



PERSONAL HISTORY QUESTIONNAIRE
FOR APPLICANT BACKGROUND INVESTIGATION
(Police Officer Position)

APPLICANT NAME _____

ADDRESS _____

DATE OF BIRTH _____

DATE COMPLETED _____

POSITION SOUGHT:

- POLICE OFFICER (ENTRY LEVEL)
- POLICE OFFICER (LATERAL TRANSFER)

Are you certified law enforcement officer? Yes No

If yes: State: _____ Certification # _____

Certification date: _____ Expiration date: _____

NOTICE: THIS QUESTIONNAIRE MUST BE FULLY COMPLETED AND TURNED IN WITH YOUR "AUTHORIZATION OF RELEASE OF INFORMATION" SIGNED AND NOTARIZED. FAILURE TO DO SO WILL RESULT IN YOUR ELIMINATION FROM THIS SELECTION PROCESS. YOU CAN MAIL THIS COMPLETED APPLICATION TO:

**Thurmont Police Department
800 East Main Street
Thurmont, Maryland 21788**

PERSONAL HISTORY QUESTIONNAIRE INTRODUCTION

The Thurmont Police Department conducts background investigations on **all** potential employees to determine their suitability for employment. The information requested in this questionnaire is needed in order to conduct these investigations. We also need information on matters such as citizenship and military experience in order to establish that you meet the requirements and laws that we must follow in deciding whom this Department may employ. We may not be able to offer you employment if you do not answer these questions. **Incomplete PHQ's will not be accepted.**

Information collected in this booklet will be used for investigation purposes and will be verified through a polygraph examination. This information may also be given to federal, state and local agencies for checking on law violations or for other lawful purposes.

The Thurmont Police Department is an Equal Opportunity/Affirmative Action Employer and does not discriminate on the basis of race, color, religion, gender, national origin, age, marital status, military service, disability or sexual orientation.

No other document that you will prepare during your applications for police department employment will be as important as the attached booklet. It is in your own best interest to follow these instructions carefully. There are many more applicants for employment than there are available positions; a properly completed document will enable us to better evaluate your application. We may be unable to process an incomplete document. Entries must be typed or handwritten legibly by the applicant in blue or black ink!

Before completing this document, closely read the instructions that are written throughout. There are copies of official documents that you are required to obtain; some of these documents may be necessary for you to adequately complete the booklet.

When mentioning persons, be sure to fully identify the individual by his/her full correct name, and give complete addresses. DO NOT ASSUME the investigator will attempt to determine street numbers, correct street addresses, apartment numbers, telephone numbers, or Zip Codes.

When completing the residence portion of this booklet, be sure you provide EVERY address where you have lived for the **past ten years**. Begin, in order, with your present address and work backward. If necessary, call the appropriate person(s) to determine the exact address and time of your residence at that address.

When completing the employment portion of this booklet, be sure to provide EVERY employer, starting with your present job and working backward. If there is a period of unemployment, enter it in the booklet in the same sequence and manner as if it were another employer by indicating "from" and "to" and writing UNEMPLOYED under the "Name of Employer" heading. Further, if you worked more than one job at a time, place the primary job first, and the second or part time job(s) in the block immediately after the primary job. If additional space is needed for any item, the answer should be continued on the pages provided at the end of the booklet. Each continued answer should be numbers to correspond with the number of the original question in the booklet.

If a question does not apply to you, write "N/A" (Not Applicable) as your response. Incomplete or inaccurate answers may result in your rejection. If the booklet is incomplete at the time it is submitted, future processing may be delayed.

While completing the form, please keep in mind that:

1. **COMPLETION OF THE BOOKLET IS MANDATORY TO RECEIVE CONSIDERATION IN THE SELECTION PROCESS**
2. ALL statements are subject to verification
3. Deliberate inaccuracies or incomplete statements may remove you from further employment consideration

4. ALL periods of your background must be accounted for.

It is to your advantage to respond openly. Any negative factor contained in the information provided by you will be evaluated in terms of the circumstances and facts surrounding it and its degree of relevance to the job. **YOU MAY BE DISQUALIFIED IF YOU INTENTIONALLY MAKE A FALSE STATEMENT OF A MATERIAL FACT, OR INTENTIONALLY OMIT A MATERIAL FACT, OR IF YOU PRACTICE OR ATTEMPT TO PRACTICE ANY FORM OF DECEPTION OR FRAUD.**

If you have any questions, or if you are having difficulty obtaining the requested information, contact the Administrative Assistant or the Deputy Chief of Police, Thurmont Police Department at (301) 271-0905, Monday through Friday between 8:00 am and 4:00 pm.

PAPERS AND DOCUMENTS THAT ARE REQUIRED

All applicants are required to provide the following copies of applicable documents:

1. Birth certificate
2. High school Diploma or **(Upon request by Investigator)**
3. GED Certificate **(Upon request by Investigator)**
4. **Certified copies** of High School / GED and College transcripts **(Upon request by Investigator)**
5. DD-214 (Military Discharge Record)
6. Naturalization certificate
7. Court Orders (as appropriate), such as: **(Upon request by Investigator)**
 - a. Marriage license(s)
 - b. Separation agreement(s)
 - c. Divorce decree(s)
 - d. Name change(s)
 - e. Adoption(s)
8. Driver's License

Please provide **copies** of the specified documents (other than school transcripts).

ADDITIONAL INSTRUCTIONS

1. Arrange to have your **official certified** high school and college transcripts sent directly to the Thurmont Police Department, 800 East Main Street, Thurmont, Maryland 21788, **(Upon request by Investigator)**
2. Be certain to use complete street addresses in the booklet, including house or apartment numbers, city, state and ZIP Code information, and phone numbers including area codes. Avoid the use of P.O. Box addresses, unless that is all there is. In those cases, provide directions in the Continuation pages of the booklet.
3. You must complete and have notarized the "Authorization for Release of Information" **prior** to returning the booklet.
4. Finally, when you receive your appointment for your interview with a background investigator, you should arrive on time and be prepared to discuss the content of this booklet with the investigator.

**THURMONT POLICE DEPARTMENT
800 EAST MAIN STREET
THURMONT, MARYLAND 21788**

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, _____, _____,
First Middle Last Race Sex Date of Birth
_____, _____,
Social Security Number Address (Street, City State, and ZIP Code)

do authorize hereby a review and full disclosure of all records, or any part thereof, concerning myself by/to any duly authorized agent of the Thurmont Police Department, whether the said records are public or private, including those which may be deemed to be of a privileged or confidential nature. The intention of this Authorization is to provide information that will be utilized for investigative resource material.

I authorize the full and complete disclosure of the records of educational institutions; of financial credit institutions, of commercial or retail mercantile establishments, and of retail credit agencies, including credit reports and/or ratings; of public utility companies; of medical and psychiatric consultation and/or treatment, including those of hospitals, clinics, private practitioners, the United States Veterans Administration, Social Security Administration, and military medical and psychiatric facilities; of employment records, the results of polygraph examinations, efficiency ratings, complaints or grievances filed by or against me, and payroll records; of complaints of a civil nature made by or against me, including-- but not necessarily limited to-- the records and recollections of attorneys at law, or of other counsel, who represent or have represented myself or another person in any case in which I presently have, or have had, an interest; of real and personal property tax records and other financial statements and records of any nature whatsoever, wherever filed; and of complaints, arrests, trials, and/or convictions for alleged or actual violations of laws, ordinances, and/or regulations, including criminal and motor vehicle, whether "Adult" or "Juvenile" in nature.

I reiterate and emphasize that the intent of this Authorization is to provide full and free access to those records which will permit the development of a background and history of my personal life for the specific purpose of developing pertinent data for the Thurmont (Maryland) Police Department to consider in determining my suitability for employment by this or any other duly constituted law enforcement agency. It is my specific intent to provide access to information, however personal, privileged, or confidential it appears to be, and the sources of information specifically enumerated above are not intended to deny or to prevent access to any other records not particularly identified herein.

I understand that any information which is obtained by a personal history background investigation and which is developed, directly or indirectly, in whole or in part, upon this Authorization will be considered in determining my suitability for employment, as stated above.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees deriving from or by reason of complying with this request.

I further understand that, in the event my application is disapproved, the sources of confidential information cannot be revealed to me. A photocopy of this Authorization will be as valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

IN WITNESS WHEREOF, I have, this _____ day of _____, 20____, executed this AUTHORIZATION FOR RELEASE OF INFORMATION, acknowledging that I read, understand, and agree to said AUTHORIZATION.

Signature of Applicant

Date

Subscribed and sworn to before me

Signature of Notary Public

This _____ day of _____, 20____

My commission expires _____

PART I: PERSONAL DATA

Name: _____
Last First Middle Maiden

Other names previously or currently used (including nicknames). Explain why and when used:

Date of birth _____ Social Security Number _____
Month Day Year

Place of birth: _____
City State Country

Current address: _____
Street

City State Zip Code

CONTACT INFORMATION

Home phone (_____) _____ Hours: _____

Work phone (_____) _____ Hours: _____

Cell phone (_____) _____

E-mail address _____

CITIZENSHIP

Are you a United States Citizen? Yes No

If yes: By Birth By Naturalization - Date & Place _____/_____

PHYSICAL DESCRIPTION

Race _____ Sex _____ Age _____ Height _____

Weight _____ Hair Color _____ Eye Color _____

MARITAL STATUS

Check current marital status:

- Married Single Engaged
 Separated Divorced Widowed Live with significant other

Current Spouse name _____ DOB _____
Address _____
Home phone (_____) _____ Work phone (_____) _____
Cell phone (_____) _____
E-mail address _____
Occupation _____ Employer's name _____
Employer's address _____
Date of marriage _____

Former Spouse _____ DOB _____
Address _____
Home phone (_____) _____ Work phone (_____) _____
Cell phone (_____) _____
E-mail address _____
Occupation _____ Employer's name _____
Employer's address _____
Date of marriage _____ Date of Divorce _____

Former Spouse _____ DOB _____
Address _____
Home phone (_____) _____ Work phone (_____) _____
Cell phone (_____) _____
E-mail address _____
Occupation _____ Employer's name _____
Employer's address _____
Date of marriage _____ Date of Divorce _____

Current significant other _____ DOB _____
Address _____
Home phone (_____) _____ Work phone (_____) _____
Cell phone (_____) _____
E-mail address _____
Occupation _____ Employer's name _____
Employer's address _____
How long together? _____

DOMESTIC HISTORY (To include any expungements)

Have you ever been investigated for ANY domestic violence offense? Yes No If yes, explain:

Have you ever been arrested for or been charged with any domestic violence offense? Yes No

If yes, explain: _____

Have you ever been convicted for domestic violence? Yes No

Has your spouse or significant other (current or former) ever called the police about you for any reason?

Yes No If yes, explain: _____

Has a neighbor or family member ever called the police about you for any reason? Yes No

If yes, explain: _____

Has your spouse or significant other (current or former) ever claimed that you have battered (hit) him/her?

Yes No If yes, explain: _____

Have the police ever been to your home to investigate any complaint, or question you for any reason?

Yes No If yes, explain: _____

Have you ever been separated from your spouse(s)? Yes No If yes, explain: _____

CHILDREN AND DEPENDANTS

Name _____ DOB _____ Relationship _____

Do you provide child support to anyone for any or all of the above? Yes No If yes, explain:

Are you currently delinquent on any of your child support payments? Yes No
Have you ever been delinquent on your child support payments? Yes No
Has your Drivers License ever been suspended for child support delinquency? Yes No

FAMILY INFORMATION

Father's name _____ DOB _____
Address _____
Home phone (_____) _____ Work phone (_____) _____
Cell phone (_____) _____
E-mail address _____
Occupation _____ Employer's name _____
Employer's address _____
Does this person have a criminal record? Yes No If yes, explain:

Mother's name _____ DOB _____
Address _____
Home phone (_____) _____ Work phone (_____) _____
Cell phone (_____) _____
E-mail address _____
Occupation _____ Employer's name _____
Employer's address _____
Does this person have a criminal record? Yes No If yes, explain:

If someone raised you other than your parents, provide that information:
Name _____ DOB _____
Relationship _____
Address _____
Home phone (_____) _____ Work phone (_____) _____
Cell phone (_____) _____
E-mail address _____
Occupation _____ Employer's name _____
Employer's address _____
Does this person have a criminal record? Yes No If yes, explain:

Dates you were under this person's care:

From _____ to _____

SIBLING INFORMATION

Relationship _____

Name _____ DOB _____

Address _____

Home phone (_____) _____ Work phone (_____) _____

Cell phone (_____) _____

E-mail address _____

Does this person have a criminal record? Yes No If yes, explain:

Relationship _____

Name _____ DOB _____

Address _____

Home phone (_____) _____ Work phone (_____) _____

Cell phone (_____) _____

E-mail address _____

Does this person have a criminal record? Yes No If yes, explain:

Relationship _____

Name _____ DOB _____

Address _____

Home phone (_____) _____ Work phone (_____) _____

Cell phone (_____) _____

E-mail address _____

Does this person have a criminal record? Yes No If yes, explain:

PART II: RESIDENCE INFORMATION

List your residences for the last ten (10) years, **beginning with your present address** and working backward. Give the name and present address of one (1) neighbor in each case, or the names of roommates, fellow lodgers, landlords, or realty companies. List all military assignments separately, including duty assignment and dates of each.

Dates: From _____ to Present

Address _____

Landlord or realty company _____

Address _____

Telephone number (_____) _____

Neighbor's name _____

Address _____

Telephone number (_____) _____

Dates: From _____ to _____

Address _____

Landlord or realty company _____

Address _____

Telephone number (_____) _____

Neighbor's name _____

Address _____

Telephone number (_____) _____

Dates: From _____ to Present

Address _____

Landlord or realty company _____

Address _____

Telephone number (_____) _____

Neighbor's name _____

Address _____

Telephone number (_____) _____

Dates: From _____ to Present

Address _____

Landlord or realty company _____

Address _____

Telephone number (_____) _____

Neighbor's name _____

Address _____
Telephone number (_____) _____

Dates: From _____ to _____

Address _____

Landlord or realty company _____

Address _____

Telephone number (_____) _____

Neighbor's name _____

Address _____

Telephone number (_____) _____

Use continuation to provide additional information if needed. Please use the same format.

PART III: EDUCATIONAL INFORMATION

Provide information about schools you have attended **from high school forward**. Be sure to include all colleges, universities, business or trade schools, and military schools. Use same format on continuation sheets if additional room is needed.

HIGH SCHOOL or VOCATIONAL SCHOOL

Name of school _____

Address _____

Grades attended: From grade _____ to _____

Highest grade completed _____ Did you graduate? Yes No

Name of school _____

Address _____

Grades attended: From grade _____ to _____

Highest grade completed _____ Did you graduate? Yes No

Name of school _____

Address _____

Grades attended: From grade _____ to _____

Highest grade completed _____ Did you graduate? Yes No

COLLEGE or TECHNICAL SCHOOL

Name of school _____

Address _____

Semesters attended: From _____ to _____

Highest level completed (or degree received) _____

Did you graduate? Yes No

Name of school _____

Address _____

Semesters attended: From _____ to _____

Highest level completed (or degree received) _____

Did you graduate? Yes No

Do you possess a High School Diploma? Yes No

Do you possess a GED Certificate? Yes No

State that issued the GED certification _____

If you attended college, list your area(s) of concentration/majors:

Degree(s) earned:

Associates Bachelors Masters PhD

List degree(s) with major(s)/minor(s): _____

If no college degree, total number of credit hours earned _____

Have you ever been dismissed, expelled, or received punitive disciplinary action from a school or college for any academic or disciplinary reason? Yes No If yes, explain:

PART IV: DRIVING RECORD

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

Driver's license number _____ State _____

Date issued _____

Do you have current driver's license(s) issued by more than one state(s)? Yes No

If yes, list the State(s) and number(s) of each:

Driver's license number _____ State _____

Date issued _____

In what other states, territories or jurisdictions have you held a driver's license?

State _____ Dates held _____ State _____ Dates held _____

Is your Driver's License now or has it ever been denied or refused? Yes No

Is your Driver's License now or has it ever been suspended? Yes No

Is your Driver's License now or has it ever been revoked? Yes No

Is your Driver's License now or has it ever been subject to any similar penalty? Yes No

If you checked **yes** to any of these, explain in detail:

PARKING VIOLATIONS

Have you ever received a parking ticket? Yes No

Has your registration ever been suspended for failure to pay parking fines? Yes No

TRAFFIC COLLISIONS

Have you ever been involved in any motor vehicle collisions? Yes No

If yes, list each with a description:

Date: _____ Location: _____

Description: _____

Did police respond? Yes No Were you found at fault? Yes No

Did you receive a citation? Yes No Charging Agency: _____

Disposition of citation: _____

Date: _____ Location: _____

Description: _____

Did police respond? Yes No Were you found at fault? Yes No

Did you receive a citation? Yes No Charging Agency: _____

Disposition of citation: _____

Date: _____ Location: _____

Description: _____

Did police respond? Yes No Were you found at fault? Yes No

Did you receive a citation? Yes No Charging Agency: _____

Disposition of citation: _____

TRAFFIC VIOLATIONS

Indicate below **all** traffic citations that you have ever received, **including** those associated with a motor vehicle collision. Some examples may be speeding, red light or stop sign violations. Use the same format on continuation sheets if needed. For each incident, provide the following information:

Date _____ Charging agency _____

Violation/Charge _____

Location (City & State) _____

Final disposition _____

Date _____ Charging agency _____

Violation/Charge _____

Location (City & State) _____

Final disposition _____

Date _____ Charging agency _____

Violation/Charge _____

Location (City & State) _____

Final disposition _____

Date _____ Charging agency _____

Violation/Charge _____

Location (City & State) _____

Final disposition _____

AUTO INSURANCE

Motor vehicle insurance company _____

Address _____

Agent's name _____ Phone number (____)

Has your automobile insurance ever been canceled for NON-MEDICAL reasons? Yes No

If yes, explain: _____

Has you drivers license ever been suspended due to an auto insurance violation? Yes No

Have you ever driven a vehicle without proper insurance where it was required? Yes No

Have you ever let your auto insurance lapse? Yes No

VEHICLE INFORMATION

List all motor vehicles owned, registered, or normally driven by you:

Year: _____ Make: _____ Model: _____

Tag number _____ State _____

Owner's name and address (if other than applicant) _____

Year: _____ Make: _____ Model: _____

Tag number _____ State _____

Owner's name and address (if other than applicant) _____

Year: _____ Make: _____ Model: _____

Tag number _____ State _____

Owner's name and address (if other than applicant) _____

Use same format on continuation sheet if needed.

REGISTRATION PLATES

Are your vehicle registration plates now or have they ever been denied, refused, suspended, revoked, or otherwise subjected to a penalty? Yes No If yes, explain: _____

PART V: EMPLOYMENT INFORMATION

List your complete work history starting with your present position. Be sure to list all periods of active military duty (including active duty training or mobilizations of more than 90 days), and all periods of unemployment (identify it as such). Include all employment, full time, part time, temporary and/or seasonal, and identify it as such. **PLEASE START WITH CURRENT EMPLOYMENT.**

Dates: From _____ to **PRESENT**

Name of employer _____

Address _____

Telephone number (_____) _____ Is this a government agency? Yes No

Full time Part time Temporary/Seasonal Hours/Week _____

Salary \$ _____/hour or \$ _____/year

Your title/position and description of duties _____

Name & title of Supervisor(s) _____

Name of a co-worker _____

Reason for leaving/desiring to leave (excluding medical) _____

Would there be a problem if we contacted this employer? Yes No

Dates: From _____ to _____

Name of employer _____

Address _____

Telephone number (_____) _____ Is this a government agency? Yes No

Full time Part time Temporary/Seasonal Hours/Week _____

Salary \$ _____/hour or \$ _____/year

Your title/position and description of duties _____

Name & title of Supervisor(s) _____

Name of a co-worker _____

Reason for leaving/desiring to leave (excluding medical) _____

Would there be a problem if we contacted this employer? Yes No

Dates: From _____ to _____

Name of employer _____

Address _____

Telephone number (_____) _____ Is this a government agency? Yes No

Full time Part time Temporary/Seasonal Hours/Week _____

Salary \$ _____/hour or \$ _____/year

Your title/position and description of duties _____

Name & title of Supervisor(s) _____

Name of a co-worker _____

Reason for leaving/desiring to leave (excluding medical) _____

Would there be a problem if we contacted this employer? Yes No

Dates: From _____ to _____

Name of employer _____

Address _____

Telephone number (_____) _____ Is this a government agency? Yes No

Full time Part time Temporary/Seasonal Hours/Week _____

Salary \$ _____/hour or \$ _____/year

Your title/position and description of duties _____

Name & title of Supervisor(s) _____

Name of a co-worker _____

Reason for leaving/desiring to leave (excluding medical) _____

Would there be a problem if we contacted this employer? Yes No

EMPLOYMENT DISCIPLINE

Have you ever:

a. Been discharged (fired) or formally disciplined at any employment? Yes No

b. Resigned (quit) anticipating that your employer intended to fire you? Yes No

c. Resigned because you anticipated disciplinary action against you? Yes No

d. Had any extended work absences for reasons OTHER THAN medical reasons? Yes No

e. Been asked to resign from a job or been given the choice to resign or be fired? Yes No

If you checked **yes** to any of these, give full details below. Indicate, by letter, the question you are answering and include the name and address of the employer(s) in question, the date(s), and the circumstance(s). Use continuation sheets if needed.

PART VI: FINANCIAL INFORMATION

What is your annual salary? _____

Do you have any other source(s) of income? Yes No
If yes, provide the following information:

Source of Income	Monthly Amount
_____	_____
_____	_____
_____	_____

Is there anyone else other than your spouse that helps or assists you with any payments such as car payments or mortgage/rent payments? Yes No

Type or payment _____ Amount _____ Name _____

Type or payment _____ Amount _____ Name _____

Have you ever filed for or declared bankruptcy, or utilized a wage earner's plan? Yes No

If yes, explain: _____

Do you presently hold active or silent controlling interest in any company? Yes No
If yes, explain your interest:

Have you ever had any wage garnishments or assignments on your salary? Yes No

If yes, explain date(s) and circumstances:

Have you ever been delinquent on income or other tax payments? Yes No
If yes:

Date _____ Amount _____

Date _____ Amount _____

Have you ever had any real or personal property repossessed? Yes No

If yes, explain: _____

Are you now or have you ever been involved as a plaintiff in any civil action? Yes No

If yes, explain: _____

Are you now are have you ever been involved as a defendant in any civil action? Yes No

If yes, explain: _____

CHILD SUPPORT

Are you receiving or responsible for paying any Court ordered child support? Yes No

If yes, answer the following:

To whom paid _____ Child's name _____

OR

From whom received _____

Amount paid/received \$ _____ Court Order Informal agreement

To whom paid _____ Child's name _____

OR

From whom received _____

Amount paid/received \$ _____ Court Order Informal agreement

CHECKING ACCOUNT INFORMATION

Have you ever had any checks returned (bounced)? Yes No

If yes, explain: _____

Have you ever written a check knowing that you did not have sufficient funds in your account to cover the check? Yes No If yes, explain:

CREDIT INFORMATION

Have you ever been found to be delinquent on credit accounts? Yes No

Have you been delinquent on any credit account in the last two (2) years? Yes No

If yes, provide the following information:

Acct. name: _____ Date: _____

Acct. name: _____ Date: _____

Have you ever had a collection action against you? Yes No

Do you have any collection actions currently against you now? Yes No

CURRENT ASSETS

*Real estate and Business OWNED (If more than one property, use continuation sheets).

(Address) _____

How do you rate your present financial status? Excellent Good Fair Poor

Explain: _____

PART VII: MILITARY INFORMATION

ACTIVE DUTY (if none, check here)

Army Navy Air Force Marine Corps Coast Guard

Officer Warrant Officer Enlisted Officer w/ prior enlisted service

Primary MOS: _____ Secondary MOS _____ Service number: _____

PMOS Title (MP, Infantry, etc.) _____ Highest rank attained: _____

Dates of active duty: (1) _____ to _____ (2) _____ to _____

RESERVE SERVICE (If none, check here)

Army Navy Air Force Marine Corps Coast Guard

Officer Warrant Officer Enlisted Officer w/ prior enlisted service

Primary MOS: _____ Secondary MOS _____ Service number: _____

PMOS Title (MP, Infantry, etc.) _____ Highest rank attained: _____

Dates of service: (1) _____ to _____ (2) _____ to _____

NATIONAL GUARD (If none, check here)

Army Air Force STATE: _____

Officer Warrant Officer Enlisted Officer w/ prior enlisted service

Primary MOS: _____ Secondary MOS _____ Service number: _____

PMOS Title (MP, Infantry, etc.) _____ Highest rank attained: _____

Dates of service: (1) _____ to _____ (2) _____ to _____

For additional service, use the continuation sheets.

If you still have a Reserve of National Guard obligation, designate the type of service obligation you currently have and the date the obligation is scheduled to terminate.

Were you recommended for reenlistment after each period of military duty?

Yes No If no, explain: _____

Were you ever the subject of any investigation that was being conducted by military authorities concerning any alleged misconduct on your part? Yes No If yes, explain:

Have you ever served in the armed forces of any country other than the United States?

If yes, what country? _____ What Service? _____

Dates of service: from _____ to _____

Officer Warrant Officer Enlisted

Have you ever fraudulently enlisted or attempted to fraudulently enlist in any of the United States Armed Services: Yes No If yes, explain:

CHARACTER OF SERVICE AND MILITARY DISCIPLINE

Have you ever received non-judicial punishment (Article 15 or Captain's Mast) while in the military service? Yes No If yes, specify the type and nature of the punishment:

Date: _____ Charge(s) _____

Type: Summary Company Grade Field Grade

Date: _____ Charge(s) _____

Type: Summary Company Grade Field Grade

Have you ever been reduced in rank and/or had to forfeit pay as a result of any non-judicial punishment?

Yes No If yes, explain: _____

Have you ever been the subject of an Article 32 investigation? Yes No

If yes, specify the date and details: _____

Have you ever been prosecuted by Courts Martial? Yes No

If yes, specify the type: Summary Special General

Date and charges: _____

Disposition: Guilty Not Guilty Other (explain)

Details: _____

Have you ever been barred or denied reenlistment in any of the United States Armed Services?

Yes No If yes, explain: _____

Have you ever received a less than honorable discharge from any United States Armed Service?

Yes No

If yes, what type of discharge were you given?

General Under Honorable Conditions General Dishonorable Other

Explain: _____

PART VIII: CRIMINAL HISTORY INFORMATION

Have you ever been:

Arrested by any law enforcement agency? Yes No

Charged criminally by any law enforcement agency? Yes No

Convicted of any criminal offense? Yes No

Subjected to forfeiture of collateral (fine) in connection with arrest? Yes No

Placed on Probation or Parole? Yes No

Required to appear before a juvenile court for an act that, if committed by an adult, would have been a criminal act? Yes No

Questioned by a member of a Law Enforcement Agency for investigative purposes? Yes No

Detained by a member of a Law Enforcement Agency for investigative purposes? Yes No

Received any citation(s) (other than motor vehicle) which resulted in your paying a fine or appearing in court? Yes No

Received a summons or subpoena requiring your appearance in court? Yes No

Has anyone ever filed charges against you for any reason? Yes No

If you checked **yes** to any of the above, complete the following: (All incidents must be included, regardless if they were dismissed, collateral forfeited or expunged.) Use same format on continuation sheets if needed.

Date of incident _____ Police agency _____

Address _____

Charge(s) _____

Disposition(s) _____

Location of court _____

Date of incident _____ Police agency _____

Address _____

Charge(s) _____

Disposition(s) _____

Location of court _____

Date of incident _____ Police agency _____

Address _____

Charge(s) _____

Disposition(s) _____

Location of court _____

Have you ever committed ANY CRIMES for which you were not arrested or charged? Yes No

If yes, describe in detail, including the activity involved, date(s), number of times, and location(s):

Other than what has been listed previously, have you ever committed ANY of the following:

- | | |
|--|--|
| a) Underage consumption of alcoholic beverages | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Shoplifting | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d) Auto theft (excluding "Joyriding") | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e) Unauthorized use of vehicle (including "Joyriding") | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f) Assault and/or Battery | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g) Credit card misuse | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h) Bad checks | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| l) Destruction of property | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| j) Breaking & entering | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| k) Handgun violations | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| m) ANY domestic violence (including, stalking, telephone misuse, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you checked **yes** to any of the above, complete the following: (Use same format on continuation sheets if needed.)

Type of crime(s) _____
Date(s) _____ Number of times _____
Location(s) _____

Type of crime(s) _____
Date(s) _____ Number of times _____
Location(s) _____

Type of crime(s) _____
Date(s) _____ Number of times _____
Location(s) _____

ILLEGAL DRUGS

Have you ever used; possessed any illegal drugs? Yes No
sold any illegal drugs? Yes No

Have you ever used; possessed any prescription drug(s) not prescribed to you? Yes No
Sold any prescription drugs (s) not prescribed to you? Yes No

Have you ever experimented with, tried, or possessed any of the following drugs:

- a) Marijuana (in any form) Yes No
- b) Heroin Yes No
- c) Crack Yes No
- d) Narcotics (Morphine, codeine, etc.) Yes No
- e) Cocaine (in any form) Yes No
- f) Designer Drugs (i.e. Ecstasy) Yes No
- g) Hallucinogens (LSD, PCP, DMT, mushrooms, etc.) Yes No
- h) Dangerous drugs (of any kind) Yes No
- i) Prescription drugs **not** prescribed to you Yes No
- j) Anabolic steroids Yes No
- k) "Huffing" of any liquid or aerosol products? (Paint, paint thinner, etc.) Yes No

Have you ever distributed or sold any of the drugs listed above? Yes
 No

Have you ever used or experimented with an illegal drug NOT listed above? Yes No

Name of Drug(s): _____

Have you ever distributed or sold any illegal drug NOT listed above? Yes No

Name of Drug(s): _____

DRUG USE AND EXPERIMENTATION:

(List any/all drugs that you have used or experimented with and were checked **yes** above)

Type of drug used (be specific) _____

Number of times used _____ Approximate quantity _____

How ingested (smoked, inhaled etc.) _____

Date of last use (be as specific as possible) _____

Type of drug used (be specific) _____
Number of times used _____ Approximate quantity _____
How ingested (smoked, inhaled etc.) _____
Date of last use (be as specific as possible) _____

Type of drug used (be specific) _____
Number of times used _____ Approximate quantity _____
How ingested (smoked, inhaled etc.) _____
Date of last use (be as specific as possible) _____

DRUG DISTRIBUTION AND SALES

(List below any/all drugs that you distributed or sold that were checked **yes** above)

Type of drug sold (be specific) _____
Number of times sold/distributed _____ Approximate quantity _____
Date(s) sold/distributed _____

Type of drug sold (be specific) _____
Number of times sold/distributed _____ Approximate quantity _____
Date(s) sold/distributed _____

Have you ever closely associated with (ongoing friendship) anyone whom you suspected of being a seller of controlled dangerous substances? Yes No If yes, explain: _____

OTHER CRIMES

Have you ever committed any other criminal act not already listed in this questionnaire? Yes No

If yes, explain, including type of crime, number of times, when and location:

PART IX: MISCELLANEOUS

Have you ever been issued a permit or license to carry a handgun or other weapon? Yes No

If yes, name the State _____ Date of Issue _____ Permit # _____

Reason for permit (employment, etc.): _____

Have you ever been denied a permit or license to carry a handgun or other weapon? Yes No

If yes, explain: _____

Do you gamble? Seldom Moderately Regularly No

If so, what type and to what extent? _____

Is there anything (non-medical) in your past, which if discovered later, may prove to be embarrassing to you or the Department if employed? Yes No

If yes, explain: _____

List any special skills you possess that you believe are applicable to the position for which you are applying (i.e. computer skills, public speaking experience, membership in civic or professional organizations)

List any special license(s) issued to you, such as pilot, ham radio, commercial driver's license, etc., and the date(s) of issue.

List any foreign language or sign language ability and the level of your proficiency in each:

Do you know how to type/use a keyboard? Yes No

List any computer software with which you are proficient: _____

List any sports, athletic activities or hobbies in which you participate regularly. _____

Have you ever applied for a position with any federal agency, state or local government, or any federal, state or municipal law enforcement agency or with any fire department? Yes No

If yes, complete the following:

Agency name _____

Agency address and phone _____

Date of application _____ Position sought _____

Status of application _____

If rejected, why? _____

Agency name _____

Agency address and phone _____

Date of application _____ Position sought _____
Status of application _____
If rejected, why? _____

List all members and employees of the Thurmont Police Department or other Law Enforcement Agencies with whom you are acquainted:

Name	Agency, Address & Phone
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

POLICE OFFICER CANDIDATES ONLY

Do you belong to any organization and/or adhere to any belief that would, in anyway:

Limit or prohibit your use of weapons or firearms? Yes No

Restrict you from conforming to Departmental standards of appearance and/or grooming that may, from time to time, be set? Yes No

Limit or prohibit you from working your assigned tours of duty? Yes No

Prevent you from taking an oath with or without an affirmation in a Supreme Being? Yes No

Prevent you from supporting and defending the Constitution of the United States and the State of Maryland? Yes No

Prevent you from taking a life in the performance of duty? Yes No

If you checked any of the above, explain:

PART X: REFERENCES

You MUST give the information requested on five (5) references, not related to you by blood or marriage, not former employers, and not those mentioned elsewhere in this questionnaire, who are responsible adults of reputable standing in the community, and who have known you well for at least five (5) years. These references may include, but are not limited to, teachers, counselors, property owners, clergy, business people, etc....

Name _____
Address _____
Home phone (_____) _____ Work phone (_____) _____
Cell phone (_____) _____
E-mail address _____
Years known _____ Occupation _____
Place of employment _____
Employer's address _____

Name _____
Address _____
Home phone (_____) _____ Work phone (_____) _____
Cell phone (_____) _____
E-mail address _____
Years known _____ Occupation _____
Place of employment _____
Employer's address _____

Name _____
Address _____
Home phone (_____) _____ Work phone (_____) _____
Cell phone (_____) _____
E-mail address _____
Years known _____ Occupation _____
Place of employment _____
Employer's address _____

Name _____
Address _____
Home phone (_____) _____ Work phone (_____) _____
Cell phone (_____) _____
E-mail address _____

Years known _____ Occupation _____
Place of employment _____
Employer's address _____

Name _____
Address _____
Home phone (_____) _____ Work phone (_____) _____
Cell phone (_____) _____
E-mail address _____
Years known _____ Occupation _____
Place of employment _____
Employer's address _____

I CERTIFY THAT ALL ENTRIES MADE BY ME IN THIS BOOKLET ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT IF, AT ANY TIME DURING THE COURSE OF THE BACKGROUND INVESTIGATION OR DURING MY EMPLOYMENT WITH THE THURMONT POLICE DEPARTMENT, IT IS DISCOVERED THAT I HAVE MADE UNTRUTHFUL STATEMENTS, FAILED TO DISCLOSE INFORMATION, FALSIFIED MY APPLICATION, OR HAVE GIVEN MISLEADING STATEMENTS, IT SHALL BE CAUSE FOR REJECTION FOR EMPLOYMENT, OR IF HIRED, MY IMMEDIATE TERMINATION.

Applicant's Signature Date

Applicant's Printed Name

**APPLICANT:
Attach a recent
photograph of
yourself here
(Required).**

