

WICOMICO COUNTY DEPARTMENT OF CORRECTIONS



PERSONAL HISTORY STATEMENT

Applicant's Name (Please Print)

Revised 2017

A COPY OF THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH
THE PERSONAL HISTORY STATEMENT.

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(Please submit original documents for photocopying):

- Birth Certificate
- High School Diploma, GED and test scores, or certified copies of high school transcripts. Have transcripts sent directly to:

Wicomico County Department of Corrections
ATT: Applicant Investigator
411 Naylor Mill Rd
Salisbury, MD 21801

- All applicants who graduated within the last five (5) years or less must submit a high school transcript with this packet
- College Degree(s) (if applicable) College Transcripts (School Certified. Sealed only) sent directly to the address listed above
- All Marriage Certificates (issued by the State or County, not religious organization)
- All Divorce Documents (original petition and final decrees)
- Adoption or Legal Name Change (if applicable)
- DD-214 Member 4 form (one for each Branch served and each term served)
- Driver's License
- Social Security Card (signed)
- Naturalization papers
- Credit Report from one of the major credit reporting agencies (Equifax, Experian, or Transunion) Please Note: You are entitled to a free credit report from all major credit reporting agencies. You can obtain a copy of your credit report from annualcreditreport.com free of charge
- All forms requiring notary, must be notarized and signed before returning this packet.

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I _____ understand that a background investigation may be conducted. I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of Wicomico County Department of Corrections, whether the said records are public, private, and including those which may be deemed to be of a privileged or confidential nature. This is to certify that I hereby authorize the release of any information to Wicomico County Department of Corrections that they may request during pre-employment screening or any other period during my tenure of employment with the agency.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, records of financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts; medical treatment and/or consultation, including hospitals, clinics, private practitioners and the U.S Veteran's Administration; undeleted copies of military records, including efficiency ratings and misconduct records; public utility companies, employment and pre-employment records including background investigation reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records and other financial statements and records wherever filed; records of complaints, charging documents, arrest, trial and or convictions for alleged or actual violations of law, including criminal and/or traffic records; records or complaints of a civil nature made by or against me, wherever located or filed, including the records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case in which I presently have, or had an interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for Wicomico County Department of Corrections in determining my suitability for employment by that Department. It is my specific intent to provide access to personal information and to release copies and abstracts however personal or confidential they may appear to be and the sources of information specifically enumerated above are not intended to deny access to any records not specifically identified herein.

I understand that any information obtained during the background investigation, which is developed directly or indirectly, in whole in part, upon this release of authorization will be considered in determining my suitability for employment by the Wicomico County Department of Corrections.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expense, including reasonable attorney's fees, arising out of or by reason or complying with this request. A photocopy or telephonic facsimile of this Release of Authorization Form may be accepted with the same authority as the original.

Notary

Signature

Date

Complete Address

D.O.B.

Social Security Number

Wicomico County Department of Corrections
Applicant Reference Form

Applicant Name: _____

Position Title: _____

Please fill out this form completely. List references you have been in contact with in the last 5 years. Please do not use family members.

Please list (3) three personal references

1. Name: _____

Address: _____

Phone Number: _____

Best time to be reached: _____

2. Name: _____

Address: _____

Phone Number: _____

Best time to be reached: _____

3. Name: _____

Address: _____

Phone Number: _____

Best time to be reached: _____

List (3) three neighbors that are not mentioned elsewhere in this packet.

1. Name: _____
Address: _____

Phone Number: _____
Best time to be reached: _____

2. Name: _____
Address: _____

Phone Number: _____
Best time to be reached: _____

3. Name: _____
Address: _____

Phone Number: _____
Best time to be reached: _____

Please list (3) three co-workers that are not mentioned elsewhere in this packet.

1. Name: _____
Address: _____

Phone Number: _____
Best time to be reached: _____

2. Name: _____
Address: _____

Phone Number: _____
Best time to be reached: _____

3. Name: _____
Address: _____

Phone Number: _____
Best time to be reached: _____

Please list (3) three employers.

1. Name: _____
Address: _____

Phone Number: _____
Best time to be reached: _____

2. Name: _____
Address: _____

Phone Number: _____
Best time to be reached: _____

3. Name: _____
Address: _____

Phone Number: _____
Best time to be reached: _____

I. PERSONAL DATA			
1. Last Name	First Name	Middle Name	Former Name
3. Nicknames	Alias (es)	Other Names Used	Gender
5. Date of Birth	Place of Birth	Social Security Number	
6. Height	Weight	Eye Color	Hair Color
7. Scars, Marks, Tattoos			
8. Present Street Address	City	State	Zip Code
9. Home Phone Number	Work Phone Number	Cell Phone Number	
10. U.S. Citizen:	Naturalized Certification Number	If derived, parents certification number	
Yes ___ No ___			
Education: List all high schools attended and date you graduated. If you received a GED indicate that in the space provided and have a certified copy of your GED and test scores sent to Wicomico County Department of Corrections Attention: Applicant Investigator			
11. Name of School	City, State, Zip Code	Graduated/ Received GED	
Higher Education: List colleges or universities attended. If you are applying for classification counselor attach a copy of your college diploma and have a certified copy of your transcripts sent to Wicomico County Department of Corrections Attention: Applicant Investigator			
12. Names of College/University	City, State, Zip Code	Graduated: Yes /No	
13. Other Schools Attended: Trade, Vocational, Business, Law Enforcement, Correctional Academies or Special Military Training Schools etc.			
Name of School/Special Training	City, State, Zip Code	Certificate Yes/ No	

14. Foreign Language: In this section list the language other than English that you are fluent in and indicate your knowledge of each by placing a check in the appropriate box.

Language	Understand	Read	Speak	Write

15. Special Qualifications and Skills: The following is concerning any licenses currently held or previously held.

State Issued	Kind of License	Expiration Date	Restrictions

16. Family Data

Mother's Name (Maiden)	Father's Name	Step-Parent (s) or Guardian (s)

Sisters/Step Sisters Names: Brothers/Step Brothers Name: Wife or Husband's Name:

--	--	--

17. Marriage Information

Date	City, State, Zip Code	Certification Number

18. May we contact your spouse or significant other? Yes ___ No ___. If no please provide a brief explanation.

19. On the following pages please provide your addresses for the past 7 years. Please include dates you may have lived with family members or friends. Begin with your current address.

A. START WITH YOUR CURRENT/PHYSICAL ADDRESS				
Dates of Residence	City	State	Zip Code	Telephone Number
Owners/Realty Company (Name and address)				Telephone Number

Do you: Rent ___ Amount ___ Own ___ Amount ___

Do you reside with: Self ___ Spouse/Significant other ___ Other ___

B. NEXT LIST YOUR RESIDENCE PRIOR TO THE ABOVE ONE AND SO ON.					
From	To	Street Address	City	State	Zip Code
Telephone Number		Owner's/Realty Company's Name, Address and Telephone Number			
C.					
From	To	Street Address	City	State	Zip Code
Telephone Number		Owner's/Realty Company's Name, Address and Telephone Number			
D.					
From	To	Street Address	City	State	Zip Code
Telephone Number		Owner's/Realty Company's Name, Address and Telephone Number			
E.					
From	To	Street Address	City	State	Zip Code
Telephone Number		Owner's/Realty Company's Name, Address and Telephone Number			
F.					
From	To	Street Address	City	State	Zip Code
Telephone Number		Owner's/Realty Company's Name, Address and Telephone Number			
G.					
From	To	Street Address	City	State	Zip Code
Telephone Number		Owner's/Realty Company's Name, Address and Telephone Number			
H.					
From	To	Street Address	City	State	Zip Code
Telephone Number		Owner's/Realty Company's Name, Address and Telephone Number			
I.					
From	To	Street Address	City	State	Zip Code
Telephone Number		Owner's/Realty Company's Name, Address and Telephone Number			
J.					
From	To	Street Address	City	State	Zip Code
Telephone Number		Owner's/Realty Company's Name, Address and Telephone Number			

20. Employment History: Beginning with your most recent employment, list all jobs, including part-time, temporary, and voluntary positions you have held in the past (7) years. Please give a brief explanation of all periods of unemployment, reason for leaving, and termination (s) by employer. If extra space is needed please use the last page of packet.

From	To	Name and Full Address of Employer	Telephone Number
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Supervisors Name	Reason for Leaving
Title and Duties			
From	To	Name and Full Address of Employer	Telephone Number
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Supervisors Name	Reason for Leaving
Title and Duties			
From	To	Name and Full Address of Employer	Telephone Number
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Supervisors Name	Reason for Leaving
Title and Duties			
From	To	Name and Full Address of Employer	Telephone Number
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Supervisors Name	Reason for Leaving
Title and Duties			

From	To	Name and Full Address of Employer	Telephone Number
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Supervisors Name	Reason for Leaving
Title and Duties			
From	To	Name and Full Address of Employer	Telephone Number
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Supervisors Name	Reason for Leaving
Title and Duties			
From	To	Name and Full Address of Employer	Telephone Number
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Supervisors Name	Reason for Leaving
Title and Duties			
From	To	Name and Full Address of Employer	Telephone Number
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Supervisors Name	Reason for Leaving
Title and Duties			
From	To	Name and Full Address of Employer	Telephone Number
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Supervisors Name	Reason for Leaving
Title and Duties			

21. May we contact your present employer? Yes No . If you answered no please provide a brief explanation why. PLEASE NOTE: YOUR EMPLOYER MAY STILL BE CONTACTED.

22. Do you have any physical or mental limitations that would impair your performance as a Correctional Officer? If so, please explain:

23. Have you had any disciplinary problems with your current or any previous employers? Yes No If you answered yes, please explain the circumstances relating to the incident and indicate what type of disciplinary action you received (i.e., counseling session, reprimand, suspension etc.)

24. Have you ever resigned after being informed that your employer intended to discharge you or before facing a disciplinary hearing? Yes No . If you answered yes please explain the circumstances surrounding the incident:

II. ILLLEGAL DRUG USE

1. Have you ever used, tried, experimented with the following illegal drugs or used any other substances illegally? Yes No

Drug Type	Yes	No	Number of Times Used	Month/Year of Last Usage
Marijuana				
Heroin				
Cocaine				
Crack				
PSP				
LSD				
Mushrooms				
Ecstasy				
Crystal Meth				
Barbituates				
Oral Steroids				
Injected Steroids				
Other				

2. Have you ever inhaled a substance such as paint thinner, glue etc. for the sole purpose of getting high? Yes No . If you answered yes, please explain in full detail.

3. Have you ever taken any prescription medication that was not specifically prescribed to you? Yes No . If you answered yes, please list the medication and explain in full detail.

4. Have you ever been present during, participated in any way, in any illegal drug or/and narcotic transaction? Yes No . If you answered yes, explain in full detail.

III. GENERAL QUESTIONS.

1. Have you visited anyone in this or any other correctional institution in the past (5) years?

Yes No . If you answered yes, please list their names, the name of the correctional facility, and their relationship to you (i.e. friend, boyfriend, girlfriend, husband, wife etc.).

2. Do you have a son, daughter, mother, father, brother, sister, husband, wife or anyone that is presently living in your household that has been incarcerated in the last (5) years or is currently on probation?

Yes No . If you answered yes, please list their name(s) and the name of the correctional facility, and their relationship to you (i.e. friend, boyfriend, wife, daughter, etc.)

3. Do you know anyone who is presently incarcerated at this facility? Yes No . If you answered yes, please list their names and their relationship to you (i.e. friend, boyfriend, girlfriend, husband, wife, etc.)

4. Have you ever applied for a position with this or any other correctional facility, police agency, fire department or state juvenile agency?

Yes No . If you answered yes, please list the agency, the date, contact's name, and the outcome in full detail.

5. Have you ever applied for any position with the federal government, state, or local government for which a background investigation was initiated?

Yes No . If you answered yes, please list the agency, the date, the investigator's name, and what happened in full detail.

6. Have you been married more than once? Yes No . If so list your husband or wife's name (s) and any other names you have used. Please list the date and location of your divorce.

7. Are you currently or have you ever been a member of a Gang or do you have Gang affiliations?

IV. MILITARY AND SELECTIVE SERVICE HISTORY.

Federal law requires that all male U.S. citizens and immigrant aliens born on or after January 1, 1960 and residing in the U.S. and its territories must register between the ages of 18-25 with the Selective Service System (also known as the "draft registration law"). Have you complied with the Selective Service System requirement? Yes No . If you answered yes, please write your Selective Service Number in the space provided. You can obtain your Selective Number by calling 1-847-688-6888

Selective Service Number _____

If you answered no please explain, in full detail why.

A. Military Information.

If you have served in the Armed Forces please complete Standard Form 180, Request Pertaining To Military Records attached to this section. **Please note:** All applicants applying for Correctional Officer, Classification Counselor, or Department Support Staff will include as part of their background investigation a previous military service check even if you state no previous military service.

Have you ever been a member of any branch of the United States Military? Yes No

- 1. Branch of Service _____
- 3. Highest Rank Attained _____
- 2. Date of Discharge: _____
- 4. Type of Discharge/Separation _____
- 5. Special Schools/Training/MOS: _____

6. If you received a discharge other than "Honorable" please explain the circumstances:

7. Are you currently a member of a United States Military Reserves or National Guard? Yes__ No__ If you answered yes please list the name of your Commanding Officer and the name and address of your Unit:

8. Have you ever had any formal disciplinary action during your tenure in the military service? Yes ___ No ___. If you answered yes please explain:

9. Have you ever been arrested, cited, detained, or booked by military or civilian authorities while you were in the military? Yes ___ No ___. If you answered yes, please provide the date of each occurrence and explain the circumstances:

10. Were you ever investigated for any criminal activity while in the military or military reserves? Yes No If yes, please provide the date of each occurrence and explain the circumstances.

11. Have you ever been the recipient of any judicial or non-judicial disciplinary action Yes No (Article 15, Captain's aMast, Officer Hours, Company punishment, etc.) while in the military? If you answered yes, provide the date of each occurrence and explain the circumstances.

12. Have you ever received a military court martial? Yes No . If you answered yes, please explain the circumstances.

V. LEGAL ISSUES**Disclosure of Convictions**

As an applicant for employment with Wicomico County, Maryland, you must disclose any criminal conviction(s) which has not been sealed or expunged by a court pursuant to law. Any deliberate or significant omissions may result in you being disqualified for employment. If more space is needed, please continue on the last page.

Either as an adult or juvenile, have you EVER been detained, held on suspicion, questioned, fingerprinted or arrested by any law enforcement agency? Have you been criminally charged, indicted, convicted of a misdemeanor or felony offense in this state or any other legal jurisdiction, including offenses punishable under the Uniform Code of Military Justice? Are you currently on probation or serving community service? Yes No . If you answered yes to any of these questions please complete the section below.

1. Date	Arresting or Detaining Agency
Charge (s)	
Disposition (s) or Penalty	
2. Date	Arresting or Detaining Agency
Charge (s)	
Disposition (s) or Penalty	
3. Date	Arresting or Detaining Agency
Charge (s)	
Disposition (s) or Penalty	
4. Date	Arresting or Detaining Agency
Charge (s)	
Disposition (s) or Penalty	

5. Date	Arresting or Detaining Agency
Charge (s)	
Disposition (s) or Penalty	
6. Date	Arresting or Detaining Agency
Charge (s)	
Disposition (s) or Penalty	
7. Date	Arresting or Detaining Agency
Charge (s)	
Disposition (s) or Penalty	
8. Date	Arresting or Detaining Agency
Charge (s)	
Disposition (s) or Penalty	
9. Date	Arresting or Detaining Agency
Charge (s)	
Disposition (s) or Penalty	

Lined writing area with 20 horizontal lines.



APPLICATION FOR EMPLOYMENT

Wicomico County

Human Resources Department

P.O. Box 870, 125 N. Division St., Salisbury, MD 21803-0870

410-334-3105 Fax: 410-334-3111



We appreciate your interest in employment with Wicomico County and assure you that we are interested in your qualifications. The information requested in this application will aid us in evaluating your qualifications. Qualified applicants are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation, or presence of a medical condition or handicap.

1. Name (Last, First, Middle)		5. Position you are applying for																	
Address: Number & Street		6. Date of Application																	
City, State, & Zip Code		7. Date available to work																	
2. Social Security Number		8. Lowest pay you will accept																	
3. Home Phone: (Include Area Code)		9. Are you legally authorized to accept work and remain in the United States?																	
4. Business Phone: (Include Area Code)		<input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of identity and authorization will be required upon employment)																	
10. Are you currently 18 years or older? If not, state your age:		<input type="checkbox"/> Yes <input type="checkbox"/> No																	
11. Licenses:																			
Do you have a valid Driver's License?		<input type="checkbox"/> Yes <input type="checkbox"/> No																	
Driver License #		State:	Expiration Date:																
Type of License: <input type="checkbox"/> Commercial <input type="checkbox"/> Non Commercial		Class:																	
List all other professional licenses, registrations, and certificates:																			
Type:		Number:	Expiration Date:																
Type:		Number:	Expiration Date:																
12. List all machines or equipment, including office equipment, you can operate skillfully.																			
13. List all additional qualifications & skills:																			
14. EDUCATION AND TRAINING CHECK HIGHEST GRADE COMPLETED																			
GRADE SCHOOL		HIGH SCHOOL	COLLEGE	GRADUATE SCHOOL															
1	2	3	4	5	6	7	8	1	2	3	4	1	2	3	4	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High School Name				College Name															
City				City															
State				State															
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No				Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No															
Or				Degree(s)															
Do you have a G.E.D. or equivalent?				Major _____ Minor _____															
<input type="checkbox"/> Yes <input type="checkbox"/> No				Hrs. Completed _____															
In this space, list additional training and education completed.																			
15. References. List three persons who are not related to you and who have knowledge of your qualifications. Do not repeat supervisors listed under Experience Item 16.																			
Name		Address			Phone														

16. Experience. Starting with your current or most recent job, list all positions you have held in the last ten years. If you consider it appropriate to this application, you may include as an addendum, positions held earlier than ten years ago. Be concise, but do not omit information, which may be relevant to the position for which you are applying. If you need additional blocks, use blank sheets.

A. Dates of Employment From: _____ To: _____		Job Title	Number of Persons Supervised
Salary:	Hrs. Per Week	Name of Supervisor	Area Code and Phone

Name and Address of Business or Employer:

Reason for Leaving:

May we contact this employer? _____ If not, why not? _____

Description of duties:

B. Dates of Employment From: _____ To: _____		Job Title	Number of Persons Supervised
Salary:	Hrs. Per Week	Name of Supervisor	Area Code and Phone

Name and Address of Business or Employer:

Reason for Leaving:

May we contact this employer? _____ If not, why not? _____

Description of duties:

C. Dates of Employment From: _____ To: _____		Job Title	Number of Persons Supervised
Salary:	Hrs. Per Week	Name of Supervisor	Area Code and Phone

Name and Address of Business or Employer:

Reason for Leaving:

May we contact this employer? _____ If not, why not? _____

Description of duties:

D. Dates of Employment From: _____ To: _____		Job Title	Number of Persons Supervised
Salary:	Hrs. Per Week	Name of Supervisor	Area Code and Phone

Name and Address of Business or Employer:

Reason for Leaving:

May we contact this employer? _____ If not, why not? _____

Description of duties:

17. Military Service Yes No Branch of Service _____
 Serial or Service No. _____ Dates of Service From: _____ To: _____
 Did your military service have any relationship to the position for which you have applied?
 If yes, please explain _____

18. Are you related by blood or marriage to any County employee(s)?

Yes No If yes, complete the following:

Name	Department	Relation

19. Have you been employed with us before? Yes No

If Yes, answer questions below:

A. Dates of Employment From: _____ To: _____ B. Position Held _____

C. Reason for leaving: _____

20. Are you able to perform all of the duties and meet all of the requirements as listed in the job ad for the job which you are applying (listed in section 5) with or without accommodations? Yes No

21. Have you ever been convicted of a crime including DUI or DWI? Yes No

If yes, describe the conviction, when it occurred, the facts and circumstances, and any facts pertaining to rehabilitation? (Do not list any criminal conviction which has been expunged. A criminal conviction will not necessarily bar employment).

PLEASE READ CAREFULLY

- a. Under Maryland law an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment, except law enforcement officers as defined in 727 of Article 27, or any employee of any law enforcement agency of the State of Maryland, or any county incorporated city or town, or other municipal corporation. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100.
- b. In submitting this application for employment, I authorize investigation of all statements contained therein. I hereby authorize Wicomico County to make any contacts considered necessary to my employment, such as previous employers, criminal or credit bureau records. I authorize any person or organization whose name I have given as a character reference or by whom I have been previously employed and any educational institution which I have stated I attended to furnish the County any information they may have concerning me. I hereby release all such persons, organizations, and institutions from any claims for damages or otherwise by reason of furnishing such information and records. It is understood and agreed that any misrepresentations or omissions by me in this application will be sufficient cause for cancellation of the application or the separation from the County employment.
- c. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for substance abuse. I also understand and agree that, if employed, I may be required to submit to an alcohol or substance abuse screening as required by law and County Policies and Procedures. I hereby consent to having the results of any such alcohol or substance abuse screening I may be required to undergo disclosed to County Government. I understand that this application is the property of County Government and will be part of my personnel file if I am accepted for employment. Driving record checks may be required of an applicant or employee who may be required to operate a County or personal vehicle on County business. This will also depend on the nature of the position and the insurance company's requirements. I hereby authorize the County to obtain a complete driving history.
- d. Any applicant who is selected for employment by Wicomico County must, as a condition of employment and before any offer of employment can be considered final, complete United States Department of Justice Immigration and Naturalization Service Form I-9 and provide acceptable documents that establish both identity and employment authorization as defined by Federal Regulation. The foregoing must be accomplished before employment and failure to do so will cancel any offer of employment with Wicomico County. The proposed employee has 5 working days within which to comply with these requirements.

Acknowledged and Understood:

Signature

Date