

Baltimore City Sheriff's Office

Baltimore, Maryland

COURT SECURITY OFFICER

\$43,350 - \$52,235

Applications must be fully completed before returning to Ms. Stacey Reed or at the Baltimore City Sheriff's Office, 111 N. Calvert St. Rm. B1 Baltimore, MD 21202

Applications may be returned between the hours of 10 am – 4 pm. You may contact Ms. Reed at 410-396-8890 if you have any questions regarding the application.

The application must be accompanied by the following:

- Copy of High School Diploma or GED
- Copy of Birth Certificate
- 2 Passport Size Photographs
- Copy of Valid Driver's License
- Recent Credit Report
- Copy of MPCTC (if applicable)
- Copy of DD214(if applicable)
- A Photo of all your Tattoos taken by a camera and printed out. **(Not a camera phone)**

Authorization for the release of personal information must be notarized.

BALTIMORE CITY SHERIFF'S OFFICE
BALTIMORE, MARYLAND

COURT SECURITY OFFICER

00826

CLASS DEFINITION

A Court Security Officer, under the supervision of the Sheriff of Baltimore City or his/her representative, serves as the chief law enforcement authority of the Baltimore City Circuit Court and Juvenile Court to ensure the physical safety of the Circuit Court Judges, Juvenile Court Judges and Masters, employees, and visitors to Circuit Court and Juvenile Court facilities.

Work of this class involves no supervisory duties or responsibilities. Officers receive supervision from a Court Security Lieutenant or higher command member.

DISTINGUISHING CHARACTERISTICS OF WORK

The following examples illustrate the work performed in the position in this class. The list is not all-inclusive. The position may require related duties not listed, if necessary to accomplish the work of the agency.

- Provides security and protection for the Circuit Court Judges and Juvenile Court Judges and Masters under the jurisdiction of the Court Security Division of the Baltimore City Sheriff's Office.
- Provides security and protection for all employees in all City buildings under the jurisdiction of the Court Security Division of the Baltimore City Sheriff's Office.
- Provides security and protection for all City officials and functionaries in all buildings under the jurisdiction of the Court Security Division of the Baltimore City Sheriff's Office.
- Provides security and protection for all visitors in all City buildings under the jurisdiction of the Court Security Division of the Baltimore City Sheriff's Office.
- Maintains order and decorum in the courtrooms and throughout the buildings under the control of the Court Security Division of the Baltimore City Sheriff's Office.
- Performs building entry control using metal detection devices.
- Checks employee identification cards upon employee entering any building.
- Informs and directs the public.
- Directs and assists in building evacuation during emergencies.
- Performs building searches as necessary.
- Confiscates weapons and illegal contraband upon detection from persons entering court facilities.

00826

- Assists other law enforcement agencies when necessary with the movement of prisoners throughout court facilities.
- Monitors CTVV equipment as applicable.
- Investigates and prepares written reports of crimes and incidents under the jurisdiction of the Court Security Division of the Baltimore City Sheriff's Office.
- Performs all courtroom mandates during the trial process.
- Performs all duties as directed in all special orders and directives, written or verbal by authorized officials.
- Performs related work as required.

KNOWLEDGE, SKILLS, AND ABILITIES

- Ability to communicate effectively orally and in writing.
- Ability to dependably perform assignments without close supervision.
- Ability to stand and walk for extended periods of time.
- Ability to use a firearm, perform self-defense tactics, and perform arrest procedures.
- Ability to think, react and function calmly intense, violent, or unexpected situations.
- Ability to operate various types of security screening devices.
- Ability to communicate effectively and courteously with court personnel and court visitors.
- Ability to work harmoniously in a group setting.
- Ability to maintain annual firearms proficiency and academic proficiency to meet the minimum score prescribed by the Maryland Police Training Commission.

MINIMUM EDUCATION AND EXPERIENCE REQUIREMENTS

Graduation from an accredited high school or possession of a GED certificate.

REQUIRED LICENSES, REGISTRATIONS AND CERTIFICATES

Successful completion and passing of a state or local police academy program certified by the Maryland Police Training Commission for certification as a sworn law enforcement officer within one year of hire is required; failure to obtain such certification within one year of hire will be grounds for dismissal.

ADOPTED: August 30, 2005

Baltimore City Sheriff's Office
100 N. Calvert Street, Baltimore, MD 212102

APPLICATION FOR EMPLOYMENT

Print or Type Information **DATE:** _____

SOCIAL SECURITY NO.: _____

POSITION APPLYING FOR: Court Security Officer

1. NAME _____
(Last) (First) (Middle)

ADDRESS _____
(Number & Street Name)

_____ (City) (State) (Zip)

TELEPHONE _____
(Home) (Business)

2. EDUCATION

HIGH SCHOOL Graduate or GED? Yes _____ No _____
If no, highest grade completed _____

School _____ **Address** _____
(City & State)

Dates attended _____
From To

COLLEGE Graduate? Yes _____ No _____ If no, give total credits received _____

Name of College/University _____

Address _____

Dates attended _____ - _____

Major course of study _____

Degree received? Yes _____ No _____ **Date received** _____

3. WORK EXPERIENCE

a.) Your present or last job. Where did you work?

Name of Employer:

Address where you worked:

Your supervisor's name and telephone number:

Your Job Title: _____

Dates of employment: _____ - _____ Hours per week _____

Number of persons you supervised: _____ Job duties (give details)

Reason for leaving:

b) Your next most recent job. Where did you work?

Name of Employer:

Address of where you worked:

Your supervisor's name and telephone no.

Your Job Title:

Dates of employment: _____ - _____ Hrs per week _____

Number of persons you supervised: _____ Job duties (give details)

Reason for leaving:

c) Your next most recent job. Where did you work?

Name of Employer:

Address of where you worked:

Your supervisor's name and telephone no.

Your Job Title:

Dates of employment: _____ - _____ Hours per week _____

Number of persons you supervised: _____ Job duties (give details)

Reason for leaving:

d) Your next most recent job. Where did you work?

Name of Employer:

Address of where you worked:

Your supervisor's name and telephone no.

Your Job Title:

Dates of employment: _____ - _____ Hours per week _____

Number of persons you supervised: _____ Job duties (give details)

Reason for leaving:

e) Your next most recent job. Where did you work?

Name of Employer:

Address of where you worked:

Your supervisor's name and telephone no.

Your Job Title:

Dates of employment: _____ - _____ Hours per week _____

Number of persons you supervised: _____ Job duties (give details):

Reason for leaving:

f) Your next most recent job. Where did you work?

Name of Employer:

Address of where you worked:

Your supervisor's name and telephone no.

Your Job Title:

Dates of employment: _____ - _____ Hours per week _____

Number of persons you supervised: _____ Job duties (give details):

Reason for leaving:

(Attach additional pages, if needed)

4. PERSONAL DATA

Birth Date _____ Place of Birth _____

Person to contact in event of emergency _____

Relationship _____ Telephone No. _____

How long have you lived in Baltimore area? _____

Other residences outside the Baltimore area? _____

Do you have a valid driver's license? Yes _____ No _____

License Number _____ State issued _____

Class _____ Expiration date _____

Are you a U.S. Citizen or legal alien? Yes _____ No _____

5. CERTIFICATION

Are you certified by the Maryland Police Training Commission?
Yes _____ No _____ If yes, **SUBMIT A COPY OF the CERTIFICATION WITH the APPLICATION.**

If no, you will be required to complete the Maryland Police Training Commission certification requirements within one year from the date of your employment.

6. MILITARY

Active duty date _____ - _____
From To

Branch _____ Rank _____
Date of discharge _____ Honorable? Yes _____ No _____
Explain any military commitments _____

SUBMIT COPY OF DD214 (if applicable)

Have you ever applied for a position in law enforcement? Yes _____ No _____
If yes, give name and date of agency and when:
Agency _____ Date Applied _____

Have you ever been convicted of any violation of law other than minor traffic violations? Yes _____ No _____
If yes, give date, place of conviction, charge and disposition of case(s). _____

List any machinery or office equipment you can operate _____

Can you type? Yes _____ No _____

Use this space for any additional information you would like to supply. _____

YOU MUST MEET ALL MINIMUM QUALIFICATIONS TO BE ELIGIBLE FOR AN APPOINTMENT. Verification will be completed by the appointing authority. If you are selected for an appointment for this position, you will be given a medical examination to determine your ability to perform job-related functions. You will also be tested for illegal drug use. If the position applied for is law enforcement, you may be required to take a polygraph test or a Voice Stress Analysis.

I hereby affirm that this application contains no willful misrepresentation or falsifications; that this information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or falsification, my application will be disapproved or be cause for my termination. I am aware that a false statement is punishable under laws by fine, imprisonment, or both.

Signature of Applicant

Date

NOTE: A Copy of Birth Certificate, High School Diploma or GED Certification, Valid Driver's License, and 2 recent passport-size photographs must be submitted with this application.

AS PART OF THE SELECTION PROCESS A BACKGROUND AND CRIMINAL INVESTIGATION WILL BE CONDUCTED PRIOR TO THE APPOINTMENT OF A CANDIDATE. THE FOLLOWING INFORMATION IS NECESSARY FOR THIS INVESTIGATION.

COMPLETE ALL INFORMATION: (Please Print or Type)

I. LIST YOUR

Name: _____

Address: _____

(No. & Street)

(City) (State) (Zip) (County)

Telephone No.: _____

Soc. Sec. No.: _____

MD. Driver License No. _____ Exp. date: _____

Date of Birth: _____ Place of Birth: _____

Race: _____ Sex: _____ Height: _____ Weight: _____

Color of Eyes _____ Color of Hair: _____

Aliases or Nicknames _____

Marital Status: Married _____ Single _____ Divorced _____

II. LIST ALL PREVIOUS ADDRESSES IN THE PAST (10) YEARS. (Complete address required, including zip code.)

(cont'd)

III. LIST THE NAME, ADDRESS, AND TELEPHONE NUMBER OF (3) PERSONAL REFERENCES OTHER THAN RELATIVES.

1. _____	2. _____
(Name)	(Name)
_____	_____
(No. & Street)	(No. & Street)
_____	_____
(City, State & Zip)	(City, State & Zip)
_____	_____
(Telephone No.)	(Telephone No.)

3. _____
(Name)

(No. & Street)

(City, State & Zip)

(Telephone No.)

IV. PROVIDE A COPY OF YOUR PERSONAL CREDIT REPORT.

Signature: _____ Date: _____

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by a duly authorized agent of the Baltimore City Sheriff's Department, whether the said records are of public, private, or confidential nature, and regardless of whether the information released may be derogatory in nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans; also the records of commercial or retail credit agencies (including credit reports and/or ratings); medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; public utility companies; employment and pre-employment records, including background reports and polygraph or voice stress analysis examination results, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records; records of complaints of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have 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 the Baltimore City Sheriff's Department to consider in determining my suitability for employment by that Department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Baltimore City Sheriff's Department.

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 expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.

I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature: _____

Address: _____

Date of Birth: _____

Soc. Sec. # _____

Date: _____

Subscribed to and sworn to before
me this ____ day of _____, 20____

Notary Public

My Commission Expires: _____

**Medical Practitioner's Certification of Applicants
Ability to Perform the Baltimore City Sheriff's
Offices Functional Fitness Assessment Test**

Applicants Name: _____

Department: _____

Dear Medical Practitioner,

The above-reference applicant will be required to participate in The Baltimore City Sheriff Office's Pre-Employment Functional Fitness Assessment Test. The test will be performed under the guidance of a Baltimore City Sheriff Office Recruitment Coordinator and consists of the below-listed elements. The practitioner needs only to certify that the applicant may safely participate in the below-listed exercises.

- *Push-Ups (Muscular Endurance) 24 push-ups, performed in one minute.
- *Sit-Ups (Muscular Endurance) 28 bent leg sit-ups in one minute.
- *Flexibility (Range of Motion of lower back & hamstrings) score is in inches reached on a yardstick with the 15" mark at toes.
 - Vertical Jump Test (Jumping or Explosive Power) Minimum height: 15 inches.
 - 300 Yard Run (Anaerobic Power) Performed in less than 70 seconds.
 - 1.5 Mile Run (cardiovascular) Performed in less than 15 minutes and 55 seconds.

TO BE COMPLETED BY THE APPLICANT'S MEDICAL PRACTITIONER

Can perform at this time: Yes: _____ No: _____ (Must be checked)

If no, anticipated date when applicant can perform: _____

MEDICAL PRATITIONER'S SIGNATURE MUST (Must be completed in its entirety and personally signed by the applicants medical Practitioner. **Stamped signatures affixed by office personnel on the medical practitioner's behalf are not accepted.**)

I hereby certify that I am a licensed medical practitioner and that I have satisfied and maintained the licensing requirements required for my specialty. I further certify that I have reviewed this applicant's condition in a manner consistent with the prohibitions contained in regulations adopted by the state board of Quality Assurance or its equivalent. My opinions are based on my personal review of the applicant's examination and the conclusions reached are based on a reasonable degree of medical certainty.

*****NO STAMPS*****

Practitioners Signature: _____ **Date of Examination:** _____

Printed Name: _____ **Specialty:** _____

License No.: _____ **Expiration Date:** _____

Address: _____

Telephone No.: _____

YOU WILL BE REQUIRED TO TAKE AN AGILITY TEST

You must have the following papers signed by your Medical Practitioner and returned with your completed application before you can take the Agility Test.

**Maryland Police and Correctional Training Commissions
Functional Fitness Assessment Test**

Name: _____ **Sex:** _____ **Race:** _____
(Last) (First) (M.I)

Age: _____ **Height:** _____ **Weight:** _____

Date of Birth: _____

WAIVER OF LIABILITY

In consideration of my being permitted to take the Functional Fitness Assessment Test for a seat in the MPCTC Police Entry Level Training Program (PETLP), I agree that I shall not hold the Department of Public Safety, Maryland Police and Correctional Training Commissions or any of its employees and any public or private facility, building, or organization at which the Pre-employment Functional Fitness Assessment Test is held, responsible for any injury or damage that I may receive during or as a result of this Functional Fitness Assessment Test.

Signature: _____

Date: _____

Witness: _____