

FREDERICK POLICE DEPARTMENT

Dear Applicant,

This department requires a copy of the following documents to accompany this application. These documents will need to be attached to your completed application in order for your application with Frederick Police Department to be processed.

- (1) BIRTH CERTIFICATE
- (2) COPY OF YOUR HIGH SCHOOL DIPLOMA OR GED CERTIFICATE
- (3) COPY OF YOUR CURRENT DRIVERS LICENSE AND SOCIAL SECURITY CARD
- (4) IF FORMER MILITARY, A COPY OF YOUR DD FORM 214
- (5) IF COLLEGE HOURS OR COLLEGE GRADUATE, YOUR TRANSCRIPT OR DIPLOMA
- (6) COPIES OF ANY AWARDS OR LETTERS OF APPRECIATION FROM ANY PREVIOUS PLACE OF EMPLOYMENT OR MILITARY.

JOEL NEELY
CHIEF OF POLICE

ADMINISTRATIVE ONLY:

Date Application Issued: ___/___/___

Date Application Returned: ___/___/___

FREDERICK POLICE DEPARTMENT

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER: The city does not discriminate on the basis of race, color, religion, sex, national origin, age, marital or veteran status, political affiliation, handicapped status, or any other legally protected status.

WARNING: All information in this application will remain confidential and only released to those with need to know. However, it will be subject to extensive background examination and polygraph. ANY FALSE, MISLEADING OR INCOMPLETE STATEMENTS WILL BE CONSIDERED GROUNDS FOR REJECTION. Leave no blank spaces. If the question does not apply to you, mark N/A (not applicable).

Print or type answers to each question clearly and completely. All questions must be answered. THIS IS AN APPLICATION FOR EMPLOYMENT AND NO EMPLOYMENT CONTRACT IS BEING OFFERED. Used additional pages for more information.

Last Name First Middle Social Security No.

Street Address Home Phone

City, State, Zip Business Phone

Date of application: _____ Date available for work: _____
Are you available for work? _____ Shift work _____ Weekends _____ Nights.

Position applied: Police Officer [] Dispatcher [] Either []

If you are under 21 years of age, you may not be hired until 21. Present age: _____
Date of birth: _____

Have you ever worked for this city: Yes _____ No _____
If yes, give prior name and dates: _____

And reason for leaving _____

Are you a citizen of the United States: Yes _____ No _____ (Verification will be required upon employment and failure to furnish documentation will be cause for separation).

Can you operate: [] Automobile [] Motorcycle [] Airplane [] Helicopter

License(s) Number(s) State Date expires

Are you related to any city employee or any member of the city council? Yes _____ No _____
If so, give the name, department, and relationship: _____

Have you applied with the Police Department before? _____
When _____ Position applied for: Police Officer _____ Dispatcher _____

Do you know any Frederick Police Officer(s)? _____
If yes, who? _____

How did you learn about this opening? _____

IT IS IMPERATIVE THAT LAW ENFORCEMENT PERSONNEL HAVE A CLEAN CONVICTION RECORD AND NOT BE ADDICTED TO CONTROLLED SUBSTANCES. (Arrest information will not disqualify you).

Have you ever been arrested? _____ Placed in jail? _____ Detained? _____ Handle as a juvenile? _____ Received a conviction? _____ Suspended sentence? _____ Deferred sentence? _____ Probation? _____ by any court of law or enforcement body anywhere. If so, please explain below. Age: _____

Date	Charge	Time	Location	Disposition	Police Agency
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Have you ever been convicted of a misdemeanor crime of domestic violence?
Police applicants only. Yes _____ No _____

Have you ever stolen anything of value? _____ If yes, please indicate the item(s), frequency and date(s):

_____.

Have you ever used any controlled substance such as narcotic, speed, PCP, barbiturate, amphetamine, LSD, cocaine, crack, heroin, marijuana, etc., that was not prescribed for you by a medical doctor? _____
If yes, please indicate the type of drug, the date of use, and extent of usage: _____

_____.

Have you sniffed or inhaled glue, paint, lacquer, gas or any substance with intent of getting high or intoxicated? _____ If yes, please indicate the particulars: _____

_____.

In the last seven (7) years: (1) How many traffic tickets have you received? _____ (2) Number of times arrested while driving while drinking or under the influence? _____ (3) Reckless driving of any type? _____; (4) Number of accidents you were involved in as a driver for which you are charged or cited? _____. Have you been involved in a serious accident(s) where you were the driver? _____ If yes, or anything other than none to any of the above, explain: _____

_____.

Have you ever had a license suspended or revoked? _____ Yes _____ No. If yes, please explain: _____

_____.

Do you have liability insurance on our present car? _____ Have you ever had your insurance policy canceled? _____ Does your drivers license have any restrictions? _____

_____.

Have you applied with any other Police Department(s) in the last five- (5) years? If yes, which department(s) and when? _____

_____.

Residence (list each and every place you have resided in the past ten- (10) years.

From Month/Year	To Month/Year	Number and Street	City/State	Name of Landlord
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

After reviewing the essential job functions, the minimum qualifications and the special requirements from the attached job description, are you able to do them with or without reasonable accommodation? [] Yes [] No.

As you complete the next portions, provide us with prior education, work experience, and any relevant training or certificates and licenses that would indicate your knowledge, skills, and abilities to perform the job. Be as specific as possible since you will be screened on what you include regardless of what you might otherwise be able to perform.

It is extremely important that you provide correct responses to the following questions and that you indicate your qualifications to be able to do the essential functions of the police officer position. (Failure to answer these questions may indicate that you have not provided the information to qualify you for the present position).

The City is concerned with your ability to perform the job and will not at this time consider your need for reasonable accommodation except as necessary to complete the application form. If after reviewing your application form, verifying your responses, conduction extensive background investigation, conducting necessary interviews or tests, you are considered for the job and would need reasonable accommodation to perform the essential job functions or demonstrate performance in the examination process, the parties will explore these alternatives. REMEMBER: The City conducts a pre-employment exam that will determine whether you can do the essential functions of the job without substantial risk or harm to yourself and the public.

Education (List grammar, high school, college, correspondence, business or technical schools attended. (Exclude Military Schools)

Name of School	Location City/State	Type	Dates of Attendance	Hours Completed	Graduate Degree
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List all special educational honors, scholarships, etc., received. _____

List all memberships in school societies, fraternities, or clubs (You may exclude memberships in organizations indicating national origin if you wish). _____

Have you ever been expelled or suspended from any school or dropped out of school because of poor scholastic standing? [] Yes [] No. If yes, please explain the circumstances. _____

Employment experience for the past ten- (10) years. SS Number: _____

In chronological order, list all employment, including part time.

Dates (From-To) Employed by (Name of firm, address) Phone Number

Title or Position Salary Reason for leaving Name of Supervisor

Type of Duties

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_____	_____	_____	
Title or Position	Salary	Reason for leaving	Name of Supervisor

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_____	_____	_____	
Title or Position	Salary	Reason for leaving	Name of Supervisor

Type of Duties

Dates (From-To)	Employed by (Name of firm, address)	Phone Number	
_____	_____	_____	
Title or Position	Salary	Reason for leaving	Name of Supervisor

Type of Duties

If you have had no prior employment experience, please explain what you have done since high school to prepare you for this job. _____

If you have had extended work absences for reasons other than earned vacation or illness, please explain. _____

In chronological order, list all special training received and occupational schools attended in your employment history. (Exclude Military Schools and training, high schools, college, etc.).

Name of School	Location City and State	Type	Dates of Attendance	Hours Completed	Certificate Received
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Indicate if you have any additional information or comments concerning any volunteer experience, any special licenses or training which would help us determine your suitability for this position: _____

Computer/Typing skills? Yes _____ No _____ If yes, list software/programs:
Word Perfect, Lotus 1,2,3 etc.: _____

Have you ever been fired, suspended or put on an inactive status by any of your previous employers?
 Yes No If yes, state circumstance: _____

Are you now engaged in any business as an owner, partner (active or silent) or other connections?
 Yes No. If yes, give full details: _____

Has any corporation, partnership or business of which you are/were and officer, partner, etc., ever been issued or denied a license or permit by any City, State, or Federal Government? Yes No If yes, give full details: _____

SELECTIVE SERVICE

Have you served in any branch of the selective service? Yes No If yes, indicate branch, current status and any military training or experience that would assist you in being a police officer: _____

Base or Name of School	Location City and State	Type	Dates of Attendance	Certificates Received
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List any medals, decorations, campaign and theater ribbons awarded to you while in the Armed Forces: _____

Where you honorably discharged? Yes No. Please provide a copy of any discharge papers.

SUBVERSIVE AFFILIATIONS

As used in this application, subversive organization shall mean any group or organization which supports or follows or which is sympathetic to the overthrow of the United States, its Constitution, etc., or any other group that does not follow the Constitution.

- A. Have you ever by word of mouth or in writing advocated advised or taught the doctrine that force, violence or any unlawful means thereof should overthrow the government of the United States of America or of any state or any political subdivision? [] Yes [] No.
- B. Are you now or have you ever been a member of any subversive organization? [] Yes [] No.
- C. Have you ever subscribed to any subversive magazine or other periodicals? [] Yes [] NO.
- D. Have you ever been connected or affiliated in any manner with or have you ever attended any meeting of any subversive organization? [] Yes [] No.
- E. Have you ever paid, collected or solicited any money, dues or contributions to, for, or on behalf of any subversive organization? [] Yes [] No.

If your responses are "yes" to any of the above questions, please indicate the circumstances: _____

_____.

Have you ever been fingerprinted? [] Yes [] No. If yes, complete:

When	Where	For Whom	Purpose
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What foreign languages are you familiar with? Indicate whether you are fluent, average, or fair.

Language	Converse	Read	Write
_____	_____	_____	_____

Personal/Social Information: (This information is used to question family members and associates to determine your fitness relative to social responsibilities).

Name Phone number and address of Current Spouse, if applicable:
 _____ () _____ - _____ _____

Name Phone number and address of Former Spouse, if applicable:
 _____ () _____ - _____ _____

Name Phone number and address of College Roommate, if applicable:
 _____ () _____ - _____ _____

Name Phone number and address of Military Associate, if applicable:
 _____ () _____ - _____ _____

Name Phone number and address of Mother, Father, or Sibling(s):
 _____ () _____ - _____ _____
 _____ () _____ - _____ _____

_____ () _____ - _____ _____

_____ () _____ - _____ _____

_____ () _____ - _____ _____

_____ () _____ - _____ _____

_____ () _____ - _____ _____

_____ () _____ - _____ _____

Name **Phone number and address of any other personal references:**

_____ () _____ - _____ _____

_____ () _____ - _____ _____

_____ () _____ - _____ _____

_____ () _____ - _____ _____

_____ () _____ - _____ _____

_____ () _____ - _____ _____

List any social, labor, civic and fraternal organizations that you have or now belong to which demonstrates your fitness for this organization (your may exclude any that is associated with a national origin if you wish):

Are you the co-maker or signer on an outstanding loan? [] Yes [] No. If yes, explain details: _____

Have you ever been bonded? [] Yes [] No. With respect to each time bonded, state details below:

Date	Reason	By Whom	Address, City, State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any other income at the present time besides your present job? [] Yes [] No. If yes, provide details (amount and sources): _____

Which of your previous jobs did you like the best? Explain the duties, the types of supervisor and other reasons: _____

Which of the previous jobs did you like the least? Explain the duties and reasons why: _____

What prior experience have you had with firearms? Explain: _____

Have you ever been served with summons or subpoena, other than in civil action? Yes No. If yes, how many times [] and list reasons:

Date	Charge	Location	Court Disposition	Police Agency Concerned
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you know of any other information that we have not asked for which may come out in the background information concerning your present fitness to handle the essential functions of the job? Yes No. If yes, you have an opportunity to disclose it at the present time. (WE ARE NOT, IN THIS QUESTION, INTERESTED IN YOUR PHYSICAL OR MENTAL ABILITY TO DO THE JOB). _____

WRITTEN EXERCISE

Why are you pursuing a career as a law enforcement officer or a dispatcher? _____

What have you done in your past (schooling, extra curricular activities including sports, etc., or other training and experience) to prepare you for a career in law enforcement? _____

What has been your association or experience with law enforcement officers? _____

PERSONAL QUESTIONNAIRE

FREDERICK POLICE DEPARTMENT

As a applicant for the position of Police Officer with the City of Frederick, you will be subjected to an intense background investigation. The following questionnaire is a preview of items that will be necessary for us to check into. It will be to your benefit to answer all questions honestly and to the best of you ability.

1. Have you ever taken or smoked a controlled substance within the last seven (7) years which was not under prescribed medical authority? Yes No. If your answer is yes, please state when, how much and how many times you engaged in this activity.

2. Have you ever stolen anything of value? Yes No. If the answer is yes, please indicate what is was, when it happened and how often it happened.

3. Have you ever attempted suicide? Yes No. If the answer is yes, when and hour many times did this occur?

4. Have you ever been arrested or convicted of any crimes? Yes No. If yes, explain in detail indicating the outcome of the conviction.

5. Are you able to do the essential functions of the job of Police Officer with or without reasonable accommodation? Yes No.

Date: _____
Month, Day, Year

Signature: _____

CITY OF FREDERICK POLICE DEPARTMENT

CONFIDENTIAL INFORMATION AGREEMENT FORM

A thorough investigation will be conducted to determine your qualifications for the position of Police Officer. To a great extent, your ability to be qualified for employment will depend on information obtained in confidential interviews with persons with whom you have been associated, including the personal references you have listed.

If the reasons for your non-acceptance are of a temporary nature, whereby you could be accepted at a later date, you will be so notified. Failure to be certified and hired at the present time does not indicate that you cannot apply at a later date, but that other candidates provided experience, education, and background data that was more suitable for employment.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENT

DATE: _____
Month, Day, Year

SIGNATURE: _____

WITNESS: _____

DATE: _____
Month, Day, Year

PRINTED NAME: _____
First, Middle, Last

READ CAREFULLY BEFORE SIGNING

I certify that I am the person named above and that the facts given in this application are true and complete to the best of my knowledge. In signing this statement I do so with the understanding that the truthfulness of all statements, herein, will be investigated and if found incorrect, incomplete or misleading, it may render me ineligible for employment as a Police Officer for the City of Frederick.

I hereby grant permission to the City of Frederick to investigate any information included in the application and I agree to submit to a pre-employment drug screen and post-offer medical examination. I understand that this application IS NOT a contract of employment. I hereby release the City and its agents from all liability in making any investigation and inquiry relative to information contained in the application form. I understand, that if employed, false or misleading statements given in this application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the City.

I hereby authorize any City, County, State or Federal Agency or former employer(s) or any individual listed in this application form to furnish to any member of the Frederick Police Department any information concerning me necessary to process this questionnaire. A Photostatic and/or verifax copy of this authorization shall be considered as valid as the original.

DATE: _____
Month, Day, Year

SIGNATURE: _____
First, Middle, Last

AUTHORIZATION OF RELEASE MEDICAL AND WORKERS' COMPENSATION INFORMATION

To Whom It May Concern:

I hereby authorize any physician or other authorized medical representative, under contract with the City of Frederick bearing this release or a photostatic copy thereof, within one (1) year of its date, to obtain information from your files pertaining to my medical records, charts, or any medical history information to determine whether I can do the essential functions of the position of Police Officer with the City of Frederick. I hereby direct you to release such information upon request of the bearer.

This release is executed with full knowledge and understanding that the information is for the official use of any medical group, medical or psychological practitioner or professional for the City of Frederick. Consent is granted for the purpose of performing such post-offer medical or psychological exam as required by the Frederick Police Department. Such information is confidential and will not be released to the City except as covered by the American Disabilities Act and as required by State law.

I hereby release you as the custodian of such record and any hospital or other repository of medical records, 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.

A copy of this Authority to Release will be as valid as the original.

Should there be any question as to the validity of this release, you may contact me as indicated below.

Date: _____
Month, Day, Year

Signature: _____
Full Name

Witness: _____
First, Middle, Last

Typed or Printed: _____
Full Name

Date: _____

Current Address: _____

Phone: _____
(Area Code) Number

Subscribed and sworn before me, this _____ day or _____ 20____.

Notary Public

My commission expires on the _____ day of _____ 20____.

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

To Whom It May Concern:

I hereby authorize any sworn Police Officer or other authorized representative of the Frederick Police Department, bearing this release or a photostatic copy thereof, to obtain information from your files pertaining to a current Police Department applicant investigation. I hereby direct you to release such information to the bearer.

This release of information is executed with the full knowledge and understanding that the information is for the official use of the Frederick Police Department. Consent is granted for the Frederick Police Department to furnish such information as third parties in the course of fulfilling its official responsibilities.

I hereby release you from any and all liability for damages of whatever kind which may, at anytime, result to me, my heirs, family or associates because of the compliance with this authorization and request to release information or any attempts to comply with it.

THE INFORMATION AUTHORIZED FOR RELEASE MAY INCLUDE INFORMATION WHICH MAY BE CONSIDERED AS COMMUNICABLE OR VENEREAL DISEASE WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, DISEASES SUCH AS HEPATITS, SYPHILIS, GONORRHEA AND THE HUMAN IMMUNODEFICIENCY VIRUS ALSO KNOWN AS ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS).

The information is to be release has a direct bearing or is directly related to a police applicant investigation.

Should there be any question as to the validity of this release, you may contact me as indicated below.

Date: _____ **Signature:** _____
Month, Day, Year Full Name

Witness: _____ **Typed or Printed:** _____
Month, Day, Year Full Name

Date: _____ **Current Address:** _____
Month, Day, Year

Phone: _____
(Area Code) Number

Subscribed and sworn before me, this _____ day of _____ 20____.

Notary Public

My commission expires on the _____ day of _____ 20____.

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize any sworn Police Officer or other authorized representative of the Frederick Police Department bearing this release or a photostatic copy thereof, within one (1) year of its date, to obtain information from your files retaining to my employment, credit, or educational records including, but not limited to, academics, achievements, attendance, athletics, personal (non-medical) history and disciplinary records. I hereby direct you to release such information upon request of the bearer.

This release is executed with full knowledge and understanding that the information is for the use of the Frederick Police Department. Consent is granted for the Frederick Police Department to furnish such information, as is described above, as third parties in the course of fulfilling its official responsibilities.

I hereby release you as the custodian of such records and any school, college, university or other education institution, credit bureau, lending institutions, consumer reporting agency or retail business establishment 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.

A copy of this authority to release will be as valid as the original.

Should there be any question as to the validity of this release, you may contact me as indicated below.

Date: _____ Signature: _____
Month, Day, Year Full Name

Witness: _____ Typed or Printed: _____
First, Middle, Last Full Name

Current Address: _____

Phone: _____
(Area Code) Number

Subscribed and sworn before me, this _____ day of _____ 20____.

Notary Public

My commission expires on the _____ day of _____ 20____.