will also depend on the nature of the position and the insurance company's requirements. I hereby authorize the Sheriff's Office to obtain a complete driving history.

PLEASE ENSURE EACH PAGE OF THE APPLICATION AS WELL AS ALL SUPPLEMENTAL DOCUMENTS HAVE BEEN SIGNED, INITIALED, DATED, AND/OR NOTARIZED WHERE REQUIRED. FAILURE TO DO SO WILL RESULT IN YOUR APPLICATION BEING REJECTED OR PLACED IN AN INACTIVE STATUS.

IMPORTANT NOTICE TO APPLICANT

The recruitment process for the Deputy Sheriff, Correctional Officer, or Cadet applicant is an extremely competitive and time consuming process which requires our Office to ensure those applicants recommended meet the requirements for certification by the Maryland Police and Correctional Training Commissions, as set forth in the Code of Maryland Regulations (COMAR). You should understand that there are an overwhelming number of qualified applicants competing for a limited number of positions. Our community expects, demands and rightfully deserves that we hire only those individuals who possess the highest degree of impeccability in terms of personal background, judgment, maturity, integrity and credibility, without regard to race, color, gender, age, marital status, sexual orientation, pregnancy, national origin, religion or belief, political affiliation or opinion.

The completion and submission of this Personal History Statement is the first phase in the thorough and lengthy application for Deputy Sheriff, Correctional Officer, or Cadet. A properly, thoroughly and honestly completed Personal History Statement will enable us to not only more accurately evaluate your application but provides us with the information required to meet the guidelines in COMAR for certification as a Deputy Sheriff, Correctional Officer, or Cadet.

As a reminder, be sure you answer each question thoroughly, honestly and completely. Many applicants may be disqualified due to omission of information and/or the purposeful concealment of requested information, rather than due to previous behavioral factors. While indiscretions, experimentation's or other judgmental acts in your life may or may not be condoned; deception will not be tolerated. Do not withhold any information that is requested whether you think it important or not. This Office will decide the importance of the information provided to us.

If you have any questions about the application process, or need clarification regarding the Personal History Statement, please feel free to contact our Personnel and Recruiting Section on 301-475-4200 extension 1936/1909/1927/1919/1925/1926.

Steven A. Hall
Sheriff

Instructions for Fillable PDF Personal History Statement:

- Right-click anywhere on the document and select "Save as..." to save the blank Personal History Statement 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.
- Save the completed and signed Personal History Statement to your computer.
- 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.



St. Mary's County Sheriff's Office Personal History Statement



PART I – POSITION INFORMATION

Position Applied for: ☐ Deputy Sheriff ☐ Correctional Officer ☐ Cadet ☐ Civilian Support Staff _____

PART II – PERSONAL INFORMATION

Name (Last, First, Middle): _____

Aliases: _____ Nicknames: _____

Previously
Used Names: _____ Maiden Name: _____

Complete Mailing Address: _____

Primary Telephone Number: _____ Work Telephone Number: _____

Email Address: _____

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

Social Security Number: _____

*Date of Birth: _____

*Place of Birth (City, State/Country): _____

*Citizenship (Check): ☐ United States ☐ Other: _____

Naturalization Date: _____ Certificate Number: _____

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

Scars, Marks, Tattoos or Other
Identifying Characteristics (Describe): _____

*Marital Status (Check): ☐ 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): _____

Name of Spouse's Employer: _____ Telephone #: _____

Spouse's Occupation: _____

Ex-Spouse's Full Name: _____ Maiden Name: _____

Mailing Address: _____ Telephone #: _____

Email Address: _____

*This information is for conducting background investigations and statistical information **ONLY**. The Office of the Sheriff does not discriminate because of race, color, sex, age, marital status, pregnancy, national origin, religion or beliefs, political affiliation or opinion.

Are you under the age of 18? ☐ Yes ☐ No

PARENT/GUARDIAN INFORMATION (only if under 18)

	Mother	Father	Other Guardian
Name (Last, First, Middle):	_____	_____	_____
Maiden Name:	_____	_____	_____
Address (Street, City, State, Zip Code):	_____ _____	_____ _____	_____ _____
Date of Birth:	_____	_____	_____
Telephone #:	_____	_____	_____
Email Address:	_____	_____	_____
Living (Check):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART III – EDUCATIONAL INFORMATION

You must submit, or arrange to have submitted, an original diploma(s) and transcripts of all records from accredited high schools, colleges, military training and/or technical schools you have attended.

HIGH SCHOOL

Name of High School: _____ Dates Attended: _____

Address (Street, City, State): _____

Diploma Received: ☐ Yes ☐ No Highest Grade Completed: _____ Graduation Date: _____

High School Equivalency/G.E.D.: ☐ Yes ☐ No Date: _____ Certificate #: _____

COLLEGES/UNIVERSITIES ATTENDED

	1	2	3
Name of College/University			
Address (Street)			
Address (City, State)			
Dates Attended			
Total Credits Earned			
Degree Received			
Date Graduated			
Major			
Minor			

SPECIALIZED TRAINING, SKILLS OR QUALIFICATIONS

Type of Training, Skill or Qualification: _____

Provided By (Name and Address or Organization, School, etc.): _____

Certification, License or Diploma Received: ☐ Yes ☐ No Date Received: _____ Date Expires: _____

IF ADDITIONAL SPACE IS NEEDED, USE CONTINUATION SHEET(S) – ADDENDUM A

PART IV – EMPLOYMENT HISTORY

CURRENT/MOST RECENT EMPLOYER

(List all employers within the last 10 years, beginning with the current or most recent.)

Name of Employer: _____

Address (Street, City, State, Zip Code): _____

Telephone Number: _____

Dates Employed: From _____ to _____ ☐ Full Time ☐ Part Time (Hours per week _____)

Position Held: _____ Salary: Starting _____ Ending _____ per ☐ Week ☐ Month ☐ Year

Immediate Supervisor's Name and Title: _____

Reason for Leaving: _____

May we contact this Employer? Yes ____ No ____

PREVIOUS EMPLOYER

Name of Employer: _____

Address (Street, City, State, Zip Code: _____

Telephone Number: _____

Dates Employed: From _____ to _____ ☐ Full Time ☐ Part Time (Hours per week _____)

Position Held: _____ Salary: Starting _____ Ending _____ per ☐ Week ☐ Month ☐ Year

Immediate Supervisor's Name and Title: _____

Reason for Leaving: _____

May we contact this Employer? Yes ____ No ____

IF ADDITIONAL SPACE IS NEEDED, USE CONTINUATION SHEET(S) – ADDENDUM A

PART V – EMPLOYMENT HISTORY (Continued)

1. Have you been discharged from any employment for reasons other than medical? ☐ Yes ☐ No

If yes, explain: _____

2. Have you ever resigned from a previous employer while anticipating your employer intended to discharge (fire) you for any reason? ☐ Yes ☐ No

If yes, explain: _____

3. Have you ever resigned from a previous employer 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 VI – MILITARY AND SELECTIVE SERVICE INFORMATION

Have you ever or are you currently serving in the United States Military? ☐ Yes ☐ No

Branch of Service: ☐ Army ☐ Air Force ☐ Navy ☐ Marines ☐ Other (specify): _____

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

Type of Discharge (other than medical): _____

If less than honorable, explain: _____

Have you registered for Selective Service? ☐ Yes ☐ No Selective Service Registration Number _____

Men living in the U.S., citizen and non-citizens alike, are required by law to register with Selective Service at 18 years old.

IF ADDITIONAL SPACE IS NEEDED, USE CONTINUATION SHEET(S) – ADDENDUM A

PART VII – DRUG USE INFORMATION

Report all past and present involvement in drug use/experimentation, either as an adult or juvenile, by answering all of the following questions.

DRUG TYPE	YES	NO	# TIMES USED	PERIOD OF USAGE	MONTH/YEAR LAST USED	AGE WHEN LAST USED
Marijuana						
Hashish						
Cocaine						
Crack						
Amphetamines						
Barbiturates						
Oral Steroids						
Injected Steroids						
Benzodiazepines						
Opiates						
Inhalants						
Prescription Medication not prescribed to you						
PCP						
Heroin						
LSD						
Mushrooms						
Ecstasy						
Crystal Meth						
Mescaline						
Fentanyl						
Other Narcotic Drugs						

Have you ever used any illegal drug not listed above? ☐ Yes ☐ No

If yes, explain.

Have you ever inhaled any substance(s) such as glue, paint thinner, amyl nitrate “rush,” “whip-its,” etc., for the purpose of getting high? ☐ Yes ☐ No

If yes, explain.

Have you ever shared any prescription medication with anyone else? ☐ Yes ☐ No

If yes, explain what and when.

Have you ever sold, held or passed any illegal drugs or prescription medication not prescribed to you? ☐ Yes ☐ No

If yes, explain what and when.

Have you ever been present during, or participated in any way, in an illegal drug use, illegal drug transaction, or prescription drug fraud? ☐ Yes ☐ No

If yes, explain what and when.

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

If yes, explain what and when.

PART VIII – GENERAL INFORMATION
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1. Excluding parking tickets, either as an adult or juvenile, have you received any citations, been arrested, taken into custody, detained for investigation or charged with a crime by any law enforcement agency or military authority (include expungements, indictments, criminal summons, criminal information, probation before judgment, etc.)? (If yes, indicate the dates and agencies in your explanation below.) ☐ Yes ☐ No
If yes, explain.

2. Have you ever previously applied for employment with this or any other law enforcement or security/protective/investigative agency? (If yes, indicate the dates and agencies in your explanation below.) ☐ Yes ☐ No
If yes, explain.

3. Have you ever been rejected for any reason, other than medical, after applying for employment with this or any other Law Enforcement/ Correctional related agency? (If yes, indicate the dates and agencies in your explanation below.) ☐ Yes ☐ No
If yes, explain.

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
If yes, explain.

5. Have you ever been served with a protective order or exparte order? (If yes, indicate the dates and agencies in your explanation below.) ☐ Yes ☐ No
If yes, explain.

6. Has your driving privilege ever been denied, suspended, or revoked in this State or any other jurisdiction? (If yes, indicate the State, date and reason in your explanation below.) ☐ Yes ☐ No
If yes, explain.

7. Have you appeared in civil court as either a defendant or plaintiff? (If yes, indicate the jurisdiction, date and reason in your explanation below.) ☐ Yes ☐ No
If yes, explain.

8. Have any judgments been filed against you? (If yes, indicate the date and reason in your explanation below.) ☐ Yes ☐ No
If yes, explain.

9. Have you ever been refused credit? ☐ Yes ☐ No
If yes, explain.

10. Do you have a Special Police Commission issued by the State of Maryland? ☐ Yes ☐ No
If yes, explain.

CONTINUATION SHEET

Information listed below must be identified by Page, Part Number and Item Description.

<u>Page</u>	<u>Part</u>	<u>Item Description</u>	<u>Additional Information</u>
_____	_____	_____	_____ _____ _____ _____
_____	_____	_____	_____ _____ _____ _____
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_____	_____	_____	_____ _____ _____ _____
_____	_____	_____	_____ _____ _____ _____
_____	_____	_____	_____ _____ _____ _____
_____	_____	_____	_____ _____ _____ _____

CONTINUATION SHEET

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_____	_____	_____	_____ _____ _____ _____
_____	_____	_____	_____ _____ _____ _____
_____	_____	_____	_____ _____ _____ _____

**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.

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 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.
- 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 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 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.

Electronic Signature

IMPORTANT NOTICE TO APPLICANT:

Your electronic signature above signifies you have completed and submitted your Personal History Statement (PHS) and allows us to process it into our system. Once we receive your PHS, we will send an e-mail to the e-mail address you provided, which will contain an additional Authorization for Release of Personal Information. When you receive the authorization form by e-mail, you must print it, and fill it out completely WITHOUT initially signing it. Then take the authorization form to a notary and only sign the form in the presence of the notary. Once this has been completed, the signed and notarized Authorization for Release of Personal Information form must be returned to the Personnel Office at the St. Mary's County Sheriff's Office, either in person or by mail.

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, Correctional Officer or Cadet 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 understand that if I have any questions or concerns regarding the physical activities involved, I am not legally obligated to participate in the testing process. However, by executing this Waiver of Liability and agreeing to the testing process, I fully have released any and all claims I may have against the Sheriff of St. Mary's County, St. Mary's County Government, the State of Maryland and any other persons who may have assisted the Sheriff or the County.

Electronic Signature

Parent or Guardian Electronic Signature (if applicable)



EMPLOYMENT RECRUITMENT TRACKING INFORMATION

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Name: _____

Position Applied for: _____

County/State of Residence: _____

HOW DID YOU LEARN ABOUT THIS POSITION?

- ☐ Social Media Site(s): _____
- ☐ Employee Referral (name and ID number): _____
- ☐ Job Fair Location or Advertisement Location: _____
- ☐ St. Mary's County Recorded Job Line
- ☐ Website (list website): _____
- ☐ Other (please specify): _____

VOLUNTARY INFORMATION?

St. Mary's County Government is an equal opportunity employer and does not discriminate against any employee or applicant for employment due to race, color, gender, age, marital status, sexual orientation, pregnancy, national origin, religion or belief, political affiliation or opinion, disability or any other legally protected or non-merit factor.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on this information. This data is kept in a Confidential File and **is not** a part of your Application for Employment. This information will be detached from the application form upon submission to the Department of Human Resources and will be used to conform to Equal Employment Opportunity Commission guidelines concerning application statistics.

PLEASE CHECK ONE OF THE FOLLOWING

- ☐ **Asian or Pacific Islander.** Persons having origins in any of the peoples of the Far East, Southeast Asian, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Phillippine Islands and Samoa.
- ☐ **African American (not of Hispanic origin).** Persons having origins in any of the black ethnic groups.
- ☐ **Hispanic.** Persons having origin in any of the Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures, regardless of ethnicity.
- ☐ **Native American or Alaskan Native.** Persons having origins in any of the original peoples of North American, and who maintain cultural identification through tribal affiliation or community recognition.
- ☐ **Caucasian (not of Hispanic origin).** Persons having origins in any of the original peoples of Europe, North African, or the Middle East.

Gender: ☐ Male ☐ Female Military Veteran: ☐ Yes ☐ No Disabled: ☐ Yes* ☐ No

*checking the "yes" box has no effect on an employer's obligation to provide reasonable accommodation under state and federal disability laws.

AN EQUAL OPPORTUNITY EMPLOYER

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- Save the completed and signed Personal History Statement to your computer.
- 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.

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