



POLICE DEPARTMENT EMPLOYMENT APPLICATION



CITY OF DISTRICT HEIGHTS
2000 Marbury Drive
District Heights, MD 20747-2399

This application subject to all provisions of the Privacy Act of 1984. All files are confidential. No information shall be released without prior written approval of the applicant. All information provided must be accurate. Failure to disclose, or answer with the intent to mislead shall result in the termination of application process. Applicant is responsible for all information provided, and the results of subsequent investigation.

GENERAL INFORMATION

FULL NAME	D.O.B	AGE
STREET	PLACE OF BIRTH	
CITY STATE ZIP	ARE YOU A U.S. CITIZEN? (Y) (N)	
HOME PHONE WORK PHONE	IF NATURALIZED, WHEN?	
CELL PHONE	WHERE?	
MARYLAND DRIVER'S LICENSE NUMBER	AVAILABLE FOR SHIFT WORK? (Y) (N)	
LICENSE EXPIRATION DATE	HAVE YOU EVER BEEN CITED FOR MOVING MOTOR VEHICLE VIOLATIONS? LIST BELOW.	
PRIOR OUT OF STATE LICENSE NUMBER & EXPIRATION DATE		
POSITION APPLIED FOR:		

EDUCATION

HIGH SCHOOL	ADDRESS	YEARS COMPLETED	GPA	LAST YR. ATTENDED
		9 10 11 12		_____
COLLEGE	ADDRESS	MAJOR	DEGREE	GRADUATED
COLLEGE	ADDRESS	MAJOR	DEGREE	GRADUATED
GRADUATE SCHOOL	ADDRESS	MAJOR	DEGREE	COMPLETED
BUSINESS OR TRADE	ADDRESS	MAJOR	DEGREE	COMPLETED

MILITARY

BRANCH OF SERVICE	RATE	RATE	LAST DUTY STATION
DISCHARGE DATE	TYPE	LOCATION	COMMANDING OFFICER
SPECIALIZED TRAINING			
HONORS			

EMPLOYMENT HISTORY

DATE MONTH & YEAR	NAME & ADDRESS OF FORMER EMPLOYER & NAME OF SUPERVISOR	SALARY	POSITION	REASON LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

CURRENT FINANCIAL HISTORY

NAME AND ADDRESS OF INSTITUTION	ACCOUNT TYPE	ACCOUNT BALANCE	ASSET/LIABILITY

PERSONAL REFERENCES

LIST 5 PERSONS WHO KNOW YOU WELL ENOUGH TO PROVIDE CURRENT INFORMATION ABOUT YOU. DO NOT LIST RELATIVES, OR FORMER EMPLOYERS. BE CERTAIN TO LIST YEARS KNOWN AND PHONE NUMBERS.				
NAME	YEARS KNOWN	WORK OR HOME ADDRESS	WORK OR HOME PHONE	OCCUPATION

PERSONAL INFORMATION SURVEY

HEIGHT _____ WEIGHT _____ EYE COLOR _____ HAIR COLOR _____ BUILD _____

SCARS/TATOOS/MOLES _____

MARITAL STATUS _____ IF MARRIED HOW LONG _____ NUMBER OF DEPENDENTS _____

DIVORCED _____ DATE AND LOCATION OF COURT DECREE _____

HAVE YOU EVER HAD PRE-MARITAL OR MARITAL COUNSELING? _____

IF SO, WHEN? _____ WHERE? _____

WHY? _____ COUNSELOR _____

HISTORY & QUALIFICATIONS

1.a. Have you ever resigned from a position in order to prevent being terminated for any reason? (Y) (N)

b. If so, please explain. _____

2.a. Have you ever been asked to resign from a position, or discharged from employment against your will? (Y) (N)

b. Please list employer, phone, reason for termination and date.

3.a. Have you ever sought or received a pay advance from a previous employer? (Y) (N)
b. Reason. _____

Amount still owed \$ _____

4.a. Have you been employed by a law enforcement agency, or private security service, or served in a military police capacity in any position? (Y) (N)
b. If so, list institution, dates of employment, and position served.

5. Please list all specialized training pertaining to law enforcement, criminal justice, self-defense, etc. _____

6. Do you have any firearms training? (Y) (N)
b. Please list training, dates and all certificates held. _____

LEGAL HISTORY

7. Have you ever been placed under arrest by any law enforcement agency? (Y) (N)
Please explain. _____

8. Have you ever been convicted of a felony? (Y) (N)
b. If yes, please explain? _____

c. Time served _____
Released date & and type _____

9. Have you ever been questioned or detained by a law enforcement agency within the United States in reference to being a suspect in a criminal case either solved or unsolved? (Y) (N)
If so, please explain. _____

10. Are you now, or have you ever been involved in either a closed or on-going criminal investigation either as a witness or a complainant? (Y) (N).
If yes, please explain. _____

11a. Are you currently or have you ever been involved in a lawsuit in which you are either the plaintiff or the defendant? (Y) (N)
b. If you are the plaintiff please give details. _____

c. If you are the defendant please give details. _____

12. Are you now, or have you ever been a member of any organization, association, movement, group, or combination thereof which advocates the overthrow of government, or achievement of goals which can or may violate the rights of other individuals through the usage of violence, or unconstitutional means? (Y) (N)
b. List organization. _____

13. Use this section to amend or supplement the information you provided in answer to any of the above questions. Start with the question number then your supplemental. _____

14. Is there anything in your background you wish to advise this agency of which may be exposed in a detailed background review which could effect your consideration for employment by this agency? (Y) (N) Please give details. _____

Are you available for rotating shiftwork? (Y) (N) Any restrictions . _____
Please list all outside organizations in which you either a member or provide voluntary services? _____

Do you consider any services or functions thereof as mandatory? (Y) (N) If so, please explain. _____

Do you have any religious convictions or prejudices, which might affect the performance of your duty? (Y) (N) If so, please explain in the space provided. _____
Do you have any racial, creed, or sex preference prejudices, which could affect the performance of your duties? (Y) (N) If your answer was yes please explain concisely. _____
Please explain why you have a desire to service with this department as a law enforcement officer. _____

Are you willing to submit to a Chain of Command structure of management during your employment, should this department hire you? (Y) (N)
If no, why? _____
Do you have any applications pending with other law enforcement agencies? (Y) (N) If so, where? _____
When filed? _____ Status? _____

LEGAL HISTORY

Father's full name _____ D.O.B. ___/___/___ Deceased or living ___ If deceased when ___/___/___
 Mother's full name _____ D.O.B. ___/___/___ Deceased or living ___ If deceased when ___/___/___
 (M) Married or (S) Single (D) Divorced (W) Widowed If applicable, Spouse's maiden name _____
 If not married, are you engaged? (Y) (N) If you answer yes please answer all questions relative to spouse.
 Spouse's D.O.B. ___/___/___ City of origin _____ State _____ Soc Sec # _____
 Spouse's current employment _____ Phone _____ Wk Phone _____
 Children (Y) (N) If yes, how many _____ Please list by name and age. _____

Has spouse or children ever been involved in a criminal or civil investigation as victim, suspect, or witness? (Y) (N) If yes please explain in detail. _____

Is spouse involved in or volunteering time to any agency, organization, or other group, which would or could affect your performance of duty, or otherwise influence your duty related decisions? (Y) (N) If yes please explain. _____

Any dependents not listed above? _____
 Further details not specially requested above. _____

FAMILY MEMBERS OF APPLICANT

Street address	City	State	Zip code	Property Owner	Address or phone

If additional space is needed use separate sheet.

WAIVERS

ALL APPLICANTS MUST READ, SIGN, AND HAVE NOTARIZED THE FOLLOWING WAIVER TO PERMIT BACKGROUND INVESTIGATION.

I, _____, hereby authorize the District Heights Police Department to conduct an investigation into my complete history, including my former employment together with any and all information concerning my ability, personal charter, finance, arrest record, etc.

I hereby release any law enforcement agency, company corporation, financial institution, or individual from all liability or furnishing information concerning me in response to this investigation.

I hereby understand and agree to submit to a polygraph examination if I am requested to do so, as part of my background investigation.

I hereby certify that there is no willful misrepresentation, or falsification of statements, and answers to questions herein. I am aware that should investigation disclose such misrepresentation or falsification, my application will be rejected. I understand that all appointments are probationary for a period of (1) one year, after completion of an approved police academy, during which time the employee must demonstrate his or her fitness for continued employment with the department. I also understand that my appointment tendered me will be contingent upon results of a complete character and fitness investigation, and I am aware that willfully withholding information or making false statements on this application will be the basis for dismissal from the department and possible criminal prosecution. I therefore agree to these conditions and I hereby certify that all statement made by me on this application are true and complete to the best of my knowledge.

Signed _____ Date ___/___/20___

Notary Public _____ Subscribed and sworn to me on this _____ day of _____, 20___.

My commission expires _____, 20___