Do you know a young person looking to start a career in Law Enforcement?

The Washington County Sheriff's Office is now accepting applications for the Law Enforcement Cadet position. This position is trainee level law enforcement work for individuals between the ages of 18 and 20. The starting salary is $25,463 with a competitive benefits package.

Applicants will take a Written Test and Physical Fitness Test on **Saturday, April 11, 2020, starting at 8:00 A.M.** The testing will take place at the Washington County Sheriff's Office Patrol Building located at 500 Western Maryland Parkway, Hagerstown, MD 21740. Applicants who pass the Written and Physical Fitness Tests will be scheduled for Oral Interviews at a later date.

Applicants MUST bring a completed pre-employment packet with them on April 11, 2020. Applicants who plan on attending the Processing Event **MUST register** their attendance with our Training Coordinator, Mike Lowry, by emailing mlowry@washco-md.net or calling 240-313-2193 **no later than Saturday, April 4, 2020.**

The pre-employment packet includes (1) Application for Employment, (2) Release of Liability, and (3) Physician's Certification. The Physician's Certification MUST be signed by a physician in order for the applicant to be eligible to participate in the process. The Physician's Certification must be completed within 30 days of the physical fitness test in order to be considered valid. The pre-employment packet is located on the Sheriff's Office website, www.washcosheriff.com, under the employment tab.

Appropriate attire for the event is; athletic clothing for the Written Test and Physical Fitness Test, business attire for the Oral Interviews.

Questions in reference to this event should be directed to Mike Lowry, Training Coordinator, 240-313-2193.

Application for Employment

Washington County Sheriff's Office
500 Western Maryland Parkway
Hagerstown, MD 21740

Date of Application: _____

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, genetic or veteran status, sexual orientation, or disability.

CITIZENSHIP NOTICE: All Deputy Positions require that you are a United States Citizen or Naturalized Citizen of the U.S.

Use this application for Patrol Deputy, Correctional Deputy and the following positions:

Position applied for (**check one only**)

□Patrol Deputy □Correctional Deputy □Office Associate (Clerical) □Classification Counselor
□ Civil Process Server □ Metal Detector Operator □ Systems Mechanic □ Vehicle Mechanic □ Other (explain)_____

How did you hear about us? Please check all that apply. □Wash. Co. Sheriff's Office website □Job Fair (list) _____
□local media (newspaper/radio/TV) (list) _____ □Other website (list) _____
□Sheriff's Office employee (list name) _____ □Other (list) _____

Name _____ Last four digits of your Social Security # _____
Last First Middle

Address _____
Number Street City State Zip

Home Telephone (____)_____ Work Telephone (____)_____ Cell (____)_____

Email _____ Birth Date _____
Month Day Year

If you do not wish to list your birth date, do you meet the minimum age requirement for the job for which you are applying?
_____ Yes _____ No

Do you believe that you can perform all the functions related to the job? _____ Yes _____ No

If not, why not? _____

Are you willing to take a physical examination? ___ Yes ___No Are you willing to undergo an alcohol and/or drug test? ___ Yes ___ No

Have you filed an application here before? _____ Yes _____ No

Have you ever been employed here before? _____ Yes _____ No If yes, give date(s) and department(s) _____

Are you a veteran? _____ Yes _____ No Branch of Service _____ From _____ To _____

Are you a member of the Reserves or National Guard? _____ Yes _____ No

Branch of Service _____ From _____ To _____ Rank _____

This information will be used to confirm your identity during testing and track your progress through the employment process. There is no penalty for refusing to give the number and it is strictly voluntary.

Form: X20(Rev:1/29/19)

EDUCATION AND TRAINING

Do you have a high school diploma or GED? ( ) Yes ( ) No - If not, what is the highest grade completed?_____

If you have a GED (High School Equivalency Diploma): Year Awarded_____ State Awarded_____

Name, City & State of Last High School Attended: _____

_____

COLLEGES ATTENDED **CITY & STATE**	MAJOR FIELD	DEGREE AWARDED	**DATES ATTENDED** FROM TO

OTHER TRAINING (including business, trade, military, etc.) NAME OF SCHOOL	CITY, STATE	TYPE OF TRAINING	TOTAL HRS.	WKS.

SPECIAL QUALIFICATIONS: (apprenticeships, skills, academic or professional awards, etc.)

_____

_____

_____

_____

_____

OTHER QUALIFICATIONS:

____ Data Entry or Key Boarding skills _____ words per minute

____ Power Tools or Motor Equipment (list tools and equipment below)

____ Computer Skills (list specific hardware and/or software below)

____ Other (list below)

_____

_____

_____

Since you may be required to operate a County-owned vehicle, you must answer the following question.

Do you possess a valid driver's license in this or any other state? _____ Yes _____ No

Give a brief statement ***in your own handwriting*** of why you would like to work for the Washington County Sheriff's Office.

_____

_____

_____

_____

_____ _____

Signature of Applicant Date

EMPLOYMENT HISTORY

Instructions: List below, **beginning with your most recent position**, all of your work experience, including military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

DO NOT submit a resume in lieu of completing this portion of the application.

1. Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Do you supervise other employees?	Job Titles of Those You Supervise:
	Yes ☐ No ☐	
Employment dates(From: Month/Year To: Month/Year):	Starting Salary:	Ending Salary:
Job Duties: Reason For Leaving:		

2. Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Did you supervise other employees?	Job Titles of Those You Supervised:
	Yes ☐ No ☐	
Employment dates(From: Month/Year To: Month/Year):	Starting Salary:	Ending Salary:
Job Duties: Reason For Leaving:		

3. Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Did you supervise other employees?	Job Titles of Those You Supervised:
	Yes ☐ No ☐	
Employment dates(From: Month/Year To: Month/Year):	Starting Salary:	Ending Salary:
Job Duties: Reason For Leaving:		

All applicants must provide at least three employment related references:

Name of reference	Complete Mailing Address	Telephone #	Relationship at Work
1.			
2.			
3.			

General Information

Instructions: **Questions 1 thru 12 must be answered by all applicants.** Failure to complete this information truthfully may result in disqualification from consideration for employment with the Washington County Sheriff's Office. Applicants may attach additional sheets if necessary.

1. How many times did you miss work last year? _____ What were the reasons?

2. Have you had disciplinary actions taken against you by any previous employer, including the military? _____Yes _____No
If yes, please describe the facts and circumstances.

3. Have you ever been fired or asked to resign from ANY job? _____Yes _____No
If yes, please explain in detail.

4. Have you ever been convicted of a crime that would disqualify you from possession of a firearm under state or federal law? Such convictions would include a crime of violence, domestic violence, handgun violation, being a fugitive from justice or being under indictment or convicted of a crime punishable by imprisonment for one year or more._____Yes _____No
If yes, please explain.

(General Information Questions continue on page 5)

(General Information Questions continued)

5. Do you currently use any type of illegal drugs?

6. Have you in the past casually used illegal drugs?

7. Have you used illegal drugs in the last thirty-six months?

8. When is the last time you used illegal drugs?

9. Do you drink alcohol?

10. Have you been arrested for driving under the influence?

11. Have you ever driven a vehicle while you believe you were under the influence of alcohol?

12. When was the last time you drove a vehicle after consuming enough alcohol to be under the influence?

Pre-Employment Statement

Read carefully before signing:

I certify that, if employed, I will produce documents to establish that I am legally able to work in the United States. I understand that a final employment offer is contingent upon completion of INS Form I-9 and receipt of acceptable documentation at time of hire. I further understand that when applying for any deputy position that I am required to be a U.S. Citizen or Naturalized Citizen of the United States. I fully understand that my Citizenship status and required documentation will be verified by the Washington County Sheriff's Office.

I further certify that I am physically capable of performing all duties associated with the job for which I am applying. I understand that a final employment offer is contingent upon the successful completion of a physical examination, a drug screen and possibly a physical fitness test, Polygraph or Computerized Voice Stress Analyzer (VCSA), and psychological test, depending upon position applied for.

I acknowledge that my employment is 'at will' and that the Sheriff of Washington County reserves the right to terminate me at any time with or without cause and with or without notice. I understand that no practice or policy of the Sheriff or the County Commissioners of Washington County relating to termination procedures alters the 'at will' nature of my employment in any way.

I authorize the Washington County Sheriff's Office to contact my previous employers or any employer to whom I have applied to obtain employment information and to further investigate the truthfulness of my application.

I acknowledge that an applicant may be disqualified from further processing if he/she makes a false statement of a material fact, practices, or attempts to practice, any deception or fraud in this pre-employment history questionnaire, examinations, or in appointment to the Sheriff's Office.

_____ _____

Signature of Applicant Date

APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, genetic or veteran status, sexual orientation, or disability. As an employer, we comply with all government regulations and any applicable affirmative action responsibilities. Solely to help us comply with any applicable government record keeping, reporting and other legal requirements, please fill out the Affirmative Action Survey below. We appreciate your cooperation.

This Affirmative Action Survey data, which you provide voluntarily, will be kept separate and confidential from this Application for Employment.

AFFIRMATIVE ACTION

Government agencies require periodic reports on the sex, ethnicity, disability and veteran status of applicants. This data is for analysis and affirmative action only.

(PLEASE PRINT)

Date_____

Position Applied For: _____ BIRTH DATE: ____/____/____

GENDER: ( ) Male ( ) Female

RACE/ETHNIC IDENTIFICATION - PLEASE CHECK ALL THAT APPLY

Are you of Hispanic or Latino origin? ( ) Yes ( ) No
(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Select one or more of the following racial categories:

( ) American Indian or Alaskan Native (A person having origins in any of the original people of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)

( ) Asian (A person having origin in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

( ) Black or African American (A person having origins in any of the black racial groups of Africa.)

( ) Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

( ) White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign: ( ) Handicapped Individual ( ) Disabled Veteran ( ) Vietnam Era Veteran

Signed: _____

Washington County Sheriff's Office

Release of Liability

I, and my heirs, in consideration of my participation in the Washington County Sheriff's Office physical agility test, hereby release the Washington County Sheriff's Office, the Washington County Government, and the Washington County Sheriff, the deputies, officers, employees, and agents, and any other people officially connected with this testing, from any, and all liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, imprisonment, death, or loss of money, which might occur while participating in this testing. Specifically, I release said persons from any liability, or responsibility for my physical condition, for the condition or selection of course route and for the presence or actions of any other participants.

I am aware of the risks of participation, which include, but are not limited to, the possibility of sprained muscles and ligaments, broken bones and fatigue. I hereby state that I am in sufficient physical condition to accept a rigorous level of physical activity. I understand that participation in this program is strictly voluntary and I freely chose to participate. I understand that the Washington County Sheriff's Office and the Washington County Government does not provide medical coverage for me. I verify that I will be responsible for any medical costs I incur as a result of my participation.

_____

(Participant's printed name)

_____

(Participant's signature)

_____

(Date)

Release of Liability form

Washington County Sheriff's Office

Physician's Certification

I have reviewed the attached elements of the Washington County Sheriff's Office Physical Fitness Test and believe, in my best medical opinion, that the applicant identified below **can** perform the elements of the test safely.

Applicant's name (Print): _____

Date of Certification: _____

Doctor's name (Please Print): _____

Doctor's address: _____

Doctor's phone #: _____

Doctor's signature: _____

Physician's Certification form

Washington County Sheriff's Office

Physical Fitness Test

TEST #1: Sit-ups (measures muscular endurance, core body).

This test measures muscular endurance for use of force situations, restraining holds, carrying, and running at full speed.

The sit-ups measure abdominal muscular endurance. Start by lying on your back, heels flat on the floor, approximately 12" from the buttocks, with fingers interlaced behind the head. Avoid pulling on the head with hands. The neck should remain in the neutral position. The buttocks must remain on the floor with no thrusting of the hips. In the up position, the elbows should reach the knees, you then return until the shoulder blades touch the floor. Resting is only done in the up position. The person being tested shall have their feet held by the hands of a partner. Sitting on your partner's feet will not be allowed. Resting in the down position ends the test and the score is generated by the total correct sit-ups to that point. Failure to follow instruction constitutes a failure.

You must perform a minimum of 30 sit-ups in a maximum of one minute.

TEST #2: Push-ups (measures muscular endurance, upper body).

The push up test measures the upper body's muscular endurance. The hands are placed slightly wider than shoulder width apart, with fingers pointing forward. The administrator places one fist on the floor below the subject's chest. Starting from the up position (elbows extended), the subject must keep the back straight and lower the body to the floor until the chest touches the fist, then push back up. This is one repetition. Resting is done only in the up position with the back straight. Both hands and the balls of both feet must remain in contact with the floor. If any other part of the body touches the floor, this ends the test and the score is generated by the total correct push-ups to that point. The total number of correct push-ups that the candidate can do within one minute is the score. Failure to follow instruction constitutes a failure.

You must perform a minimum of 25 push-ups in a maximum of one minute.

TEST #3: Vertical Jump (measures anaerobic power, explosive leg strength)

A measure of explosive power, the vertical jump is scored based on the best jump out of three attempts. The subject stands with one side toward the wall or vertical leap recorder and reaches up as high as possible to mark his/her standard reach while flatfooted. The subject then jumps as high as possible and marks the spot on the wall or vertical leap recorder. Prior to the jump, one foot must remain stationary on the floor. The actual leap must be initiated off of both feet. Failure to follow instruction constitutes a failure.

The minimum score is 15.5 inches above your standard reach mark.

TEST #4: 1.5 Mile Run (measures aerobic capacity, cardio respiratory)

The test is administered on a standard indoor track when possible. Candidates must complete 12 laps. When an indoor track is not available the 1.5 mile will be ran on a hard flat surface. The test is measured in minutes and seconds. Candidates should warm up and stretch prior to the run. The object is to complete the 1.5 miles in as little time as possible. Failure to follow instruction constitutes a failure.

You must run 1.5 miles in a maximum time of 15:00.

YOU MUST PASS ALL SEGMENTS OF THIS PHYSICAL FITNESS TEST IN ORDER TO PROCEED FURTHER IN THE HIRING PROCESS.

How to prepare for the Physical Fitness Test

The following guidelines will help prepare you to take the Sheriff's Office Physical Fitness Test.

PRIOR TO ENGAGING IN THIS PROCESS, WE RECOMMEND YOU CONSULT A PHYSICIAN.

TEST #1: Sit-ups

Determine how many sit-ups you can do in one minute. At least three times per week, do three sets.

TEST #2: Push-ups

Determine how many push-ups you can do in one minute. At least three times per week, do three sets.

TEST #3: Vertical Leap

Measure your standard reach (standing flat footed on the floor) on a wall and then jump and mark the wall at your maximum jump height. Do this until you can jump at least 15.5 inches above your standard reach.

TEST #4: 1.5 Mile Run

Walk/jog a 1.5 mile distance and steadily progress until you can meet the minimum requirements given above