



# CECIL COUNTY PUBLIC SAFETY

## INITIAL INFORMATION SHEET

### ARREST(S)

**LIST ALL ARRESTS.** DETAIL CHARGES, LOCATIONS, & DISPOSITIONS. **IF ADDITIONAL SPACE IS NEEDED USE BACK OF APPLICATION OR ATTACH AN ADDITIONAL PAGE.**

CHARGES: \_\_\_\_\_  
POLICE AGENCY: \_\_\_\_\_ DATE: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
DISPOSITION OF CASE: \_\_\_\_\_  
DETAILS: \_\_\_\_\_

CHARGES: \_\_\_\_\_  
POLICE AGENCY: \_\_\_\_\_ DATE: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
DISPOSITION OF CASE: \_\_\_\_\_  
DETAILS: \_\_\_\_\_

CHARGES: \_\_\_\_\_  
POLICE AGENCY: \_\_\_\_\_ DATE: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
DISPOSITION OF CASE: \_\_\_\_\_  
DETAILS: \_\_\_\_\_

### DOMESTIC VIOLENCE

**DETAIL CHARGES, LOCATIONS, & DISPOSITIONS. IF YOU ARE, OR IF YOU HAVE EVER BEEN, UNDER A COURT OR EX PARTE ORDER RELATING TO DOMESTIC VIOLENCE OR HAVE BEEN INVOLVED IN A DOMESTIC ASSAULT OTHER THAN AS A VICTIM, PROVIDE DETAILS BELOW.**

POLICE AGENCY: \_\_\_\_\_ DATE: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
DISPOSITION OF CASE: \_\_\_\_\_  
DETAILS: \_\_\_\_\_

### DRUG USE

**LIST ALL ILLEGAL DRUG USAGE INCLUDING: MARIJUANA/HASHISH, COCAINE/CRACK, HEROIN, LSD, PCP, AMPHETAMINES, BARBITUATES, ANABOLIC STEROIDS, AND INHALANTS.**

NAME OF SUBSTANCE	TOTAL LIFETIME USAGE	TOTAL TIMES USED SINCE AGE 21	DATE LAST USED (BE SPECIFIC) MM/YY

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**BACKGROUND/HISTORY**

CHRONOLOGICALLY, STARTING WITH THE **PRESENT** AND WORKING TO THE **PAST**, LIST ALL PERIODS OF EMPLOYMENT, UNEMPLOYMENT, AND MILITARY TIME (KEEP IN SEQUENCE), INCLUDING PART-TIME EMPLOYMENT.

DATES OF EMPLOYMENT	FROM: _____	TO: _____	
EMPLOYER:	_____		
ADDRESS:	_____	CITY/STATE/ZIP:	_____
YOUR TITLE:	_____	WORK DESCRIPTION:	_____
SUPERVISOR'S NAME/TITLE:	_____	PHONE NUMBER:	_____
REASON FOR LEAVING:	_____	SALARY:	_____ <input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> YEARLY

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DATES OF EMPLOYMENT	FROM: _____	TO: _____	
EMPLOYER:	_____		
ADDRESS:	_____	CITY/STATE/ZIP:	_____
YOUR TITLE:	_____	WORK DESCRIPTION:	_____
SUPERVISOR'S NAME/TITLE:	_____	PHONE NUMBER:	_____
REASON FOR LEAVING:	_____	SALARY:	_____ <input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> YEARLY

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DATES OF EMPLOYMENT	FROM: _____	TO: _____	
EMPLOYER:	_____		
ADDRESS:	_____	CITY/STATE/ZIP:	_____
YOUR TITLE:	_____	WORK DESCRIPTION:	_____
SUPERVISOR'S NAME/TITLE:	_____	PHONE NUMBER:	_____
REASON FOR LEAVING:	_____	SALARY:	_____ <input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> YEARLY

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DATES OF EMPLOYMENT	FROM: _____	TO: _____	
EMPLOYER:	_____		
ADDRESS:	_____	CITY/STATE/ZIP:	_____
YOUR TITLE:	_____	WORK DESCRIPTION:	_____
SUPERVISOR'S NAME/TITLE:	_____	PHONE NUMBER:	_____
REASON FOR LEAVING:	_____	SALARY:	_____ <input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> YEARLY

# CECIL COUNTY PUBLIC SAFETY

## AFFIRMATIVE ACTION/EQUAL EMPLOYMENT OPPORTUNITY

Cecil County Government is an equal opportunity employer dedicated to a policy of nondiscrimination in employment upon any basis, including race, color, creed, religion, age, sex, national origin, ancestry, martial status, military status, or the presence of any non-job-related medical condition or disability. Please keep in mind the questions contained in this application are not intended to be discriminatory based on any non-job information.

The information requested below is voluntary and will be used to complete statistical reporting required to analyze our applicant flow. It will be separated from your application and will have no effect on the disposition of your application. Thank you for your cooperation.

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_

Vietnam Era Veteran:  Yes  No; Disabled Veteran:  Yes  No; Disabled:  Yes  No

Race/Ethnic Group: (Please check one)

- White: (not of Hispanic origin) A person with origins in any of the original peoples of Europe, North Africa, or the Middle East who is not of Hispanic origin.
- Black: (not of Hispanic origin) A person with origins in any of the black racial groups of Africa, Jamaica, Trinidad, West Indian who is also not of Hispanic origin.
- Hispanic: A person of Mexican, Puerto Rican, Cuban, South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander: A person with origins in any of the original people of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands, including China, Japan, Korea, the Philippine Islands and Samoa.
- American Indian or Alaskan Native: A person with origins in any of the original peoples of North American and who maintains cultural identification through tribal affiliation or community recognition.

To aid us in our recruiting efforts please indicate how you learned of this position.

- Referral
- Newspaper
- Job Services
- Online
- Job Fair
- Career Center

Other: \_\_\_\_\_

All correspondence may be sent via fax or mail to the addresses below:	
CORRECTIONS	Cecil Co. Detention Center, Attn: A. Cirillo, 500 Landing Ln, Elkton, MD 21921 OR Fax: 410-996-5525
LAW ENFORCEMENT OR DISPATCHER	Cecil Co. Sheriff's Office, Attn: J. Johnson, 107 Chesapeake Blvd, Elkton, MD 21921 OR Fax: 410-392-6841