



POLICE DEPARTMENT

P.O. Box 431
104 Morris Ave
Federalburg, MD 21632
Phone #: (410) 754-8966 Fax #: (410) 754-8097



Chief Michael A. McDermott

Town of Federalburg

Name: _____
(Last) (First) (Middle)

Current Address: _____

Phone: (____) _____ DOB: _____ Email: _____

Descriptors: _____
(Height) (Weight) (Hair Color) (Eye Color)

Social Security Number: _____ - _____ - _____ U.S. Citizen: Yes / No

Are you at least 21 years of age? Yes / No

Do you currently possess a Valid Driver's License? Yes / No If yes, please complete:

(License Number / Soundex) (State of Issue) (License Type or Class)

Are you now, or in the recent past, have you used an illegal Controlled Dangerous Substance (I.e: Marijuana, Cocaine, Heroin, LSD, PCP, Methamphetamine, etc.)? Yes / No

Education: Have you graduated from High School or received a High School equivalency diploma (GED)? Yes / No

High School: _____
(Name of School) (Address) (Dates attended To/From)

EMPLOYMENT HISTORY

Current Employer: _____
(Company Name) (Job Title)

(Business Address) (Phone)

(Name of Supervisor) (Dates Employed: Start/End) (Salary)

(Reason for Leaving)



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Do you speak, read or write any other language other than English? Yes / No

If yes, please specify: _____

Military Service: _____
(Branch) (Dates of Service) (Type of Discharge)

Are you currently a member of the National Guard or any Reserve Military component?

Yes / No If yes: _____
(Branch) (Status: Active / Inactive / Reserve) (MOS / Job Title)



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CERTIFICATION

I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make and misstatement of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or personnel regulations. All statements made in this application, including employment information, are subject to verification as a condition of employment.

(Signature Required)

(Date)

Application Received and Reviewed By:

(Received By)

(Date of Return)

(Reviewed By)

(Date of Review)

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of full disclosure of all records or any part thereof, concerning myself, by and to _____, a duly authorized agent of the Federalsburg Police Department, whether said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of deposits, withdrawals, and balances or checking and savings accounts and loans, also the records of commercial or retail credit agencies, including credit reports and / or ratings; medical and psychiatric treatment and / or consultation, including hospitals, clinics, private practitioners and the US Veteran's Administration; public utilities, employment and pre-employment records, including background reports, sufficiency ratings, complaints or grievances filed by or against me, and salary records, real and personal, property tax statements and records wherever filed; records of complaints, arrests, trials and / or convictions for alleged or actual violations of the law, including criminal and / or traffic records, records of complaints of a civil nature made by or against me, wheresoever located, and to include the records and recollection of attorneys-at-law or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest. It is the intent of this authorization to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Federalsburg Police Department to consider in determining my suitability for employment by their agency. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above are not intended to deny access to any records not specifically mentioned herein.

I understand that any information obtained by the personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment. I have had explained to me, and I fully understand that the refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application. A photocopy of this release will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Signature: _____ Printed Name: _____

Address: _____

DOB: _____ SS #: _____ Date: _____

STATE OF _____, IN THE COUNTY OF _____

On this _____ day of _____, in the year of our Lord _____, before a Notary Public, the undersigned applicant, personally appeared before me.

_____ known to me or properly identified as such, to be the person whose name is subscribed to the within instrument and acknowledged that he / she executed the same in the capacity therein stated and for the purpose therein contained.

In witness whereof, I here unto set my hand and official seal.

(NOTARY)

**OFFICIAL SEAL
MUST BE AFFIXED**

My Commission Expires:
