

Worcester County Sheriff's Office



Application & Background Packet

Mail to:

Worcester County Sheriff's Office
One West Market Street, Room 1001
Snow Hill, MD 21863

Worcester County Sheriff's Office

Matthew Crisafulli
Sheriff



Mark C. Titanski
Chief Deputy

Ref: Employment Application

Dear Applicant:

Attached is the application packet you requested. Please fill out all information and obtain a witness signature where one is required. Your application cannot be processed unless all information is completed. Please include a recent photograph and copies of your Birth Certificate & High School Diploma. Include any certificates you have received from military, college, etc. if applicable. **There are 2 applications in your packet- one for Worcester County Sheriff's Office and one for the Worcester County Personnel Office. Both application must be filled out completely.** Your packet will be returned to you if all information on both applications is not complete. If you have any further questions, please contact our office Monday thru Friday from 8am to 4:30pm.

Sincerely,

Mark C. Titanski
Chief Deputy, Worcester County

Worcester County Sheriff's Office

One West Market Street, Room 1001
Snow Hill, MD 21863
410-632-1111- phone / 410-632-3070- fax
www.WorcesterSheriff.com

Worcester County Sheriff's Office

Matthew Crisafulli
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Chief Deputy



TRUTHFULNESS

One of the most critically important issues that defines the effectiveness of any organization is its perception as a credible organization. Central to that image is the integrity and truthfulness of the group's member, from the newest entrant all the way to the top-level management.

The need for the honest, impartial and accurate representation of facts is nowhere more vital than within a law enforcement agency, whose success or failure rests with the degree of public support it receives. Public support is quickly eroded by a lack of credibility toward an agency as a whole, and towards members as individuals.

The very basis of an individual's integrity, both as perceived by the by the public and fellow workers, is at stake when he/ she fails to the truth. The loss of that integrity by an individual, or group of individuals, can quickly spread throughout an agency to the point that its viability's as a trusted organization is lost.

As Sheriff, it is my responsibility to maintain the effectiveness of the Worcester County Sheriff's Office as a viable law enforcement agency. This will serve notice that I will not tolerate lying of any kind by any uniformed and civilian personnel or applicant of this agency.

Any statements, either written or verbal, that are given by any applicant with the intent to deceive, will result in rejection from further consideration for employment this this agency.

I have read and considered the above statement, and agree that all information that I supply during the course of my process, (either written or verbal) will be answered honestly and truthfully.

NAME: _____

ADDRESS: _____

D.O.B.: _____

S.S.#: _____

Applicant Signature

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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 and to the Worcester County Sheriff's Office and its agents, whether the said records are public, private or confidential 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 or checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including rent 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, efficiency ratings, complaints or grievances filed by or against me, wherever filed; records of complaint, arrest, trial and/ or traffic records; records of civil complaints made by or against me, wherever located, to include 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 have had an interest.

I reiterate and emphasize that the intent of this document is to provide full and free access to the background and history of my personal like, for the specific purpose of pursuing a background investigation, which may provide pertinent data for the Worcester County Sheriff's Office to consider in determining my suitability for employment by that Agency/ Organization. It is my specific intent to provide access to personal information, however personal or confidential, as it may appear to be, and the source of information specifically identified herein.

I understand that any information obtained by personal history background investigations that develop directly, in whole or in part; upon this release authorization will be considered in determining my suitability for employment by the Worcester County Sheriff's Office. I fully understand that refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application.

A photocopy/ fax of this release for will be valid as an original herein, even though the said photocopy/ fax does not contain an original writing of my signature.

Sworn and subscribed to before me this

_____ Day of _____, 20_____.

Name: _____

Address: _____

Signature of Notary Public

D.O.B.: _____

Print or Type Name of Notary

S.S.#: _____

My commission expires _____

Applicant Signature

Worcester County Sheriff's Office

One West Market Street, Room 1001
Snow Hill, MD 21863
410-632-1111- phone / 410-632-3070- fax
www.WorcesterSheriff.com

Worcester County Sheriff's Office

Matthew Crisafulli
Sheriff



Mark C. Titanski
Chief Deputy

CONFIDENTIAL QUESTIONNAIRE INSTRUCTIONS

1. Read all sections of this questionnaire carefully before completing.
2. All answers must be typed, or hand written legibly in black ink.
3. Answer all questions completely and accurately. Incomplete booklets will not be accepted.
4. Ensure that you sign and date the "Authorization for Release of Personal Information" form, and have it notarized.
5. Answer each question thoroughly and honestly. False statement or omissions may result in immediate removal from consideration for employment, and also may result in termination from employment if you are currently employed with the Worcester County Sheriff's Office.
6. List zip codes for ALL address. List area codes with ALL telephone numbers and extensions if known.
7. List the FULL Names of all person you name in this questionnaire. If the middle name or middle initial is unknown, enter "MNU". If the person does not have a middle name, enter "NMU".
8. If a person you have listed is deceased, enter "DECEASED" next to his/ her name.
9. When listing any information such as residences or employer and work backwards. All time periods in your background MUST be accounted for.
10. Once you have completed the booklet, submit it directly to the Worcester County Sheriff's Office.
11. There are a number of documents that MUST be completed and attached to this Confidential Questionnaire at the time of submission to the Worcester County Sheriff's Office. Please refer to the "Required Document" page and ensure that all items are accounted for and attached.

Information collected in this booklet will be used for employment purposes only. The Worcester County Sheriff's Office is an equal opportunity employer, and does not discriminate on the basis of sex, religion, race, marital status, disability, etc.

Applicant requiring special accommodations for a disability should request them during any phase of the hiring process.

Tape below a head and shoulder photo of yourself that is approximately 3" X 3" in size.

**Color ID
Photograph**

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REASONS FOR ELIMINATION OF PROSPECTIVE APPLICANTS

1. Dishonorable discharge from military service or bad service conduct.
2. Discharge from employment on two or more occasions within the past five years or evidence of serious misconduct in the past three years.
3. Conviction for any felony or serious crime (sixteen years old or older).
4. Conviction for any felony or any misdemeanor, within the past five years.
5. Conviction for any serious traffic offenses within the past five years.
6. Six or more current points against the applicant's operator's license.
7. Documented pattern of violence from two separate sources.
8. Documented history of domestic violence (conviction not necessary).
9. High incidence of accidents due to negligence (more than two within the past five years).
10. Evidence of alcoholism/ substance abuse.
11. Incomplete application or false/ misleading information.
12. Violation of the guidelines (MPCTC Regulation .19) concerning the use, selling, manufacturing, or distribution of drugs.

The aforementioned reasons are some (but not all inclusive) of the grounds for rejection of an applicant. Applicants that fall in to any of the listed categories should immediately contact Lt. McGee at 410-632-1111 ext. 2227.

Worcester County Sheriff's Office

One West Market Street, Room 1001
Snow Hill, MD 21863
410-632-1111- phone / 410-632-3070- fax
www.WorcesterSheriff.com



Worcester County Government
 APPLICATION FOR EMPLOYMENT
 Human Resources Department
 1 West Market Street Room 1301
 Snow Hill, MD 21863
 Phone: 410-632-0090
 Fax: 410-632-5614

Date

Minimum Salary Required

APPLICATION ACTIVE FOR ONE YEAR

Worcester County is an Equal Opportunity Employer. All applicants for employment are considered on the basis of job qualifications without regard to race, gender, sexual orientation, age, national origin, religion, marital status, genetic information or disability. Applicants who falsify or omit information on their application or during an interview will be disqualified from County employment. Applicants who apply for safety-sensitive positions are subject to pre-employment drug/alcohol testing and random drug/alcohol testing after employment. Incomplete applications may not be considered.

PERSONAL DATA

Last Name First Name Middle Name

Address

City State Zip Code

Home Phone Number Cell Phone Number Hours Required

Jobs Applied For: (max 5)

1. Are you related to anyone employed by Worcester County? If yes, who?

2. List any Worcester County employees you know personally:

3. Are you legally eligible to work in the United States? (Proof of Eligibility is required upon employment)

4. Are you at least 18 years of age? (If no, permit is required upon employment)

5. Have you ever been convicted of a felony?

6. Are you known by prior employers by another name? If yes, what name(s)?

7. Have you ever been employed by Worcester County? 7(a) If yes, provide dates of employment:

7(b) Department: 7(c) Reason for leaving:

8. Do you have a valid driver's license? If you have a CDL, please complete the additional form on page 4

EDUCATION

Highest level of school completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4

Graduate School 1 2 3 4 Degree Acquired: Name & location of last school attended:

List jobs held for the last 10 years, **starting with the most recent**, including military service. Use an additional sheet of paper if necessary.

Applicant Name

JOB HISTORY

Employer Job Title

Address Phone Number

Dates of Employment: From-To Name of Supervisor

Final Rate of Pay Reason for Leaving

Duties

Employer Job Title

Address Phone Number

Dates of Employment: From-To Name of Supervisor

Final Rate of Pay Reason for Leaving

Duties

Employer Job Title

Address Phone Number

Dates of Employment: From-To Name of Supervisor

Final Rate of Pay Reason for Leaving

Duties

Employer Job Title

Address Phone Number

Dates of Employment: From-To Name of Supervisor

Final Rate of Pay Reason for Leaving

Duties

Applicant Name

SKILLS

Please summarize any skills, qualifications, awards or training not listed anywhere else on this application.

Reading Comprehension & Writing Skill Level:

	Exceptional	Above Average	Average	Below Average	None
--	-------------	---------------	---------	---------------	------

Rate your level of ability with the following personal computer applications:

MS Word	Exceptional	Above Average	Average	Below Average	None
MS Excel	Exceptional	Above Average	Average	Below Average	None
MS Access	Exceptional	Above Average	Average	Below Average	None
E-mail applications	Exceptional	Above Average	Average	Below Average	None

Clerical Applicants

Typing Speed WPM

Shorthand

10 Key

State any additional information you feel may be helpful to us in considering your application.

APPLICANT: PLEASE READ THE FOLLOWING STATEMENT BEFORE SIGNING.

Polygraph: "Under the 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. Any employer who violates this provision is guilty of a misdemeanor, and subject to a fine not to exceed \$100."

Applicant Signature : _____

Date: _____

I hereby certify that the information I have given on my application is, to the best of my knowledge, information and belief, true and correct. Applications may be disqualified prior to 1 year for reasons including but not limited to, failure to appear for interview, poor references or misrepresentation or omission of facts on my application, whenever discovered may result in termination of employment.

I hereby authorize Worcester County, or its representatives, to inquire to each of my former employers, references and all other persons having information concerning me, to disclose my full employment record and any other information they may have concerning me including results of controlled substance test results. I hereby release and hold harmless from any and all liability, any third parties furnishing such information upon request by Worcester County.

I understand this application and any other County documents are not contracts of employment, and that any individual who is hired may voluntarily leave upon notice, and may be terminated by the County at any time and for any reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee or contractor. I also understand that I will be subject to probationary period should I become employed by Worcester County

Applicant Signature : _____

Date: _____

COMMERCIAL DRIVER APPLICANTS ONLY

Must be accompanied by 3 year MVA driving record, current CDL license, and current Medical Examination Certificate

Applicant Name

Answer the questions in this section ONLY if applying for a position that requires a commercial driver's license. If additional space is required, please use additional sheets.

1. Date of Birth: (Required by U.S. Department of Transportation (section 391.21(b) (2)).

2. List all driver's licenses held in the past 3 years below:

State	License Number	Class	Endorsement(s)	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

B. Has any license, permit or privilege ever been suspended or revoked? Yes No

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes No

If you answered yes to A, B or C above, give details including State, violations and penalties on the back of this form.

3. Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Start Date	End Date	Approximate Total Miles

List all states operated in during the last 5 years

List special courses or training you have taken

List driving awards you have received

4. Accident record beginning with the most recent accident

Date	City/State	Nature of Accident (headon, rear-end)	Fatality or Injury	Conviction(s) & Penalty

Traffic Violation Convictions for the past 3 years (other than parking violations). Information may be verified through DMV.

5.

Date of Violation & Conviction	Fatality or Injury	Conviction(s) & Penalty

6. Provide information below for ALL positive drug or alcohol test results (Required by D.O.T.)

7. List all addresses other than address on front of application for past 10 years. Please use additional sheets if required.

Address

Address

City State Zip

City State Zip

Applicant Name _____

JOB HISTORY

List jobs held for the last 10 years, **starting with the most recent**, including military service. Use an additional sheet of paper if necessary.

Employer: _____
Address: _____ **Phone No:** _____
Dates of employment From : _____ To: _____ **Job Title:** _____
Final Rate of Pay: _____ **Name of Supervisor** _____
Duties: _____
Reason for Leaving: _____

Employer: _____
Address: _____ **Phone No:** _____
Dates of employment From : _____ To: _____ **Job Title:** _____
Final Rate of Pay: _____ **Name of Supervisor** _____
Duties: _____
Reason for Leaving: _____

Employer: _____
Address: _____ **Phone No:** _____
Dates of employment From : _____ To: _____ **Job Title:** _____
Final Rate of Pay: _____ **Name of Supervisor** _____
Duties: _____
Reason for Leaving: _____

Employer: _____
Address: _____ **Phone No:** _____
Dates of employment From: _____ To: _____ **Job Title:** _____
Final Rate of Pay: _____ **Name of Supervisor** _____
Duties: _____
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COMMERCIAL DRIVER APPLICANTS ONLY

Must be accompanied by 3 year MVA driving record, Current CDL License, and current Medical Examination Certificate

Applicant Name _____

Answer the questions in this section ONLY if applying for a position that requires a commercial driver's license. If additional space is required, please use additional sheets.

1. Date of Birth: _____ (Required by U.S. Department of Transportation (section 391.21(b) (2)).

2. List all driver's licenses held in the past 3 years below:

State	License number	Class	Endorsement(s)	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
- B. Has any license, permit or privilege ever been suspended or revoked? Yes No
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes No

If you answered yes to A, B or C above, give details including, State, violations, penalties on the back of this form.

3. Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Start Date	End Date	Approximate Total Miles

List all states operated in during the last 5 years. _____

List special courses or training you have taken. _____

List driving awards received. _____

4. Accident Record beginning with the most recent accident

Date	City, State	Nature of Accident (head-on, rear-end, etc.)	Fatality or Injury	Conviction(s) & Penalty

5. Traffic Violation Convictions for the past 3 years (other than parking violations). (Information may be verified through DMV)

	Date of Violation & Conviction	City, State	Conviction(s) & Penalty
Most Recent			
Next Previous			
Next Previous			

6. Provide information below for ALL positive drug or alcohol test results (Required by D.O.T.)

7. List all addresses other than address on front of application for past 10 years.

Street Address	City, State, Zip

SKILLS

Please summarize any skills, qualifications, awards, or training not listed anywhere else on this application:

Reading Comprehension & Writing Skill Level:

Exceptional Above Average Average Below Average None

Rate your level of ability with the following personal computer applications:

MS Word	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> None
MS Excel	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> None
MS Access	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> None
E-mail applications	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> None

Clerical Applicants: Typing speed: _____ wpm Shorthand Yes No 10-Key Sight Touch

State any additional information you feel may be helpful to us in considering your application.

APPLICANT: PLEASE READ THE FOLLOWING STATEMENT BEFORE SIGNING.

Polygraph: "Under the law, an employer may not require or demand any applicant for employment or prospective employment or any employee to submit or to take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor, and subject to a fine not to exceed \$100.

Applicant Signature : _____ Date: _____

I hereby certify that the information I have given on my application is, to the best of my knowledge, information and belief, true and correct. Applications may be disqualified prior to 1 year for reasons including but not limited to, failure to appear for interview, poor references or misrepresentation or omission of facts. Misrepresentation or omission of facts on my application, whenever discovered, may result in termination of employment. I hereby authorize Worcester County, or its representatives, to inquire of each of my former employers, references and all other persons having information concerning me, to disclose my full employment record and any other information they may have concerning me including results of controlled substance test results. I hereby release and hold harmless from any and all liability in connection with requesting such information Worcester County, its representatives, agents and employees. I further release from any liability, any third parties furnishing such information upon request by Worcester County.

I understand this application and any other County documents are not contracts of employment, and that any individual who is hired may voluntarily leave upon notice, and may be terminated by the County at any time and for any reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee or contractor. I also understand that I will be subject to a probationary period should I become employed by Worcester County.

Applicant Signature : _____ Date: _____

WORCESTER COUNTY SHERIFF'S OFFICE
Applicant Investigation Section

REQUIRED DOCUMENTS

**THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH YOUR
CONFIDENTIAL QUESTIONNAIRE**

Documents	Copy Attached	N/A	Candidate will provide by (date)
Two (2) recent (past 60 days) color photographs, either 3 1/2" x 5" or 4" x 6" in size			
Birth certificate (photocopy)			
High School Diploma (photocopy)			
G.E.D. with test score (photocopy)			
DD-214 (military discharge)			
SEALED college transcripts for each college/university attended			
Certificate of Naturalization or Application for citizenship (photocopy)			
Marriage License (photocopy)			
Separation agreements (photocopy)			
Bankruptcy records (photocopy)			
Divorce decrees (photocopy)			
Name change records (photocopy)			
Maryland Police Training Commission Certification Card (photocopy)			
Proof of out of state police certification (photocopy)			
Child support paperwork (photocopy)			
Certificate of completion for any/all specialized training/continuing education (photocopy)			
Any protective orders/peace orders/Ex-Parte orders that you are or ever have been a party to (photocopy)			
Awards or letters of commendation (photocopy)			
Certified Copy of Driving Record			

**CONFIDENTIAL QUESTIONNAIRE
EMPLOYMENT VERIFICATION FORM
INSTRUCTIONS**

The following page in this questionnaire is the “Employment Verification” form. This document is sent to current and former employers by the Worcester County Sheriff’s Office, **NOT BY THE APPLICANT.**

Complete the “Employment Verification” form by filling in the top portion of the form **ONLY.** Ensure that you sign and date the form in the top section **ONLY.** Do not write anything below the line as indicated on the form. Additionally, **DO NOT** send this form to your employers, the Worcester County Sheriff’s Office will send the forms when and if appropriate.

WORCESTER COUNTY SHERIFF'S OFFICE

One West Market Street, Room 1001

Snow Hill, Maryland 21863-1072

Employment Verification

Name of Applicant: _____

SSN: _____ Date of Birth: _____

I have applied for a position with the Worcester County Sheriff's Office and I ask that information concerning my employment with your company be given to their investigators. This release authorizes you to provide any information for the purposes of my pre-employment investigation.

Applicants Signature Date

APPLICANT: DO NOT WRITE BELOW THIS LINE

Employer _____ Telephone _____

Employer Address _____

Employee's address while employed _____

Position Held _____ Date employed _____ Date Left Employ _____

Duties _____

Reason(s) for leaving _____

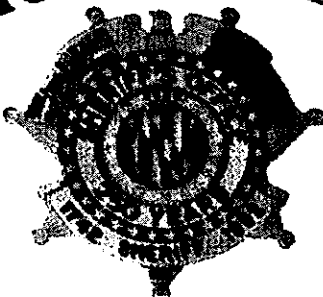
- 1. Was the applicant considered a good worker? Yes No
- 2. Was the applicant's attendance satisfactory? Yes No
- 3. Did the applicant respect company property? Yes No
- 4. Did the applicant progress in his/her position? Yes No
- 5. Applicant's attitude towards co-workers Good Fair Poor
- 6. Applicant's attitude towards supervisors Good Fair Poor
- 7. Would you consider the applicant eligible for re-hire? Yes No
- 8. Would you recommend the applicant for a position with the Sheriff's Office? Yes No
- 9. Were there any disciplinary problems with the applicant while employed? Yes No

Please detail any NO or POOR responses and/or any DISCIPLINARY PROBLEMS (Identify response with appropriate question number).

Name of person completing form Title Date

Signature

OFFICE OF SHERIFF



Personal History Questionnaire

Position applied for:

- Deputy Sheriff (Entry Level) Animal Control
 Deputy Sheriff (Lateral Transfer) Fire Police/Civilian Position _____
(Indicate Job title)

Circle One: Full Time Part Time Both

Full Name : _____
(include maiden and/or birth name)

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____ State: _____

Home Phone #: _____ Work Phone #: _____ Cell# _____

Date Completed by Applicant: _____

NOTICE: THIS QUESTIONNAIRE MUST BE FULLY COMPLETED AND TURNED IN BY THE ASSIGNED DEADLINE. FAILURE TO DO SO WILL RESULT IN YOUR ELIMINATION FROM THIS SELECTION PROCESS.

Worcester County Sheriff's Office
One West Market Street, Room 1001
Snow Hill, MD. 21863-1072
410-632-1111

SHERIFF'S OFFICE USE ONLY:

Background Investigator: _____

Date Assigned: _____

Assigned By: _____

Personal Data						
Full Legal Name	Last		First		Middle	
Sex	Race	Height	Weight	Hair	Eyes	Social Security Number
Driver's License #		State	Expiration Date	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Naturalized Citizen <input type="checkbox"/> Legal Alien		Date Applied for Citizenship
Date of Birth		Place of Birth (city, county, state and country)				
List all names (aliases and nicknames) you have used or have been known by (include maiden name)						
Last		First		Middle		Year(s) Used
List the current address where you physically reside (not a mailing address)						
Number, Street, and Apt. No.			City		State	Zip Code
Name of the County where you reside		<input type="checkbox"/> Rent <input type="checkbox"/> Own	<input type="checkbox"/> Parent <input type="checkbox"/> Other _____	How long have you resided there? Years: Months:		
List a mailing address if unable to obtain mail at your residence						
Mailing Address			City		State	Zip Code
Seasonal Address (if applicable)						
Number, Street, and Apt No.			City		State	Zip Code
List your residence and work phone numbers (include area codes and extension if applicable)	Residence			Work		
	Pager			Cellular phone		
Email address						
Are you currently certified as a law enforcement officer in any state?						<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES What state are you certified in?						

RESIDENCE FOR PAST 10 YEARS

List all of your residences, beginning with your current residence and working backwards. When listing military bases, include nearest city, state and zip code. When listing addresses make sure you include Street, Avenue, Drive, North, South, East, West. Include unit number/apartment number where applicable. Include APO/FPO For Military.			
Current Address		City, State, and Zip Code	
With whom do you reside?			Since (month/year)
If renting please provide your landlords complete name, address, and phone number			

Address		City, State, and Zip Code	
With whom did you reside?		From (Month/Year)	To (Month/Year)
If renting please provide your landlord's complete name, address, and phone number			
Reason for Moving			

Address		City, State, and Zip Code	
With whom did you reside?		From (Month/Year)	To (Month/Year)
If renting please provide your landlord's complete name, address, and phone number			
Reason for Moving			

Address		City, State, and Zip Code	
With whom did you reside?		From (Month/Year)	To (Month/Year)
If renting please provide your landlord's complete name, address, and phone number			
Reason for Moving			

Address		City, State, and Zip Code	
With whom did you reside?		From (Month/Year)	To (Month/Year)
If renting please provide your landlords complete name, address, and phone number			
Reason for Moving			

Family Members

During the background investigation your family and other relatives may be asked to comment upon your suitability for the position. Supply the appropriate information in the space provided. If a category is not applicable, print N/A in the box provided for the name. If deceased, so indicate.

Name	Residence Address (include zip codes). If same as yours write "same".	Telephone (Include area code)	D.O.B.
Father		Home	
Occupation		Work	
Mother		Home	D.O.B.
Mother's maiden Name		Work	
Occupation			
Stepfather		Home	D.O.B.
Occupation		Work	
Stepmother		Home	D.O.B.
Occupation		Work	
Father-in-law		Home	D.O.B.
Occupation		Work	
Mother-in-law		Home	D.O.B.
Occupation		Work	
Brother/Step brother (circle one)		Home	D.O.B.
Occupation		Work	
Brother/Step brother (circle one)		Home	D.O.B.
Occupation		Work	
Sister /Step sister (circle one)		Home	D.O.B.
Occupation		Work	
Sister /Step sister (circle one)		Home	D.O.B.
Occupation		Work	

Marital Status

<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated	<input type="checkbox"/> Annulled	<input type="checkbox"/> Divorced
Full name of spouse		Maiden name	Other names spouse has used	Date of Birth	Age
Date of marriage		Place of marriage (city, state, and country)		Spouse's Social Security (*voluntary)	
Spouse's employer			Occupation or position	How long employed	
Current address of spouse, if not living with you			Home phone (area code)	Work phone (area code)	

Children

List all of your children (including natural children, step-children, adopted children, foster children, etc)

Name	Sex		Date of Birth	Other Parent	Living with you	
	Male	Female			Yes	No

Have you ever been ordered by the court to pay child support? Yes No If yes, what is or was the monthly amount _____

Have you ever been required to pay alimony? Yes No If yes, what is or was the monthly amount _____

Have you ever been delinquent in child support payments or alimony payments? Yes No

If yes, explain:

Military Service

Have you ever served in any of the Armed Forces, National Guard, or Military Service? Yes No
 If yes, what is your current status with the military? Active Reserves Inactive Discharged

Branch of service	Unit/Occupation	Enlistment date	Discharge date
Service number	Highest rank attained	Rank at discharge	Type of discharge
Separation code	Reenlistment code	If active or current reserve list your commanding officer's name	

Starting with the most recent, list all duty stations (include basic training, tours overseas, etc.) while in the military

From (Month/Year)	To (Month/Year)	Location	Duties/purpose

Were you ever subject to any type of disciplinary action (including Art. 15's) under the Uniform Code of Military Justice while serving in the armed forces? YES NO

Were you ever reduced/demoted in rank? YES NO

Were you ever confined/detained in a brig, stockade, guardhouse or jail while in the military? YES NO

If you answered yes to any of the above questions, please explain/describe in detail in the space below.

Use this section to explain any "YES" answers from the previous section.

Education

Please check all appropriate boxes

- I possess a high school diploma from a US Institution
- I possess a two-year degree from an accredited college/university
- I possess a four year degree from an accredited college/university
- I possess a degree above a four year degree from an accredited college/university
- I possess a GED or have passed an approved GED Test Score Attained _____

High Schools/Vocational Schools Attended

Name of School		Complete Address of School			
From (month/year)	To (month/year)	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	GPA		
Name of School		Complete Address of School			
From (month/year)	To (month/year)	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	GPA		
Name of School		Complete Address of School			
From (month/year)	To (month/year)	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	GPA		

Colleges/Universities Attended

Name of School		Complete Address of School			
From (month/year)	To (month/year)	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major	# of Hours	GPA
Name of School		Complete Address of School			
From (month/year)	To (month/year)	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major	# of Hours	GPA
Name of School		Complete Address of School			
From (month/year)	To (month/year)	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major	# of Hours	GPA
Name of School		Complete Address of School			
From (month/year)	To (month/year)	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major	# of Hours	GPA

Experience and Employment

Beginning with your most current employment, list your last 5 employers, including military service. ACCOUNT for all time periods. Jobs include self-employment, part time jobs, full time jobs, temporary work, volunteer work, and internships. You must list all employment regardless of the length of employment. Address must be complete and accurate and include correct zip codes. If you had periods of unemployment, list those periods in sequence in the space provided. Start with your most current employment.

Do you object to us contacting your present employer(s) prior to you being accepted? Yes No
If YES please explain

Are you currently employed? Yes No If no, date since last employment.

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Name of Current/Last Employer if Currently Unemployed		From (Month/Year)	To (Month/Year)
Complete Address			
Phone Number	Job Title/Position	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary	Salary
Describe your duties			
Reason for leaving			
Supervisors Name			

Name of Employer		From (Month/Year)	To (Month/Year)
Complete Address			
Phone Number	Job Title/Position	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary	Salary
Describe your duties			
Reason for leaving			
Supervisors Name			

Name of Employer		From (Month/Year)	To (Month/Year)
Complete Address			
Phone Number	Job Title/Position	<input type="checkbox"/> Full Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Temporary	<input type="checkbox"/> Part Time <input type="checkbox"/> Internship Salary
Describe your duties			
Reason for leaving			
Supervisors Name			

Name of Employer		From (Month/Year)	To (Month/Year)
Complete Address			
Phone Number	Job Title/Position	<input type="checkbox"/> Full Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Temporary	<input type="checkbox"/> Part Time <input type="checkbox"/> Internship Salary
Describe your duties			
Reason for leaving			
Supervisors Name			

Name of Employer		From (Month/Year)	To (Month/Year)
Complete Address			
Phone Number	Job Title/Position	<input type="checkbox"/> Full Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Temporary	<input type="checkbox"/> Part Time <input type="checkbox"/> Internship Salary
Describe your duties			
Reason for leaving			
Supervisors Name			

Motor Vehicle and Driving Record Information

Is your driver's license currently valid? YES NO
 Have you ever received a traffic citation? YES NO

List ALL traffic citations that you have received in the last 5 years

Month/Year	Violation	City/State	Issuing Agency	Final Disposition

Have you ever had a driver's license in any other state than your current license? YES NO

If yes, which states?

Is your license currently or has it ever been:
 Denied/refused YES NO Suspended YES NO
 Revoked YES NO Subject to any restrictions YES NO
 Subjected to any other similar penalty/action YES NO

1. Have you ever been arrested/charged with any alcohol or drug related driving offense? YES NO
2. Have you ever obtained/possessed a falsified or fictitious driver's license? YES NO
3. Do you currently have any unpaid parking tickets in this state or any other state? YES NO
4. Has the registration on any of your vehicles ever been cancelled or revoked? YES NO
5. Has your insurance on any of your vehicles ever been cancelled? YES NO

If you answered yes to any of the above, please explain in detail in the space below.

Motor Vehicle and Driving Record Information (Page 2)

Use this section to explain any "YES" answers from the previous section.

Criminal History/Legal

Have you ever been convicted of a felony? YES NO

Have you ever been convicted of a misdemeanor? YES NO

Have you ever been charged with a felony/misdemeanor in which you were acquitted of the charges?

YES NO

Have you ever been granted probation before judgment (PBJ) by any court YES NO

Been arrested/cited for petty violations/civil infractions/misdemeanor offenses

(i.e. Underage consumption/possession of alcohol, noise, etc.) YES NO

If you answered yes to any of the above questions, please provide the following information, starting with the most recent.

Date	Charge(s)	Police agency name and State	Penalty

Explain Circumstances:

Date	Charge(s)	Police agency name and State	Penalty

Explain Circumstances:

Date	Charge(s)	Police agency name and State	Penalty

Explain Circumstances:

Date	Charge(s)	Police agency name and State	Penalty

Explain Circumstances:

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Criminal History/Legal (Page2)

Have you ever been served/issued any of the following:

- Ex Parte Order Civil Litigation
 Peace Order
 Protection from abuse order
 No

If you checked any of the above questions, please provide the following information, starting with the most recent.

Date	Person filling complaint	Police agency Involved	Court Papers filed with

Explain Circumstances:

Date	Person filling complaint	Police agency Involved	Court Papers filed with

Explain Circumstances:

Drug experimentation/usage

HAVE YOU EVER USED ANY OF THE FOLLOWING:

Substance	Yes	No	Date of last usage Month/Year	# of Times used and Approximate amount
Marijuana/Hashish				
Cocaine (Powder)				
Cocaine (Crack)				
Opium Derivative (heroin, morphine, codeine)				
Amphetamines /Methamphetamines				
Barbiturates (Downers)				
Inhalants (Glue, Solvents, "whippits")				
Anabolic Steroids				
Hallucinogens (LSD, PCP, "Mushrooms", Ecstasy, Ketomine etc.)				
Any prescription drug not prescribed to you				

- | | |
|---|--|
| 1. Have you ever been arrested or charged with any type of drug violation? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Have you ever sold, distributed, or provided any individual with or without their permission or consent any type of illegal drug? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Have you ever participated in the production, manufacture, growing, delivery, transportation, smuggling, storage, or handling of illegal drugs or controlled dangerous substances for yourself or anyone else? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Have you ever made any money or profit in any way from your involvement in drugs? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

If you answered yes to any of these questions please explain:

Financial Information

Please complete the following information

- | | |
|--|--|
| 1. Have you ever had your wages garnished for any reason? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Have you ever been delinquent on any tax payments? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Have you ever been delinquent with any payment on a credit account? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Have you ever had any real or personal property repossessed? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. Have you ever filed for or declared bankruptcy? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 6. Have you ever been evicted? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

If you answered yes to any of the above questions please explain

Personal References

Please complete the following information for FOUR personal references, not related to you by blood or marriage, and are not listed elsewhere in this packet.

Full Name	Age	Home Phone	Work Phone
Current Address	Occupation		Years Known
Full Name	Age	Home Phone	Work Phone
Current Address	Occupation		Years Known
Full Name	Age	Home Phone	Work Phone
Current Address	Occupation		Years Known
Full Name	Age	Home Phone	Work Phone
Current Address	Occupation		Years Known

Neighborhood References

Please complete the following information for a minimum of two people who reside in your current or prior neighborhood(s), who are not related to you by blood or marriage, and are not listed elsewhere in this packet.

Full Name	Age	Home Phone	Work Phone
Current Address	Occupation		Years Known
Full Name	Age	Home Phone	Work Phone
Current Address	Occupation		Years Known

Miscellaneous

List any special skills which you believe are applicable to the position you are applying for:

What computer skills and experience do you possess?

Are you able to communicate in any language other than English, including sign language? Yes No
 If yes specify language and fluency level in chart below

LANGUAGE	READING			SPEAKING			UNDERSTANDING			WRITING		
	E	G	F	E	G	F	E	G	F	E	G	F

FLUENCY LEVELS: E=EXCELLENT / G=GOOD / F= FAIR

Please provide the following information on two references that can verify your language skills:

Full Name	Home Phone	Work Phone
Current Address	Relationship	
Full Name	Home Phone	Work Phone
Current Address	Relationship	

List any sports or hobbies in which you participate regularly

Pre-Employment Physical Fitness Screening
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The American With Disabilities Act provides that “an employer may give a physical agility test to determine physical qualifications necessary for certain jobs **prior** to making a job offer if it is simply an agility test and not a medical examination.”* Moreover, if an employer uses such a test, he must be prepared to demonstrate the job-relatedness of the test and that the test is consistent with business necessity.

Prior to under going the test battery, the applicant **must** present, signed, the attached “Doctor’s Certification of Fitness to Perform Fitness Test.” Failure to do so means exclusion from the testing process.

Relevance of Test Items to Essential Tasks

The four elements of the test battery are designed to establish physical capacity to participate in recruit level training and perform the essential tasks of entry-level law enforcement. They are not simulations but rather assessments of the candidate’s capacity to learn and perform essential physical tasks.

The following represents the specific relationships between the test element and the essential task(s) which validate its use.

Sit-Ups/Muscular Endurance

Essential Tasks:

- Use of Force
- Lifting, Carrying, Holding, Restraining
- Running at Full Speed

Flex/Flexibility

Essential Tasks:

- Pursuit of Suspects with obstacles and changes of direction
- Lifting, Carrying, Holding, Restraining

Bench/Push-Ups/Absolute Strength

Essential Tasks:

- Lifting, Carrying a Person
- Restraining Struggling Persons

1.5 Mile Run/Cardiovascular Capacity

Essential Tasks:

- | | |
|---------------------------------|------------------|
| Use of Force Beyond Two Minutes | Running Upstairs |
| Pursuit | Providing CPR |

*See Americans With Disabilities Act - A Technical Assistance Manual, U.S. EEOC, 1992, pp.IV-8/IV-9.

**PRE-EMPLOYMENT PHYSICAL FITNESS TEST
REQUIREMENTS**

Sit-Ups	<p><u>Muscular Endurance:</u> The score is the number of bent-leg sit-ups performed in one minute</p>		
	<p align="center">AGE</p>	<p align="center">Male Pass</p>	<p align="center">Female Pass</p>
	<p align="center">20 – 29</p>	<p align="center">38</p>	<p align="center">32</p>
	<p align="center">30 – 39</p>	<p align="center">35</p>	<p align="center">25</p>
	<p align="center">40 – 49</p>	<p align="center">29</p>	<p align="center">20</p>
	<p align="center">50 – 59</p>	<p align="center">24</p>	<p align="center">14</p>
Flex	<p><u>Flexibility:</u> The “Sit & Reach” test measures the range of motion of the lower back and hamstrings. The test involves stretching out to touch the toes from the sitting position. The score is the inches reached on a yardstick with the 15” mark being at the toes.</p>		
	<p align="center">AGE</p>	<p align="center">Male Pass</p>	<p align="center">Female Pass</p>
	<p align="center">20 – 29</p>	<p align="center">38</p>	<p align="center">32</p>
	<p align="center">30 – 39</p>	<p align="center">35</p>	<p align="center">25</p>
	<p align="center">40 – 49</p>	<p align="center">29</p>	<p align="center">20</p>
	<p align="center">50 – 59</p>	<p align="center">24</p>	<p align="center">14</p>
Push-Ups	<p><u>Dynamic Strength:</u> The score is the number of full body push-ups performed in one minute.</p>		
	<p align="center">AGE</p>	<p align="center">Male Pass</p>	<p align="center">Female Pass</p>
	<p align="center">20 – 29</p>	<p align="center">38</p>	<p align="center">32</p>
	<p align="center">30 – 39</p>	<p align="center">35</p>	<p align="center">25</p>
	<p align="center">40 – 49</p>	<p align="center">29</p>	<p align="center">20</p>
	<p align="center">50 – 59</p>	<p align="center">24</p>	<p align="center">14</p>

<p>1 1/2 Mile Run</p>	<p><u>CARDIOVASCULAR CAPACITY:</u></p> <p>1 1/2 Mile Run - The score is in minutes:seconds.</p>		
	<p>AGE</p>	<p>Male Pass</p>	<p>Female Pass</p>
	<p>20 - 29</p>	<p>12:51</p>	<p>15:26</p>
	<p>30 - 39</p>	<p>13:36</p>	<p>15:57</p>
	<p>40 - 49</p>	<p>14:29</p>	<p>16:58</p>
	<p>50 - 59</p>	<p>15:26</p>	<p>17:55</p>

**DOCTOR'S CERTIFICATION OF FITNESS TO PERFORM
PHYSICAL AGILITY TEST**

I have reviewed the attached elements of the Maryland Chief's of Police Association Physical Fitness Test and find that the candidate identified below can/cannot (circle one) perform the elements of the test safely.

Candidate's Name: _____

Agency To which
Application is made: _____

Date of Examination: _____

Doctor's Signature: _____