

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, the undersigned, authorize and give consent for Worcester County Government to obtain information about myself including but not limited to:

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

I hereby, release, discharge, exonerate and hold harmless Worcester County, Maryland, its agents, officials, employees, and representatives from any and all liability of every nature and kind arising out of the collection of and furnishing of any documents, records or information about myself.

I further authorize any individual, company, firm, corporation, public agency or law enforcement agency to divulge any, and all information, verbal or written, pertaining to me to Worcester County, Maryland or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, public agency or law enforcement agency may have, to include information or data received from other sources. I hereby, release, discharge, exonerate and hold harmless said individuals, companies, firms, corporations, public agencies or law enforcement agencies, their agents, officials, employees, and representatives from any and all liability of every nature and kind arising out of the collection of and furnishing of any documents, records or information to Worcester County, Maryland.

I further declare and 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 Address and/or Telephone Number) (*shall not include relatives)

1. _____

2. _____

I hereby declare that I have read and understand the foregoing document and that the information provided is, to the best of my knowledge, true and correct, and I consent and agree to the above release.

Applicant Signature: _____ Date: _____

Department: _____



DONNA J. BOUNDS
WARDEN

Worcester County
Jail

P.O. BOX 189
SNOW HILL, MARYLAND
21863

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

QUINTIN L. DENNIS
SECURITY

FULTON W. HOLLAND JR.
CLASSIFICATION

Full Name of Applicant: _____

Date of Birth: _____

The Worcester County Jail will not hire anyone who may have contact with inmates who:

- a. Has engaged in sexual abuse in any Correctional Facility including any prison, jail, lockup, community confinement facility, juvenile facility or other such institution
- b. Has 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; or
- c. Has been civilly or administratively adjudicated to have engaged in the activity described in the above paragraphs.
- d. 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 any will be considered prior to promoting current employees.

Previous Employment in Correctional facility, any prison, jail, lockup, community confinement facility, juvenile facility or other such institution. _____

Date of Employment: _____

Position Held: _____

Name of Facility Administrator: _____

Please provide information, if any, regarding conduct described in paragraph (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 applicant not being considered.

Signature of Applicant: _____