

SNOW HILL POLICE DEPARTMENT
216 W. Green STREET
SNOW HILL, MD. 21863

APPLICATION FOR EMPLOYMENT

APPLICANTS: PLEASE COMPLETE THE FOLLOWING APPLICATION. MAKE SURE EACH SECTION IS COMPLETELY FILLED OUT. APPLICATIONS, WHICH CONTAIN IMPROPER, INACCURATE, OR ILLEGIBLE INFORMATION WILL NOT BE ACCEPTED. WHERE REQUESTED, MAKE SURE PEOPLE'S NAMES AND MAILING ADDRESSES ARE COMPLETE, INCLUDING ZIP CODES. ALL PHONE NUMBERS MUST CONTAIN THE AREA CODE. THE MARYLAND POLICE TRAINING COMMISSION AND SNOW HILL POLICE DEPARTMENT REGULATIONS REQUIRE THIS AGENCY TO VERIFY AN APPLICANT'S COMPLETE BACKGROUND. IF YOU CAN NOT COMPLETE A SPECIFIC ITEM, INDICATE WHICH QUESTION IT IS AND ATTACH A BRIEF A STATEMENT TO THE CERTIFICATES AND TRANSCRIPTS. DO NOT ATTACH ORIGINALS. ALL APPLICATIONS BECOME THE PROPERTY OF THE SNOW HILL POLICE DEPARMENT AND WILL NOT BE RETURNED.

POSITION: _____ DATE OF APPLICATION: ___ / ___ / ___

PERSONAL INFORMATION:

NAME: _____
 LAST FIRST MIDDLE SUFFIX

PRESENT ADDRESS: _____
 STREET CITY COUNTY STATE ZIP

PERMANENT ADDRESS: _____
 STREET CITY COUNTY STATE ZIP

HOME PHONE: _____ WORK PHONE: _____ OTHER: _____

DATE OF BIRTH: ___ / ___ / ___ SOCIAL SECURITY#: ___ / ___ / ___

HEIGHT: _____ WEIGHT: _____

CITY AND STATE WHERE BORN: _____

ARE YOU A U.S. CITIZEN? _____

ATTACH A COPY OF BIRTH CERTIFICATE.

DRIVERS LICENSE:

DRIVERS LICENSE# _____ CLASS: _____ STATE: _____

HAVE YOU BEEN CHARGED WITH A VIOLATION OF ANY STATE'S MOTOR VEHICLE LAWS, OTHER THAN A PARKING CITATION? YES/NO _____. IF YES, COMPLETE AND ATTACH A LIST OF ALL VIOLATIONS AND INCLUDE THE DATE, LOCATION, ISSUING AGENCY AND DISPOSITION. A RECENT COPY OF YOUR DRIVING RECORD MAY BE ATTACHED IN LIEU OF LISTING THE VIOLATIONS.

ARE YOU PRESENTLY AWAITING TRIAL ON ANY VIOLATION? YES/NO _____

HAVE YOU BEEN REQUIRED TO POST A BOND TO INSURE YOUR APPEARANCE? _____

ARE YOU CURRENTLY ON PROBATION, INCLUDING PROBATION BEFORE JUDGEMENT? _____

HAVE YOU EVER BEEN INCARCERATED FOR A TRAFFIC OFFENSE OR WHILE WAITING TRIAL? _____

IF YOU ANSWERED YES TO ANY QUESTION, ATTACH A STATEMENT GIVING THE CIRCUMSTANCES.

MILITARY SERVICE:

HAVE YOU EVER SERVED IN ANY BRANCH OF THE ARMED SERVICES OF THE UNITED STATES, INCLUDING THE RESERVES OR THE NATIONAL GUARD? Y/N _____.

IF YES, WHAT BRANCH: _____ DATES OF SERVICE: _____

ARE YOU PRESENTLY ON ACTIVE SERVICE? _____

IF ON ACTIVE DUTY, DATE OF EXPECTED DISCHARGE? _____
ATTACH A COPY OF D.D.-214 AND DISCHARGE CERTIFICATE.

WHILE SERVING IN THE ARMED FORCES WERE YOU SUBJECT TO ANY CHARGE UNDER THE UCMJ OR SUBJECT TO NON-JUDICIAL PUNISHMENT OR A SPECIAL OR GENERAL COURTS MARSHALL? _____

IF YES, LIST THE CHARGES, VERDICT AND SENTENCE.

IF YOU ARE A MALE APPLICANT BORN AFTER JANUARY 1, 1961, ATTACH A COPY OF YOUR DRAFT REGISTRATION CONFIRMATION. IF EXEMPT FROM REGISTRATION, ATTACH A STATEMENT EXPLAINING WHY YOU ARE EXEMPT FROM REGISTRATION.

CREDIT HISTORY:

ALL POTENTIAL MEMBERS OF THE SNOW HILL POLICE DEPARTMENT MUST SHOW THAT IF THEY HAVE ANY OUTSTANDING DEBTS OR LOANS, THAT THEY HAVE THE ABILITY TO REPAY THOSE LOANS AND ARE NOT IN DEFAULT. IF YOU HAVE FILED FOR BANKRUPTCY, STATE WHEN AND WHERE FILED AND WHAT EFFORTS, IF ANY, YOU HAVE TAKEN TO REPAY THOSE DEBTS. BANKRUPTCY DOES NOT AUTOMATICALLY DISQUALIFY AN APPLICANT. A CREDIT REPORT WILL BE COMPLETED ON THE APPLICANT PRIOR TO A FORMAL OFFER OF EMPLOYMENT.

LIST OUTSTANDING LOANS, INCLUDING CREDIT CARDS, BELOW. INDICATE THE MONTHLY PAYMENT ON CREDIT CARDS LIST THE BANK NAME AND TYPE OF ACCOUNT (VISA, AMEX., ETC.) DO NOT LIST ACCOUNT NUMBER AT THIS TIME.

TYPE OF LOAN/CHARGE ACCOUNT	AMOUNT OWED	MINIMUM MONTHLY PAYMENT

ATTACH ADDITIONAL SHEETS IF NECESSARY

EDUCATION:

LIST EACH SCHOOL YOU HAVE ATTENDED SINCE FIRST GRADE. GIVE THE ADDRESS OF THE SCHOOL, GRADES AND YEARS ATTENDED INDICATE ANY CERTIFICATES, DIPLOMAS OR DEGREES RECEIVED. ATTACH A COPY OF YOUR HIGH SCHOOL AND COLLEGE (IF ANY) TRANSCRIPT AND A COPY OF THE DIPLOMA. IF YOU HAVE REQUESTED A TRANSCRIPT, BUT IT HAS NOT YET ARRIVED BY THE APPLICATION DEADLINE. SUBMIT A COPY OF THE REQUEST AND SUBMIT COPY WHEN RECEIVED.

NAME & ADDRESS OF SCHOOL	YEARS GRADES ATTENDED	DIPLOMA

EDUCATION CONT.

DO YOU HOLD A PROFESSIONAL LICENSE? Y/N ____ IF YES INDICATE TYPE, CERTIFICATE NUMBER AND EXPIRATION DATE BELOW. _____

HAVE YOU ATTENDED ANY TRADE OR TECHNICAL SCHOOL, INCLUDING A POLICE OR CORRECTIONAL OFFICER ACADEMY? Y/N ____ IF YES, INDICATE BELOW. _____

ARE YOU A MEMBER OF ANY PROFESSIONAL, TRADE OR SOCIAL ORGANIZATIONS? Y/N ____ IF YES, LIST BELOW: _____

PERSONAL REFERENCES:

LIST BELOW FIVE PERSONAL REFERENCES WHO HAVE KNOWN YOU FOR AT LEAST TEN(10) YEARS. REFERENCES MAY NOT BE FORMER EMPLOYERS OR RELATIVES. MAKE SURE THAT YOU SUPPLY COMPLETE MAILING ADDRESS AND TELEPHONE NUMBERS.

REFERENCE NAME & ADDRESS	TELEPHONE NUMBER	TIME KNOWN
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PREVIOUS ADDRESSES:

LIST BELOW EACH ADDRESS YOU HAVE LIVED AT FOR AT LEAST THE LAST TEN (10) YEARS. EACH LINE IS NUMBERED WHEN COMPLETING THE NEIGHBOR SECTION BELOW INDICATE THE LINE NUMBER WITH THAT NEIGHBOR IN THE AREA PROVIDED.

FORMER ADDRESS (INCLUDE STREET, CITY, COUNTY, STATE AND ZIP CODE INFORMATION)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

NEIGHBORS:

LIST BELOW NEIGHBORS THAT HAVE LIVED NEXT TO YOU AT EACH ADDRESS YOU HAVE LIVED AT FOR AT LEAST THE LAST TEN (10) YEARS. INDICATE BY LINE NUMBER WHICH ADDRESS YOU LISTED THAT THEY CAN VERIFY. NEIGHBORS MUST HAVE LIVED BESIDE YOU OR WITHIN THE IMMEDIATE AREA IF A RURAL LOCATION.

NEIGHBOR NAME & ADDRESS	TELEPHONE NUMBER	LOCATION NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT HISTORY:

IN THE AREA PROVIDED LIST EACH EMPLOYER YOU HAVE WORKED FOR AT LEAST THE LAST TEN (10) YEARS OR SINCE AGE 16, WHICHEVER IS LONGER. INCLUDE NAME OF COMPANY, SUPERVISOR'S NAME, COMPANY ADDRESS AND TELEPHONE NUMBER. ATTACH ADDITIONAL PAGES IF NECESSARY. INDICATE DATES OF EMPLOYMENT AND JOB TITLE. INDICATE ANY PERIODS OF UNEMPLOYMENT. INDICATE REASON LEFT EMPLOYMENT.

SUPERVISOR/COMPANY NAME	ADDRESS	DATES EMPLOYED	JOB TITLE	REASON LEFT

PAST/PRESENT EMPLOYEES:

LIST BELOW OTHER EMPLOYEES WHO HAVE WORKED WITH YOU ON EACH OF THE JOBS YOU LISTED ABOVE. THESE EMPLOYEES MUST BE SOMEONE OTHER THAN YOUR SUPERVISOR OR BUSINESS OWNER. UNLESS THAT WAS THE ONLY OTHER PERSON YOU WORKED WITH. INFORMATION MUST INCLUDE THEIR NAME, ADDRESS, TELEPHONE NUMBER AND RELATIONSHIP:

EMPLOYEE NAME/COMPANY NAME	ADDRESS	TELEPHONE NUMBER	RELATIONSHIP

CRIMINAL HISTORY:

HAVE YOU EVER BEEN ARRESTED FOR ANY OFFENSE, CRIME, MISDEMEANOR OR COMPELLED TO TESTIFY ON ANY MANNER BEFORE A GRAND JURY, PETIT JURY, JUDGE, BOARD OF INQUIRY OR HEARING EXAMINER IN THIS OR ANY OTHER STATE OR COUNTRY OTHER THAN AS A WITNESS OR VICTIM? _____ IF YES, INDICATE WHEN, WHERE, THE LOCATION AND DISPOSITION OF THE MATTER. INCLUDE ANY MATTER THAT WAS NOT COVERED IN THE DRIVING SECTION.

ARE YOU NOW OR HAVE YOU EVER BEEN ON PAROLE, PROBATION, PERFORMED COMMUNITY SERVICE IN LIEU CHARGES OR PLACED ON PROBATION BEFORE JUDGEMENT IN THIS STATE, ANY OTHER STATE OR COUNTRY? _____ IF YES, INDICATE BELOW:

ARE YOU NOW, OR HAVE YOU EVER BEEN A MEMBER OF ANY POLITICAL PARTY, MILITIA ORGANIZATION, HATE GROUP, OR ANY OTHER GROUP WHO BY UNLAWFUL MEANS ATTEMPTS TO DENY ANY RIGHTS TO ANY RACE. GROUP OF PEOPLE: THE UNLAWFUL ATTEMPT OR INTENT TO OVERTHROW THE GOVERNMENT OF THIS STATE, ANY STATE, OR THE UNITED STATES, OR ANY POLITICAL SUBDIVISION THEREOF? _____ IF YES, INDICATE BELOW:

MEDICAL HISTORY:

EMPLOYMENT BY A LAW ENFORCEMENT AGENCY MAY SUBJECT A PERSON LONG PERIODS OF SITTING, STANDING, WALKING, RUNNING, DRIVING, BICYCLING, LIFTING, CLIMBING AND OVERCOMING A PERSON WHO MAY RESIST ARREST, ASSISTING IN FIRST AID OR A RESCUE. AS SUCH THE MARYLAND POLICE TRAINING COMMISSION HAS PHYSICAL STANDARDS EACH OFFICER MUST PASS TO BE CERTIFIED. ALL ENTRANCE LEVEL PERSONNEL MUST BE ABLE TO MEET THOSE STANDARDS WHICH CONSIST OF ONE OR MORE ACTIVITIES LISTED ABOVE. A PHYSICAL EXAM WILL BE REQUIRED BEFORE A FORMAL JOB OFFER IS MADE. ANY CONDITIONAL APPOINTMENT WILL BE SUBJECT TO COMPLETION, NOT ONLY OF THE BACKGROUND INVESTIGATION, BUT PASSING THE PHYSICAL AND PSYCHOLOGICAL EXAM. COMPLETE AND ATTACH ANY DOCUMENTATION TO THE APPLICATION AS LISTED AND ON THE ATTACHED SHEET.

ARE YOU NOW, OR HAVE YOU EVER USED ILLEGAL DRUGS OR A LEGAL DRUG IN AN ILLEGAL

MANNER? ____ IF YES, IDENTIFY THE SUBSTANCE USED AND WHEN THE LAST TIME YOU USED THE DRUG:

ARE YOU NOW, OR HAVE YOU EVER BEEN UNDER THE CARE OF A PSYCHOLOGIST, PSYCHIATRIST, OR OTHER HEALTH OFFICER FOR ANY FORM OF MENTAL ILLNESS, SUICIDAL TENDENCIES, COMPULSIVE OR OBSESSIVE DISORDERS, DRUG OR ALCOHOL ABUSE? ____ Y/N.
IF YES, GIVE DETAILS BELOW:

DO YOU WEAR CONTACTS OR GLASSES? ____ Y/N. IF YES, ATTACH A CURRENT LETTER FROM YOUR EYE DOCTOR STATING THE CORRECTED AND UNCORRECTED VISION IN EACH EYE.

ARE YOU NOW, OR HAVE YOU BEEN HOSPITALIZED WITHIN THE LAST FIVE (5) YEARS? ____ Y/N.
IF YES, GIVE DETAILS BELOW:

ARE YOU CURRENTLY TAKING ANY PRESCRIPTION MEDICATIONS? ____ Y/N. IF YES, LIST THE MEDICATION, DOSAGE AND WHAT THE TREATMENT IS FOR:

HAVE YOU EVER BEEN INJURED ON THE JOB AND DID YOU FILE A WORKERS COMPENSATION CLAIM? ____ Y/N. IF YES, GIVE DETAILS BELOW:

ARE YOU CURRENTLY UNDER THE CARE OF A MEDICAL DOCTOR? ____ Y/N. IF YES, INDICATE WHAT YOU ARE BEING TREATED FOR AND HOW LONG THE DOCTOR BELIEVES THE TREATMENT IS NECESSARY:

I, _____ hereby, affirm that I have truthfully, completely and fully answered each of the above questions with the intent to fully disclose any material facts which may reflect on my ability to carry out the job which I have applied for. I further understand that if it is later determined that I failed to provide any relevant information during the background or hiring process, I may be subject to immediate termination, if I have been offered or accepted employment with the Town of Snow Hill and/or the Snow Hill Police Department.

Signature of Applicant: _____ Date: _____

Affidavit

State of Maryland

County of _____ :

On this _____ day of _____, 19____ before me, _____ the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand and official seal.

Signature

Printed Name
Notary Public
State of Maryland

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ do hereby authorize review and full disclosure of all records, or any part thereof, concerning myself to any authorized agent of the Snow Hill Police Department, whether the said records are public or private, including those which may be deemed to be of a privileged or confidential matter or nature. The purpose and intention of this authorization is to provide information which may be utilized for investigative resource material.

I authorize the full and complete disclosure of the records of educational institutions, financial or credit institutions, records of commercial or retail merchants, retail credit agencies and reports, medical and psychiatric consultations, reports and treatments, including hospitals, clinics and private practitioners, Veterans Administration, military records of any kind, public utility companies, employment records of any business where I have been employed, efficiency ratings, complaints, internal investigations, records of any attorney who has represented or who has filed claims against me, collection agency reports or references. I hereby waive any and all claims that I could now or at any time file against them for release of these documents. I waive any and all rights to file any complaint or claim against the Snow Hill Police Department, the Town of Snow Hill, or any of its authorized agents or employees for the purpose of conducting this background examination to determine my suitability for employment.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original signature.

Applicant's Signature _____ Date _____

State of Maryland

County of _____ ss:

On this _____ day of _____ 19____ before me, _____, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand and official seal.

Signature

Printed Name
Notary Public
State of Maryland