



## SHRERIFF'S CITIZEN'S LAW ENFORCEMENT AWARENESS PROGRAM

Applicants must be 18 years of age. Incomplete and/or unsigned applications will not be considered for processing. Applications must be type written or printed legibly.

### PERSONAL INFORMATION:

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Home Telephone(s): \_\_\_\_\_  
How long have you lived at the address listed above? \_\_\_\_\_

### EDUCATION:

High School Attended: \_\_\_\_\_  
Do you have a High School Diploma or GED? (Y / N) (Not Required)  
College or Trade School(s) Attended: \_\_\_\_\_  
\_\_\_\_\_  
Degree / Certificate(s) Earned: \_\_\_\_\_  
\_\_\_\_\_

### EMPLOYMENT HISTORY:

Current / Most Recent Employer: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Employer Telephone: \_\_\_\_\_ Are you retired? (Y / N)  
Job Title: \_\_\_\_\_ Are / Were you a supervisor? (Y / N)  
Date Hired: \_\_\_\_\_

Previous Employer: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Employer Telephone: \_\_\_\_\_ Date(s) Worked: from \_\_\_\_\_ to \_\_\_\_\_  
Job Title: \_\_\_\_\_ Were you a supervisor? (Y / N)

**BACKGROUND INFORMATION:**

Do you have a valid license to operate a motor vehicle? (Y / N) # \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic offense? (Y / N) If yes please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently under indictment for any criminal offense? (Y / N)

Are you willing to submit to a criminal background investigation? (Y / N)

**REFERENCES:**

List three professional or personal references not related to you.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**EMERGENCY INFORMATION:**

Are there any medical conditions that you would like us to be aware of?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who would you like us to contact in case of emergency?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please review all of your answers carefully and read the statement below before signing this application.

“I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions. I understand that any omission or false statements on this application shall be sufficient cause for rejection or dismissal from The Sheriff’s Citizen’s Law Enforcement Awareness Program”.

“I further understand that the Washington County Sheriff’s Office will be conducting a thorough background investigation that may include, but not be limited to, any criminal history, employment history, and may include information contained in my driving record”.

Individuals requiring special accommodations are requested to contact the Washington County Sheriff’s Office, 301-791-3020 Voice/TDD, to make arrangements no later than ten (10) working days prior to the meeting.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed application to: Washington County Sheriff’s Office  
500 Western Maryland Parkway  
Hagerstown, MD 21740-5199

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**FOR OFFICIAL USE ONLY**

Application Received by: \_\_\_\_\_ Date: \_\_\_\_\_