

Min. Salary Required: _____



Worcester County Government
APPLICATION FOR EMPLOYMENT
Human Resources Department
1 West Market Street Room 1301
Snow Hill, MD 21863
Phone: 410-632-0090
Fax: 410-632-5614

Date: _____

Worcester County is an Equal Opportunity Employer. All applicants for employment are considered on the basis of job qualifications without regard to race, gender, sexual orientation, age, national origin, religion, marital status, genetic information or disability. Applicants who falsify or omit information on their application or during an interview will be disqualified from County employment. **Applicants who apply for safety-sensitive positions are subject to pre-employment drug/alcohol testing and random drug/alcohol testing after employment. Incomplete applications may not be considered.**

Last Name: _____ First Name: _____ Middle Name: _____ Suffix: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Phone Number: _____ Cell Phone Number: _____ Email: _____

Hours Required: _____ Jobs Applied For: _____

1. Are you related to anyone employed by Worcester County? Yes No If yes, who? _____

2. List any Worcester County employees you know personally: _____

3. Are you legally eligible to work in the US? Yes No (Proof of eligibility is required upon employment)

4. Are you at least 18 years of age? Yes No (If no, permit is required upon employment)

5. Have you ever been convicted of a felony? Yes No

6. Are you known by prior employers by another name? Yes No If yes, what names? _____

7. Have you ever been employed by Worcester County? Yes No

7a. If yes, provide dates of employment: _____

7b. Department: _____ 7c. Reason for leaving: _____

8. Do you have a valid driver's license? Yes No

Highest level of education: Some high school High school/GED Some college College Graduate

Degree acquired: _____ Name and location of last attended school: _____

List jobs held for the last 10 years, **starting with the most recent**, including military service. Use an additional sheet of paper if necessary.

JOB HISTORY

Employer: _____ Job Title: _____

Address: _____ Phone Number: _____

Dates of Employment: From-To _____ Name of Supervisor: _____

Final Rate of Pay: _____ Reason for Leaving: _____

Duties:

Employer: _____ Job Title: _____

Address: _____ Phone Number: _____

Dates of Employment: From-To _____ Name of Supervisor: _____

Final Rate of Pay: _____ Reason for Leaving: _____

Duties:

Employer: _____ Job Title: _____

Address: _____ Phone Number: _____

Dates of Employment: From-To _____ Name of Supervisor: _____

Final Rate of Pay: _____ Reason for Leaving: _____

Duties:

Employer: _____ Job Title: _____

Address: _____ Phone Number: _____

Dates of Employment: From-To _____ Name of Supervisor: _____

Final Rate of Pay: _____ Reason for Leaving: _____

Duties:

SKILLS

Please summarize any skills, qualifications, awards or training not listed anywhere else on this application.

Reading Comprehension & Writing Skill Level:

Exceptional Above Average Average Below Average None

Rate your level of ability with the following personal computer applications:

MS Word	Exceptional	Above Average	Average	Below Average	None
MS Excel	Exceptional	Above Average	Average	Below Average	None
MS Access	Exceptional	Above Average	Average	Below Average	None
E-mail applications	Exceptional	Above Average	Average	Below Average	None

Clerical Applicants Typing Speed WPM Shorthand yes no 10 Key Sight Key

State any additional information you feel may be helpful to us in considering your application.

APPLICANT: PLEASE READ THE FOLLOWING STATEMENT BEFORE SIGNING.

Polygraph: "Under the law, an employer may not require or demand any applicant for employment or prospective employment or any employee to submit or to take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor, and subject to a fine not to exceed \$100."

Applicant Signature : _____ Date: _____

I hereby certify that the information I have given on my application is, to the best of my knowledge, information and belief, true and correct. Applications may be disqualified prior to 1 year for reasons including but not limited to, failure to appear for interview, poor references or misrepresentation or omission of facts on my application, whenever discovered may result in termination of employment.

I hereby authorize Worcester County, or its representatives, to inquire to each of my former employers, references and all other persons having information concerning me, to disclose my full employment record and any other information they may have concerning me including results of controlled substance test results. I hereby release and hold harmless from any and all liability, any third parties furnishing such information upon request by Worcester County.

I understand this application and any other County documents are not contracts of employment, and that any individual who is hired may voluntarily leave upon notice, and may be terminated by the County at any time and for any reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee or contractor. I also understand that I will be subject to probationary period should I become employed by Worcester County

Applicant Signature : _____ Date: _____

7. List all addresses other than address on front of application for past 10 years.

Address: _____

City: _____ State: _____ Zip: _____

Address: _____

City: _____ State: _____ Zip: _____

Address: _____

City: _____ State: _____ Zip: _____

Address: _____

City: _____ State: _____ Zip: _____

Address: _____

City: _____ State: _____ Zip: _____

Address: _____

City: _____ State: _____ Zip: _____

Address: _____

City: _____ State: _____ Zip: _____

Address: _____

City: _____ State: _____ Zip: _____

Address: _____

City: _____ State: _____ Zip: _____

Address: _____

City: _____ State: _____ Zip: _____

Address: _____

City: _____ State: _____ Zip: _____

Address: _____

City: _____ State: _____ Zip: _____

After hire with continued employment contingent on successful completion:

- Corrections Academy at Wor-Wic Technical College, Monday – Friday, for 8 consecutive weeks (tuition paid by County plus 40 hours of pay per week) Yes () No ()
- Undergo a complete physical examination (Academy prerequisite) Yes () No ()
- Participate in strenuous physical training exercises Yes () No ()

Personal Skills

Are you willing and able to:

1. tolerate unpleasant odors such as body odor, body waste, etc., for as long as 8 hours? Yes () No ()
2. work in an infirmary with sick inmates who may have a contagious disease? Yes () No ()
3. respond to medical emergencies, involving staff or inmates, such as stabbings, heart attacks, suicides, assaults and administer first aid (after training), if necessary? Yes () No ()
4. supervise inmates behind locked doors (from the outside) who are considered dangerous and may have been charged with or convicted of an offense such as murder, rape, child molestation, armed robbery, etc.? Yes () No ()
5. be subjected to verbal abuse and personal threats by inmates? Yes () No ()
6. pat frisk and/or conduct visual searches of an inmate's body cavities? Yes () No ()
7. supervise personal activities of inmates such as showering and using the toilet? Yes () No ()
8. shoot (possibly fatally) an escaping inmate if necessary? Yes () No ()

Conduct & Ethics

Are you willing and able to:

1. present a professional appearance and demeanor at all times, including but not limited to above-average personal hygiene and grooming, clean and pressed uniforms, courteous behavior to inmates, coworkers and visitors? Yes () No ()
2. report a fellow officer or staff member for breaking rules or regulations? Yes () No ()
3. testify in court concerning events that have occurred in the jail? Yes () No ()
4. maintain strict confidentiality about work activities with family and friends? Yes () No ()

Signature: _____ Date: _____



FULTON W. HOLLAND JR
WARDEN

Worcester County Jail

SHYTINA M. DRUMMOND
ASSISTANT WARDEN

P.O. BOX 189
SNOW HILL, MARYLAND
21863

TEL: 410-632-1300
FAX: 410-632-3002

Full Name of Applicant: _____

Date of Birth: _____

The Worcester County Jail will not hire anyone who answers **YES** to any of the following questions:

- A. Have you engaged in sexual abuse in any Correctional Facility including any prison, jail, lock-up, community confinement facility, juvenile facility or other such institution? **YES or NO**
- B. Have you been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? **YES or NO**
- C. Have you been civilly or administratively adjudicated to have engaged in the activity described in the above paragraphs? **YES or NO**

Previous documented and verified sexual harassment complaints filed against any applicant for the position of correctional officer, medical personnel or volunteer worker will be taken into consideration prior to hiring and will be considered prior to promoting any current employees.

Previous employment in correctional facility, any prison, jail, lock-up, community confinement facility, juvenile facility or other such institution: _____

Date of Employment: _____

Position Held: _____

Name of Facility Administrator: _____

Please provide information if you answered **YES** to any of the above questions (A through C):

I hereby affirm the information provided is accurate and I understand the failure to disclose accurate or missing material will result in my application not being considered.

Signature of Applicant: _____

Please include a copy of your driver's license when submitting this form.

Worcester County Government Post-Application Consent and Release Form

Full Name (Print): _____

(First)

(Middle)

(Last)

SSN: _____ DOB: _____ Gender: M F

Driver's License Number _____ State: _____

Current Address: _____

Previous Address: _____

I authorize Worcester County Government to obtain information about myself including:

- Personal and character references
- Personnel records from all former employers
- Sex Offender Registry Checks
- Background records check from any criminal justice agency in federal, state, and county jurisdictions
- Criminal Gang Database System Check
- Fingerprinting
- Addresses

I release and will indemnify Worcester County, Maryland and its agents, and anyone producing documents or information under this form, from all liability arising out of the collection of any documents or information about me.

I authorize the complete release of any records or information (verbal or written) related to me by any individual, entity, public agency, or law enforcement agency which they may have, including information or data received from other sources.

I affirm, under penalty of perjury, that **I have never been convicted of any crime and that I am not now, and have never been a member of, or been associated with a criminal gang.**

Personal References: (Include Name and Telephone Number) (*shall not include relatives)

1. _____
2. _____

Supervisor References: (Include Name and Telephone Number) (*shall not include relatives)

1. _____
2. _____

Neighbor References: (Include Name and Telephone Number) (*shall not include relatives)

1. _____
2. _____

I have read and understand this document and affirm that the information provided is true and correct, and I agree to the above release.

Applicant Signature: _____ Date: _____

Department: _____