



Frederick Police Department - 100 West Patrick Street - Frederick, MD 21701
Personal History Questionnaire (PHQ)

Applicant Name: Last, First, Full Middle:	Position Applied For:
	<input type="checkbox"/> Entry-Level Police Officer
	<input type="checkbox"/> In-State Lateral Police Officer; MPCTC #
Date Questionnaire was Completed (MM/DD/YYYY):	<input type="checkbox"/> Civilian / Volunteer (enter job title below)

Instruction to the Applicant

The information you provide in this Personal History Questionnaire will be used to determine whether or not you meet the qualifications for the position and your suitability for employment with the Frederick Police Department.

- It is your responsibility to complete this form in its entirety and to provide all required information.
- Be sure to save the form to your computer before you begin filling it out.
- Do not alter the layout of this form. If a box will not contain all the information you want to include, use the continuation sheets at the back of the form.
- This form must be typed – handwritten entries will not be accepted except for signatures
- Be sure to type your responses correctly and save your work often so you don't lose any information you have added.
- You must respond to all items and questions. If a question does not apply to you, simply type "N/A" (not applicable) in the space provided for your response.
- If you need more space for any response, use the continuation sheets at the back of this booklet. Be sure to identify the additional information by item number and use the same format to be sure you provide all relevant information.
- When printing this form for submission, print only as a single sided document.

Disqualifications

There are very few automatic reasons for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft, or even arrest or conviction are usually not automatically disqualifying factors. However, **deliberate misstatements or omissions** can and often will result in your application being rejected, regardless of the nature or reason for the misstatement or omissions. In fact, the number one reason individuals "fail" background investigations is because **they deliberately withhold or misrepresent relevant information.**

YOU ARE RESPONSIBLE FOR PROVIDING COMPLETE, ACCURATE, AND TRUTHFUL RESPONSES.

I have read and understand the instructions above:

Signature: _____ Date: _____

*No other document you prepare during your application for police department employment is as important as this Personal History Questionnaire. It is in your best interest to **follow all 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.*

Information collected in this booklet will be used for investigation purposes and will be verified using several methods, to include 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 Frederick 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.

Be sure to read any & all instructions at the beginning and end of each section to be sure you provide all required information.

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.

If you are having difficulty obtaining the requested information, contact the Supervisor, Personnel Unit, Frederick Police Department at (301)-600-2107, Monday through Friday between 8:00 am and 4:00 pm.

If you are selected to advance to the background investigation phase of the selection process you will be required to provide several other documents. **You must submit these other documents when you hand in your Personnel History Questionnaire**, so you should begin gathering those documents now so you will have them if you are selected to advance. The investigator will need to see the **original document**, or a “true copy” of the original document in order to verify its authenticity. The investigator will then make copies of the documents. You will retain the original. These documents include the following:

1. Driver’s License
2. Birth Certificate
3. Social Security Card
4. High School Diploma or GED Certificate (transcripts are preferred; test scores must accompany the GED Certificate)
5. College Diploma
6. High School and College transcripts (**Certified copies**)*

(*)Arrange to have your **official certified** high school and college transcripts sent directly to:

Frederick Police Department
Supervisor - Personnel Unit
100 W. Patrick Street
Frederick, MD 21701

7. DD-214 – proof of Military Service (Military Discharge Record – long form)
8. Naturalization certificate
9. Court Orders (as appropriate), such as:
 - a. Marriage license(s)
 - b. Separation agreement(s)
 - c. Divorce decree(s)
 - d. Child Support
 - e. Adoption(s)
 - f. Bankruptcy(ies)
 - g. Name Changes
10. Last two (2) years W-2 Federal Tax forms (we do not need a copy of your tax return, only the W-2 forms)
11. Selective Service card/document (or proof of registration)
12. Passport

Applicants who fail to provide the documents when requested will be eliminated from further consideration for the position.

Applicants who fail to provide the documents when requested will be eliminated from further consideration for the position.

Once the applicant has submitted the PHQ and has been interviewed by the Background Investigator, it is the responsibility of the applicant to **immediately** inform the Background Investigator of **any** changes. Types of changes include but are not limited to:

- Change in spouse/significant other, etc.
- Change in residence
- Change in employer/employer discipline
- Change in applications to other agencies/application results from other agencies
- New motor vehicle accidents/collisions, citations, etc.
- Changes in finances
- New arrests, criminal involvements, domestic violence, civil documents, etc.

Important Note: There are **two (2)** notarizations in the PHQ:

1. Authorization for Release of Information (PHQ page **6**)
2. PHQ booklet (PHQ page **48**)

Both forms must be **completed and notarized** at the time you turn in your Personal History Questionnaire (PHQ).

Failure to complete and have notarized the Authorization for Release of Information will result in you being ineligible to advance in the selection process.

You can easily find a Notary Public by searching the internet. Most banks and post offices provide notary services as well.

Be sure to fill out all requested information on the Authorization for Release of Information form, but **do not** sign the form until you are before the Notary Public. The Notary is verifying your signature on the form.

I have read and understand the instructions above:

Signature: _____ Date: _____

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Frederick Police Department
100 West Patrick Street - Frederick, MD 21701

Authorization for Release of Information

I,

Form fields for personal information: First Name, Full Middle Name, Last Name, Race, Sex, Date of Birth (MM/DD/YYYY), Social Security No., Street Number and Name, Apt/Unit #, City, State, 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 Frederick 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 Frederick (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.

Continued on next page

Authorization for Release of Information

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 Signed

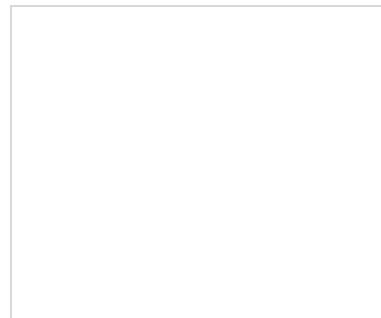
Subscribed and sworn to before me

Signature of Notary Public

This _____ day of _____, 20 _____

My commission expires: _____

Place Seal Here



BE SURE TO SAVE THIS DOCUMENT TO YOUR COMPUTER BEFORE PROCEEDING

SAVE YOUR DOCUMENT OFTEN SO YOU DO NOT LOSE INFORMATION YOU HAVE ALREADY ENTERED

SECTION 2 – PERSONAL INFORMATION

Last Name:	First Name:	Full Middle Name:	Date Of Birth:	Age:	Social Security No.
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Height: Feet Inches	Weight: pounds	Hair Color:	Eye Color:	

If you have any tattoos, distinguishing scars or birth marks, please describe them below:

List any and all other names you have ever used (include maiden name, other married names, nicknames and aliases):

If you listed any other names above, please explain when and why you used these names:

List the address where you currently reside: (This is the address where you physically reside. Do not include a P.O. Box)

House Number and Street Name	APT/Unit #	County:	City:	State:	Zip Code:
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If your mailing address is different than your physical address, list your full mailing address below:

Home Phone:	Cell Phone:	Work Phone & Extension:	Email:
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Are you a United States Citizen? Yes No

If answer is **No**, Are you 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? Yes No

City of Birth:	State of Birth:	Country of Birth:
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If you are a U.S. citizen by naturalization please provide the following information:

USCIS Office or Name of the Court that issued your citizenship certificate:	City:	State:
Naturalization Certificate Number:	Naturalization Petition Number:	Date Issued: MM/YYYY

Do you possess or have you ever possessed a Passport(s)? Yes No Passport Number(s):

Ethnic Origin: Please check your ethnic origin below. Ethnic origin is defined by the Federal Equal Employment Opportunity Commission as follows:

<input type="checkbox"/> White	(Not of Hispanic Origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
<input type="checkbox"/> Black/African American	(Not of Hispanic Origin) All persons having origins in any of the black racial groups of Africa.
<input type="checkbox"/> Hispanic or Latino	All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
<input type="checkbox"/> Pacific Island Native Hawaiian	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> Asian	All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippines Islands, and Samoa.
<input type="checkbox"/> American Indian or Alaskan Native	All persons having origins in any of the original peoples of North and South America (including Central America), and who maintains cultural identification through tribal affiliations or community recognition.
<input type="checkbox"/> Two or More Races	(Not Hispanic or Latino) - All persons who identify with more than one of the above five races.

SECTION 3 (A) – SPOUSE / SIGNIFICANT OTHER

Current marital status: Married Single Divorced Widowed Separated Engaged Living with significant other*

- List all Spouses or Significant Others beginning with the most recent and working backwards.

3.1 Check the appropriate box: Current Spouse Current Significant Other Child in Common N/A Age:

Name: (First, MI, Last)		Home Phone:
Address: House Number/Street Name/ Apt/Unit #:		Cell Phone:
Address: City, State & zip code:		Email:
Date of marriage: (MM/YYYY) <input type="checkbox"/> N/A	How long have you known this person: Years Months	
Their Occupation:	Their Employer:	

3.2 Check the appropriate box: Former Spouse Former Significant Other Child in Common N/A Age:

Name: (First, MI, Last)		Home Phone:
Address: House Number /Street Name / Apt/Unit #:		Cell Phone:
Address: City, State & zip code:		Email:
Date of marriage: (MM/YYYY) <input type="checkbox"/> N/A	How long have you known this person: Years Months	
Their Occupation:	Their Employer:	

3.3 Check the appropriate box: Former Spouse Former Significant Other Child in Common N/A Age:

Name: (First, MI, Last)		Home Phone:
Address: House Number /Street Name / Apt/Unit #:		Cell Phone:
Address: City, State & zip code:		Email:
Date of marriage: (MM/YYYY) <input type="checkbox"/> N/A	How long have you known this person: Years Months	
Their Occupation:	Their Employer:	

3.4 Check the appropriate box: Former Spouse Former Significant Other Child in Common N/A Age:

Name: (First, MI, Last)		Home Phone:
Address: House Number /Street Name / Apt/Unit #:		Cell Phone:
Address: City, State & zip code:		Email:
Date of marriage: (MM/YYYY) <input type="checkbox"/> N/A	How long have you known this person: Years Months	
Their Occupation:	Their Employer:	

- Do you need to add another former spouse or significant other? Yes No
- If Yes, follow the same format and attach a continuation sheet at the back of this booklet titled: **Section 3 (A) - Spouse/Significant Other**

SECTION 3 (B) – PARENTS / LEGAL GUARDIANS

- List all parents/guardian, living and deceased, including biological, adoptive, foster, step-parents, in laws, etc.

3.1 Check this person's relationship to you: Parent/Step-Parent In-Law Legal Guardian Deceased Other: _____ Age: _____

Name: (First, MI, Last)		Home Phone:
Address: House Number / Street Name/ Apt/Unit #		Cell Phone:
Address: City, State & zip code:		Email:

3.2 Check this person's relationship to you: Parent/Step-Parent In-Law Legal Guardian Deceased Other: _____ Age: _____

Name: (First, MI, Last)		Home Phone:
Address: House Number / Street Name/ Apt/Unit #		Cell Phone:
Address: City, State & zip code:		Email:

3.3 Check this person's relationship to you: Parent/Step-Parent In-Law Legal Guardian Deceased Other: _____ Age: _____

Name: (First, MI, Last)		Home Phone:
Address: House Number / Street Name/ Apt/Unit #		Cell Phone:
Address: City, State & zip code:		Email:

3.4 Check this person's relationship to you: Parent/Step-Parent In-Law Legal Guardian Deceased Other: _____ Age: _____

Name: (First, MI, Last)		Home Phone:
Address: House Number / Street Name/ Apt/Unit #		Cell Phone:
Address: City, State & zip code:		Email:

3.5 Check this person's relationship to you: Parent/Step-Parent In-Law Legal Guardian Deceased Other: _____ Age: _____

Name: (First, MI, Last)		Home Phone:
Address: House Number / Street Name/ Apt/Unit #		Cell Phone:
Address: City, State & zip code:		Email:

3.6 Check this person's relationship to you: Parent/Step-Parent In-Law Legal Guardian Deceased Other: _____ Age: _____

Name: (First, MI, Last)		Home Phone:
Address: House Number / Street Name/ Apt/Unit #		Cell Phone:
Address: City, State & zip code:		Email:

3.7 Check this person's relationship to you: Parent/Step-Parent In-Law Legal Guardian Deceased Other: _____ Age: _____

Name: (First, MI, Last)		Home Phone:
Address: House Number / Street Name/ Apt/Unit #		Cell Phone:
Address: City, State & zip code:		Email:

- Do you need to add another parent or guardian? Yes No
- If **Yes**, follow the same format and attach a continuation sheet at the back of this booklet titled: **Section 3 (B) – Parents/Legal Guardians**

SECTION 3 (C) – SIBLINGS

• List all siblings, living and deceased, including half-siblings, step-siblings, foster siblings, etc. N/A

3.1 Check this person's relationship to you: Sibling Half-Sibling Step Sibling Deceased Other: _____ Age: _____

Name: (First, MI, Last)		Home Phone:
Address: House Number / Street Name/ Apt/Unit #		Cell Phone:
Address: City, State & zip code:		Email:

3.2 Check this person's relationship to you: Sibling Half-Sibling Step Sibling Deceased Other: _____ Age: _____

Name: (First, MI, Last)		Home Phone:
Address: House Number / Street Name/ Apt/Unit #		Cell Phone:
Address: City, State & zip code:		Email:

3.3 Check this person's relationship to you: Sibling Half-Sibling Step Sibling Deceased Other: _____ Age: _____

Name: (First, MI, Last)		Home Phone:
Address: House Number / Street Name/ Apt/Unit #		Cell Phone:
Address: City, State & zip code:		Email:

3.4 Check this person's relationship to you: Sibling Half-Sibling Step Sibling Deceased Other: _____ Age: _____

Name: (First, MI, Last)		Home Phone:
Address: House Number / Street Name/ Apt/Unit #		Cell Phone:
Address: City, State & zip code:		Email:

3.5 Check this person's relationship to you: Sibling Half-Sibling Step Sibling Deceased Other: _____ Age: _____

Name: (First, MI, Last)		Home Phone:
Address: House Number / Street Name/ Apt/Unit #		Cell Phone:
Address: City, State & zip code:		Email:

3.6 Check this person's relationship to you: Sibling Half-Sibling Step Sibling Deceased Other: _____ Age: _____

Name: (First, MI, Last)		Home Phone:
Address: House Number / Street Name/ Apt/Unit #		Cell Phone:
Address: City, State & zip code:		Email:

3.7 Check this person's relationship to you: Sibling Half-Sibling Step Sibling Deceased Other: _____ Age: _____

Name: (First, MI, Last)		Home Phone:
Address: House Number / Street Name/ Apt/Unit #		Cell Phone:
Address: City, State & zip code:		Email:

• Do you need to add another sibling? Yes No
 • If **Yes**, follow the same format and attach a continuation sheet at the back of this booklet titled: **Section 3 (C) – Siblings**

SECTION 3 (D) – CHILDREN

- List all children, living and deceased, natural, adopted, step, child in common, and/or foster care.
- Include any other children who reside with you.
- Provide the name and contact information of the custodial parent/guardian, if other than you.
- If the child is an adult, include the child's address, phone number(s) and email address.

N/A

3.1 Child's relationship to you:
 Son Daughter Step-Son Step-Daughter Foster Child Deceased Parent of Child in Common Other: Age:

Name: (First, MI, Last)		Home Phone:
Address: House Number / Street Name/ Apt/Unit #		Cell Phone:
Address: City, State & zip code:		Email:

3.2 Child's relationship to you:
 Son Daughter Step-Son Step-Daughter Foster Child Deceased Parent of Child in Common Other: Age:

Name: (First, MI, Last)		Home Phone:
Address: House Number / Street Name/ Apt/Unit #		Cell Phone:
Address: City, State & zip code:		Email:

3.3 Child's relationship to you:
 Son Daughter Step-Son Step-Daughter Foster Child Deceased Parent of Child in Common Other: Age:

Name: (First, MI, Last)		Home Phone:
Address: House Number / Street Name/ Apt/Unit #		Cell Phone:
Address: City, State & zip code:		Email:

3.4 Child's relationship to you:
 Son Daughter Step-Son Step-Daughter Foster Child Deceased Parent of Child in Common Other: Age:

Name: (First, MI, Last)		Home Phone:
Address: House Number / Street Name/ Apt/Unit #		Cell Phone:
Address: City, State & zip code:		Email:

3.5 Child's relationship to you:
 Son Daughter Step-Son Step-Daughter Foster Child Deceased Parent of Child in Common Other: Age:

Name: (First, MI, Last)		Home Phone:
Address: House Number / Street Name/ Apt/Unit #		Cell Phone:
Address: City, State & zip code:		Email:

3.6 Child's relationship to you:
 Son Daughter Step-Son Step-Daughter Foster Child Deceased Parent of Child in Common Other: Age:

Name: (First, MI, Last)		Home Phone:
Address: House Number / Street Name/ Apt/Unit #		Cell Phone:
Address: City, State & zip code:		Email:

- Do you need to add another child? Yes No
- If **Yes**, follow the same format and attach a continuation sheet at the back of this booklet titled: **Section 3 (D) - Children**

SECTION 4 (A) – RESIDENCE HISTORY

- List the physical address for each residence where you have lived since age 17 starting with your current address and working backwards.
- Include addresses while attending college and permanent military duty stations.
- If necessary, call the appropriate person(s) to determine the exact address and time of your residence at that address.

Current Address				Dates you resided here:	
House Number and Street Name				From: (MM/YYYY)	To: (MM/YYYY)
				Present	
City	State	Zip Code	If renting, name of property manager, rent collector, or owner:		
Mailing address for property manager, rent collector, or owner House Number and Street Name				Phone Number:	
City	State	Zip Code	Email Address		
List the names of all adults who lived with you at this location:					
List the name address, phone number and email of at least one neighbor:					
Former Address 1				Dates you resided here:	
House Number and Street Name				From: (MM/YYYY)	To: (MM/YYYY)
City	State	Zip Code	If renting, name of property manager, rent collector, or owner:		
Mailing address for property manager, rent collector, or owner House Number and Street Name				Phone Number:	
City	State	Zip Code	Email Address		
List the names of all adults who lived with you at this location:					
List the name, address , phone number and email of at least one neighbor:					
Former Address 2				Dates you resided here:	
House Number and Street Name				From: (MM/YYYY)	To: (MM/YYYY)
City	State	Zip Code	If renting, name of property manager, rent collector, or owner:		
Mailing address for property manager, rent collector, or owner House Number and Street Name				Phone Number:	
City	State	Zip Code	Email Address		
List the names of all adults who lived with you at this location:					
List the name, address, phone number and email of at least one neighbor:					

Former Address 3				Dates you resided here:	
House Number and Street Name				From: (MM/YYYY)	To: (MM/YYYY)
City	State	Zip Code	If renting, name of property manager, rent collector, or owner:		
Mailing address for property manager, rent collector, or owner House Number and Street Name				Phone Number:	
City	State	Zip Code	Email Address		
List the names of all adults who lived with you at this location:					
List the name, address, phone number and email of at least one neighbor:					
Former Address 4				Dates you resided here:	
House Number and Street Name				From: (MM/YYYY)	To: (MM/YYYY)
City	State	Zip Code	If renting, name of property manager, rent collector, or owner:		
Mailing address for property manager, rent collector, or owner House Number and Street Name				Phone Number:	
City	State	Zip Code	Email Address		
List the names of all adults who lived with you at this location:					
List the name, address, phone number and email of at least one neighbor:					
Former Address 5				Dates you resided here:	
House Number and Street Name				From: (MM/YYYY)	To: (MM/YYYY)
City	State	Zip Code	If renting, name of property manager, rent collector, or owner:		
Mailing address for property manager, rent collector, or owner House Number and Street Name				Phone Number:	
City	State	Zip Code	Email Address		
List the names of all adults who lived with you at this location:					
List the name, address, phone number and email of at least one neighbor:					

Former Address 6				Dates you resided here:	
House Number and Street Name				From: (MM/YYYY)	To: (MM/YYYY)
City	State	Zip Code	If renting, name of property manager, rent collector, or owner:		
Mailing address for property manager, rent collector, or owner House Number and Street Name				Phone Number:	
City	State	Zip Code	Email Address		
List the names of all adults who lived with you at this location:					
List the name, address, phone number and email of at least one neighbor:					
Former Address 7				Dates you resided here:	
House Number and Street Name				From: (MM/YYYY)	To: (MM/YYYY)
City	State	Zip Code	If renting, name of property manager, rent collector, or owner:		
Mailing address for property manager, rent collector, or owner House Number and Street Name				Phone Number:	
City	State	Zip Code	Email Address		
List the names of all adults who lived with you at this location:					
List the name, address, phone number and email of at least one neighbor:					
Former Address 8				Dates you resided here:	
House Number and Street Name				From: (MM/YYYY)	To: (MM/YYYY)
City	State	Zip Code	If renting, name of property manager, rent collector, or owner:		
Mailing address for property manager, rent collector, or owner House Number and Street Name				Phone Number:	
City	State	Zip Code	Email Address		
List the names of all adults who lived with you at this location:					
List the name, address, phone number and email of at least one neighbor:					

Former Address 9				Dates you resided here:	
House Number and Street Name				From: (MM/YYYY)	To: (MM/YYYY)
City	State	Zip Code	If renting, name of property manager, rent collector, or owner:		
Mailing address for property manager, rent collector, or owner House Number and Street Name				Phone Number:	
City	State	Zip Code	Email Address		
List the names of all adults who lived with you at this location:					
List the name, address, phone number and email of at least one neighbor:					
Former Address 10				Dates you resided here:	
House Number and Street Name				From: (MM/YYYY)	To: (MM/YYYY)
City	State	Zip Code	If renting, name of property manager, rent collector, or owner:		
Mailing address for property manager, rent collector, or owner House Number and Street Name				Phone Number:	
City	State	Zip Code	Email Address		
List the names of all adults who lived with you at this location:					
List the name and address of at least one neighbor:					
<ul style="list-style-type: none"> Do you need to add another former address? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, follow the same format and attach a continuation sheet at the back of this booklet titled: Section 4 (A) - Residence History 					
Have the Police ever been called to any home or residence in which you ever resided?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If you checked "Yes" please provide the date, the reason, the name of the law enforcement agency that responded, and the disposition of the call:					
Have you ever been evicted from any residence?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If you checked "Yes" please provide the date and the reason:					

SECTION 4 (B) – HOUSEMATES/ROOMMATES

- Provide the complete & full contact information for each adult you listed as living with you in Section 4.
- Do not list anyone you have already provided contact information for in another section of this questionnaire.

Housemate/Roommate 1:		
Name: (First, MI, Last)		Home Phone:
Address: House Number / Street Name/ Apt/Unit #		Cell Phone:
Address: City, State & zip code:		Email:

Nature of your relationship with this person: (e.g. relative, friend, roommate only, dating, other)

Housemate/Roommate 2:		
Name: (First, MI, Last)		Home Phone:
Address: House Number / Street Name/ Apt/Unit #		Cell Phone:
Address: City, State & zip code:		Email:

Nature of your relationship with this person: (e.g. relative, friend, roommate only, dating, other)

Housemate/Roommate 3:		
Name: (First, MI, Last)		Home Phone:
Address: House Number / Street Name/ Apt/Unit #		Cell Phone:
Address: City, State & zip code:		Email:

Nature of your relationship with this person: (e.g. relative, friend, roommate only, dating, other)

Housemate/Roommate 4:		
Name: (First, MI, Last)		Home Phone:
Address: House Number / Street Name/ Apt/Unit #		Cell Phone:
Address: City, State & zip code:		Email:

Nature of your relationship with this person: (e.g. relative, friend, roommate only, dating, other)

Housemate/Roommate 5:		
Name: (First, MI, Last)		Home Phone:
Address: House Number / Street Name/ Apt/Unit #		Cell Phone:
Address: City, State & zip code:		Email:

Nature of your relationship with this person: (e.g. relative, friend, roommate only, dating, other)

- Do you need to add another Housemate/Roommate? Yes No
- If **Yes**, follow the same format and attach a continuation sheet at the back of this booklet titled: **Section 4 (B) - Housemates/Roommates**

SECTION 5 – EDUCATION

- Please arrange to have your official certified high school and college transcripts mailed directly to:
- **Personnel Unit, Frederick Police Department, 100 West Patrick Street Frederick, MD 21701**
- If you need more space, attach a continuation sheet at the back of this booklet.
- Follow the same format and reference the corresponding item number.

5.1	Do you have a high school diploma?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	List the name of the high school that issued your diploma:		
	What year did you graduate from high school?		
	If you do not have a high school diploma, do you have a General Education Development (GED) certificate?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	What State issued your GED?		
	What date was your GED issued? (mm/dd/yyyy)		
	Do you have a college degree?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you arranged to have your high school and college transcripts sent directly to the Personnel Unit?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
List other names used during school periods. (Maiden names, married names, other names, etc.)			

Provide the information requested below for each high school you attended starting with the most recent:

5.2	Name of High School 1	Dates Attended: (MM/YYYY)		Grades Attended	
		From:	To:	<input type="checkbox"/> 9 th	<input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th
School Address: (provide complete mailing address, i.e. street address, city, state and zip code)					

5.3	Name of High School 2	Dates Attended: (MM/YYYY)		Grades Attended	
		From:	To:	<input type="checkbox"/> 9 th	<input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th
School Address: (provide complete mailing address, i.e. street address, city, state and zip code)					

Provide the information requested below for each college, university, vocational, or technical school you attended starting with the most recent:

5.4	Name of institution		Dates Attended: (MM/YYYY)		
			From:	To:	
	School Address: (provide complete mailing address, i.e. street address, city, state and zip code)				
	What was your major or area of study at this institution?				
Did you graduate, earn a degree or certificate from this institution?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what type? <input type="checkbox"/> AA <input type="checkbox"/> AS <input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> PHD <input type="checkbox"/> Certificate <input type="checkbox"/> Other:					

5.5	Name of institution		Dates Attended: (MM/YYYY)		
			From:	To:	
	School Address: (provide complete mailing address, i.e. street address, city, state and zip code)				
	What was your major or area of study at this institution?				
Did you graduate, earn a degree or certificate from this institution?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what type? <input type="checkbox"/> AA <input type="checkbox"/> AS <input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> PHD <input type="checkbox"/> Certificate <input type="checkbox"/> Other:					

5.6	Name of institution		Dates Attended: (MM/YYYY)	
			From:	To:
	School Address: (provide complete mailing address, i.e. street address, city, state and zip code)			
	What was your major or area of study at this institution?			
	Did you graduate, earn a degree or certificate from this institution?			<input type="checkbox"/> Yes
If yes, what type? <input type="checkbox"/> AA <input type="checkbox"/> AS <input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> PHD <input type="checkbox"/> Certificate		<input type="checkbox"/> Other:		
5.7	Have you ever been suspended, expelled, dismissed, or received punitive discipline action from any high school, college, university, vocational or technical school?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please explain in full detail:			
<ul style="list-style-type: none"> If you have attended any of the schools listed above within 5 years, please provide the names of 2 teachers or instructors who taught or instructed you and who are familiar with you. (Or someone who reviewed your work and graded your tests – provide their information). We understand online courses can present a challenge; the information is necessary for obtaining police officer certification in Maryland. 				
Name of Teacher / Instructor 1 (full name)		Teacher / Instructor Telephone		Teacher / Instructor Email
Name of School or Institution		School Address: (provide complete mailing address, i.e. street address, city, state and zip code)		
Name of Teacher / Instructor 2 (full name)		Teacher / Instructor Telephone		Teacher / Instructor Email
Name of School or Institution		School Address: (provide complete mailing address, i.e. street address, city, state and zip code)		
Have you ever received a scholarship or grant?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had a scholarship or grant suspended for any reason?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been placed on academic probation?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been interviewed, cited, detained, arrested, or had any other contact with any college or campus police agency?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered yes, please explain below				

SECTION 6 (A) – EMPLOYMENT HISTORY

- List **all** jobs you have **ever** had, including part-time, temporary, self-employment, and volunteer. (Begin with your most current.)
- 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 you have military experience, including reserve duty, enter your military duty station, base, assignments, or unit of assignment.
- List **all** periods of unemployment in **excess of 30 days**.

Current Employer			
Name of Company / Employer or Military Unit		From (MM/YYYY)	To (MM/YYYY) Present
Address (Number / Street / Suite)		Job Title / Rank	
City	State	Zip	Hourly pay rate: \$ _____ hourly
Duties / Assignments:			Annual salary: \$ _____ annually
Type of Employment (Check All That Apply) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:			Hours worked per week:
Supervisor's Name:		Supervisor's telephone number	Supervisor's email address
Name of one co-worker:		Co-worker's telephone number	Co-Worker's email address
Reason for wanting to leave:			

Period of Unemployment (Check Applicable Reason) <input type="checkbox"/> N/A	From (MM/YYYY)	To (MM/YYYY) Present
<input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:		

Former Employer 1			
Name of Company / Employer or Military Unit		From (MM/YYYY)	To (MM/YYYY)
Address (Number / Street / Suite)		Job Title / Rank	
City	State	Zip	Hourly pay rate: \$ _____ hourly
Duties / Assignments:			Annual salary: \$ _____ annually
Type of Employment (Check All That Apply) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:			Hours worked per week:
Supervisor's Name:		Supervisor's telephone number	Supervisor's email address
Name of one co-worker:		Co-worker's telephone number	Co-Worker's email address
Reason for leaving:			

Period of Unemployment (Check Applicable Reason) <input type="checkbox"/> N/A	From (MM/YYYY)	To (MM/YYYY)
<input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:		

Former Employer 2				
Name of Company / Employer or Military Unit			From (MM/YYYY)	To (MM/YYYY)
Address (Number / Street / Suite)			Job Title / Rank	
City	State	Zip	Hourly pay rate:	
			\$ _____ hourly	
Duties / Assignments:			Annual salary:	
			\$ _____ annually	
Type of Employment (Check All That Apply)			Hours worked per week:	
<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:				
Supervisor's Name:		Supervisor's telephone number		Supervisor's email address
Name of one co-worker:		Co-worker's telephone number		Co-Worker's email address
Reason for leaving:				

Period of Unemployment (Check Applicable Reason) <input type="checkbox"/> N/A	From (MM/YYYY)	To (MM/YYYY)
<input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:		

Former Employer 3				
Name of Company / Employer or Military Unit			From (MM/YYYY)	To (MM/YYYY)
Address (Number / Street / Suite)			Job Title / Rank	
City	State	Zip	Hourly pay rate:	
			\$ _____ hourly	
Duties / Assignments:			Annual salary:	
			\$ _____ annually	
Type of Employment (Check All That Apply)			Hours worked per week:	
<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:				
Supervisor's Name:		Supervisor's telephone number		Supervisor's email address
Name of one co-worker:		Co-worker's telephone number		Co-Worker's email address
Reason for leaving:				

Period of Unemployment (Check Applicable Reason) <input type="checkbox"/> N/A	From (MM/YYYY)	To (MM/YYYY)
<input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:		

Former Employer 4				
Name of Company / Employer or Military Unit			From (MM/YYYY)	To (MM/YYYY)
Address (Number / Street / Suite)			Job Title / Rank	
City	State	Zip	Hourly pay rate:	
			\$ _____ hourly	
Duties / Assignments:			Annual salary:	
			\$ _____ annually	
Type of Employment (Check All That Apply)			Hours worked per week:	
<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:				
Supervisor's Name:		Supervisor's telephone number		Supervisor's email address
Name of one co-worker:		Co-worker's telephone number		Co-Worker's email address
Reason for leaving:				

Period of Unemployment (Check Applicable Reason) <input type="checkbox"/> N/A	From (MM/YYYY)	To (MM/YYYY)
<input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:		

Former Employer 5				
Name of Company / Employer or Military Unit			From (MM/YYYY)	To (MM/YYYY)
Address (Number / Street / Suite)			Job Title / Rank	
City	State	Zip	Hourly pay rate:	
			\$ _____ hourly	
Duties / Assignments:			Annual salary:	
			\$ _____ annually	
Type of Employment (Check All That Apply)			Hours worked per week:	
<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:				
Supervisor's Name:		Supervisor's telephone number		Supervisor's email address
Name of one co-worker:		Co-worker's telephone number		Co-Worker's email address
Reason for leaving:				

Period of Unemployment (Check Applicable Reason) <input type="checkbox"/> N/A	From (MM/YYYY)	To (MM/YYYY)
<input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:		

Former Employer 6			
Name of Company / Employer or Military Unit		From (MM/YYYY)	To (MM/YYYY)
Address (Number / Street / Suite)		Job Title / Rank	
City	State	Zip	Hourly pay rate: \$ _____ hourly
Duties / Assignments:		Annual salary: \$ _____ annually	
Type of Employment (Check All That Apply) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:		Hours worked per week:	
Supervisor's Name:	Supervisor's telephone number	Supervisor's email address	
Name of one co-worker:	Co-worker's telephone number	Co-Worker's email address	
Reason for leaving:			

Period of Unemployment (Check Applicable Reason) <input type="checkbox"/> N/A	From (MM/YYYY)	To (MM/YYYY)
<input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:		

Former Employer 7			
Name of Company / Employer or Military Unit		From (MM/YYYY)	To (MM/YYYY)
Address (Number / Street / Suite)		Job Title / Rank	
City	State	Zip	Hourly pay rate: \$ _____ hourly
Duties / Assignments:		Annual salary: \$ _____ annually	
Type of Employment (Check All That Apply) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:		Hours worked per week:	
Supervisor's Name:	Supervisor's telephone number	Supervisor's email address	
Name of one co-worker:	Co-worker's telephone number	Co-Worker's email address	
Reason for leaving:			

Period of Unemployment (Check Applicable Reason) <input type="checkbox"/> N/A	From (MM/YYYY)	To (MM/YYYY)
<input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:		

Former Employer 8			
Name of Company / Employer or Military Unit		From (MM/YYYY)	To (MM/YYYY)
Address (Number / Street / Suite)		Job Title / Rank	
City	State	Zip	Hourly pay rate: \$ _____ hourly
Duties / Assignments:		Annual salary: \$ _____ annually	
Type of Employment (Check All That Apply) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:		Hours worked per week:	
Supervisor's Name:	Supervisor's telephone number	Supervisor's email address	
Name of one co-worker:	Co-worker's telephone number	Co-Worker's email address	
Reason for leaving:			

Period of Unemployment (Check Applicable Reason) <input type="checkbox"/> N/A	From (MM/YYYY)	To (MM/YYYY)
<input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:		

Former Employer 9			
Name of Company / Employer or Military Unit		From (MM/YYYY)	To (MM/YYYY)
Address (Number / Street / Suite)		Job Title / Rank	
City	State	Zip	Hourly pay rate: \$ _____ hourly
Duties / Assignments:		Annual salary: \$ _____ annually	
Type of Employment (Check All That Apply) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:		Hours worked per week:	
Supervisor's Name:	Supervisor's telephone number	Supervisor's email address	
Name of one co-worker:	Co-worker's telephone number	Co-Worker's email address	
Reason for leaving:			

Period of Unemployment (Check Applicable Reason) <input type="checkbox"/> N/A	From (MM/YYYY)	To (MM/YYYY)
<input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:		
<ul style="list-style-type: none"> Do you need to add another Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, follow the same format and attach a continuation sheet at the back of this booklet titled: Section 6 (A) - Employment History 		

SECTION 6 (B) – EMPLOYMENT DISCIPLINE

01.	Have you ever been fired or terminated by any employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
02.	Have you ever been fired, terminated, or released from probationary employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
03.	Have you ever been formally disciplined by any employer? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignment, or demotion)	<input type="checkbox"/> Yes <input type="checkbox"/> No
04.	Have you ever resigned or quit a job because you anticipated the employer may formally discipline or fire/terminate you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
05.	Have you ever been asked to resign from a job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
06.	Have you ever been given the choice to resign or be fired/terminated from a job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
07.	Have you ever walked off the job or quit without giving proper notice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
08.	Have you ever stolen anything from any of your employers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
09.	Have you ever priced down an item or given discounts when not permitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Have you ever used illegal drugs on any job you ever held?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Have you ever committed any crimes (even ones that went undetected) while on any job you ever held?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Have you ever been fired from a law enforcement position / job whether as an officer or civilian?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Have you ever been involved in a physical altercation with a supervisor, co-worker, subordinate, or customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a supervisor, co-worker, subordinate, or customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Have you ever been the subject of a written complaint at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Have you ever received a performance review rating that was less than satisfactory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Have you ever wrongfully sold, released, or given away legally confidential information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Have you ever used sick leave when you were neither sick nor caring for a sick family member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	If you answered yes to the question above, list how many sick days you have used in the past five years which were not for a legitimate illness:	days

• If you answered **Yes** to any question 01 thru 20, please provide the following information for **each** incident:

Question #	List the date of the incident: (MM/YYYY)	Employer's Name:

Provide a detailed account of the incident:

Question #	List the date of the incident: (MM/YYYY)	Employer's Name:

Provide a detailed account of the incident:

• Do you need to add another Employee Discipline incident? Yes No

• If **Yes**, follow the same format & use the continuation sheet at the back of this booklet titled: **Section 6 (B) - Employment Discipline**

SECTION 7 – OTHER LAW ENFORCEMENT APPLICATIONS

Have you ever applied for any positions, either sworn or non-sworn, at another law enforcement agency, to include city, county, state, or federal? Yes No

- If you answered “Yes” to the question above, list **ALL** law enforcement agencies with which you have ever applied, including both sworn and non-sworn positions, starting with the most recent.
- Be sure to include complete information for **each** law enforcement position.

7.1 Name of Law Enforcement Agency: _____ Date of Application (MM/YYYY) _____

Address: _____ Name of Background Investigator: _____

City: _____ State: _____ Zip Code: _____ Investigator Telephone Number: _____

Position Applied for: _____ Investigator Email: _____

Check each step in the selection process that you completed and the current status of your application:

Step: Application Written Test Physical Fitness Oral/Panel Interview Polygraph/CVSA Background Investigation
 Interview with Chief Conditional Offer Medical Exam Psychological Exam

Status: Hired On Eligibility list Withdrew Disqualified Eliminated List Expired Other: _____

7.2 Name of Law Enforcement Agency: _____ Date of Application (MM/YYYY) _____

Address: _____ Name of Background Investigator: _____

City: _____ State: _____ Zip Code: _____ Investigator Telephone Number: _____

Position Applied for: _____ Investigator Email: _____

Check each step in the selection process that you completed and the current status of your application:

Step: Application Written Test Physical Fitness Oral/Panel Interview Polygraph/CVSA Background Investigation
 Interview with Chief Conditional Offer Medical Exam Psychological Exam

Status: Hired On Eligibility list Withdrew Disqualified Eliminated List Expired Other: _____

7.3 Name of Law Enforcement Agency: _____ Date of Application (MM/YYYY) _____

Address: _____ Name of Background Investigator: _____

City: _____ State: _____ Zip Code: _____ Investigator Telephone Number: _____

Position Applied for: _____ Investigator Email: _____

Check each step in the selection process that you completed and the current status of your application:

Step: Application Written Test Physical Fitness Oral/Panel Interview Polygraph/CVSA Background Investigation
 Interview with Chief Conditional Offer Medical Exam Psychological Exam

Status: Hired On Eligibility list Withdrew Disqualified Eliminated List Expired Other: _____

7.4 Name of Law Enforcement Agency:			Date of Application (MM/YYYY)
Address:		Name of Background Investigator:	
City:	State:	Zip Code:	Investigator Telephone Number:
Position Applied for:			Investigator Email:
Check each step in the selection process that you completed and the current status of your application:			
Step:	<input type="checkbox"/> Application <input type="checkbox"/> Written Test <input type="checkbox"/> Physical Fitness <input type="checkbox"/> Oral/Panel Interview <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background Investigation <input type="checkbox"/> Interview with Chief <input type="checkbox"/> Conditional Offer <input type="checkbox"/> Medical Exam <input type="checkbox"/> Psychological Exam		
Status:	<input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility list <input type="checkbox"/> Withdrew <input type="checkbox"/> Disqualified <input type="checkbox"/> Eliminated <input type="checkbox"/> List Expired <input type="checkbox"/> Other: _____		
7.5 Name of Law Enforcement Agency:			Date of Application (MM/YYYY)
Address:		Name of Background Investigator:	
City:	State:	Zip Code:	Investigator Telephone Number:
Position Applied for:			Investigator Email:
Check each step in the selection process that you completed and the current status of your application:			
Step:	<input type="checkbox"/> Application <input type="checkbox"/> Written Test <input type="checkbox"/> Physical Fitness <input type="checkbox"/> Oral/Panel Interview <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background Investigation <input type="checkbox"/> Interview with Chief <input type="checkbox"/> Conditional Offer <input type="checkbox"/> Medical Exam <input type="checkbox"/> Psychological Exam		
Status:	<input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility list <input type="checkbox"/> Withdrew <input type="checkbox"/> Disqualified <input type="checkbox"/> Eliminated <input type="checkbox"/> List Expired <input type="checkbox"/> Other: _____		
7.6 Name of Law Enforcement Agency:			Date of Application (MM/YYYY)
Address:		Name of Background Investigator:	
City:	State:	Zip Code:	Investigator Telephone Number:
Position Applied for:			Investigator Email:
Check each step in the selection process that you completed and the current status of your application:			
Step:	<input type="checkbox"/> Application <input type="checkbox"/> Written Test <input type="checkbox"/> Physical Fitness <input type="checkbox"/> Oral/Panel Interview <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background Investigation <input type="checkbox"/> Interview with Chief <input type="checkbox"/> Conditional Offer <input type="checkbox"/> Medical Exam <input type="checkbox"/> Psychological Exam		
Status:	<input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility list <input type="checkbox"/> Withdrew <input type="checkbox"/> Disqualified <input type="checkbox"/> Eliminated <input type="checkbox"/> List Expired <input type="checkbox"/> Other: _____		
<ul style="list-style-type: none"> Do you need to add another law enforcement agency application? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, follow the same format & use the continuation sheet at the back of this booklet titled: Section 7 - Other Law Enforcement Applications 			

SECTION 8 (A) – MILITARY SERVICE

- Regardless of whether or not you served in the military, be sure to answer the questions in this section as applicable.
- Applicants who have served in the military must arrange for a copy of their DD214(s), **for every period of active duty**, to be sent directly to the Frederick Police Department’s Personnel Unit.
- To obtain your DD214(s) online, visit: <http://www.archives.gov/veterans/military-service-records/>
- Once you are on the website, select the box “Submit Your Request Online.” You will be prompted to provide specific information.
- For question #7 select “Personal Military History.”
- In the “Documents Requested” Section, select “I would like an UNDELETED report of separation.”
- In the “Return Address section” enter: Supervisor, Personnel Unit - Frederick Police Department - 100 West Patrick Street - Frederick, MD 21701
- Once you have submitted the request you will be prompted to print, sign and fax the “Signature Authorization form.” Be sure to sign and fax this form as instructed.
- Be sure to keep a copy of the signature authorization form. Include a copy of that form when you turn in this questionnaire so we know this step has been completed.
- ...**Check this box** ...once you have completed the online request to have all your DD214(S) mailed to the police department.

Are you required to register for the Selective Service? Yes No

If you are required to register for Selective Service, have you registered? Yes No N/A

If you are required to register for Selective Service, but have not done so, explain why you have not registered:

Have you ever served in any branch(s) of the United States Military or Armed Forces? Yes No

- If you answered “Yes” to the question above, provide the following information regarding your military service:

ACTIVE DUTY (Do not include Active Reserve or Guard time in this block) Yes No N/A

Army Navy Air Force Marine Corp Coast Guard Other:

Enlisted Warrant Officer Commissioned Officer

Highest rank and pay grade attained:	From: (MM/YYYY)	To (ETS) Date: (MM/YYYY)

Primary MOS:	Secondary MOS	PMOS Title:

RESERVE / NATIONAL GUARD DUTY Yes No N/A

Army Reserve Air Force Reserve Navy Reserves Marine Corp Reserves Coast Guard Reserves Army National Guard
 Air National Guard Other:

Enlisted Warrant Officer Commissioned Officer

Highest rank and pay grade attained:	From: (MM/YYYY)	To (ETS) Date: (MM/YYYY)

Primary MOS:	Secondary MOS	PMOS Title:

- Do you need to add another military component (served in more than one) Yes No **OR**
- Were there were breaks in your service dates? Yes No
- If **Yes**, follow the same format & use the continuation sheet at the back of this booklet titled: **Section 8 - Military Service**

Check the type(s) of discharge you received. Applicants who received more than one discharge shall check all that apply:

Entry-level Honorable General Other than Honorable Bad Conduct Dishonorable Other:

Have you ever received a discharge *other than* an Honorable discharge from any branch of the United States Military or Armed Services? Yes No
 N/A

If you received any discharge besides an honorable discharge, please list the type of discharge, the date, and the reason.

20. Have you ever been denied enlistment or entry into any branch of the United States Military or Armed Services? Yes No

21. Have you ever served in the Armed forces of any country other than the United States? Yes No

22. Have you ever fraudulently enlisted or attempted to fraudulently enlist into any branch of the United States Military or Armed Services? Yes No

23. Have you ever been reduced in rank and/or had to forfeit pay as a result of any non-judicial punishment? Yes No

24. Have you ever been the subject of a military criminal investigation? Yes No

25. Have you ever been the subject of non-judicial punishment, i.e. Article 15 or Captain's Mast? Yes No

26. Have you ever been prosecuted by Court Martial? Yes No

27. Have you ever been barred or denied re-enlistment in any branch of the United States Military or Armed Services? Yes No

28. Have you ever been denied a security clearance or had a security clearance downgraded, suspended or revoked? Yes No

29. Have you ever stolen military property, or failed to turn in military property assigned to you, or have you ever unlawfully procured military property for your own use? Yes No

• If you answered **Yes** to any question 20 thru 29, please provide the following information for each incident:

Question #	List the date of the incident:	List your age at the time of the incident:

List the location of the incident:

Explain in detail what happened to include your actions and the result of your actions:

List your motivation or reason for doing so:

Question #	List the date of the incident:	List your age at the time of the incident:

List the location of the incident:

Explain in detail what happened to include your actions and the result of your actions:

List your motivation or reason for doing so:

• Do you need to add another Military incident? Yes No
 • If **Yes**, follow the same format & use the continuation sheet at the back of this booklet titled: **Section 8 (B) - Military Incidents**

• SECTION 9 – PERSONAL REFERENCES

- Provide information on **8 adult personal references that have known you well for at least 5 years** and can attest to your character.
- The **FULL** address, email, & phone number must be provided! You may include close friends, teachers, colleagues and or co-workers.
- Do not include those related to you by blood or marriage, or those mentioned elsewhere in this questionnaire.

9.1 How do you know this person?		How many years have you known this person?
Name: (First, MI, Last)		Home Phone:
Address: House Number / Street Name/ Apt/Unit #		Cell Phone:
Address: City, State & zip code:		Email:
What is this person's profession / occupation?		
9.2 How do you know this person?		How many years have you known this person?
Name: (First, MI, Last)		Home Phone:
Address: House Number / Street Name/ Apt/Unit #		Cell Phone:
Address: City, State & zip code:		Email:
What is this person's profession / occupation?		
9.3 How do you know this person?		How many years have you known this person?
Name: (First, MI, Last)		Home Phone:
Address: House Number / Street Name/ Apt/Unit #		Cell Phone:
Address: City, State & zip code:		Email:
What is this person's profession / occupation?		
9.4 How do you know this person?		How many years have you known this person?
Name: (First, MI, Last)		Home Phone:
Address: House Number / Street Name/ Apt/Unit #		Cell Phone:
Address: City, State & zip code:		Email:
What is this person's profession / occupation?		
9.5 How do you know this person?		How many years have you known this person?
Name: (First, MI, Last)		Home Phone:
Address: House Number / Street Name/ Apt/Unit #		Cell Phone:
Address: City, State & zip code:		Email:
What is this person's profession / occupation?		
9.6 How do you know this person?		How many years have you known this person?
Name: (First, MI, Last)		Home Phone:
Address: House Number / Street Name/ Apt/Unit #		Cell Phone:
Address: City, State & zip code:		Email:
What is this person's profession / occupation?		

SECTION 9 – PERSONAL REFERENCES CONTINUED

9.7 How do you know this person?		How many years have you known this person?	
Name: (First, MI, Last)		Home Phone:	
Address: House Number / Street Name/ Apt/Unit #		Cell Phone:	
Address: City, State & zip code:		Email:	
What is this person's profession / occupation?			
9.8 How do you know this person?		How many years have you known this person?	
Name: (First, MI, Last)		Home Phone:	
Address: House Number / Street Name/ Apt/Unit #		Cell Phone:	
Address: City, State & zip code:		Email:	
What is this person's profession / occupation?			

SECTION 10 (A) – DRIVER’S LICENSE INFORMATION / DRIVING HISTORY

Do you currently possess a valid driver’s license equivalent to at least a Maryland Class C? (passenger vehicle driver’s license) Yes No

What State issued your current driver’s license? _____

What is your current driver’s license number? _____

Do you currently possess, or have you ever possessed a driver’s license from any other state? Yes No

If you answered “yes” to the question above, list the other state(s) and the license number(s):	State:	License Number:	Date Issued (MM/YYYY)	Date Surrendered (MM/YYYY)

30 Has your driver’s license in this or any other State ever been denied or cancelled? Yes No

31 Has your driver’s license in this or any other State ever been suspended? Yes No

32 Has your driver’s license in this or any other State ever been revoked? Yes No

33 Has your driver’s license in this or any other State ever been refused? Yes No

34 Have you ever obtained, or attempted to obtain a driver license in this, or any other state under another name? Yes No

35 Have you ever obtained a falsified or fictitious driver’s license, or possessed a fake I.D.? Yes No

- If you answered **Yes** to any question 30 thru 35:
- Please provide a detailed explanation in the space below that includes the date, reason for the action and steps taken to resolve the situation.

Have you ever received a parking ticket? Yes No

If you checked yes to the question above, how many parking tickets have you received? _____

Have you ever failed to pay the fine for a parking ticket? Yes No

Has your vehicle registration ever been suspended for failure to pay a parking ticket fine? Yes No

- If you answered **Yes** to the question above, please list the date your registration was suspended and what steps you took to have your registration reinstated:

Have you ever failed to pay the fine for a traffic citation you received? Yes No

Have you ever failed to appear in court for a traffic citation you received which required you to appear in court, or for which you requested a court date? Yes No

- If you answered **Yes** to the question above, explain why you failed to appear for court:

List all motor vehicles currently owned, registered and or operated by you:	Year:	Make:	Model:	Tag No.	State:

Has your vehicle registration ever been suspended for any reason other than failure to pay a parking ticket fine? Yes No

- If you answered **Yes** to the question above, please explain:

Please provide the following automobile insurance information:			
Insurance Company Name	Agent's Name:	Telephone Number:	Policy Number:
Full mailing address:			
Has your automobile insurance ever been cancelled in this state or any state for non-medical reasons?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been denied automobile insurance in this state or any other state for non-medical reasons?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "yes" to either question above, please explain:			
<ul style="list-style-type: none"> Do you need to add Driver License Information/Driving History incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, follow the same format & use the continuation sheet at the back of this booklet titled: Section 10 (A) - Driver License Information/Driving History 			

SECTION 10 (B) – MOTOR VEHICLE ACCIDENTS/COLLISIONS

How many motor vehicle accidents have you **EVER** been involved in regardless of **whether or not** you were found at fault? _____

• If you answered “1” or more to the question above, please provide the following information for **each** incident:

Accident 1

The date of the accident:	Did police respond:	<input type="checkbox"/> Yes <input type="checkbox"/> No	What violation(s) were you charged with:
	Were you found at fault:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Were you issued a citation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the name of the law enforcement agency that issued you the citation?			The location of the incident (city and State):

A description of the accident to include the cause and effect:

Did you appear in Court:	<input type="checkbox"/> Yes <input type="checkbox"/> no	Did you pay the fine:	<input type="checkbox"/> Yes <input type="checkbox"/> no	Was anyone injured:	<input type="checkbox"/> Yes <input type="checkbox"/> no
What was the disposition of the citation: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation before Judgment <input type="checkbox"/> Stet Docket <input type="checkbox"/> Other					

Accident 2

The date of the accident:	Did police respond:	<input type="checkbox"/> Yes <input type="checkbox"/> No	What violation(s) were you charged with:
	Were you found at fault:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Were you issued a citation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the name of the law enforcement agency that issued you the citation?			The location of the incident (city and State):

A description of the accident to include the cause and effect:

Did you appear in Court:	<input type="checkbox"/> Yes <input type="checkbox"/> no	Did you pay the fine:	<input type="checkbox"/> Yes <input type="checkbox"/> no	Was anyone injured:	<input type="checkbox"/> Yes <input type="checkbox"/> no
What was the disposition of the citation: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation before Judgment <input type="checkbox"/> Stet Docket <input type="checkbox"/> Other					

Accident 3

The date of the accident:	Did police respond:	<input type="checkbox"/> Yes <input type="checkbox"/> No	What violation(s) were you charged with:
	Were you found at fault:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Were you issued a citation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the name of the law enforcement agency that issued you the citation?			The location of the incident (city and State):

A description of the accident to include the cause and effect:

Did you appear in Court:	<input type="checkbox"/> Yes <input type="checkbox"/> no	Did you pay the fine:	<input type="checkbox"/> Yes <input type="checkbox"/> no	Was anyone injured:	<input type="checkbox"/> Yes <input type="checkbox"/> no
What was the disposition of the citation: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation before Judgment <input type="checkbox"/> Stet Docket <input type="checkbox"/> Other					

Accident 4			
The date of the accident:	Did police respond:	<input type="checkbox"/> Yes <input type="checkbox"/> No	What violation(s) were you charged with:
	Were you found at fault:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Were you issued a citation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the name of the law enforcement agency that issued you the citation?		The location of the incident (city and State):	
A description of the accident to include the cause and effect:			
Did you appear in Court:	<input type="checkbox"/> Yes <input type="checkbox"/> no	Did you pay the fine:	<input type="checkbox"/> Yes <input type="checkbox"/> no
Was anyone injured: <input type="checkbox"/> Yes <input type="checkbox"/> no			
What was the disposition of the citation: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation before Judgment <input type="checkbox"/> Stet Docket <input type="checkbox"/> Other			
Accident 5			
The date of the accident:	Did police respond:	<input type="checkbox"/> Yes <input type="checkbox"/> No	What violation(s) were you charged with:
	Were you found at fault:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Were you issued a citation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the name of the law enforcement agency that issued you the citation?		The location of the incident (city and State):	
A description of the accident to include the cause and effect:			
Did you appear in Court:	<input type="checkbox"/> Yes <input type="checkbox"/> no	Did you pay the fine:	<input type="checkbox"/> Yes <input type="checkbox"/> no
Was anyone injured: <input type="checkbox"/> Yes <input type="checkbox"/> no			
What was the disposition of the citation: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation before Judgment <input type="checkbox"/> Stet Docket <input type="checkbox"/> Other			
Accident 6			
The date of the accident:	Did police respond:	<input type="checkbox"/> Yes <input type="checkbox"/> No	What violation(s) were you charged with:
	Were you found at fault:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Were you issued a citation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the name of the law enforcement agency that issued you the citation?		The location of the incident (city and State):	
A description of the accident to include the cause and effect:			
Did you appear in Court:	<input type="checkbox"/> Yes <input type="checkbox"/> no	Did you pay the fine:	<input type="checkbox"/> Yes <input type="checkbox"/> no
Was anyone injured: <input type="checkbox"/> Yes <input type="checkbox"/> no			
What was the disposition of the citation: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation before Judgment <input type="checkbox"/> Stet Docket <input type="checkbox"/> Other			
Accident 7			
The date of the accident:	Did police respond:	<input type="checkbox"/> Yes <input type="checkbox"/> No	What violation(s) were you charged with:
	Were you found at fault:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Were you issued a citation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the name of the law enforcement agency that issued you the citation?		The location of the incident (city and State):	
A description of the accident to include the cause and effect:			
Did you appear in Court:	<input type="checkbox"/> Yes <input type="checkbox"/> no	Did you pay the fine:	<input type="checkbox"/> Yes <input type="checkbox"/> no
Was anyone injured: <input type="checkbox"/> Yes <input type="checkbox"/> no			
What was the disposition of the citation: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation before Judgment <input type="checkbox"/> Stet Docket <input type="checkbox"/> Other			

Accident 8				
The date of the accident:	Did police respond:	<input type="checkbox"/> Yes <input type="checkbox"/> No	What violation(s) were you charged with:	
	Were you found at fault:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Were you issued a citation:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What is the name of the law enforcement agency that issued you the citation?			The location of the incident (city and State):	
A description of the accident to include the cause and effect:				
Did you appear in Court:	<input type="checkbox"/> Yes <input type="checkbox"/> no	Did you pay the fine:	<input type="checkbox"/> Yes <input type="checkbox"/> no	Was anyone injured: <input type="checkbox"/> Yes <input type="checkbox"/> no
What was the disposition of the citation: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation before Judgment <input type="checkbox"/> Stet Docket <input type="checkbox"/> Other				
Accident 9				
The date of the accident:	Did police respond:	<input type="checkbox"/> Yes <input type="checkbox"/> No	What violation(s) were you charged with:	
	Were you found at fault:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Were you issued a citation:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What is the name of the law enforcement agency that issued you the citation?			The location of the incident (city and State):	
A description of the accident to include the cause and effect:				
Did you appear in Court:	<input type="checkbox"/> Yes <input type="checkbox"/> no	Did you pay the fine:	<input type="checkbox"/> Yes <input type="checkbox"/> no	Was anyone injured: <input type="checkbox"/> Yes <input type="checkbox"/> no
What was the disposition of the citation: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation before Judgment <input type="checkbox"/> Stet Docket <input type="checkbox"/> Other				
Accident 10				
The date of the accident:	Did police respond:	<input type="checkbox"/> Yes <input type="checkbox"/> No	What violation(s) were you charged with:	
	Were you found at fault:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Were you issued a citation:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What is the name of the law enforcement agency that issued you the citation?			The location of the incident (city and State):	
A description of the accident to include the cause and effect:				
Did you appear in Court:	<input type="checkbox"/> Yes <input type="checkbox"/> no	Did you pay the fine:	<input type="checkbox"/> Yes <input type="checkbox"/> no	Was anyone injured: <input type="checkbox"/> Yes <input type="checkbox"/> no
What was the disposition of the citation: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation before Judgment <input type="checkbox"/> Stet Docket <input type="checkbox"/> Other				
<ul style="list-style-type: none"> Do you need to add another Motor Vehicle Accident/Collisions incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, follow the same format & use the continuation sheet at the back of this booklet titled: Section 10 (B) - Motor Vehicle Accident/ Collisions 				

SECTION 10 (C) – MOTOR VEHICLE CITATIONS

How many motor vehicle citations have you ever received?
 (Be sure to include citations, **verbal and written** warnings you have received after being pulled over by a police officer, or that you have received in the mail as the result of a red light camera or an automated speed enforcement ticket) #

• If you answered "1" or more to the question above, please provide the following information for **each** incident:

Motor Vehicle Citation 1

Violation:		Date (MM/YYYY):	
The location of the incident (city and State):		What is the name of the law enforcement agency that issued the citation?	
Did you pay the fine:	<input type="checkbox"/> Yes <input type="checkbox"/> no	Did you appear in Court:	<input type="checkbox"/> Yes <input type="checkbox"/> no
What was the disposition of the citation:	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation before Judgment <input type="checkbox"/> Stet Docket <input type="checkbox"/> Other (please explain):		

Motor Vehicle Citation 2

Violation:		Date (MM/YYYY):	
The location of the incident (city and State):		What is the name of the law enforcement agency that issued the citation?	
Did you pay the fine:	<input type="checkbox"/> Yes <input type="checkbox"/> no	Did you appear in Court:	<input type="checkbox"/> Yes <input type="checkbox"/> no
What was the disposition of the citation:	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation before Judgment <input type="checkbox"/> Stet Docket <input type="checkbox"/> Other (please explain):		

Motor Vehicle Citation 3

Violation:		Date (MM/YYYY):	
The location of the incident (city and State):		What is the name of the law enforcement agency that issued the citation?	
Did you pay the fine:	<input type="checkbox"/> Yes <input type="checkbox"/> no	Did you appear in Court:	<input type="checkbox"/> Yes <input type="checkbox"/> no
What was the disposition of the citation:	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation before Judgment <input type="checkbox"/> Stet Docket <input type="checkbox"/> Other (please explain):		

Motor Vehicle Citation 4

Violation:		Date (MM/YYYY):	
The location of the incident (city and State):		What is the name of the law enforcement agency that issued the citation?	
Did you pay the fine:	<input type="checkbox"/> Yes <input type="checkbox"/> no	Did you appear in Court:	<input type="checkbox"/> Yes <input type="checkbox"/> no
What was the disposition of the citation:	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation before Judgment <input type="checkbox"/> Stet Docket <input type="checkbox"/> Other (please explain):		

Motor Vehicle Citation 5

Violation:		Date (MM/YYYY):	
The location of the incident (city and State):		What is the name of the law enforcement agency that issued the citation?	
Did you pay the fine:	<input type="checkbox"/> Yes <input type="checkbox"/> no	Did you appear in Court:	<input type="checkbox"/> Yes <input type="checkbox"/> no
What was the disposition of the citation:	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation before Judgment <input type="checkbox"/> Stet Docket <input type="checkbox"/> Other (please explain):		

Motor Vehicle Citation 6			
Violation:			Date (MM/YYYY):
The location of the incident (city and State):		What is the name of the law enforcement agency that issued the citation?	
Did you pay the fine:	<input type="checkbox"/> Yes <input type="checkbox"/> no	Did you appear in Court:	<input type="checkbox"/> Yes <input type="checkbox"/> no
What was the disposition of the citation:	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation before Judgment <input type="checkbox"/> Stet Docket <input type="checkbox"/> Other (please explain):		
Motor Vehicle Citation 7			
Violation:			Date (MM/YYYY):
The location of the incident (city and State):		What is the name of the law enforcement agency that issued the citation?	
Did you pay the fine:	<input type="checkbox"/> Yes <input type="checkbox"/> no	Did you appear in Court:	<input type="checkbox"/> Yes <input type="checkbox"/> no
What was the disposition of the citation:	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation before Judgment <input type="checkbox"/> Stet Docket <input type="checkbox"/> Other (please explain):		
Motor Vehicle Citation 8			
Violation:			Date (MM/YYYY):
The location of the incident (city and State):		What is the name of the law enforcement agency that issued the citation?	
Did you pay the fine:	<input type="checkbox"/> Yes <input type="checkbox"/> no	Did you appear in Court:	<input type="checkbox"/> Yes <input type="checkbox"/> no
What was the disposition of the citation:	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation before Judgment <input type="checkbox"/> Stet Docket <input type="checkbox"/> Other (please explain):		
Motor Vehicle Citation 9			
Violation:			Date (MM/YYYY):
The location of the incident (city and State):		What is the name of the law enforcement agency that issued the citation?	
Did you pay the fine:	<input type="checkbox"/> Yes <input type="checkbox"/> no	Did you appear in Court:	<input type="checkbox"/> Yes <input type="checkbox"/> no
What was the disposition of the citation:	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation before Judgment <input type="checkbox"/> Stet Docket <input type="checkbox"/> Other (please explain):		
Motor Vehicle Citation 10			
Violation:			Date (MM/YYYY):
The location of the incident (city and State):		What is the name of the law enforcement agency that issued the citation?	
Did you pay the fine:	<input type="checkbox"/> Yes <input type="checkbox"/> no	Did you appear in Court:	<input type="checkbox"/> Yes <input type="checkbox"/> no
What was the disposition of the citation:	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation before Judgment <input type="checkbox"/> Stet Docket <input type="checkbox"/> Other (please explain):		
<ul style="list-style-type: none"> • Do you need to add another Motor Vehicle Accident/Collisions incident? <input type="checkbox"/> Yes <input type="checkbox"/> No • If Yes, follow the same format & use the continuation sheet at the back of this booklet titled: Section 10 (C) - Motor Vehicle Citations 			

SECTION 11 – FINANCIAL INFORMATION

What is your current monthly salary?	\$
What is your spouse’s current monthly salary?	\$
Do you or your spouse have any other sources of income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered Yes to the question above, please list the source of the other income, whether it is yours or your spouse’s income, and the amount:	
Source of the income:	Who receives this income
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
List your total monthly expenses, to include: rent/mortgage; car payments, utilities, credit cards, student loans, child care, child support or alimony.	\$
Is there anyone other than your spouse who helps or assists you with living expenses or making any payments such as car, mortgage, rent, or utility payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered Yes to the question above, please list the type of payment, the person who helps or assists and the amount of the payment:	
Type of payment made:	Name of Person who helps or assists
	\$
	\$
	\$
	\$

36.	Have you ever written a check or used a debit card knowing there were insufficient funds in your account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37.	Have you ever opened a credit account without the intent or means of paying off the balance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38.	Have you ever borrowed money without the intent or means to pay it back?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39.	Have you ever taken, accepted, or received a financial loan without the intent or means to pay it back?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40.	Have you ever filed for or declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41.	Have any of your bills ever been turned over to a collections agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42.	Have you ever had anything repossessed for failing to make payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43.	Have you ever been delinquent on income tax, property tax, or any other tax payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
44.	Have you ever failed to file your income taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
45.	Have you ever cheated or lied on any income tax form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46.	Have your wages ever been garnished?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47.	Have you ever avoided paying any lawful debt by changing your residence, moving away, or changing your name?	<input type="checkbox"/> Yes <input type="checkbox"/> No
48.	Have you ever defaulted on or failed to pay a loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
49.	Have you ever borrowed money to pay a gambling debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
50.	Do you have any outstanding gambling debts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
51.	Have you ever spent money for illegal purposes such as illegal drugs, prostitution, purchase of fraudulent documents etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
52.	Have you ever written a “bad check?”	<input type="checkbox"/> Yes <input type="checkbox"/> No
53.	Have you ever had a check returned or rejected for insufficient funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
54.	Have you ever failed to make or been late making a court ordered payment such as child support, alimony, restitution etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered **Yes** to question 36 thru 54, please provide the following information for each incident:

Question #	List the number of times:	List the date of the incident:	List your age at the time of the incident:

List your motivation or reason for doing so:

Question #	List the number of times:	List the date of the incident:	List your age at the time of the incident:

List your motivation or reason for doing so:

Question #	List the number of times:	List the date of the incident:	List your age at the time of the incident:

List your motivation or reason for doing so:

Question #	List the number of times:	List the date of the incident:	List your age at the time of the incident:

List your motivation or reason for doing so:

Question #	List the number of times:	List the date of the incident:	List your age at the time of the incident:

List your motivation or reason for doing so:

Question #	List the number of times:	List the date of the incident:	List your age at the time of the incident:

List your motivation or reason for doing so:

Question #	List the number of times:	List the date of the incident:	List your age at the time of the incident:

List your motivation or reason for doing so:

- Do you need to add another Financial incident? Yes No
- If **Yes**, follow the same format & use the continuation sheet at the back of this booklet titled: **Section 10, Financial**.

SECTION 12 (A) – CRIMINAL INVOLVEMENT

55.	Have you ever been arrested by any law enforcement agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
56.	Have you ever been charged criminally by any law enforcement agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
57.	Have you ever been convicted of any criminal offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
58.	Have you ever been subjected to forfeiture of collateral (fine) in connection with an arrest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
59.	Have you ever been placed on probation or parole?	<input type="checkbox"/> Yes <input type="checkbox"/> No
60.	Have you ever been required to appear before a juvenile court for an act that if committed as an adult would have been a criminal act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
61.	Have you ever been questioned by a member of a law enforcement agency for investigative purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
62.	Have you ever been detained by a member of a law enforcement agency for investigative purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
63.	Have you ever received a citation (other than motor vehicle) which resulted in you paying a fine or appearing in court?	<input type="checkbox"/> Yes <input type="checkbox"/> No
64.	Have you ever received a summons or subpoena requiring you to appear in court as a defendant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
65.	Has anyone ever filed criminal charges against you for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
66.	Have you ever committed any crime for which you were not arrested or charged, including crimes that were never reported or discovered by law enforcement?	<input type="checkbox"/> Yes <input type="checkbox"/> No

67. Have you ever committed any of the crimes listed below, regardless of whether or not anyone other than you knows about it?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Animal Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	Forgery	<input type="checkbox"/> Yes <input type="checkbox"/> No	Revenge Porn
<input type="checkbox"/> Yes <input type="checkbox"/> No	Arson	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fraud	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sexual Assault
<input type="checkbox"/> Yes <input type="checkbox"/> No	Assault	<input type="checkbox"/> Yes <input type="checkbox"/> No	Handgun or Firearms Violation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sexual contact with an animal
<input type="checkbox"/> Yes <input type="checkbox"/> No	Battery	<input type="checkbox"/> Yes <input type="checkbox"/> No	Harassment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sexual contact with a family member
<input type="checkbox"/> Yes <input type="checkbox"/> No	Borrowed something & intentionally did not return	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hate Crime	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sexual contact with a child/minor
<input type="checkbox"/> Yes <input type="checkbox"/> No	Bought, sold, traded, shared, downloaded, or possessed erotic or nude photos of children	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hit and Run Auto Accident	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shoplifting
<input type="checkbox"/> Yes <input type="checkbox"/> No	Bribery	<input type="checkbox"/> Yes <input type="checkbox"/> No	Identity Theft	<input type="checkbox"/> Yes <input type="checkbox"/> No	Solicitation
<input type="checkbox"/> Yes <input type="checkbox"/> No	Burglary or Breaking and Entering	<input type="checkbox"/> Yes <input type="checkbox"/> No	Indecent Exposure	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stalking
<input type="checkbox"/> Yes <input type="checkbox"/> No	Carried a weapon without a proper permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance Fraud	<input type="checkbox"/> Yes <input type="checkbox"/> No	Statutory Rape
<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kidnapping	<input type="checkbox"/> Yes <input type="checkbox"/> No	Switched price tags on merchandise
<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Pornography	<input type="checkbox"/> Yes <input type="checkbox"/> No	Knowingly received stolen property	<input type="checkbox"/> Yes <input type="checkbox"/> No	Taken erotic or nude photos of children/minors
<input type="checkbox"/> Yes <input type="checkbox"/> No	Computer Crimes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Malicious Burning	<input type="checkbox"/> Yes <input type="checkbox"/> No	Taken money without permission
<input type="checkbox"/> Yes <input type="checkbox"/> No	Conspiracy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Manslaughter	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tax Evasion
<input type="checkbox"/> Yes <input type="checkbox"/> No	Credit Card Fraud	<input type="checkbox"/> Yes <input type="checkbox"/> No	Money Laundering	<input type="checkbox"/> Yes <input type="checkbox"/> No	Theft
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disorderly Conduct	<input type="checkbox"/> Yes <input type="checkbox"/> No	Murder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trespassing
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disturbing the Peace	<input type="checkbox"/> Yes <input type="checkbox"/> No	Peeping Tom	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unauthorized Use of a Motor Vehicle or Joy Riding
<input type="checkbox"/> Yes <input type="checkbox"/> No	Domestic Violence	<input type="checkbox"/> Yes <input type="checkbox"/> No	Perjury	<input type="checkbox"/> Yes <input type="checkbox"/> No	Underage Drinking
<input type="checkbox"/> Yes <input type="checkbox"/> No	Drunk Driving	<input type="checkbox"/> Yes <input type="checkbox"/> No	Police Impersonation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Urinating in Public
<input type="checkbox"/> Yes <input type="checkbox"/> No	Embezzlement	<input type="checkbox"/> Yes <input type="checkbox"/> No	Prostitution (includes states/countries where legal)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vandalism

<input type="checkbox"/> Yes <input type="checkbox"/> No	Explosives or destructive devices	<input type="checkbox"/> Yes <input type="checkbox"/> No	Public Intoxication	<input type="checkbox"/> Yes <input type="checkbox"/> No	Violations of a Peace Order, Protection Order or Restraining Order
<input type="checkbox"/> Yes <input type="checkbox"/> No	Extortion	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rape	<input type="checkbox"/> Yes <input type="checkbox"/> No	Writing Bad Checks
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fleeing or eluding police in vehicle or on foot	<input type="checkbox"/> Yes <input type="checkbox"/> No	Resisting Arrest		

If you answer **Yes** to any question 55 thru 67, please provide the following information for each incident:

Question #	List the date of the incident:	List your age at the time of the incident:

List the address or location of the Incident:

Explain in detail what happened to include your actions and the result of your actions:

List your motivation or reason for committing the act:

List the name of the Police Agency that handled the incident:

List any criminal charges that were placed against you:

List the result of any court hearing, the disposition of any charges, and/or any penalty or punishment you received as a result of the incident:

Question #	List the date of the incident:	List your age at the time of the incident:

List the address or location of the Incident:

Explain in detail what happened to include your actions and the result of your actions:

List your motivation or reason for committing the act:

List the name of the Police Agency that handled the incident:

List any criminal charges that were placed against you:

List the result of any court hearing, the disposition of any charges, and/or any penalty or punishment you received as a result of the incident:

Question #	List the date of the incident:	List your age at the time of the incident:
List the address or location of the Incident:		
Explain in detail what happened to include your actions and the result of your actions:		
List your motivation or reason for committing the act:		
List the name of the Police Agency that handled the incident:		
List any criminal charges that were placed against you:		
List the result of any court hearing, the disposition of any charges, and/or any penalty or punishment you received as a result of the incident:		
Question #	List the date of the incident:	List your age at the time of the incident:
List the address or location of the Incident:		
Explain in detail what happened to include your actions and the result of your actions:		
List your motivation or reason for committing the act:		
List the name of the Police Agency that handled the incident:		
List any criminal charges that were placed against you:		
List the result of any court hearing, the disposition of any charges, and/or any penalty or punishment you received as a result of the incident:		
<ul style="list-style-type: none"> Do you need to add another Criminal Involvement incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, follow the same format & use the continuation sheet at the back of this booklet titled: Section 12 (A) - Criminal Involvement 		

SECTION 12 (B) – DRUG USE & EXPERIMENTATION

The following section deals with illegal drug use.
Do not include incidents involving lawful use of medications prescribed to you for a bona fide medical condition treated by a medical professional.

68.	Have you ever possessed any illegal drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
69.	Have you ever sold, given away, or distributed any illegal drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
70.	Have you ever sold, given away, or distributed any prescription drug(s) not prescribed to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever experimented with, tried, used, or possessed any of the following:		
71.	Opiates: Opium, Heroin, Morphine, Methadone, Codeine, Fentanyl, Hydrocodone and Oxycodone, Scramble, others	<input type="checkbox"/> Yes <input type="checkbox"/> No
72.	Cocaine (in any form: crack, powder, other)	<input type="checkbox"/> Yes <input type="checkbox"/> No
73.	Hallucinogens: LSD, Acid, PCP, Love Boat, DMT, Psilocybin Mushrooms, Shrooms, Ketamine, Mescaline, Peyote, other	<input type="checkbox"/> Yes <input type="checkbox"/> No
74.	Amphetamines: Speed, Ice, MDMA, uppers, Methamphetamines, Meth, Crystal	<input type="checkbox"/> Yes <input type="checkbox"/> No
75.	Designer Drugs: i.e. GBH, MDMA, Ecstasy, E, Molly, Fantasy, Bath Salts	<input type="checkbox"/> Yes <input type="checkbox"/> No
76.	Anabolic Steroids	<input type="checkbox"/> Yes <input type="checkbox"/> No
77.	Taking into the body or "Huffing" of any liquid or aerosol product (paint, paint thinner, other)	<input type="checkbox"/> Yes <input type="checkbox"/> No
78.	Prescription drugs, not prescribed to you	<input type="checkbox"/> Yes <input type="checkbox"/> No
79.	Synthetic cannabinoids: K2, Spice, Incense	<input type="checkbox"/> Yes <input type="checkbox"/> No
80.	Marijuana - in any form: Hashish, Hash oil, THC concentrates, CBD products (includes edibles, oils, topicals, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
81.	Any other Controlled Dangerous Substance of any kind not listed above	<input type="checkbox"/> Yes <input type="checkbox"/> No
82.	Use any Over The Counter drugs/medications/any other substances in a manner inconsistent with their labeling or intended use	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answer **Yes** to any question 68 thru 82, please provide the following information for each incident:

Question #	Which of the following is this response related to: (check one)	List the type of drug used, possessed, or distributed:
	Drug Use: <input type="checkbox"/> Possession: <input type="checkbox"/> Distribution: <input type="checkbox"/>	
Total number of times used, possessed, or distributed:		Date of last use, possession, or distribution:
Number of times after age 21:		
Quantity used, possessed, or distributed:		
If used, how did you ingest it:		
Your motivation for the use, possession, or distribution:		
How did you originally obtain the drug:		
If distributed, who were you distributing to:		

Question #	Which of the following is this response related to: (check one)	List the type of drug used, possessed, or distributed:	
	Drug Use: <input type="checkbox"/> Possession: <input type="checkbox"/> Distribution: <input type="checkbox"/>		
Total number of times used, possessed, or distributed:		Date of last use, possession, or distribution:	Number of times after age 21:
Quantity used, possessed, or distributed:			
If used, how did you ingest it:			
Your motivation for the use, possession, or distribution:			
How did you originally obtain the drug:			
If distributed, who were you distributing to:			
Question #	Which of the following is this response related to: (check one)	List the type of drug used, possessed, or distributed:	
	Drug Use: <input type="checkbox"/> Possession: <input type="checkbox"/> Distribution: <input type="checkbox"/>		
Total number of times used, possessed, or distributed:		Date of last use, possession, or distribution:	Number of times after age 21:
Quantity used, possessed, or distributed:			
If used, how did you ingest it:			
Your motivation for the use, possession, or distribution:			
How did you originally obtain the drug:			
If distributed, who were you distributing to:			
Question #	Which of the following is this response related to: (check one)	List the type of drug used, possessed, or distributed:	
	Drug Use: <input type="checkbox"/> Possession: <input type="checkbox"/> Distribution: <input type="checkbox"/>		
Total number of times used, possessed, or distributed:		Date of last use, possession, or distribution:	Number of times after age 21:
Quantity used, possessed, or distributed:			
If used, how did you ingest it:			
Your motivation for the use, possession, or distribution:			
How did you originally obtain the drug:			
If distributed, who were you distributing to:			
<ul style="list-style-type: none"> Do you need to add another Drug Use & Experimentation incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, follow the same format & use the continuation sheet at the back of this booklet titled: Section 12 (B) - Drug Use & Experimentation 			

SECTION 12 (C) - DOMESTIC VIOLENCE

83.	Have you EVER been investigated in connection with ANY domestic violence incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
84.	Have you EVER been arrested for or been charged with ANY domestic violence related offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
85.	Has your spouse, significant other, or another person with whom you have resided EVER called the police about you for ANY reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
86.	Has your spouse, significant other, or another person with whom you have resided EVER claimed that you have battered, assaulted or abused them?	<input type="checkbox"/> Yes <input type="checkbox"/> No
87.	Have you EVER been separated from your spouse(s) due to domestic violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
88.	Have you EVER been the respondent of a Protection Order, Ex-Parte order, Peace Order, or Restraining Order?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answer **Yes** to any question 83 thru 88, please provide the following information for each incident:

Question #	List the date of the incident:	List your age at the time of the incident:
List the address or location of the Incident:		
Explain in detail what happened to include your actions and the result of your actions:		
List your motivation or reason for committing the act:		
List the name of the Police Agency that handled the incident:		
List any criminal charges that were placed against you:		
List the result of any court hearing, the disposition of any charges, and/or any penalty or punishment you received as a result of the incident:		

Question #	List the date of the incident:	List your age at the time of the incident:
List the address or location of the Incident:		
Explain in detail what happened to include your actions and the result of your actions:		
List your motivation or reason for committing the act:		
List the name of the Police Agency that handled the incident:		
List any criminal charges that were placed against you:		
List the result of any court hearing, the disposition of any charges, and/or any penalty or punishment you received as a result of the incident:		

Question #	List the date of the incident:	List your age at the time of the incident:
List the address or location of the Incident:		
Explain in detail what happened to include your actions and the result of your actions:		
List your motivation or reason for committing the act:		
List the name of the Police Agency that handled the incident:		
List any criminal charges that were placed against you:		
List the result of any court hearing, the disposition of any charges, and/or any penalty or punishment you received as a result of the incident:		
Question #	List the date of the incident:	List your age at the time of the incident:
List the address or location of the Incident:		
Explain in detail what happened to include your actions and the result of your actions:		
List your motivation or reason for committing the act:		
List the name of the Police Agency that handled the incident:		
List any criminal charges that were placed against you:		
List the result of any court hearing, the disposition of any charges, and/or any penalty or punishment you received as a result of the incident:		
Question #	List the date of the incident:	List your age at the time of the incident:
List the address or location of the Incident:		
Explain in detail what happened to include your actions and the result of your actions:		
List your motivation or reason for committing the act:		
List the name of the Police Agency that handled the incident:		
List any criminal charges that were placed against you:		
List the result of any court hearing, the disposition of any charges, and/or any penalty or punishment you received as a result of the incident:		
<ul style="list-style-type: none"> Do you need to add another Domestic Violence incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, follow the same format & use the continuation sheet at the back of this booklet titled: Section 12 (C) - Domestic Violence 		

SECTION 13 (A) – MISCELLANEOUS

Have you ever been issued a permit or license to carry a handgun or other weapon?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list the State or entity that issued the license:		
List the date the license was issued:		
List the permit or license number:		
List the reason for the permit, i.e. employment, personal security, etc.		
Have you ever been denied a permit or license to carry a handgun or other weapon?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, explain:		
Do you gamble?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what type, how often and to what extent?		
If you are employed, is there anything in your past, excluding bona fide medical conditions, which if discovered later, may prove to be embarrassing to you or the Department?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, explain:		
List any special skills you possess that you believe are applicable to the position for which you have applied: (i.e. computer skills, public speaking experience, membership in civic or professional organizations)		
List any foreign language or sign language ability and the level of proficiency in each:		
List any computer software with which you are proficient:		
List any sports, athletic activities, hobbies or volunteer activities you participate in regularly:		

SECTION 13 (B) – FOR POLICE APPLICANTS ONLY

Do you belong to any organization and / or adhere to any belief that would in any way:		
89.	Limit or prohibit your use of weapons or firearms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
90.	Restrict you from conforming to Departmental standards of appearance and / or grooming?	<input type="checkbox"/> Yes <input type="checkbox"/> No
91.	Limit or prohibit you from working rotating shifts that may include daytime hours, evening hours, early morning hours, holidays and weekends?	<input type="checkbox"/> Yes <input type="checkbox"/> No
92.	Prevent you from taking an oath with or without an affirmation in a supreme being?	<input type="checkbox"/> Yes <input type="checkbox"/> No
93.	Prevent you from supporting or defending the Constitution of the United States and the State of Maryland?	<input type="checkbox"/> Yes <input type="checkbox"/> No
94.	Prevent you from using deadly force in the performance of duty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
95.	Are you prohibited from legally possessing or carrying a handgun under Federal or Maryland State Law?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If there is additional information that needs to be included with this document, simply attach another page with the information.

If referring to a specific item, include the item number and follow the same layout as in the booklet.

THIS DOCUMENT MUST BE NOTARIZED.

BE SURE TO SIGN YOUR SIGNATURE IN THE PRESENCE OF THE NOTARY. FAILURE TO HAVE THIS DOCUMENT NOTARIZED WILL RESULT IN YOUR ELIMINATION FROM THE SELECTION PROCESS.

I, _____ certify, under penalty of perjury, that all entries made by me on this questionnaire and attached pages are true, complete and correct to the best of my knowledge and belief. I further understand that if at any time during the course of the background investigation or during my employment with the Frederick Police Department it is discovered that I have made untruthful statements, failed to disclose information, falsified my answers, or have given misleading statements, it shall be cause for rejection for employment, or if hired, my immediate termination from employment.

Applicant's Signature

Date

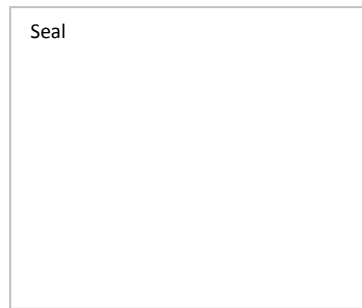
Applicant's Printed Name

Subscribed and sworn before me:

Signature of Notary Public

Date

My Commission Expires: _____



(Revised 7/27/2020)