



# **Frederick Police Department**

Position applied for:   **Police** \_\_\_\_\_                      **Dispatcher** \_\_\_\_\_                      **Other** \_\_\_\_\_

**100 E All Saints Street**

**Frederick, MD 21701**

**Personnel: 301-600-2107**

## **Importance of Honesty / Pre-Screen Questionnaire**

The Frederick Police Department is seeking qualified applicants who demonstrate reputable and specific characteristics expected of law enforcement officials.

The importance of your honesty from the time you complete all application documents, to include the application itself, the Personal History Questionnaire, and polygraph prescreen, as well as during all interviews, cannot be overemphasized. When filling out these documents, take your time and to be thorough and detailed in all of your answers. If you have any doubt in your mind concerning a particular question, or if you are unsure whether to include certain information, the answer is “Yes, include it.” Failure to answer any questions completely and truthfully, whether in writing or orally, no matter how insignificant you may think it is, will result in your disqualification from the selection process.

If you feel that something you have done will disqualify you from further consideration, complete the form and contact a background investigator. What will certainly disqualify you is lying or distorting the truth. For example, if you were arrested as either an adult or juvenile, that may or may not disqualify you; however, lying about the arrest *will* disqualify you from further consideration. If you have been fired from a job, that may or may not disqualify you; however, lying about it *will* disqualify you from further consideration. The use of illegal drugs may or may not disqualify you; however, lying about your usage *will* disqualify you from further consideration.

As part of the selection process, a polygraph examination will be administered, to verify your honesty regarding the background information you have provided to this agency.

I have read and understand the contents of this document. Please clearly print all of the information and then sign and date on the signature line on the last page.

NAME \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_  
(First - Middle – Last)

**In order to be certified as a police officer in the state of Maryland, you must meet these selection standards:**

- |  |        |       |
|--|--------|-------|
| 1) I will be 21 years old <u>by the time of certification</u>  | Yes___ | No___ |
| 2) I am a United States Citizen with supporting documents <u>or</u> I am a permanent legal resident of the United States and an honorably discharged veteran of the United States Armed Forces <u>and</u> I have applied to obtain United States citizenship and the application is still pending approval | Yes___ | No___ |
| 3) I have a high school diploma or GED   | Yes___ | No___ |
| 4) I am eligible under Federal <u>and</u> Maryland law to possess & use a handgun  | Yes___ | No___ |
| 5) I have a valid driver's license <u>or</u> I am able to obtain one   | Yes___ | No___ |

**FPD Tattoo Policy** - Tattoos on the face, neck (visible above the collar line), hands (below the long sleeve length), or head need to be **photographed & submitted with this document.**

(The FPD tattoo policy may be found here [FPD Tattoo policy](#)) (Ctrl+Click to follow link)

**If these standards are not met, you are not eligible to continue in the application process.**

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**Please read and answer the questions listed below. Responses to the following questions should not contain references to any previous or current medical conditions. If additional space is needed, you may write on the back of each page.**

**As either a juvenile or an adult,**

- |  |        |       |
|--|--------|-------|
| Have you been convicted of DUI/DWI anywhere <u>within the last 5 years</u> ?   | Yes___ | No___ |
| Have you been <u>arrested</u> or <u>charged</u> criminally by law enforcement? | Yes___ | No___ |
| Have you had criminal charges filed against you for <u>any</u> reason?         | Yes___ | No___ |
| Have you been <u>convicted</u> or found guilty of any criminal offense?        | Yes___ | No___ |
| Have you been <u>convicted</u> or found guilty of a Felony offense?            | Yes___ | No___ |
| Have you <u>violated</u> a Peace Order, Protection Order or Restraining Order  | Yes___ | No___ |
| Have you been <u>convicted</u> of any domestic violence related offense?       | Yes___ | No___ |

**If you answered Yes to previous questions - provide the following:**

Crime committed: \_\_\_\_\_ Date of incident: \_\_\_\_\_

Detailed account of the incident: \_\_\_\_\_

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If you answered **Yes** to previous questions - **provide the following:**

Crime committed: \_\_\_\_\_ Date of incident: \_\_\_\_\_

Detailed account of the incident: \_\_\_\_\_

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If you answered **Yes** to previous questions - **provide the following:**

Crime committed: \_\_\_\_\_ Date of incident: \_\_\_\_\_

Detailed account of the incident: \_\_\_\_\_

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**Have you ever:** smoked, experimented with, tasted, ingested, used, injected, sniffed, consumed, or otherwise possessed any of the following:

**(Bold = Disqualify)**

*(Italics - No use last 5 years or any use after 21 years old)*

Narcotics (Fentanyl, **Heroin**, Hydromorphone, Methadone, Morphine, Opium, Oxycodone) **Yes**\_\_\_\_ **No**\_\_\_\_

Stimulants (Amphetamines, *Cocaine* – any form, Khat, **Methamphetamine**, other) **Yes**\_\_\_\_ **No**\_\_\_\_

Depressants (Barbiturates, Benzodiazepines, GHB, Rohypnol, Methaqualone, other) **Yes**\_\_\_\_ **No**\_\_\_\_

Hallucinogens (*Ecstasy*/MDMA, Ketamine, **LSD**/acid, Peyote, Mescaline, Psilocybin, DMT) **Yes**\_\_\_\_ **No**\_\_\_\_

**PCP** **Yes**\_\_\_\_ **No**\_\_\_\_

Marijuana/Cannabis (THC Concentrates, hashish, hash oil, any CBD products, other) **Yes**\_\_\_\_ **No**\_\_\_\_

Steroids (anabolic) **Yes**\_\_\_\_ **No**\_\_\_\_

Inhalants (glue, solvents, aerosols, whippets, paint, paint thinner, other) **Yes**\_\_\_\_ **No**\_\_\_\_

Designer Drugs (synthetic cannabinoids-K2/Spice, Bath Salts, Synthetic Opioids, other) **Yes**\_\_\_\_ **No**\_\_\_\_

Drugs of Concern (DXM/cough suppressant, Kratom, Salvia Divinorum, other) **Yes**\_\_\_\_ **No**\_\_\_\_

Prescription Drugs (not prescribed to you) **Yes**\_\_\_\_ **No**\_\_\_\_

Any other drugs (controlled dangerous substance of any kind not listed above) **Yes**\_\_\_\_ **No**\_\_\_\_

Any items, drugs, medications, etc. (in a way inconsistent with labeling or intended use) **Yes**\_\_\_\_ **No**\_\_\_\_

**\*NOTE\*-** Use of certain drugs/narcotics WILL NOT automatically disqualify you! Complete this document honestly and accurately. If there are questions or problems with your Pre-Screen, one of our staff members will contact you.

If you answered **Yes** to previous drug questions - **provide the following:**

Name of Drug: \_\_\_\_\_ Date of Use: \_\_\_\_\_ Age at time of use: \_\_\_\_\_

Total number of times ??? - (write number of times on line below):

**used**\_\_\_\_/**sold**\_\_\_\_/**produced**\_\_\_\_/**grown**\_\_\_\_/**distributed**\_\_\_\_/**transported**\_\_\_\_\_

If you answered **Yes** to previous drug questions - **provide the following:**

Name of Drug: \_\_\_\_\_ Date of Use: \_\_\_\_\_ Age at time of use: \_\_\_\_\_

Total number of times ??? - (write number of times on line below):

**used**\_\_\_\_/**sold**\_\_\_\_/**produced**\_\_\_\_/**grown**\_\_\_\_/**distributed**\_\_\_\_/**transported**\_\_\_\_\_

If you answered **Yes** to previous drug questions - **provide the following:**

Name of Drug: \_\_\_\_\_ Date of Use: \_\_\_\_\_ Age at time of use: \_\_\_\_\_

Total number of times ???? - (write number of times on line below):

**used** \_\_\_\_\_ / **sold** \_\_\_\_\_ / **produced** \_\_\_\_\_ / **grown** \_\_\_\_\_ / **distributed** \_\_\_\_\_ / **transported** \_\_\_\_\_

If you answered **Yes** to previous drug questions - **provide the following:**

Name of Drug: \_\_\_\_\_ Date of Use: \_\_\_\_\_ Age at time of use: \_\_\_\_\_

Total number of times ???? - (write number of times on line below):

**used** \_\_\_\_\_ / **sold** \_\_\_\_\_ / **produced** \_\_\_\_\_ / **grown** \_\_\_\_\_ / **distributed** \_\_\_\_\_ / **transported** \_\_\_\_\_

If you answered **Yes** to previous drug questions - **provide the following:**

Name of Drug: \_\_\_\_\_ Date of Use: \_\_\_\_\_ Age at time of use: \_\_\_\_\_

Total number of times ???? - (write number of times on line below):

**used** \_\_\_\_\_ / **sold** \_\_\_\_\_ / **produced** \_\_\_\_\_ / **grown** \_\_\_\_\_ / **distributed** \_\_\_\_\_ / **transported** \_\_\_\_\_

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Have you been employed as a Law Enforcement Officer?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ Agency \_\_\_\_\_ Date(s) \_\_\_\_\_

Have you been involuntary terminated from a law enforcement position/job whether as an officer or civilian?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ Explain \_\_\_\_\_

Have you served in any military (United States or other)?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ Branch \_\_\_\_\_ Date(s) of enlistment \_\_\_\_\_

Have you been discharged from any military service with less than “General Under Honorable Conditions”?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ If so, Discharge type \_\_\_\_\_

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**I certify that the answers given on this document are correct and complete to the best of my knowledge and belief. In signing this questionnaire, I do so with the understanding that all statements, if found incorrect, incomplete, or misleading will result in my application being terminated and any offer of employment withdrawn. I also consider as acknowledgement that the Frederick Police Department shall conduct a background investigation, knowing that I will not be informed of any information of facts developed by that investigation whether I am accepted or rejected for the position.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Reviewed by** \_\_\_\_\_

**Date** \_\_\_\_\_

**Qualified to continue?**

**YES**

**NO**