



**CHESTERTOWN POLICE DEPARTMENT**

333 SOUTH CROSS STREET, CHESTERTOWN, MD 21620    PHONE: 410-778-1800  
FAX: 410-778-1828



G. ADRIAN BAKER  
*CHIEF OF POLICE*

**Application**  
**For**  
**Employment**

## **Required Documentation**

**Please have the following information photocopied and returned with the application. If the following information is not attached then this application will not be processed.**

- 1. Birth Certificate**
- 2. High School Diploma or GED Certificate**
- 3. College Diploma (If applicable)**
- 4. Marriage Certificate or Divorce Papers (If applicable)**
- 5. Military DD214 (If applicable)**
- 6. Social Security Card**
- 7. Driver's License**

**Applicant will be required to take and pass the following before being appointed:**

- 1. Polygraph Examination**
- 2. Physical Fitness Assessment Test**
- 3. Drug Screening Test**
- 4. Psychological Examination**
- 5. Physical Examination**
- 6. Written Examination**

**All Information must be typed or printed and all questions must be filled in completely to be considered for an interview. The Authorization for Disclosure must be signed by the Applicant and witnessed.**

# **Chestertown Police Department**

## **Authority for Release of Information**

**TO WHOM IT MAY CONCERN:** I am an applicant for the position with the Chestertown Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied, and to then use and disclose that information as a basis for and in support of its decisions regarding my application. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Chestertown Police Department bearing this release to obtain any information in your files and I hereby direct you to release such information upon request of the bearer. 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 the Chestertown Police Department, whether, said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access, for specific purpose of pursuing a background investigation that may provide pertinent data for the Chestertown Police Department to consider in determining my suitability for employment in that department and to authorize the Town of Chestertown to then use and disclose that information as a basis for and in support of its decisions regarding my application however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work records, my medical and/or psychological records, my background and reputation, my military service records, education records, my financial status, my criminal history record, including any arrest records, any information contained in the investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorney's at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigation and discipline, including any files which are deemed to be confidential, and/or scaled, and to permit any duly authorized agent of the Chestertown Police Department to inspect and make copies of any documents, records or other information. I hereby specifically waive any attorney-client privilege which may apply to any information sought in connection with my application and this release, both as to this application process and any administrative and/or judicial proceedings which may arise from it.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of \_\_\_\_\_

Organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I direct you to release such information upon request of the duly accredited representative of the Chestertown Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing any application if you refuse to disclose the information requested.

For and in consideration of the Chestertown Police Department's acceptance and processing of any application for employment, I agree to hold the \_\_\_\_\_; its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Chestertown Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Chestertown Police Department in conjunction with employment procedures.

A photocopy or FAX copy of this release for will be valid, as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

**TO THE TOWN OF CHESTERTOWN:** I hereby authorize the Chestertown Police Department to use the information obtained pursuant to this release, or otherwise obtained as part of my application process, in making its determination on my employment application. I further authorize the Chestertown Police Department and the Town of Chestertown to disclose any such information: (1) to any individual, department, or entity involved in the processing of my application; (2) in all administrative and judicial proceedings arising out of the processing of my application; and (3) to any civil or criminal law enforcement agency.

This waiver is valid from the time the information is furnished through and including its use by the Chestertown Police Department and the Town of Chestertown in processing my application, all administrative and judicial proceedings arising there from, and all civil or criminal enforcement actions arising there from.

Should there be any questions as to the validity of this release, you may contact me at the address listed in this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and the Town of Chestertown and their agents and employees, from and against all claim, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with, or using and disclosing the information as authorized pursuant to this request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Print or Type Full Name

\_\_\_\_\_  
Legal Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

**Authentication of Signature by notary Public**

State of Maryland    }  
County of Kent       }

Then appeared before me the above named, \_\_\_\_\_  
And swore the statements made herein to be true.

Dated: \_\_\_\_\_

\_\_\_\_\_  
*Notary Public Signature*

*My commission expires:* \_\_\_\_\_





## Education

1. List all Law Enforcement Schools or Training; include dates attended, locations, sponsoring agency, and subjects studied.

---

---

---

---

---

---

---

---

---

---

2. Foreign Languages – List foreign language and indicate your knowledge.

---

---

---

---

3. List types of office equipment you can operate and other office related skills:

---

---

---

---

---

# Family

Spouse:

\_\_\_\_\_ Full Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Spouses Employer: \_\_\_\_\_ Spouses Occupation: \_\_\_\_\_

Children and/or  
Step Children:

\_\_\_\_\_ Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

## General Information

(If yes to any question explain)

1. Have you ever used narcotics, drugs, or prescription medicines?  Yes  No
2. Do you, or have you ever received disability benefits, including veteran disability and workmen's compensation?  Yes  No
3. Have you ever applied for employment with any other Law Enforcement Agency?  
 Yes  No
4. Are there any incidents in your life not mentioned above that may reflect on your ability to perform duties you may be called upon to do?  Yes  No
5. Are there any incidents in your life not mentioned above which you feel might prove embarrassing if discovered during your background investigation?  Yes  No
6. List vehicles owned by you:

	Year	Make/Model	State	Tag#
7. Has your driver's license ever been suspended or revoked in this or any other state?  
 Yes  No
8. Have you at any time appeared in a civil court as either the defendant or plaintiff?  
 Yes  No
9. Have you ever been the respondent of a Protective Order or Peace Order in this or any other state?  Yes  No If so, in which state? \_\_\_\_\_
10. List names of all organizations, clubs, or societies that you now or have ever been a member of?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Explanation to yes answers:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





9. Have you ever been treated for nervousness or anxiety? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, Explain: \_\_\_\_\_
10. Have you ever been in counseling or therapy for a problem? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how long were you treated: \_\_\_\_\_ Explain circumstances: \_\_\_\_\_
11. Have you ever taken Valium or similar medication? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what is it? \_\_\_\_\_ How long have you taken it? \_\_\_\_\_ Are you still taking it? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what is the dosage? \_\_\_\_\_
12. Were you ever suspended from school? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain reason: \_\_\_\_\_
13. Have you ever been arrested? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how many times? \_\_\_\_\_ Explain why: \_\_\_\_\_
14. Have you ever been incarcerated? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain circumstances: \_\_\_\_\_
15. Have you ever been denied a job or asked to leave a job (including military) for psychological reasons? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, state year, reason and employer: \_\_\_\_\_
16. Have you ever been denied a job or asked to leave a job for any reason? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain: \_\_\_\_\_

17. Why are you applying for this job? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
18. How many full time or part time jobs have you had in the past six years? \_\_\_\_\_  
 What was the longest time you have spent on any job? \_\_\_\_\_ Years \_\_\_\_\_ Months  
 Are you now working? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If no, how are you supporting yourself? \_\_\_\_\_  
 If yes, what is your present job? \_\_\_\_\_  
 Describe what your duties are? \_\_\_\_\_  
 \_\_\_\_\_
19. Have you ever received unemployment insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, how many times? \_\_\_\_\_ and for how long? \_\_\_\_\_
20. What are your hobbies? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
21. How many auto accidents have you had? \_\_\_\_\_  
 Have you received any motor vehicle citations? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how many \_\_\_\_\_  
 Explain why you received citations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
22. Were you ever in the military? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how long? \_\_\_\_\_  
 What Branch \_\_\_\_\_  
 Were you ever written up or disciplined? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, for what and what  
 action was taken: \_\_\_\_\_  
 \_\_\_\_\_
23. Do you smoke or use any type of tobacco products? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, how much and what kind? \_\_\_\_\_
24. Do you drink any kind of alcoholic beverages? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, in what moderation do you drink, and how often? \_\_\_\_\_  
 \_\_\_\_\_
25. When was the last time you were involved in a fight, were you hit or did someone hit you?  
 Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

26. What do people do that makes you angry? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. Think of the person who knows you best, what would they say are your two best qualities?  
1. \_\_\_\_\_ 2. \_\_\_\_\_

What would they say are your two worst qualities?

1. \_\_\_\_\_ 2. \_\_\_\_\_

In your opinion what are your two best qualities?

1. \_\_\_\_\_ 2. \_\_\_\_\_

In your opinion what are your two worst qualities?

1. \_\_\_\_\_ 2. \_\_\_\_\_

28. Describe the situation or incidents in your life that have been the most difficult:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

29. Looking back on your life, what would you change or do differently if you could?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

30. Looking back on your life, what accomplishment makes you the most proud?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

31. Do you hold a Current Maryland Police Training Commission Certification? \_\_\_\_\_  
Certificate Number: \_\_\_\_\_

32. Are you currently a certified Police Officer with any other department? \_\_\_\_\_  
If yes, what department and state? \_\_\_\_\_  
\_\_\_\_\_



