



Frederick Police Department

100 West Patrick Street

Frederick, MD 21701

Personnel: 301-600-2107

Importance of Honesty

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.

First Name

Middle Name

Last Name

Signature of Applicant

Date

Frederick Police Department
PRE-SCREENING QUESTIONNAIRE

NAME _____ DOB _____ AGE _____
CELL # to contact with written test results _____

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

- 1) You must be 21 years old by the time of certification
- 2) You must either be (1) a citizen or (2) a permanent legal resident of the United States **and** an honorably discharged veteran of the U.S. Armed Forces, provided, that the individual has applied to obtain U.S. citizenship and the application is still pending approval.
- 3) You must possess a high school diploma or GED
- 4) You must not be disqualified for any reason under Federal and Maryland law to possess & use a handgun
- 5) You must possess a valid driver's license or be able to obtain one

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

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> of any criminal offense?	Yes___	No___
Have you been <u>convicted</u> 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: _____

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

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

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

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

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

PCP **Yes**___ **No**___

Marijuana/Cannabis (hashish, hash oil, THC Concentrates, CBD products (edibles, oils,+)) **Yes**___ **No**___

Steroids (anabolic) **Yes**___ **No**___

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

Designer Drugs (synthetic cannabinoids, Bath Salts, K2/Spice, 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 manner inconsistent with labeling or intended use **Yes**___ **No**___

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

Name of Drug: _____ Date of last Use: _____ Number of times used after age 21: _____

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 last Use: _____ Number of times used after age 21: _____

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

used _____ / **sold** _____ / **produced** _____ / **grown** _____ / **distributed** _____ / **transported** _____

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

used _____ / **sold** _____ / **produced** _____ / **grown** _____ / **distributed** _____ / **transported** _____

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** _____

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 _____

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** _____

Any Disqualifiers Noted?	YES	NO
Qualified to continue in Process?	YES	NO