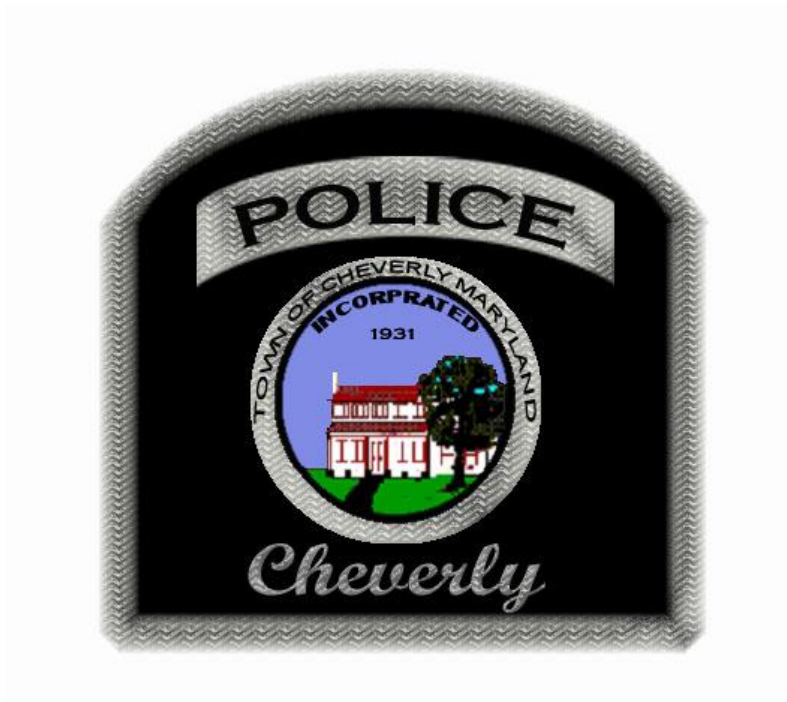


**CHEVERLY POLICE DEPARTMENT
6401 FOREST ROAD
CHEVERLY, MD 20785**

**APPLICATION FOR EMPLOYMENT
and
PERSONAL HISTORY STATEMENT
(Uniform and Sensitive Positions Only)**



Applicant's Name: _____
(Last, First, Middle, Suffix)

Official Use Only
Date Received: _____
Received By: _____

INFORMATION COLLECTED IN THIS BOOKLET WILL BE USED FOR
INVESTIGATIVE PURPOSES ONLY

Dear Police Applicant:

The Cheverly Police Department is seeking men and women that exhibit the characteristics of sound judgment, honesty, reliability, integrity, and the ability to blend the philosophy of community-oriented policing with a desire to best serve the interests of the citizens of the Town of Cheverly. The typical duties of a police officer include: enforcing the criminal and traffic laws of the State of Maryland, Prince George's County, and the Code of the Town of Cheverly, problem solving, report writing, courtroom presentation, and providing effective service to citizens. In exchange for these duties, police officers are offered a competitive salary and excellent benefits. Shift work is required of all department employees.

Persons currently certified by the Maryland Police and Correctional Training Commission (MPCTC and/or MPTSC) are preferred. In addition, minority, female, and bi-lingual (English/Spanish) persons are strongly encouraged to apply. Application should be obtained from and returned to the Cheverly Police Department, 6401 Forest Road, Cheverly, Maryland 20785. **The Town of Cheverly is an Equal Opportunity Employer without regard to race, color, religion, national origin, sex, ancestry, marital status, age, sexual orientation, disability, political or union affiliation.**

Minimum Qualifications

- U.S. Citizen
- High School Graduate
- 21 Years of Age at Certification
- Possess a Valid Driver's License

Selection Process

- Completion and Submission of an Application and Personal History Statement
- Physical Assessment Test
- Oral Board Interview
- Drug Screening
- Polygraph Examination
- Conditional Offer of Employment
- Psychological Screening
- Medical Examination
- Background Investigation
- Final Offer of Employment

Reasons for disqualification from the employment process may include (but are not limited to) the following: poor work history; poor driving record; felony conviction; illegal drug usage, including the purchase, sale, or distribution of drugs; falsification of employment documents; inability to complete any of the components of the background process; and/or any other disqualifying factor as determined by the Chief of Police.

Applicant's should be encouraged to ask questions if they have them, either during the interview or after the interview due to the realization that not everyone has applied for a position within a criminal justice agency or if they have, the other agency was not as thorough/in-depth as this agency.

If you cannot follow instructions during the application process, we cannot expect you to follow instructions as an employee of the police department.

If there is anything questionable in your background, it is in your best interest to discuss it with your background investigator at the earliest possible convenience. If your background investigator learns of questionable situations on his/her own, it could be interpreted as your failure to disclose information and ultimately result in you being disqualified from the selection process.

Be sure that you have the Authorization for release of information at the end of the application notarized. This is your responsibility; and not that of the Police Department. Failure to submit a notarized authorization for release of information is grounds for removal from the selection process.

Application Instructions

- **DO NOT allow another person to write or type in this application. Doing so may result in disqualification. The applicant, using black ink only, must neatly print or type all information in BLACK ink.**
- **Read each question carefully before answering.**
- **Applications that are incomplete or illegible will not be processed.**
- **It is mandatory that every question on the application be answered. In the event that a question does not apply to you answer it by indicating "N/A" (Not Applicable).**
- **If you feel that contacting your current employer would create a problem, note it in the "Current Employer" section and an investigator will schedule an appropriate time to do so.**
- **ANY FALSE STATEMENTS OR OMISSIONS of any information on any document or during any interview, including phone interviews is cause for immediate disqualification or termination if appointment has already been offered or accepted.**
- **If there is any documentation concerning an event in your background, bring the original copies to your initial interview. This includes expungement papers to include a compliance letter from each party listed on the expungement order. If you were charged or convicted of a crime or appeared in court regarding a criminal offense, you must bring the court documents containing the final disposition. Contact the court where you appeared to obtain these documents.**

I have read, and agree to, the above statement/instructions _____
(Signature)

SECTION I:

REQUIRED DOCUMENTS

(Do NOT write on this page. Your Investigator will complete this form)

	<u>Date Received</u>	<u>Investigator's Initials</u>
Federal tax returns for the last two (2) years. http://www.irs.gov/	_____	_____
State tax returns for the last two (2) years. http://individuals.marylandtaxes.com/taxhelp/local_offices.asp and/or out of state tax returns for the last two (2) years. http://www.taxadmin.org/fta/link/FORMS.html	_____	_____
All employer(s) W-2's for the last two years.	_____	_____
Certified copy of Birth Certificate. http://vsa.state.md.us/	_____	_____
Social Security Card http://ssa.gov/ssnumber/	_____	_____
Maryland and/or any other driver's license(s).	_____	_____
Auto registration for all vehicles owned OR DRIVEN by you.	_____	_____
Proof of auto insurance for all vehicle owned OR DRIVEN by you. Must contain expiration dates of insurance.	_____	_____
Certified copy of any name change records.	_____	_____
Certificate of Naturalization.	_____	_____
Resident Alien Card or other proof of immigration or alien status.	_____	_____
Certified copy of marriage certificate(s).	_____	_____
Certificate Copy of divorce decree(s).	_____	_____
DD214 or entry level discharge documents. Member # 4 Copy with "Character of Service" Information http://www.archives.gov/veterans/evetrecs/	_____	_____
Selective Service Registration Information http://www.sss.gov/	_____	_____
High School Diploma or G.E.D Certificate	_____	_____
Certified and Sealed High School Transcripts	_____	_____
Certified and Sealed College Transcripts for all Colleges and Universities attended.	_____	_____
All Court orders relating to Marriage, Divorce, Legal Separation, Adoption, Bankruptcy, charging documents, or any other documents regarding any criminal or civil matter in which you were involved.	_____	_____
Credit Report from a reputable credit agency	_____	_____
Document's supporting graduation from a certified Maryland Police and Correctional Training Commission (MPCTC and/or MPTSC).	_____	_____

SECTION II:

PERSONAL DATA

Full Name: _____

Aliases: _____

Residence Address: _____

Mailing Address (If Different From Listed Above) _____

Home Phone _____ Cell _____

Work Phone _____ Email Address _____

Driver's License Number	Class	Restriction Codes	State	Expiration Date

Height	Weight	Hair	Eyes	Sex	Race

Date of Birth _____ Current Age _____

Place of Birth _____ Social Security # _____

Citizenship: U.S. Alien By Birth Naturalized

If Not a U.S. citizen enter the date you first entered the United States: ____/____/____
Month Year

Immigration Status: _____ or if nationalized:

Naturalization Certificate number: _____ Date of Certificate: ____/____/____
Mth Day Year

List all foreign languages and check the box indicating your fluency.

Language	Excellent	Good	Fair

SECTION II (Continued):

PERSONAL DATA

Your Parents/Guardians:

Parent/Guardian 1: _____ DOB _____

Address _____ Phone _____

Parent/Guardian 2: _____ DOB _____

Address _____ Phone _____

If you were reared by anyone other than your parents, including step-parents and grand-parents, list their information below:

Guardian/Other: _____ DOB _____

Address _____ Phone _____

Guardian/Other: _____ DOB _____

Address _____ Phone _____

SECTION III:

PRIOR LAW ENFORCEMENT EXPERIENCE

1) Have you ever been Certified as a police officer, deputy sheriff, or corrections officer in this state or any other State or jurisdiction? Yes No

If so, what state or jurisdiction? _____

2) Has your MPCTC and/or MPTSC certification ever been suspended/flagged/revoked?
 Yes No

3) Are you EMS Certified? Yes No

If you answered yes to any of the above listed questions answer the following: **Circle Yes or No**

Have you ever had a complaint filed against you at your place of employment? Yes No

Have you ever been the subject of disciplinary action? Yes No

Have you ever lied while giving testimony or in a report? Yes No

Have you ever administered or used excessive force? Yes No

Have you ever discharged a weapon while on duty, other than at the range? Yes No

Have you discharged your service weapon while off duty, other than at a range? Yes No

Have you ever kept property of a prisoner or property from a scene or call for service? Yes No

Have you ever done anything while serving as a police officer that was not discovered, but if discovered could have led to disciplinary action including but not limited to arrest or termination? Yes No

Have you ever driven a department vehicle after consuming an alcoholic beverage? Yes No

Have you ever been involved in a departmental accident? Yes No

Have you ever been the subject of any internal investigation? Yes No

Have you ever been suspended with or without pay? Yes No

Have you ever been addressed formally or informally for use of sick or annual leave? Yes No

If you answered yes to any of the above questions, explain in detail on explanation pages.

SECTION IV:

MILITARY DATA

Current Military Status					
<input type="checkbox"/> No military service	<input type="checkbox"/> Taken the ASVAB				
<input type="checkbox"/> Taken the Armed Services Vocational Aptitude Battery (ASVAB)					
<input type="checkbox"/> Active Duty	<input type="checkbox"/> Discharged	<input type="checkbox"/> Reserves	<input type="checkbox"/> National Guard	<input type="checkbox"/> Inactive	<input type="checkbox"/> IRR
<input type="checkbox"/> Military Veteran					

Military Service	
Branch of Service: _____	Term of Service: From: _____/_____/_____ To: _____/_____/_____
	Month Year Month Year
Type of discharge: <input type="checkbox"/> Honorable <input type="checkbox"/> Other than honorable <input type="checkbox"/> Did not complete basic training and released from commitment.	
Rank at discharge: _____	
Are you eligible for re-enlistment? <input type="checkbox"/> Yes <input type="checkbox"/> No If not eligible, explain: _____	

Type of discharge if other than honorable: _____	
Have you ever been denied or rejected entry into any type of military service? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever served in the military of any other country? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Military Discipline	
Have you received or are any actions ongoing or pending regarding any type of punishment, non-judicial punishment, or military inquires or investigations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you ever the subject of any criminal investigation conducted by military authorities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever filed a claim with the Veterans Administration for any physical, mental or emotional disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you anticipate ever filing a claim with the Veterans Administration for any physical, mental or emotional? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered "yes to any of the questions under "Military Discipline" explain here: _____	

SECTION V: REFERENCES

Provide three persons' who you have known for at least five (5) years, are not related to you, and not mentioned else-where in this application.

Name (Last, First)		Current Address	
Contact number: (____) _____		Email: _____	
How long have you known?	Occupation:	Relationship:	
Years: _____			

Name (Last, First)		Current Address	
Contact number: (____) _____		Email: _____	
How long have you known?	Occupation:	Relationship:	
Years: _____			

Name (Last, First)		Current Address	
Contact number: (____) _____		Email: _____	
How long have you known?	Occupation:	Relationship:	
Years: _____			

SECTION V (Continued): REFERENCES

Provide three persons' who you have seen frequently in the past three (3) years, and not mentioned else-where in this application.

Name (Last, First)		Current Address	
Contact number: (____) _____		Email: _____	
How long have you known?	Occupation:	Relationship:	
Years: _____			

Name (Last, First)		Current Address	
Contact number: (____) _____		Email: _____	
How long have you known?	Occupation:	Relationship:	
Years: _____			

Name (Last, First)		Current Address	
Contact number: (____) _____		Email: _____	
How long have you known?	Occupation:	Relationship:	
Years: _____			

SECTION VI: FINANCIAL DATA

- 1) Do you presently hold active or silent controlling interest in any company?
 Yes No
- 2) Have you ever had any garnishments on your salary? Yes No
- 3) Have you ever been found delinquent on income or other taxes? Yes No
- 4) Have you ever had, or do you now have, any court-ordered judgment against you?
 Yes No
- 5) Have you ever had any property or assets repossessed? Yes No
- 6) Have you ever declared bankruptcy? Yes No
- 7) Do you presently have any financial judgments or civil matters pending in court?
 Yes No

If you answered "Yes" to any of the above questions, provide question number and explain in detail: _____

SECTION V (Continued): FINANCIAL DATA

Your present monthly income \$ _____ Spouse's monthly Income \$ _____

Do you or your spouse have any other sources of income? _____ Yes _____ No

Source	Self or Spouse	Monthly Amount

List Assets and Values. (House, vehicles, savings accounts, property, stocks, bonds, etc.)

List Liabilities and Amounts. (Loans, Credit Cards, Other Obligations)

Creditors Name	Original Amount	Balance	Monthly Payment	Late Yes or No

Rate your present financial status. (Check the corresponding box)

Poor	Fair	Good	Excellent

SECTION VII: RESIDENCE DATA

List all past residences in sequential order, starting with your present address and finishing with the address where you resided when you were born. Include all addresses where you have resided for more than 30 days including locations where you were stationed during periods of military service. If you need additional pages please contact the police clerk at 301-341-1055.

Current Residence

Number, Street and Apt.	City	State	Zip Code
Name of apartment complex if applicable		Resident Since	
		_____/_____ Month Year	

With whom do you reside and what is their relationship to you?

Name	Relationship	Telephone

If you are currently renting provide the information required below. You must include a contact name and contact telephone number. If you are not on the lease, enter the name, contact telephone number and the relationship to you of the person(s) on the lease.

In whose name(s) is the lease? Name, relationship to you and contact telephone number.
Name: _____ (If you are not on the lease)
Contact number: (____) _____ Email: _____
Relationship to you: _____

Name of resident manager, property manager, or landlord and contact telephone number.
Name: _____
Contact number: (____) _____ Email: _____

Current Neighbor 1

Name (Last, First)	Current Address
Contact number: (____) _____ Email: _____	

Current Neighbor 2

Name (Last, First)	Current Address
Contact number: (____) _____ Email: _____	

SECTION VII (Continued):

RESIDENCE DATA

Former Residence 1

Number, Street and Apt.	City	State	Zip Code
Dates of residence:			
From: _____ / _____ To: _____ / _____ Month Year Month Year			

N/A (Did not rent)

Name of lease holder: _____ (If you are not on the lease)

Contact number: (____) _____ Email: _____

Relationship to you: _____

Property manager: _____

Contact number: (____) _____

With whom did you reside and what was their relationship to you?

Name	Relationship	Telephone

Former Neighbor 1

Name (Last, First)	Current Address
Contact number: (____) _____ Email: _____	

Former Neighbor 2

Name (Last, First)	Current Address
Contact number: (____) _____ Email: _____	

SECTION VII (Continued):

RESIDENCE DATA

Former Residence 2

Number, Street and Apt.	City	State	Zip Code
Dates of residence:			
From: _____/_____/_____ To: _____/_____/_____			
Month Year Month Year			

N/A (Did not rent)

Name of lease holder: _____ (If you are not on the lease)

Contact number: (____) _____ Email: _____

Relationship to you: _____

Property manager: _____

Contact number: (____) _____

With whom did you reside and what was their relationship to you?

Name	Relationship	Telephone

Former Neighbor 1

Name (Last, First)	Current Address
Contact number: (____) _____ Email: _____	

Former Neighbor 2

Name (Last, First)	Current Address
Contact number: (____) _____ Email: _____	

SECTION VII (Continued):

RESIDENCE DATA

Former Residence 3

Number, Street and Apt.	City	State	Zip Code
Dates of residence:			
From: _____ / _____ To: _____ / _____ Month Year Month Year			

N/A (Did not rent)

Name of lease holder: _____ (If you are not on the lease)

Contact number: (____) _____ Email: _____

Relationship to you: _____

Property manager: _____

Contact number: (____) _____

With whom did you reside and what was their relationship to you?

Name	Relationship	Telephone

Former Neighbor 1

Name (Last, First)	Current Address
Contact number: (____) _____ Email: _____	

Former Neighbor 2

Name (Last, First)	Current Address
Contact number: (____) _____ Email: _____	

SECTION VII (Continued):

RESIDENCE DATA

Former Residence 4

Number, Street and Apt.	City	State	Zip Code

Dates of residence:

From: _____ / _____ To: _____ / _____
 Month Year Month Year

N/A (Did not rent)

Name of lease holder: _____ (If you are not on the lease)

Contact number: (____) _____ Email: _____

Relationship to you: _____

Property manager: _____

Contact number: (____) _____

With whom did you reside and what was their relationship to you?

Name	Relationship	Telephone

Former Neighbor 1

Name (Last, First)	Current Address

Contact number: (____) _____ Email: _____

Former Neighbor 2

Name (Last, First)	Current Address

Contact number: (____) _____ Email: _____

SECTION VII (Continued):

RESIDENCE DATA

Former Residence 5

Number, Street and Apt.	City	State	Zip Code
Dates of residence:			
From: _____ / _____ To: _____ / _____ Month Year Month Year			

N/A (Did not rent)

Name of lease holder: _____ (If you are not on the lease)

Contact number: (____) _____ Email: _____

Relationship to you: _____

Property manager: _____

Contact number: (____) _____

With whom did you reside and what was their relationship to you?

Name	Relationship	Telephone

Former Neighbor 1

Name (Last, First)	Current Address
Contact number: (____) _____ Email: _____	

Former Neighbor 2

Name (Last, First)	Current Address
Contact number: (____) _____ Email: _____	

SECTION VIII: EDUCATION

Give data on all schools attended since 9th grade, beginning with most recent. Include all colleges, universities, business or trade schools, and military schools. Use additional paper if necessary.

School: _____

Address: _____

From: _____ To: _____ Graduate: Y N Diploma _____

School: _____

Address: _____

From: _____ To: _____ Graduate: Y N Diploma _____

School: _____

Address: _____

From: _____ To: _____ Graduate: Y N Diploma _____

School: _____

Address: _____

From: _____ To: _____ Graduate: Y N Diploma _____

Did you graduate high school and receive a diploma? Y N

If not, did you pass a G.E.D. test? Y N

If you have a G.E.D. certificate, has it been presented to a Board of Education? Y N

Name of Board _____ Date Issued _____

Address: _____

College credits completed: _____

Have you ever been dismissed or expelled from any school? Y N Explain

SECTION IX: EMPLOYMENT HISTORY

Beginning with your current or most recent employer, list all of your employers since your eighteenth birthday in chronological order. List every position including military service, self-employment, and volunteer positions such as volunteer fire and rescue. Make sure to identify all periods of unemployment. Use additional paper if necessary.

Currently Employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment Date	<input type="text"/> / <input type="text"/> Month Year
---------------------	--	-------------------	---

Would you have a problem with your investigator interviewing your current employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Name of Employer	Mailing Address

Employer's telephone number (Personnel)	Your title or position
(<input type="text"/>) <input type="text"/>	<input type="text"/>

Start Date:	<input type="text"/> / <input type="text"/> Month Year	End Date:	<input type="text"/> N/A <input type="text"/> Month Year
-------------	---	-----------	---

<input type="checkbox"/> Full time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Military	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Unemployed
------------------------------------	------------------------------------	-----------------------------------	--	------------------------------------	-------------------------------------

Have you ever received or do you have any ongoing or pending disciplinary actions? Explain below.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Co-worker 1 (Last, First)	Telephone
Co-worker 2 (Last, First)	Telephone

SECTION IX (Continued): EMPLOYMENT HISTORY

1st Former employer or period of unemployment

Name of Employer	Mailing Address

Start Date:	____/____ Month Year	End Date:	____/____ Month Year
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___ Full time ___ Part-time ___ Military ___ Self-Employed ___ Volunteer ___ Unemployed

Former employer's telephone number (Personnel) (____) _____	Your title or position
--	------------------------

Reason for leaving: ___ Resigned to take better position ___ Lay off ___ Contract expired ___ Return to School ___ Completion of military service ___ Resigned to avoid termination or while under investigation ___ Terminated / Fired ___ Reason not listed. (Explain below) _____ _____
--

Do you believe this former employer would rehire you? If "No" explain below.	___ Yes ___ No

Supervisor's name (Last, First)	Supervisor's Telephone (____) _____
---------------------------------	--

Have you ever received or do you have any ongoing or pending disciplinary actions? Explain below.	___ Yes ___ No

Co-worker 1 (Last, First)	Telephone
Co-worker 2 (Last, First)	Telephone

SECTION IX (Continued): EMPLOYMENT HISTORY

2nd Former employer or period of unemployment

Name of Employer	Mailing Address

Start Date:	____/____ Month Year	End Date:	____/____ Month Year
-------------	-------------------------	-----------	-------------------------

____ Full time ____ Part-time ____ Military ____ Self-Employed ____ Volunteer ____ Unemployed

Former employer's telephone number (Personnel) (____) _____	Your title or position
--	------------------------

Reason for leaving:
<input type="checkbox"/> Resigned to take better position <input type="checkbox"/> Lay off <input type="checkbox"/> Contract expired <input type="checkbox"/> Return to School <input type="checkbox"/> Completion of military service <input type="checkbox"/> Resigned to avoid termination or while under investigation <input type="checkbox"/> Terminated / Fired <input type="checkbox"/> Reason not listed. (Explain below) _____ _____

Do you believe this former employer would rehire you? If "No" explain below.	____ Yes ____ No

Supervisor's name (Last, First)	Supervisor's Telephone
	(____) _____

Have you ever received or do you have any ongoing or pending disciplinary actions? Explain below.	____ Yes ____ No

Co-worker 1 (Last, First)	Telephone
Co-worker 2 (Last, First)	Telephone

SECTION IX (Continued): EMPLOYMENT HISTORY

3rd Former employer or period of unemployment

Name of Employer	Mailing Address

Start Date:	____/____ Month Year	End Date:	____/____ Month Year
-------------	-------------------------	-----------	-------------------------

___ Full time ___ Part-time ___ Military ___ Self-Employed ___ Volunteer ___ Unemployed

Former employer's telephone number (Personnel) (____) _____	Your title or position
--	------------------------

Reason for leaving:
<input type="checkbox"/> Resigned to take better position <input type="checkbox"/> Lay off <input type="checkbox"/> Contract expired <input type="checkbox"/> Return to School <input type="checkbox"/> Completion of military service <input type="checkbox"/> Resigned to avoid termination or while under investigation <input type="checkbox"/> Terminated / Fired <input type="checkbox"/> Reason not listed. (Explain below) _____ _____

Do you believe this former employer would rehire you? If "No" explain below.	___ Yes ___ No

Supervisor's name (Last, First)	Supervisor's Telephone
	(____) _____

Have you ever received or do you have any ongoing or pending disciplinary actions? Explain below.	___ Yes ___ No

Co-worker 1 (Last, First)	Telephone
Co-worker 2 (Last, First)	Telephone

SECTION IX (Continued): EMPLOYMENT HISTORY

4th Former employer or period of unemployment

Name of Employer	Mailing Address

Start Date:	____/____ Month Year	End Date:	____/____ Month Year
-------------	-------------------------	-----------	-------------------------

____ Full time ____ Part-time ____ Military ____ Self-Employed ____ Volunteer ____ Unemployed

Former employer's telephone number (Personnel) (____) _____	Your title or position
--	------------------------

Reason for leaving:
<input type="checkbox"/> Resigned to take better position <input type="checkbox"/> Lay off <input type="checkbox"/> Contract expired <input type="checkbox"/> Return to School <input type="checkbox"/> Completion of military service <input type="checkbox"/> Resigned to avoid termination or while under investigation <input type="checkbox"/> Terminated / Fired <input type="checkbox"/> Reason not listed. (Explain below) _____ _____

Do you believe this former employer would rehire you? If "No" explain below.	____ Yes ____ No
_____ _____	

Supervisor's name (Last, First)	Supervisor's Telephone
	(____) _____

Have you ever received or do you have any ongoing or pending disciplinary actions? Explain below.	____ Yes ____ No
_____ _____ _____ _____	

Co-worker 1 (Last, First)	Telephone
Co-worker 2 (Last, First)	Telephone

SECTION IX (Continued): EMPLOYMENT HISTORY

5th Former employer or period of unemployment

Name of Employer	Mailing Address

Start Date:	____/____ Month Year	End Date:	____/____ Month Year
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____ Full time ____ Part-time ____ Military ____ Self-Employed ____ Volunteer ____ Unemployed

Former employer's telephone number (Personnel) (____) _____	Your title or position
--	------------------------

Reason for leaving:
<input type="checkbox"/> Resigned to take better position <input type="checkbox"/> Lay off <input type="checkbox"/> Contract expired <input type="checkbox"/> Return to School <input type="checkbox"/> Completion of military service <input type="checkbox"/> Resigned to avoid termination or while under investigation <input type="checkbox"/> Terminated / Fired <input type="checkbox"/> Reason not listed. (Explain below) _____ _____

Do you believe this former employer would rehire you? If "No" explain below.	____ Yes ____ No

Supervisor's name (Last, First)	Supervisor's Telephone
	(____) _____

Have you ever received or do you have any ongoing or pending disciplinary actions? Explain below.	____ Yes ____ No

Co-worker 1 (Last, First)	Telephone
Co-worker 2 (Last, First)	Telephone

SECTION X: LAW ENFORCEMENT APPLICATIONS

Have you ever applied for a position with a law enforcement organization? ___Yes ___No
 (If “Yes”, list the name of every agency where you have applied. All agencies must be listed, regardless of the outcome or status.)

Application 1		
Agency Name	Position Applied For	Date Applied (Month/Year)
Agency Phone		Investigator Name
Polygraph take: ___Yes ___No		
Reason not selected and/or status: _____		

Application 2		
Agency Name	Position Applied For	Date Applied (Month/Year)
Agency Phone		Investigator Name
Polygraph take: ___Yes ___No		
Reason not selected and/or status: _____		

Application 3		
Agency Name	Position Applied For	Date Applied (Month/Year)
Agency Phone		Investigator Name
Polygraph take: ___Yes ___No		
Reason not selected and/or status: _____		

Application 4		
Agency Name	Position Applied For	Date Applied (Month/Year)
Agency Phone		Investigator Name
Polygraph take: ___Yes ___No		
Reason not selected and/or status: _____		

SECTION X (Continued):**LAW ENFORCEMENT APPLICATIONS****Application 5**

Agency Name	Position Applied For	Date Applied (Month/Year)

Agency Phone	Investigator Name

Polygraph take: ___ Yes ___ No

Reason not selected and/or status: _____

Application 6

Agency Name	Position Applied For	Date Applied (Month/Year)

Agency Phone	Investigator Name

Polygraph take: ___ Yes ___ No

Reason not selected and/or status: _____

Application 7

Agency Name	Position Applied For	Date Applied (Month/Year)

Agency Phone	Investigator Name

Polygraph take: ___ Yes ___ No

Reason not selected and/or status: _____

Application 8

Agency Name	Position Applied For	Date Applied (Month/Year)

Agency Phone	Investigator Name

Polygraph take: ___ Yes ___ No

Reason not selected and/or status: _____

Application 9

Agency Name	Position Applied For	Date Applied (Month/Year)

Agency Phone	Investigator Name

Polygraph take: ___ Yes ___ No

Reason not selected and/or status: _____

SECTION XI: DRIVING RECORD

Do you have a current, valid driver's license? Yes No

List all licenses ever issued to you.

State	Class	License #

Is your driver's license now, or has it ever been:

Denied Suspended Revoked Subject to action

If so explain in detail:

List all traffic citations, warnings, SERO's and verbal warnings you have received in your lifetime. (Include those issued by a camera)

Date	Location	Police Agency	Violation (Reason for stop)	Disposition of stop (Actual Charge)	Court Disposition
<i>EX.) 11/11/2111</i>	<i>LANDOVER RD</i>	<i>CHEVERLY PD</i>	<i>SPEEDING</i>	<i>POSS. MARIJUANA</i>	<i>PLED GUILTY</i>

SECTION XI (Continued): DRIVING RECORD

Have you ever been involved in a traffic accident?

Date	Location	Charged Yes or No	Investigating Police Agency

Please list all vehicles owned/operated by you in the past five years.
(Including company/police vehicles)

Make	Model	VIN	Tag	State

Has your vehicle registration ever been:

Denied Suspended Revoked Subject to action

If so explain in detail:

Automobile Insurance. (List all policies you have had in the past five years)

Company	Policy #	Phone #	Dates of Coverage

SECTION XII: ARREST/CONVICTION DATA

Have you ever been:

Arrested ___Yes ___No Detained ___Yes ___No

Convicted of any offense: ___Yes ___No

Charged by any law enforcement agency: ___Yes ___No

Fined, in connection with any conviction: ___Yes ___No

Placed on Parole or Probation: ___Yes ___No

Subject to forfeiture of collateral: ___Yes ___No

Required to appear in Juvenile Court for any act that would have been a crime if committed by an adult: ___Yes ___No

Served with a summons to appear in court as a defendant or a witness? ___Yes ___No

Have you ever received a probation before judgment for a criminal, or traffic offense? ___Yes ___No

Are you now:

Charged by any law enforcement agency: ___Yes ___No

Released on bail, personal recognizance or other conditional release: ___Yes ___No

On Parole or Probation of any type: ___Yes ___No

Are you now, or have you ever been, involved as either a plaintiff or defendant in any civil court action: ___Yes ___No

If you answered "Yes" to any of the above questions, explain below. Give the date of incident, location, law enforcement agency, any charges, and final disposition of the charges. Use additional paper if necessary.

SECTION XIII: ILLEGAL DRUG USE AND SALES

Complete the chart below with respect to any use you have had with illegal drugs or any illegal use of any legal drugs.

Drug	Date first used	Date last used.	Number of times used
Marijuana			
Hashish			
PCP			
Angel Dust			
THC			
LSD			
Peyote			
Mescaline			
Mushrooms			
Psilocybin			
Heroin			
Cocaine			
Quaaludes			
Uppers			
Downers			
Tranquilizers			
Amphetamines			
Biphetamines			
Ecstasy "E"			
Preludin			
Dilaudid			
Talwin & PBZ			
Speed			
Inhalants			
Methamphetamine			
Opium			
Steroids			
Others			

Have you ever taken any medication other than with a doctor's prescription? ____ Yes ____ No

Have you ever sold any illegal drugs or legally prescribed drugs? ____ Yes ____ No

If so, list the type of drug, the amount of times sold and the date last sold.

Type of drug	Number of times sold	Date last sold

When was the last time you were in the presence of an illegal drug? _____

SECTION XIV: MISCELLANEOUS DATA

- 1) Do you belong to any organization, or adhere to any belief, that would:
 - Limit or prohibit your use of a firearm Yes No
 - Prohibit your working on specific days or hours Yes No
 - Restrict your conformance to department standards Yes No
- 2) Are you now, or have you ever been a member of, or espoused the beliefs of any organization that advocated the overthrow of the United States' government by force or violence: Yes No
- 3) Have you ever been issued a permit or license to carry a handgun or another weapon on your person: Yes No
- 4) Have you ever been discharged from employment: Yes No
- 5) Have you ever resigned in fear of being terminated: Yes No
- 6) Have you ever used a false or fake identification or name or date of birth? Yes No
- 7) Have you ever taken a polygraph or lie detector test? Yes No
- 8) Have you ever stolen anything or assisted anyone with stealing? Yes No
- 9) Have you ever used a job position for personal gain? Yes No
- 10) Have you ever been accused of discrimination or sexual harassment? Yes No
- 11) Have you ever been served with a peace order, ex-parte order or protective order? Yes No
- 12) Have you ever been detained or taken into custody? Yes No
- 13) Have you ever been present with someone who committed a crime? Yes No
- 14) Have you ever struck or injured anyone in a fight or altercation? Yes No
- 15) Have you ever exposed yourself in a public place? Yes No
- 16) Have you ever received a criminal citation or summons in lieu of arrest? Yes No

- 17) Have you ever had any criminal charges placed on the stet docket or had any charges entered nolle prosequi? Yes No
- 18) Have you ever shoplifted any merchandise from a store? Yes No
- 19) Have you ever helped anyone shoplift (lookout, divert store employees, hide merchandise, etc.)? Yes No
- 20) Have you ever stolen cash or property from an employer? Yes No
- 21) Have you ever stolen cash or property from a co-worker? Yes No
- 22) Excluding places you have worked or shoplifted from, have you ever stolen any cash, merchandise, or property from any person or place? Yes No
- 23) Have you ever returned any stolen merchandise to a store for an exchange or refund? Yes No
- 24) Have you ever short-changed customers or over-rung sales and kept the extra money? Yes No
- 25) Have you ever taken part in embezzlement? Yes No
- 26) Have you ever deliberately falsified any time cards, work schedules, expense reports, pay roll documents, purchase orders, bills, invoices, or any financial document to receive compensation or commit a theft? Yes No
- 27) Have you ever knowingly received, purchased, or sold and stolen property? Yes No
- 28) Have you ever assisted anyone with stealing cash, merchandise, or property? Yes No
- 29) Have you ever filed a false or fraudulent insurance claim? Yes No
- 30) Have you ever used someone's credit card, bank card, debit card, ATM card, checking or savings accounts without that person's permission? Yes No
- 31) Have you ever written a check to an account that you knew to be closed? Yes No
- 32) Have you ever intentionally falsified any income tax return? Yes No

- 33) Have you ever stolen services from any utility or cable provider? Yes No
- 34) Since your 16th birthday, have you ever been criminally charged as a result of a fight or confrontation? Yes No
- 35) As a juvenile, were you ever charged as an adult from any crime? Yes No
- 36) As a juvenile, were you ever charged for any offense against a person? Yes No
- 37) In your lifetime have you ever committed any act, THAT HAD YOU BEEN CAUGHT, would have been considered a crime? Yes No
- 38) Have the police ever been called to your home for a criminal matter involving you as a suspect or a witness? Yes No
- 39) Have you ever been investigated for or accused of abusing, assaulting, beating, or sexually assaulting, a spouse, romantic partner, family member, or any other person? Yes No
- 40) Has your spouse/partner ever accused you of battery (whether you did commit the offense or not) in a report or discussion with any law enforcement officer or court authority? Yes No
- 41) Have you ever been charged with, accused of, or questioned for any type of stalking or harassment? Yes No
- 42) Have you ever been the subject of an emergency protective order, restraining order, or stay away order? Yes No
- 43) Have you ever made obscene phone calls or been guilty of telephone harassment? Yes No
- 44) Have you ever impersonated a law enforcement officer? Yes No
- 45) Have you ever left the scene of a vehicle accident? Yes No
- 46) Have you ever been involved in a hit and run accident? Yes No
- 47) Have you ever run from the police (On foot or in a vehicle)? Yes No
- 48) Have you ever been found guilty of running from the police? Yes No
- 49) Have you ever committed arson or started a fire? Yes No

- 50) Have you ever destroyed, damaged or vandalized someone else's property? Yes No
- 51) Have you ever stolen or been involved in a theft of a vehicle? Yes No
- 52) Have you ever been involved in a carjacking? Yes No
- 53) Have you ever been involved in the assault of a person? Yes No
- 54) Have you ever been involved in a kidnapping, false imprisonment, or abduction? Yes No
- 55) Have you ever resisted arrest or been involved in an assault of a law enforcement officer? Yes No
- 56) Have you ever been involved in fraud or forgery? Yes No
- 57) Have you ever been involved in a homicide or a killing of any type? Yes No
- 58) Have you ever purchased alcohol for a minor? Yes No
- 59) Have you or your spouse/partner ever been referred to, questioned by, or investigated by Child Protective Services or any similar state, local or any other official agency? Yes No
- 60) Will any of your former spouse(s), fiancé (s), boy or girl friend (s), domestic or life partner(s), or significant others provide any adverse or derogatory information about you during this investigation? Yes No
- 61) Have you ever violated restrictions on child visitation rights, or Concealed, or removed children from a State in violation of a court order? Yes No
- 62) Have you ever inflicted any physical injury to any child who was in your care or custody? Yes No
- 63) Are you currently paying court ordered child support or alimony? Yes No
- 64) Have you ever carried a concealed weapon (knife, handgun, rifle, shotgun, brass knuckles, stun gun, taser gun, martial arts weapons, etc.) with the intention of committing a crime? Yes No
- 65) Have you ever discharged a firearm other than for hunting, target Practice, while in the military or as a police officer? Yes No

- 66) Have you ever purchased a firearm that you knew was stolen or that was not properly registered? Yes No
- 67) Have you ever had any type of sexual contact with a person less than 16 years old since your 18th birthday? Yes No
- 68) Have you ever engaged in any sexual acts involving illegal prostitution, to include, committing the act of prostitution, arranging the services of a prostitute, or profiting from those services? Yes No
- 69) Have you ever committed, participated in, or facilitated an act of rape, attempted rape or sexual assault of any kind? Yes No
- 70) Have you ever sexually touched another person against their will or without their consent? Yes No
- 71) Have you ever intentionally downloaded, viewed, possessed, distributed, or manufactured any form of child pornography? Yes No
- 72) Have you ever committed any sexual act with another person against their will or when the other person was unable to consent due to a disabling condition, such as intoxication, or any physical or mentally incapacitating condition or event? Yes No
- 73) Have you ever exposed your sexual parts to harass, frighten, or shock another person? Yes No
- 74) Have you ever had, or attempted to have, sexually explicit conversations with a child via a computer or any other media outlet? Yes No
- 75) Have you ever, for any reason, had sexual contact with an animal? Yes No
- 76) Have you ever fraudulently received and/or had to repay welfare, unemployment compensation, worker's compensation or any other local, state, or federal assistance? Yes No
- 77) Are you aware of anyone ever using your name or identification for any purpose? Yes No
- 78) Have you ever intentionally altered your name, address, or date of birth on any official document, certificate or license? Yes No

- 79) Have you ever used a “fake ID” to enter a bar, club or to purchase alcoholic beverages? Yes No
- 80) Have you ever represented yourself as another person or used another person’s name for any academic, medical, employment examination, or any other purpose? Yes No
- 81) Do you know or have you ever associated with any individual whose interest(s) are contrary to those of the United States Government? Yes No
- 82) Are you now or have you ever been in or applied to any organization that seeks to overthrow the constitutional form of government of the United States of America? Yes No
- 83) Have you ever or do you now support or adhere to the philosophy of any organization that seeks to overthrow the constitutional form of government of the United States of America? Yes No
- 84) Have you ever made a contribution to an organization dedicated to the overthrow of the United States Government and/or which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent of overthrowing the United States Government? Yes No
- 85) Do you currently have or ever had a passport that was issued by a foreign government? Yes No
- 86) Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang or any group engaged in criminal activity? Yes No
- 87) Have you ever associated with or have acquaintances that are members of a criminal enterprise, street gang or any group engaged in criminal activity? Yes No
- 88) Have you ever been warned, counseled, or otherwise spoken to about comments you made regarding someone’s race, gender, religion, nationality, or sexual preferences? Yes No
- 89) Have you ever done anything to harm, insult or frighten another person because of that person’s race, gender, religion, nationality, or sexual preference? Yes No
- 90) Do you have any racial, religious, sexual or other prejudices? Yes No

SECTION XIV (Continued): MISCELLANEOUS DATA

List any special skills, experience, language/s, memberships that might be applicable to the position for which you are applying:

List the make, model, and serial number of all firearms you have ever owned/possessed:

Make	Model	Serial Number

List all foreign travel:

Country	Date(s) To/From	Purpose

Organization Memberships:

Organization Name	Date Joined

Sports/Hobbies:

List any incidents or experiences, not already mentioned, that may either affect your ability to perform your duties as a Police Officer, or anything which may likely surface during the background investigation phase:

SECTION XV:

MEDICAL HISTORY

Primary Physician

Name	Phone	Address

List all illnesses for which you have received medical treatment during the last five (5) years:

List all medical operations you have had in the last five (5) years:

Have you ever been examined/treated for any mental disorder? ___ Yes ___ No

Explain _____

Has anyone in your immediate family ever been treated for a mental or nervous disorder, or serious disease? ___ Yes ___ No

Explain _____

Do you have any physical condition or handicap, or chronic disease that might affect your performance as a police officer? ___ Yes ___ No

Explain _____

SECTION XVII: APPLICANT DECLARATION AND RELEASE:

I understand that any conditional offer of employment will be contingent upon the results of a completed background investigation.

I understand that in the event my application is disapproved, non-selected, or otherwise does not result in my employment or appointment with the Cheverly Police Department, sources of confidential information and/or the reason(s) for non-selection may not be released or revealed to me.

I understand that I must notify the Cheverly Police Department immediately if I:

1. Have any contact with any law enforcement agency or court; this would include arrest, criminal citations in lieu of arrest, questioning, detainment, traffic citations, traffic warning whether given a verbal or written warning, or any court appearance or summons.
2. Have any contact with or association with any person who is currently incarcerated or has any criminal record.
3. Have any change in my employment status. If I am terminated, receive any reprimands or disciplinary actions.
4. Experience any event that changes or alters any information I have provided on any application or document.

I understand that if an offer of employment or appointment has been made I am required to immediately report to the hiring agency any arrest, or contact (detained and/or questioned) by any court or law enforcement agency.

I understand that failure to report any changes, corrections or amendments may be cause for my name to be removed from the eligible list or immediate termination if an appointment has already been offered or accepted.

I hereby certify that all answers and statements made in this Personal History Statement are true and complete.

I understand that any discrepancies, misstatements, omissions, and/or falsifications may be cause for permanent disqualification or immediate termination if an appointment has been offered or accepted.

I understand that polygraph examination results, psychological evaluation results, and psychologists' notes will not be released or revealed to me for any reason.

I understand this Personal History Statement is a permanent record and the exclusive property of the Cheverly Police Department. All documents, questionnaires and background information obtained during this investigation will not be returned or revealed to me for any reason.

Please Print

_____ / _____ / _____
 First Name Middle Name Last Name

Signature: _____ Date: _____

DO NOT SIGN UNTIL INSTRUCTED TO DO SO

Reviewing Investigator's Signature: _____

Printed Name: _____ Date: _____

TOWN OF CHEVERLY
POLICE DEPARTMENT

AUTHORIZATION FOR RELEASE OF INFORMATION
AND STATEMENT OF CONSENT

I, _____ do hereby authorize a review by, and full disclosure to H. Robshaw #1601, Chief of Police, or a duly authorized agent of the Cheverly Police Department of all records, or any part thereof, concerning myself, whether the said records are public or private, and including those which may be deemed to be privileged or of a confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial and credit institutions, including records and any other information including statements of deposits, withdrawals and balances of checking, savings and loan accounts, and also the record of commercial or retail mercantile establishments and retail credit agencies (including credit reports and/or ratings,) medical and psychiatric consultation and/or treatment including those of hospitals, clinics, private practitioners, the U.S. Veterans Administration, Social Security Administration, and military medical and psychiatric facilities, public utility companies, medical reports, the results of polygraph examinations, efficiency and performance ratings, complaints or grievances filed by or against me, and salary records, and other financial statements and records of any nature whatever, and wherever filed, records of complaints, arrests, trial and/or convictions for alleged or actual violations of the law, including criminal and/or traffic records, and further to include all such records whether “adult” or “juvenile.”

I fully consent, after a conditional offer of employment is made, to any physical, psychological, or other testing, including urine and/or blood for controlled dangerous substances, to determine my suitability to be employed by the Cheverly Police Department prior to beginning employment and during the entire course of my employment with the Cheverly Police Department.

I also fully consent to submit to a polygraph examination and/or computer voice stress analyzer for verification of information given by me or contained in my records, application, and/or interview about my application for employment with the Cheverly Police Department. I hereby release, and waive, any, and all, rights, which may be given to me by any Federal, State, County, or municipality law to refuse or decline to undertake a polygraph examination and/or computer voice stress analyzer.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to those records and any other information including statements that will permit the development of a background and history of my personal and professional life. I further reiterate my authorization to submit, after a conditional offer of employment is made, to any medical,

physical, psychiatric, psychological, or other testing, including urine and/or blood for controlled dangerous substances for the specific purpose of developing pertinent information for the Cheverly Police Department to consider in determining my suitability for employment by the Department. It is my specific intent to provide access to information, however personal, privileged, or confidential it may appear to be, and the sources of information specifically enumerated above are not intended to deny or prevent access to any other records not specifically identified herein.

I understand that any information obtained by a personal history background investigation, which is developed, directly or indirectly, in whole or in part, upon release will be considered in determining my suitability for employment, as stated above. Any medical information obtained before a conditional offer of employment is made will not be considered unless a conditional offer of employment is extended. All medical information received will be kept in a separate file and will not be reviewed or used in determining whether a conditional offer of employment will be made.

I agree to indemnify and hold harmless the person(s) to whom this Authorization for Release of Information is presented and his/her agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees arising out of, or by reason for complying with requests for information that this Authorization provides.

I further understand that in the event my employment application and/or resume is disapproved, not considered, or otherwise does not result in my appointment to the Cheverly Police Department, the source(s) of confidential information cannot and will not be released and/or revealed to me. Additionally, all information and documentation obtained, to include testing results, will be the sole property of the Cheverly Police Department.

It is further understood by me that a photocopy, including a facsimile (or fax) copy of the actual original of this Authorization for Release of Information will be valid as an original hereof, even though the said photocopy or facsimile does not contain an original writing of my signature.

APPLICANT'S SIGNATURE / PRINTED NAME DATE

DATE OF BIRTH NOTARY SIGNATURE - SEAL

SOCIAL SECURITY NUMBER MY COMMISSION EXPIRES