

KENT COUNTY SHERIFF'S OFFICE



Position Applied for: DEPUTY SHERIFF

The Kent County Government and the Kent County Sheriff's Office Are
Equal Opportunity Employers

INSTRUCTIONS

READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

The instructions are provided as a guide to assist you in properly completing your Employment Application and Personal History Statements. It is essential that the information be accurate in all respects. It will be used in determining your eligibility for employment and as the basis for a background investigation.

1. Your Application and Personal History Statement should be typewritten or printed legibly in ink. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct addresses. If you are not sure of an address check it by personal verification. Your local library may have a directory service or copies of local phone directories.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Application and Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
6. An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsification may result in disqualification.
7. As you complete the questionnaire, you may be uncertain about how to answer a particular question. In that case, you should circle the question and background investigator will discuss it with you later.
8. Return your completed application to the Kent County Sheriff Office, 104 Vickers Drive, Unit B, Chestertown, MD 21620

EMPLOYMENT APPLICATION
AND
PERSONAL HISTORY STATEMENT

A. APPLICANT INFORMATION

NAME: _____
 LAST FIRST MIDDLE

ADDRESS: _____
 NUMBER STREET

 CITY STATE ZIP CODE

1. TELEPHONE NUMBER: _____

2. DATE OF BIRTH: _____

3. NICK NAME(S), MAIDEN NAME, OR OTHER NAMES BY WHICH YOU HAVE BEEN

4. KNOWN: _____

5. PLACE OF BIRTH: _____
 CITY COUNTY STATE

6. ARE YOU A U.S. CITIZEN? YES _____ NO _____

7. DRIVERS LICENSE: _____
 NUMBER STATE

8. EMAIL ADDRESS: _____

B. RESIDENCES

LIST ALL ADDRESSES WHERE YOU HAE LIVED DURING THE PAST 10 YEARS. BEGINNING WITH YOUR PRESENT ADDRESS. ATTACH EXTRA PAGE IF NECESSARY.

FROM MO/YR	TO MO/YR	ADDRESS NUMBER, STREET, CITY, STATE, ZIP CODE
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C. WORK HISTORY

BEGINNING WITH YOUR PRESENT OR MOST RECENT JOB, LIST ALL EMPLOYMENT SINCE THE AGE OF 16, INCLUDING PART TIME, TEMPORARY, OR SEASONAL EMPLOYMENT. INCLUDE ALL PERIODS OF EMPLOYMENT. ATTACHED EXTRA PAGES IF NECESSARY:

1. FROM ____ TO ____ EMPLOYER _____

ADDRESS: _____

PHONE NUMBER: _____ JOB TITLE: _____

DUTIES: _____

SUPERVISOR: _____

NAME OF COWORKER: _____

REASON FOR LEAVING: _____

2. FROM _____ TO _____ EMPLOYER _____

ADDRESS: _____

PHONE NUMBER: _____ JOB TITLE: _____

DUTIES: _____

SUPERVISOR: _____

NAME OF COWORKER: _____

REASON FOR LEAVING: _____

3. FROM _____ TO _____ EMPLOYER _____

ADDRESS: _____

PHONE NUMBER: _____ JOB TITLE: _____

DUTIES: _____

SUPERVISOR: _____

NAME OF COWORKER: _____

REASON FOR LEAVING: _____

4. FROM _____ TO _____ EMPLOYER _____

ADDRESS: _____

PHONE NUMBER: _____ JOB TITLE: _____

DUTIES: _____

SUPERVISOR: _____

NAME OF COWORKER: _____

REASON FOR LEAVING: _____

5. FROM _____ TO _____ EMPLOYER _____

ADDRESS: _____

PHONE NUMBER: _____ JOB TITLE: _____

DUTIES: _____

SUPERVISOR: _____

NAME OF COWORKER: _____

REASON FOR LEAVING: _____

D. MILITARY RECORD

1. HAVE YOU SERVED IN THE ARMED FORCES? YES _____ NO _____

2. DATES OF SERVICES: FROM: _____ TO: _____

3. BRANCH OF SERVICE: _____

4. UNIT DESIGNATION: _____

5. HIGHEST RANK HELD: _____

6. TYPE OF DISCHARGE IF OTHER HONORABLE, PROVIDE COMPLETE DETAILS:

7. WERE YOU EVER DISCIPLINED WHILE IN THE MILITARY SERVICE? (INCLUDE COURTS – MARTIAL, CAPTAINS MASTS, COMPANY PUNISHMENT)

NO _____ YES _____ (SPECIFY)

CHARGE	DATE	AGE AT TIME	DISPOSITION
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E. EDUCATIONAL HISTORY

1. HIGH SCHOOL ATTENDED: _____

CITY AND STATE: _____

DATE ATTENDED: _____

GRADUATED: YES _____ NO _____

2. HIGH SCHOOL ATTENDED: _____

CITY AND STATE: _____

DATE ATTENDED: _____

GRADUATED: YES _____ NO _____

3. COLLEGE OR UNIVERSITY ATTENDED: _____

CITY AND STATE: _____

UNITS COMPLETED: _____ MAJOR/MINOR: _____

DEGREE RECEIVED, IF ANY, AND DATE: _____

4. COLLEGE OR UNIVERSITY ATTENDED: _____

CITY AND STATE: _____

UNITS COMPLETED: _____ MAJOR/MINOR: _____

DEGREE RECEIVED, IF ANY, AND DATE: _____

5. OTHER SCHOOLS ATTENDED (TRADE, VOCATIONAL, BUSINESS, ETC.) GIVE NAME AND ADDRESS OF SCHOOL, DATE ATTENDED, COURSE OF STUDY, CERTIFICATE, AND OTHER PERTINENT INFORMATION:

F. SPECIAL QUALIFICATIONS AND SKILLS:

1. INDICATE BELOW ANY LANGUAGES OTHER THAN ENGLISH WHICH YOU SPEAK AND INDICATE YOUR DEGREE OF FLUENCY (EXCELLENT, GOOD, FAIR) IN SPEAKING, UNDERSTANDING, READING, AND WRITING:

2. LIST ANY OTHER SPECIAL SKILLS OR QUALIFICATIONS YOU POSSESS:

G. ARRESTS, DETENTIONS AND LITIGATION

1. HAVE YOU EVER BEEN ARRESTED, DETAINED BY THE POLICE OR SUMMONED INTO COURT? YES _____ NO _____ (GIVE DETAILS)

2. HAVE YOU EVER BEEN INVOLVED AS A PARTY IN CIVIL LITIGATION?

YES _____ NO _____ (GIVE DETAILS)

H. TRAFFIC RECORD

1. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?

YES _____ NO _____

2. WHICH COMPANY IS YOUR AUTO INSURER? _____

3. LIST ALL DRIVING CITATIONS YOU HAVE RECEIVED (AS AN ADULT OR A JUVENILE) EXCLUDING PARKING TICKETS:

MO / YR	CHARGE	CITY & STATE	DESPOSITION
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. DESCRIBE IN A BRIEF NARRATIVE ANY TRAFFIC ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED AS A DRIVER, GIVING APPROXIMATE DATES AND LOCATIONS:

I. FINANCIAL HISTOY

1. HAVE YOU EVER DECLARED BANKRUPTCY? YES _____ NO _____
(GIVE DETAILS)

2. HAVE YOU EVERY HAD A JUDGMENT HELD AGAINST YOU AND OR HAD YOUR WAGES GARNISHED? YES _____ NO _____
(GIVE DETAILS)

3. DO YOU HAVE ANY FINANCIAL OBLIGATONS THAT ARE MORE THAN 60 DAYS PAST DUE? YES _____ NO _____
(GIVE DETAILS)

J. MARITAL AND FAMILY HISTORY

MARITAL STATUS: SINGLE _____ MARRIED / ENGAGED _____

SEPARATED: _____ DIVORCED: _____ WIDOWED: _____

IF ENGAGED, NAME OF FIANCE: _____

FIANCE'S ADDRESS: _____

FIANCE'S TELEPHONE NUMBER: _____

IF MARRIED SPOUSE'S NAME / MAIDEN NAME: _____

DATE AND PLACE OF MARRIAGE: _____

IF SEPARATED, DIVORCED OR WIDOWED:

SPOUSE'S NAME / MAIDEN NAME: _____

DAE OF DEATH: _____

CITY AND STATE OF DEATH: _____

DATE OF SEPARATION OR DIVORCE: _____

COURT AND STATE OF DECREE: _____

PRESENT ADDRESS OF SPOUSE: _____

PRESENT TELEPHONE NUMBER OF SPOUSE: _____

LIST OTHER RELATIVES IN THE FOLLOWING ORDER: FATHER, MOTHER (INCLUDE MAIDEN NAME), BROTHERS, SISTERS, AND CHILDREN. INDICATE WITH A "D" BEFORE THE NAME IF THE INDIVIDUAL IS DECEASED:

K. REFERENCES: LIST 5 PERSONS WHO KNOW YOU WELL ENOUGH TO PROVIDE CURRENT INFORMATION ABOUT YOU. DO NOT LIST RELATIVES OR FORMER EMPLOYERS:

1. NAME: _____

ADDRESS: _____

RESIDENCE PHONE BUSINESS PHONE: _____

BUSINESS ADDRESS: _____

YEARS KNOWN: _____

2. NAME: _____

ADDRESS: _____

RESIDENCE PHONE BUSINESS PHONE: _____

BUSINESS ADDRESS: _____

YEARS KNOWN: _____

3. NAME: _____

ADDRESS: _____

RESIDENCE PHONE BUSINESS PHONE: _____

BUSINESS ADDRESS: _____

YEARS KNOWN: _____

4. NAME: _____

ADDRESS: _____

RESIDENCE PHONE BUSINESS PHONE: _____

BUSINESS ADDRESS: _____

YEARS KNOWN: _____

5. NAME: _____

ADDRESS: _____

RESIDENCE PHONE BUSINESS PHONE: _____

BUSINESS ADDRESS: _____

YEARS KNOWN: _____

L. PERSONAL DECLARATIONS

1. DESCRIBE IN YOUR OWN WORDS THE FREQUENCY AND EXTENT OF YOUR USE OF ALCOHOLIC BEVERAGES:

2. HAVE YOU EVER USED MARIJUANA OR ANY OTHER DRUG NOT PRESCRIBED BY YOUR PHYSICIAN? YES _____ NO _____
(GIVE DETAILS)

3. HAVE YOU EVER SOLD OR FURNISHED DRUGS OR NARCOTICS TO ANYONE ?

YES _____ NO _____
(GIVE DETAILS)

4. ARE THERE ANY INCIDENTS IN YOUR LIFE OR DETAILS NOT MENTIONED PREVIOUSLY IN THIS APPLICATION WHICH MAY INFLUENCE THE KENT COUNTY SHERIFF'S OFFICE'S EVALUATION OF YOUR SUITABILITY FOR EMPLOYMENT AS A DEPUTY SHERIFF? YES _____ NO _____
(GIVE DETAILS)

5. HAVE YOU EVER BEEN TREATED OR HOSPITALIZED FOR MENTAL DISEASE OR DISORDER? YES _____ NO _____
(GIVE DETAILS_

M. CERTIFICATION

I CERTIFY THAT THERE ARE NO WILLFULL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE FOREGOING STATEMENS AND ANSWERS TO QUESTIONS. I AM FULLY AWARE THAT ANY MISPPRESENTATIONS. OMISSIONS, OR FALSIFICATIONS WILL BE GROUNDS FOR IMMEDIATE REJECTION OR TERMINATION OF EMPLOYMENT.

SIGNATURE

DATE