



POLICE OFFICER EMPLOYMENT APPLICATION



TOWN OF FOREST HEIGHTS
5508 Arapahoe Drive, Forest Heights, MD 20745
PH-(301)839-4040 FAX-(301)839-1122
policeclerk@forestheightsmd.gov

THE TOWN OF FOREST HEIGHTS IS AN EQUAL OPPORTUNITY EMPLOYER AND ENCOURAGES APPLICATIONS FROM ALL PERSONS.

Please read carefully and print with BLACK ink all information requested in the application. Applications which are not complete and legible will not be considered. If additional space is necessary for complete answers or if you wish to furnish additional information, attach sheets the same size as the application and number the answers to correspond with the appropriate question.

ALL ADDRESSES MUST HAVE COMPLETE ZIP CODES OR THE APPLICATION WILL BE REJECTED.

Name: _____ Soc. Sec. No.: _____
(Last) (First) (Middle) (Maiden)

Address: _____ Home Ph. No.: _____
(Street) (City) (State) (ZIP)

Date of Birth: _____ Age: _____ Are you a U.S. Citizen? Yes No

EDUCATION AND TRAINING

Have you graduated from high school or passed a G.E.D. test? Yes No Date: _____

TYPE OF SCHOOL ATTENDED	NAME & ADDRESS OF SCHOOL	MAJOR SUBJECT	CHECK YEARS OF EDUCATION	GRADUATE GIVE DEGREE	LAST YEAR
HIGH SCHOOL			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
GRADUATE SCHOOL			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
BUSINESS, TRADE, VOCATIONAL, OTHER			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
MILITARY TRAINING				<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT HISTORY

List your work record for the past 10 years (starting with your present or most recent job). In evaluating your qualifications, preference will be given to experience during that period. However, if you feel that your work experience beyond 10 years is important please include it. Include any periods of self employment and U.S. military service. If you need more room, attach an additional sheet. List each promotion separately. Describe the work and the number and type of employees supervised, if any.

JOB TITLE:		EMPLOYER'S NAME:	PHONE:	
PRIMARY DUTIES:		NUMBER AND STREET:		
		CITY:	STATE:	ZIP:
		FROM (Mo./Yr.)	TO (Mo./Yr.)	WEEKLY HOURS:
PRESENT OR LAST SALARY \$	NO. OF EMPLOYEES SUPERVISED BY YOU:	NAME AND TITLE OF SUPERVISOR:		
REASON FOR LEAVING OR CONSIDERING CHANGE:		MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		

JOB TITLE:		EMPLOYER'S NAME:	PHONE:	
PRIMARY DUTIES:		NUMBER AND STREET:		
		CITY:	STATE:	ZIP:
		FROM (Mo./Yr.)	TO (Mo./Yr.)	WEEKLY HOURS:
PRESENT OR LAST SALARY \$	NO. OF EMPLOYEES SUPERVISED BY YOU:	NAME AND TITLE OF SUPERVISOR:		
REASON FOR LEAVING OR CONSIDERING CHANGE:		MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		

JOB TITLE:		EMPLOYER'S NAME:	PHONE:	
PRIMARY DUTIES:		NUMBER AND STREET:		
		CITY:	STATE:	ZIP:
		FROM (Mo./Yr.)	TO (Mo./Yr.)	WEEKLY HOURS:
PRESENT OR LAST SALARY \$	NO. OF EMPLOYEES SUPERVISED BY YOU:	NAME AND TITLE OF SUPERVISOR:		
REASON FOR LEAVING OR CONSIDERING CHANGE:		MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		

JOB TITLE:		EMPLOYER'S NAME:	PHONE:	
PRIMARY DUTIES:		NUMBER AND STREET:		
		CITY:	STATE:	ZIP:
		FROM (Mo./Yr.)	TO (Mo./Yr.)	WEEKLY HOURS:
PRESENT OR LAST SALARY \$	NO. OF EMPLOYEES SUPERVISED BY YOU:	NAME AND TITLE OF SUPERVISOR:		
REASON FOR LEAVING OR CONSIDERING CHANGE:		MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		

WAIVERS

ALL APPLICANTS MUST READ AND SIGN THE FOLLOWING:

WAIVER TO PERMIT BACKGROUND INVESTIGATION

I, _____, hereby authorize the Town of Forest Heights Police Department to conduct an investigation into my complete history, including my former employment together with any and all information concerning my ability, personal character, arrest record, etc.

I hereby release any law enforcement agency, company, corporation, or individual from all liability for furnishing information concerning me in response to this investigation.

I also hereby acknowledge and agree to submit to a polygraph examination if I am requested to, as a part of my background investigation.

Signed: _____

Notary Public

Date: _____

Subscribed and sworn before me on this _____

Day of _____, 20_____

My commission expires _____

(YOU MUST APPEAR BEFORE A NOTARY PUBLIC OR YOUR APPLICATION WILL BE REJECTED)

I hereby certify that there is no willful misrepresentation, or falsification of statements and answers to questions herein. I am aware that should investigation disclose such misrepresentations or falsification, my application will be rejected.

I understand that all appointments are probationary for a period of one (1) year, after completion of an approved police academy, during which time the employee must demonstrate his fitness for continued employment with the department. I also understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation, and I am aware that willfully withholding information or making false statements on this application will be the basis for dismissal from the department. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge.

Signed: _____

Date: _____

PERSONAL HISTORY STATEMENT

Height: _____ Weight: _____ Color of Eyes: _____ Color of Hair: _____
Scars, tattoos or other distinguishing marks _____

Residences – List all addresses where you have lived during the past 10 years, beginning with present address. List date by month and year. Attach extra page if necessary.

MARITAL AND FAMILY HISTORY

If engaged, Name and address of fiancé _____
Phone: _____

If Married, Spouse's name (wife's maiden name), date of marriage, city and state _____
Phone: _____

If ever divorced or widowed, Spouse's name (wife's maiden name), address, date of decree, court and state where issued:

List all children related to you or your spouse (natural, step-child, adopted & foster) Name, relation, date of birth and address:

References – List five persons who know you well enough to provide current information about you. Do not list relatives or former employees. Be certain to list years known and phone number.

FULL NAME	BUSINESS OR HOME ADDRESS (include ZIP code)	OCCUPATION	PHONE NO.

GENERAL

Do you have a Maryland Driver's License? Yes No Driver's License No. _____

Have you ever had another state's driver's license? Yes No
If yes, please list driver's license number, state and last year it was valid _____

Do you have a handicap or health problem which may jeopardize the health or safety of yourself or co-worker(s) which should be taken into account in determining job placement? Yes No
If yes, please explain in detail _____

Have you ever been discharged or asked to resign from a position? Yes No
If yes, please explain in detail _____

Have you ever quit a job after being notified that you would be fired? Yes No
If yes, please explain in detail _____

Have you ever been arrested by a law enforcement agency? Yes No
If yes, please explain in detail _____

Have you ever been convicted of a felony? Yes No
If yes, please explain in detail _____

Do you have any firearms training? Yes No
If yes, please give details _____

Are you now, or have you ever been a member of any organization, association, movement, group or combination of persons which advocates the violent overthrow of your constitutional form of government or which had adopted a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States by unconstitutional means? Yes No
If yes, name of organization and dates _____

Are you available for rotating shift work? Yes No

Summarize any skills and abilities (including those gained through hobbies and volunteer work) which you believe relate to the position of which you are applying:
