

CECIL COUNTY SHERIFF'S OFFICE APPLICATION FOR EMPLOYMENT



CORRECTIONAL OFFICER

CECIL COUNTY SHERIFF'S OFFICE PERSONAL HISTORY STATEMENT

Information collected in this booklet will be used for employment purposes only. The Cecil County Sheriff's Office is an equal opportunity employer and does not discriminate on the basis of sex, gender, religion, race, marital status, disability, etc.

Applicants requiring special accommodations for a disability may request them during any phase of the hiring process.

Responses to questions in this Personal History Statement should not contain reference to any previous or current medical conditions.

Documents may be mailed to the following address:

Cecil County Detention Center
Attn: Recruiter
500 Landing Lane
Elkton, MD 21921

APPLICANT PROCESSING INFORMATION

When reporting for your background investigation interview and orientation you are required to provide your completed personal history packet and **original and photocopy** of the following documents:

- Government issued birth certificate (hospital certificates are not acceptable)
- Valid driver's license
- Social security card
- High school transcripts or GED achievement letter with scores
- Credit report, see information on following page regarding acceptable versions
- College transcripts, if applicable
- Military form DD214 if applicable
- Residency card, if applicable
- Citizenship paperwork, if applicable
- A copy of any entrance level training or certification cards, if certified in Maryland or out of state (grades, curriculum, diploma, type of weapon used for qualification).

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REASONS FOR DISQUALIFICATION

Applicants may be disqualified for a variety of reasons to include if you:

- Are not at least 18 years of age
- Do not have a valid driver's license
- Are within 2 points of suspension on your driver's license
- Are not a United States Citizen or a resident alien
- Do not possess a minimum of a high school diploma or GED certificate recognized by the Maryland Board of Education

APPLICANTS MUST MEET THE FOLLOWING REQUIREMENTS:

- Submit to a comprehensive background investigation.
- Appear before an oral review board for interview (if selected).
- If selected, must have a complete physical and psychological examination by the Sheriff's Office doctors, who must certify that the applicant is physically, mentally, and emotionally fit to perform duties.
- Submit to a urinalysis (drug screening)
- Submit to a polygraph examination.

SUBSTANCE ABUSE (USE AND POSSESSION OF ILLICIT DRUGS, INCLUDING PRESCRIPTION DRUGS), MAY BE A BASIS FOR DENIAL OF EMPLOYMENT.

I ACKNOWLEDGE THE ABOVE REQUIREMENTS FOR APPLICATION OF EMPLOYMENT WITH THE CECIL COUNTY SHERIFF'S OFFICE.

APPLICANT SIGNATURE

DATE

Cecil County Sheriff's Office
AUTHORIZATION TO RELEASE RECORDS/INFORMATION

I, _____, do hereby authorize the release and full disclosure of all records, or any part thereof, concerning myself, and the review thereof by a duly authorized agent of the Cecil County Sheriff's Office ("Office"), whether said records are of a public, private or confidential nature, and regardless of whether the information may be derogatory in nature, and do hereby specifically waive any rights to medical record confidentiality afforded me under federal laws commonly known as "HIPAA" and similar State laws.

The intent of this Authorization is to give my unreserved consent for full and complete disclosure of all records of any kind whatsoever, and wherever situated, which may have a bearing on my suitability for employment with the Office and the disclosure of which is not prohibited by law. By way of illustration, and not of limitation, such records may include records of educational institutions, financial or credit institutions (including but not limited to records of deposits, withdrawals and balances of checking and savings accounts, loans, and records of commercial or retail credit agencies, including credit reports and/or ratings); medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans' Administration; public utility companies; employment and pre-employment records including background and polygraph examination results, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property records; financial statements and records including criminal and/or traffic records; records of complaints of a civil nature made by or against me wheresoever located, to include the records of recollections of attorneys at law or of other counsel, whether representing me or another person in any other case in which I presently have, or have had an interest (and in the latter regard, I hereby expressly waive the attorney client privilege which otherwise might operate to prevent any such disclosure). I specifically intend to provide access to all personal information, however personal or confidential it may appear to be, and to the sources of information specifically identified herein, which is job-related for the purpose of determining suitability for employment with the Office, and the review of which by the Office is consistent with business necessity. I understand, however, that the Office will not obtain my medical records or require me to have a physical examination (including screening for drug use) prior to any conditional offer of employment, and that the medical aspects of this Authorization are included herein for administrative convenience only.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, by virtue of this Release Authorization will be considered in determining my suitability for employment by the Office. 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 Authorization shall be as valid and binding as an original hereof; even though said photocopy does not contain an original writing of my signature.

I, on behalf of myself, my agents, heirs, assigns, and personal representatives, do hereby release, indemnify and forever hold harmless Cecil County, including the Cecil County Sheriff's Office, their officers, employees, agents, assigns, and successors in interest, and any and every person to whom this Authorization is presented and his, her or its officers, employees, agents, assigns, heirs, personal representatives, and successors in interest, from and against any and all claims, losses, rights, demands, covenants, agreements, contracts, duties, obligations, responsibilities, representations, warranties, promises, liens, accounts, debts, liabilities, damages, expenses, attorneys' fees, costs and causes of action, of any sort whatsoever, caused by or arising from or connected to the use of, or compliance with any request made pursuant to, this Authorization.

I acknowledge that I have read and understand the content of this Authorization; that I have signed it voluntarily and without coercion; and that I have had an opportunity to have it reviewed by an attorney of my own choosing prior to signing.

Signature: _____ Date: _____ SSN (last four digits only): _____

Address: _____ Date of Birth: _____

(NOTARY SEAL)

Notary _____

Signature

Printed name

Notary Commission Expires _____

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FOREIGN EDUCATION CERTIFICATION REQUIREMENTS

Educational certifications issued by an institution outside of the United States must be evaluated by an accredited credentialing organization. The list below includes many of the accredited agencies; however, it may not be inclusive. For further information, visit www.aice-eval.org or www.naces.org. Evaluations by non-accredited organizations will not be accepted. An original evaluation must be submitted to our agency at the time of your interview.

World Education Service
PO Box 5087
New York, NY 10274-5087
212-966-6311
www.wes.org

Center for Applied Research Evaluation and Education
PO Box 18358
Anaheim, CA 92817
714-237-9272
www.iescaree.com

Educational Credential Evaluators, Inc.
PO Box 514070
Milwaukee, WI 53203-3470
414-289-3400
www.ece.org

FACS, Inc.
Foreign Academic Credential Service
PO Box 400
Glen Carbon, IL 62034
618-656-5291
www.facsusa.com

Foundation for International Services, Inc.
14926 35th Avenue West, Suite 210
Lynnwood, WA 98097
425-248-2255
www.fis-web.com

Academic Evaluation Services, Inc.
11700 N 58th Street G&H
Tampa, FL 33617
813-374-2020
www.aes-edu.org

International Consultants of Delaware, Inc.
625 Barksdale Road, Suite 109
Newark, DE 19711-3258
302-737-8715
www.icde.com

A2Z Evaluations, LLC
216 F Street, #29
Davis, CA 95616
530-400-9266
www.A2Zeval.com

International Education Research Foundation, Inc.
PO Box 3665
Culver City, CA 90231-3665
310-258-9451
www.ierf.org

Educational Records Evaluation Service, Inc.
601 University Avenue, Suite 127
Sacramento, CA 95825
916-921-0790
www.eres.com

Josef Silny & Associates, Inc.
International Education Consultants
7101 S.W. 102 Avenue
Miami, FL 33173
305-273-1616
www.jsilny.com

Evaluation Service, Inc.
333 W. North Avenue, #284
Chicago, IL 60610*1293
847-477-8569
www.evaluationservice.net

Span Tran Evaluation Services
7211 Regency Square Blvd., Suite 205
Houston, TX 77036-3197
713-266-8805
www.spantran.com

E-ValReports
10924 Mukilteo Speedway, #290
Mukilteo, WA 98275
425-349-5199
www.e-valreports.com

FOREIGN EDUCATION CERTIFICATION REQUIREMENTS

Global Services Associates, Inc.
409 North Pacific Coast Hwy., #393
Redondo Beach, CA 90277
310-828-5709
www.globaleval.org

Global Credential Evaluators, Inc.
PO Box 9203
College Station, TX 77842-9203
800-707-0979
www.gceus.com

Educational Perspectives
PO Box 618056
Chicago, IL 60661-8056
312-421-9300
www.edperspective.org

American Education Research Corporation
PO Box 996
West Covina, CA 91793-0996
626-339-4404
www.aerc-eval.com

Foreign Credential Evaluations, Inc.
1425 market Blvd., Suite 330 PMB 305
Roswell, GA 30076
770-642-1108
www.fceatlanta.com

Globe Language Services, Inc.
319 Broadway
New York, NY 10007
212-227-1994
www.globelanguage.com

International Academic Credential Evaluators, Inc.
PO Box 2465
Denton, TX 76202-2465
940-383-7498
www.iacei.net

Transcript Research
9090 Skillman St., #182-A
PMB 364
Dallas, TX 75243
214-810-1124
www.transcriptresearch.com

Academic Credentials Evaluation Institute, Inc.
PO Box 6908
Beverly Hills, CA 90212
310-275-3530
www.acei

International Evaluation Services
PO Box 505
Marlboro, NJ 07746-0505
732-462-5502
www.iesedu.org

Lisano International
PO Box 407
Auburn, AL 36831-0407
334-745-0425
www.lisano-intl.com

SDR Educational Consultants
10134 Hammerly, NO 192
Houston, TX 77080
713-460-3525
www.sdreducational.org

CREDIT REPORTING AGENCIES

The Maryland Training Commission requires that we obtain a credit report on all individuals hired as Correctional or Law Enforcement Officers. Contact two of the agencies listed below to obtain copies of your credit report. Once requested, credit reports can take 10-14 days to arrive, do not hold your application until their arrival, you may submit the reports separately from your application. **Copies of credit reports printed from web-sites are not acceptable.**

Free Credit Report

877 FACT-ACT

Equifax
1150 Lake Hearn Drive, Suite 460
Atlanta, Georgia 30374
1-800-685-1111

Trans Union Corporation
P.O. Box 390
Springfield, Pennsylvania 19064
1-800-888-4213

Experian, Inc.
P.O. Box 2002
Allen, Texas 75013
1-888-397-3742

What is the FACT Act?

The Fair and Accurate Credit Transactions Act (FACT Act) was signed into law in December 2003. The FACT Act, a revision of the Fair Credit Reporting Act, allows consumers to get one free comprehensive disclosure of all of the information in their credit file from each of the three national credit reporting companies once every 12 months through a Central Source.

Is everyone eligible to get their free statutory annual credit file disclosure?

Yes. As of Dec. 1, 2005 all consumers are eligible to request their statutory annual credit file disclosure once every twelve months.

How can I request my free statutory annual credit file disclosure?

The FACT Act required that the national credit reporting companies establish a Central Source through which you will request the statutory free annual credit file disclosures. You may contact the Central Source by visiting www.AnnualCreditReport.com or calling 877 FACTACT. If you prefer to write, a request form is available on www.AnnualCreditReport.com.

How often can I get a free credit file disclosure?

The FACT Act entitles consumers to get one free statutory credit file disclosure from each of the three national credit reporting companies every twelve months.

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PERSONAL HISTORY SUPPLEMENT

Provide all requested information below, answering each question completely. Additional information may be noted on the continuation page. You may attach additional pages as needed.

PERSONAL INFORMATION

Full Name: _____

First
Middle
Last
Suffix
Maiden

Home Phone: _____ Cellular Phone: _____ Work Phone: _____

Email _____ Date of Birth: _____

MOTOR VEHICLE

Do you possess an owner's registration for a motor vehicle? Yes No State: _____

License Plate Number: _____ Make/Model: _____ Year: _____

Has your license/registration ever been suspended or revoked by the state motor vehicle administrative agency in a state where you have been licensed or had a vehicle registered? Yes No

If yes, state reason and date: _____

If yes, has your license/registration status been restored? Yes No N/A Date: _____

Have you been served or issued a traffic summons (ticket) for any traffic violations excluding parking citations? Yes No

If yes, complete the following: Additional information can be provided on the Continuation sheet

Date	State	Charge(s)	Plea/ Verdict:	Sentence	Explanation

Have you ever been involved in a motor vehicle accident either as an operator or pedestrian, in which you were found to be at fault that resulted in personal injury or property damage to you or anyone else? If yes, answer the following questions. Yes No

Property Damage Personal Injury Date: _____ Time: _____

Location: _____ Investigation Police Agency: _____

Parties Involved: _____

Explanation: _____

Property Damage Personal Injury Date: _____ Time: _____

Location: _____ Investigation Police Agency: _____

Parties Involved: _____

Explanation: _____

ADDRESS HISTORY

In chronological order, state each and every place in which you have resided in the last 10 years. (START WITH YOUR CURRENT ADDRESS). Provide the name and current phone number for anyone living with you in the last five years. Include family members, children & current/former spouse(s).

From: _____ Street Address: _____
To: _____ City: _____ State: _____ Zip Code: _____
Cohabitant's Name _____ Current Phone # _____
Cohabitant's Name _____ Current Phone # _____
Cohabitant's Name _____ Current Phone # _____

From: _____ Street Address: _____
To: _____ City: _____ State: _____ Zip Code: _____
Cohabitant's Name _____ Current Phone # _____
Cohabitant's Name _____ Current Phone # _____
Cohabitant's Name _____ Current Phone # _____

From: _____ Street Address: _____
To: _____ City: _____ State: _____ Zip Code: _____
Cohabitant's Name _____ Current Phone # _____
Cohabitant's Name _____ Current Phone # _____
Cohabitant's Name _____ Current Phone # _____

From: _____ Street Address: _____
To: _____ City: _____ State: _____ Zip Code: _____
Cohabitant's Name _____ Current Phone # _____
Cohabitant's Name _____ Current Phone # _____
Cohabitant's Name _____ Current Phone # _____

From: _____ Street Address: _____
To: _____ City: _____ State: _____ Zip Code: _____
Cohabitant's Name _____ Current Phone # _____
Cohabitant's Name _____ Current Phone # _____
Cohabitant's Name _____ Current Phone # _____

Please list all Cities & States in which you have resided since the age of 18 that were not listed on the prior page.

FAMILY

Provide the following information for current and former spouse(s). Use continuation section if necessary.

Spouse's Name: _____ Maiden: _____
Spouse's Date of Birth: _____ Occupation: _____
Spouse's Address: _____
Spouse's Home Phone: _____ Business Phone: _____
Spouse's Employer: _____
Employer's Address: _____

Do you have any children? Yes No If yes, answer the following:

Full Name: _____ Date of birth: _____
Full Name: _____ Date of birth: _____
Full Name: _____ Date of birth: _____
Full Name: _____ Date of birth: _____
Full Name: _____ Date of birth: _____

Provide the full names of your father, mother and all siblings and all requested information about each.

Name: _____ Relation: _____

Living Deceased

Home Phone: _____

Address: _____

City/State/Zip: _____

Name: _____ Relation: _____

Living Deceased

Home Phone: _____

Address: _____

City/State/Zip: _____

Name: _____ Relation: _____

Living Deceased

Home Phone: _____

Address: _____

City/State/Zip: _____

Name: _____ Relation: _____

Living Deceased

Home Phone: _____

Address: _____

City/State/Zip: _____

Name: _____ Relation: _____

Living Deceased

Home Phone: _____

Address: _____

City/State/Zip: _____

Name: _____ Relation: _____

Living Deceased

Home Phone: _____

Address: _____

City/State/Zip: _____

REFERENCES

List seven (7) people, not related to you by blood or marriage you have known for five (5) years or more. Include a current neighbor and a current co-worker. Provide all requested information for each person listed.

Relationship: Neighbor _____ Years Known: _____
Full Name: _____
Address: _____
City/State/Zip: _____
Home Phone: _____ Cellular/Work Phone: _____
Email: _____ Occupation: _____

Relationship: Co-Worker _____ Years Known: _____
Full Name: _____
Address: _____
City/State/Zip: _____
Home Phone: _____ Cellular/Work Phone: _____
Email: _____ Occupation: _____

Relationship: _____ Years Known: _____
Full Name: _____
Address: _____
City/State/Zip: _____
Home Phone: _____ Cellular/Work Phone: _____
Email: _____ Occupation: _____

Relationship: _____ Years Known: _____
Full Name: _____
Address: _____
City/State/Zip: _____
Home Phone: _____ Cellular/Work Phone: _____
Email: _____ Occupation: _____

Relationship: _____ Years Known: _____
Full Name: _____
Address: _____
City/State/Zip: _____
Home Phone: _____ Cellular/Work Phone: _____
Email: _____ Occupation: _____

Relationship: _____ Years Known: _____
Full Name: _____
Address: _____
City/State/Zip: _____
Home Phone: _____ Cellular/Work Phone: _____
Email: _____ Occupation: _____

Relationship: _____ Years Known: _____
Full Name: _____
Address: _____
City/State/Zip: _____
Home Phone: _____ Cellular/Work Phone: _____
Email: _____ Occupation: _____

Do you have any knowledge of information, in addition to that specifically called for in the preceding questions, that is or may be relevant, directly or indirectly, in connection with an investigation of your eligibility or fitness for the position of Deputy Sheriff, including but not limited to: knowledge or information concerning your character, physical or mental condition; competence; habits; employment or education; subversive activities; family associates; criminal record; traffic violation; residence or otherwise? If so, detail this information on the continuation sheet. Yes No

