

Chestertown Police Department

601 High Street
Chestertown, MD 21620



Officer Application

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. Fit For Duty Medical Exam
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 .

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 attorneys 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 _____ 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 or 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
------	------------------

Personal History

Name: _____

Are you a United States Citizen? Yes No

Street Address: _____

Mailing Address: _____

City/State/Zip: _____

DOB: _____ Age: _____ Place of Birth: _____ Sex: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Aliases/Nicknames: _____

Maiden Name: _____

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

Social Security Number: _____

Please describe type and location of in the following section:

Scars/Birth Marks: _____

Tattoos: _____

Other identifying Marks: _____

Places of Residence

Start with your current address and go back ten (10) years

Dates	Address	City	State	Zip	County

Education

1. List all of the schools you have attended starting with High School, followed by colleges/tech schools.

School Name	Dates Attended	Locations	Subjects Studied

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

School Name	Dates Attended	Locations	Sponsoring Agency	Subjects Studied

3. What is the highest level of education you have completed?

4. Do you hold a Current Maryland Police Training Commission Certification?

Yes No

Certificate Number: _____

5. Are you currently employed with another department? If so, which department? Yes No

6. Foreign Languages – List Foreign Language and indicate your knowledge.

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

8. List names of all organizations, clubs, or societies that you now or have ever been a member of:

9. Were you ever enlisted in the military? If so what branch and for how long? Yes No

10. What are your hobbies?

Family

What is your marital status? (Please Check one)

Single (Never Married)

Married

Widowed

Separated

Divorced

Annulled

With whom do you live and the relationship: _____

Spouse's Name: _____ DOB: _____

Spouse's Employer: _____

Spouse's Occupation: _____

Children and/or Stepchildren (Please indicate if the Child lives with you or not):

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

For the Children that do not live with you what are the circumstances?

Is there any other information you feel would be important to share about your home, family, personal life?

Employment

Start with present and go back ten (10) years

Date Started	Date Ended	Employer	Employer Address
Supervisor	Duties	Salary	Reason for Leaving

Date Started	Date Ended	Employer	Employer Address
Supervisor	Duties	Salary	Reason for Leaving

Date Started	Date Ended	Employer	Employer Address
Supervisor	Duties	Salary	Reason for Leaving

Date Started	Date Ended	Employer	Employer Address
Supervisor	Duties	Salary	Reason for Leaving

Date Started	Date Ended	Employer	Employer Address
Supervisor	Duties	Salary	Reason for Leaving

General Information

If you answer "Yes" to any of the following questions, please explain in the provided space.

1. Have you ever used narcotics, drugs, or prescription medications? 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 presently 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. How many auto accidents have you had? _____

9. Have you received any motor vehicle citations? If yes, please explain: Yes No

10. Have you at any time appeared in a civil court as either the defendant or plaintiff? Yes No

11. Have you ever been the respondent of a Protective Order or Peace Order in this or any other state?

Yes No

12. Have you ever been treated for nervousness or anxiety? If yes, please explain Yes No

13. Have you ever been in counseling or therapy for a problem? If yes, please explain Yes No

14. Were you ever suspended from school? If yes, please explain: Yes No

15. Have you ever been arrested? If yes, please explain: Yes No

16. Have you ever been incarcerated? If yes, please explain:

Yes No

17. Have you ever been denied a job or asked to leave a job (including military) for psychological reasons? If yes, please explain: Yes No

18. Have you ever been denied a job or asked to leave a job (including military) for any reason? If yes, please explain: Yes No

19. Do you smoke or use any kind of tobacco products? If yes, how much and what kind: Yes No

20. Do you drink any kind of alcoholic beverages? If yes, in what moderation do you drink and how often:

21. Think of the person who knows you best, what would they say are your two best qualities?

22. What would they say are your two worst qualities?

23. In your opinion what are your two best qualities?

24. In your opinion what are your two worst qualities?

25. Describe the situation or incidents in your life that have been the most difficult:

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

27. Looking back on your life, what accomplishment makes you the most proud?

References

Name	Address	Phone	Years Known

I, _____ hereby certify that there were no willful misrepresentations or falsifications of the above statements and answers to questions. I am aware that should the investigation disclose such misrepresentations or falsifications, my application will be rejected, and I will be disqualified from the hiring process of the Chestertown Police Department.

Applicants Signature

Date