

Print Name Clearly _____

**PRELIMINARY PERSONAL HISTORY STATEMENT
FOR DEPUTY SHERIFF CANDIDATES**

The information in this document will be used to compare your qualifications and credentials to those of other candidates under consideration for Public Safety positions. In order to ensure that your credentials receive the fullest consideration, you must provide as much detail as possible when completing this document. If you need additional space for any item, use the back of the sheet, and mark the item number.

NOTE THE FOLLOWING INFORMATION

The information which you provide in this document will be verified if you are given further consideration in the selection process. This verification will consist of a complete background investigation, including checks of local, state, and Federal criminal files, and driving, employment and education/training records. Additionally, Deputy Sheriff candidates will be given a polygraph (lie detector) examination to verify this information.

Should the background or any other type of investigation indicate that information in this document has been falsified or misrepresented in any significant manner, you will no longer be considered for appointment. If an offer of employment has been made, it shall be revoked, and if your employment has begun, it shall be terminated immediately. **Should your response to a question be not applicable or none you must fill in some response on the form. Failure to note a response may disqualify you from further processing.**

Furthermore, you may be disqualified if it is found that you have failed to provide any requested information, or have presented less than a complete, accurate, and honest disclosure.

I HEREBY AFFIRM THAT THE INFORMATION IN THIS DOCUMENT IS ACCURATE AND COMPLETE; THAT I HAVE READ THE STATEMENTS PRESENTED ABOVE; AND THAT I UNDERSTAND THE CONSEQUENCES OF FALSIFYING, MISREPRESENTING, OR OMITTING ANY OF THE INFORMATION SOLICITED WITHIN THIS DOCUMENT.

(SIGNATURE)

(DATE)

(PRINT NAME CLEARLY)

(SOCIAL SECURITY NUMBER)

DATE OF BIRTH ____ / ____ / ____
(M) (D) (Y)

POSITION TITLE DEPUTY SHERIFF

ANNOUNCEMENT #: _____

Print Name Clearly _____

I. EDUCATION: Please provide a complete account of your educational history.

1. Did you graduate from High School?..... YES _____ NO _____
2. If you did not graduate from High School, did you obtain a GED.?... YES ____ NO ____
3. Have you graduated from College?..... YES ____ NO ____

A. List any college which attended or from which you graduated:

Name of College	Major	Number of Credits	Type of Degree	Year (s)

4. Describe any specialized training (trade school, military training, law enforcement training, or specialized schooling) which you have that may be relevant to this position. Include any licenses and certifications with identifying numbers and expiration dates, if available.

Trade School/ Org Name	Type of Training	Description	Certificate or License	Expiration Date

II. LANGUAGE SKILLS

Please describe your proficiency/skill in foreign or sign language as identified below. For skill level please choose excellent, good or fair and fill in blank under reading, speaking, understanding, and writing:

Language	Reading	Speaking	Understanding	Writing

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III. EMPLOYMENT:

1. Have you ever been terminated from a job or asked to resign in lieu of termination?
YES _____ NO _____

A. If YES, Identify name of employer, date, and the reason for the termination or requested resignation by your employer:

Name of Employer	Date of Term/Resign	Reason	Remarks

IV. CRIMINAL HISTORY: In this section, you must provide information related to criminal arrests and convictions.

1. Have you ever been arrested for any offense? YES _____ NO _____

2. If YES, provide the following information (including dispositions of Nolle-Prosequi, Probation Before Judgment (PBJ), STET Docket or reduced charge).

Date	Offense	Disposition	Jurisdiction

V. DRIVING RECORD. This section requires that you provide information related to traffic citations or arrests for violations of the Motor Vehicle Law.

1. List the number of your driver's license: _____

2. List the State and CLASS of your license: _____

3. Is this a Commercial Driver's License (CDL)? YES _____ NO _____

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4. Have you ever been charged with Driving Under the Influence of Alcohol or Drugs, Driving While Intoxicated, or any similar offense involving the operation of a motor vehicle while under the influence of any substance?

YES _____ NO _____

If YES, provide the following information below (including dispositions of Nolle-Prosequi, Probation Before Judgment (PBJ), STET Docket or reduced charge).

5. List any traffic violations you have received, including dispositions. If you have none, write N/A

Date	Offense	Disposition	Jurisdiction

6. Have you ever had a driver's license suspended or revoked for ANY period? YES ___ NO ___

If YES, provide the following:

Date of Action	Reason for Susp/Revoc	Jurisdiction

VI. DRUG SALES: In this section, "drugs" shall be interpreted as illicit or controlled substances, or the unauthorized use or abuse of legal drugs. In this section, the sale of drugs includes the unauthorized sale of drugs to another person, with or without profit to you, delivery of drugs to another person, transporting drugs to be sold, trading drugs for anything of value, manufacturing drugs, growing drugs (plants), or being involved in any drug related transactions.

List any sale(s) of, or involvement with sale(s) of legal or illegal drugs. If none write N/A.

Transaction	Type of Drug	Amount	Number of times	Age at Time of Transaction
Unauthorized Sales				
Delivery of drugs				
Transporting for Sale				
Trading for item of value				
Manufacturing or Growing				
Other drug transactions				

Print Name Clearly _____

VII. Drug Use: In this section, drug use will be defined as the current or past use of or addiction to illegal or controlled substances (e.g., abusing cocaine), or the unauthorized use of legal drugs (e.g., abusing Percoset without prescription). Also, drug use shall include the use of drugs gained by misrepresentation of symptoms to a physician.

The following is a *partial* list of types and names of drugs which could be abused under the above conditions. This is not a complete list. *Any other drugs which you are abusing or have abused must also be listed.*

- | | | | |
|------------------------|--------------|-----------|---------------|
| MARIJUANA | PEYOTE | HEROIN | COCAINE |
| HASHISH | PSILOCYBIN | MORPHINE | CRACK |
| THC | MESCALINE | CODEINE | BARBITURATES |
| ANGEL DUST | STERODIS | METHADONE | TRANQUILIZERS |
| PCP | BIPHETAMINES | DEMEROL | VALIUM |
| HALLUCIOGENS (LSD,ECT) | AMPHETAMINES | PRELUDIN | TALWIN |
| ECSTACY (XCT) | DILAUDID | QUAALUDES | MUSHROOMS |
| METHAMPHETAMINES | | | |

1. List below your use of drugs. If none write N/A:

Name of Drug	Number of times Used	Amount per use	Age at Time of Use

VIII. OTHER INFORMATION

1. Have you ever applied with any other law enforcement agency, detention center, correctional facility or fire department?..... YES___ NO___

If YES, provide the dates of application(s) and the agencies or jurisdictions.

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2. Have you ever been a member of any branch of the armed services?..... YES___ NO___

If YES provide the information below:

BRANCH OF SERVICE _____ DATES OF SERVICE _____

TYPE OF DISCHARGE (EXPLAIN) _____

3. Have you ever been subjected to disciplinary action from any past or current employer?.....
YES ___ NO ___

If YES, describe give following information:

Employer's Name	Nature of offense	Dates of Discipline	Disciplinary Result

DEPUTY SHERIFF CANDIDATES:

Are you Maryland Certified Deputy Sheriff? YES _____ NO _____

Certified in another state or Federal? If YES, Indicate where _____