



St. Michael's Police Department Employment Application

Personal History Statement

Jeffrey A. Oswald
Chief of Police

Date of Application:

Position Applied for:

Name:

Last

First

Middle

Maiden

Address:

Physical Address

City

State

Zip

Mailing Address (if different from above)

City

State

Zip

Social Security Number: _____

Telephone Numbers:

Cellular: (____) _____

Home: (____) _____

Work: (____) _____

How did you become aware of this employment opportunity? _____

Please complete the following to assist us in collecting statistics required for our Equal Employment Opportunity Commission reporting requirements.

EEO Category:

Black: _____ White: _____ Hispanic: _____

American Indian or Alaskan Native: _____ Asian or Pacific Islander: _____

Unknown: _____

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, marital status or veteran status, sexual orientation, or any other legally protected status.

**St. Michaels Police Department
Employment Application**

Authorization for Release of Information

I, _____
Last First Middle Maiden Race/Sex DOB

Full Address City State Zip SSN

I, do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by/to any duly authorized agent of St. Michaels Police Department, whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature. The intention of this authorization is to provide information which will be utilized as investigative resource material.

I authorize the full and complete disclosure of records of educational institutions, financial or credit institution, and the records of commercial or retail mercantile establishments and retail credit agencies, hospitals, clinics, private practitioners, the U.S. Veterans Administration and all military and psychiatric facilities; public utility companies; employment and pre-employment records including background investigation reports, the results of polygraph examinations, efficiency ratings, complaints or grievances filed by or against me; records of complaints of a civil nature made by or against me, and including, but not limited to the records and recollections of myself or another person in any case in which I presently have, or have had an interest.

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 arising out of 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 release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

X _____
Applicant's Signature Date

X _____
Witness Signature Witness Printed Name

Witness Address City State Zip

***St. Michaels Police Department
Employment Application***

Final Submission Date / Misrepresentation Notification

This application must be returned by _____, failure to return the personal history statement within the stated time period will result in the disqualification of the applicant.

I agree that if any misrepresentation has been made, any offer of employment may be withdrawn or my employment terminated immediately without any obligation or liability to me other than for payment of services actually rendered.

I understand and agree that this employment application, by itself or together with other St. Michaels Police Department documents or policy statements, does not create a contract of employment. I also understand that I may voluntarily leave or be terminated at any time and for any reason.

Applicants Signature

Date

***St. Michaels Police Department
Employment Application***

Applicant Name: _____
Last First Middle Maiden

Date of Birth: _____ Age: _____

Place of Birth: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Scars, Marks, Tattoos: _____

Emergency Contact: _____
Last First Middle

Address: _____
Physical Address City State Zip

Mailing Address City State Zip

Telephone Number: _____

1. MARITAL STATUS:

Married: _____ Single: _____ Separated: _____

Divorced: _____ Widowed: _____ Engaged: _____

Name of Spouse/Significant Other: _____
Last First Middle

Address: _____
Physical Address City State Zip

Date of Birth: _____ Age: _____

Telephone Number: _____

2. CHILDREN/DEPENDENTS: List all children, including step-children, adopted children and dependents.

A. Name: _____
Last First Middle Maiden

Full Address: _____

Date of Birth: _____ **Age:** _____ **Relationship:** _____

B. Name: _____
Last First Middle Maiden

Full Address: _____

Date of Birth: _____ **Age:** _____ **Relationship:** _____

C. Name: _____
Last First Middle Maiden

Full Address: _____

Date of Birth: _____ **Age:** _____ **Relationship:** _____

D. Name: _____
Last First Middle Maiden

Full Address: _____

Date of Birth: _____ **Age:** _____ **Relationship:** _____

E. Name: _____
Last First Middle Maiden

Full Address: _____

Date of Birth: _____ **Age:** _____ **Relationship:** _____

3. PAST MARRIAGES:

A. Name: _____
Last First Middle Maiden

Full Address: _____

Telephone Number: _____

Divorced _____ Separated _____ Annulled _____

B. Name: _____
Last First Middle Maiden

Full Address: _____

Telephone Number: _____

Divorced _____ Separated _____ Annulled _____

C. Name: _____
Last First Middle Maiden

Full Address: _____

Telephone Number: _____

Divorced _____ Separated _____ Annulled _____

D. Name: _____
Last First Middle Maiden

Full Address: _____

Telephone Number: _____

Divorced _____ Separated _____ Annulled _____

4. MILITARY STATUS:

A. Have you served in the United States Armed Forces? Yes: _____ No: _____

If yes, what branch of service? _____

Date From: _____ Date To: _____

B. While in military service were you ever arrested or convicted for an offense which resulted in special or general court martial, from trial by deck court or by summary? (Include all Article 15 punishments or similar disciplinary actions)

Yes: _____ No: _____

If yes, give date, place, law enforcing authority or type of court, or court martial, charge and action taken for each incident (use a separate sheet to record this information)

C. Type of Discharge: Honorable: _____ Dishonorable: _____

Other than Honorable: _____

Re-enlistment Code: _____

D. Are you presently a member of the United States Reserves, National or State Guard Organization?

Yes: _____ No: _____

Pay Grade: _____ Service ID Number: _____

MOS and Component: _____

Current Duty Station & Assignment: _____

Reserve Obligation, if any: _____

Active: _____ Inactive: _____ Standby: _____

5. EDUCATION: (List names/dates of all schools attended, elementary through senior high)

A. Name of School: _____ from: _____ to: _____
Name of School: _____ from: _____ to: _____
Name of School: _____ from: _____ to: _____
Name of School: _____ from: _____ to: _____
Name of School: _____ from: _____ to: _____
Name of School: _____ from: _____ to: _____

B. Last high school you attended: _____ from: _____ to: _____

Did you graduate? Yes: _____ No: _____

If no, do you have a GED? Yes: _____ No: _____

C. Were you ever the subject of school disciplinary action, such as suspension or other censure?

Yes: _____ No: _____

If yes, list details: _____

6. HIGHER EDUCATION: (List all colleges or universities attended)

A. Name of School: _____ from: _____ to: _____
Name of School: _____ from: _____ to: _____
Name of School: _____ from: _____ to: _____

Degree Received: Yes: _____ No: _____ Type Degree: _____

Major: _____ Minor: _____

7. OTHER TRAINING: (List training related to position applied for)

A. _____
B. _____
C. _____
D. _____
E. _____
F. _____
G. _____

8. SPECIAL QUALIFICATIONS AND SKILLS: (Indicate type of special licenses other than driver's license such as pilot, radio operator, etc., indicating licensing authority, where license was first issued, and date current license expires)

- A. _____
- B. _____
- C. _____
- D. _____

9. OTHER QUALIFICATIONS: (Summarize any special job related skills, training, and qualifications acquired from employment or other experience)

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____
- G. _____

10. FOREIGN LANGUAGES: (Indicate any foreign languages known, indicating proficiency with an excellent/good/fair in the proper section)

- | | | |
|--------------------|----------------------|-----------------|
| A. Language: _____ | Reading: _____ | Speaking: _____ |
| Proficiency: _____ | Understanding: _____ | Writing: _____ |
| | | |
| B. Language: _____ | Reading: _____ | Speaking: _____ |
| Proficiency: _____ | Understanding: _____ | Writing: _____ |
| | | |
| C. Language: _____ | Reading: _____ | Speaking: _____ |
| Proficiency: _____ | Understanding: _____ | Writing: _____ |

11. VEHICLE OPERATORS LICENSE: (Give the following information concerning any vehicle operator's license you now hold or have held in the past)

- | | | | |
|-------------------|--------------|--------------|------------------|
| A. Soundex: _____ | Class: _____ | State: _____ | Exp. Date: _____ |
| B. Soundex: _____ | Class: _____ | State: _____ | Exp. Date: _____ |
| C. Soundex: _____ | Class: _____ | State: _____ | Exp. Date: _____ |

Have you ever been denied issuance of a license or had a license suspended or revoked? Yes: _____ No: _____

If yes, give state, date, and reason why: _____

Have you ever had automobile insurance withdrawn or revoked or have you ever been refused automobile insurance as a result of criminal or traffic violations or high incidence of accidents? Yes: _____ No: _____

If yes, explain why: _____

12. FINANCIAL RESOURCES:

Do you receive income from any source other than your occupation?

Yes: _____ No: _____ If yes, how much? _____

How often? _____

What is the source of income? _____

13. FAMILY: (List, in order given, parents, guardians, step-parents, foster parents, parents-in-law, brothers, sisters, living or deceased. Include any others you have resided with)

	Relationship	Name	Full Address (if living)	Phone #
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____

14. EMPLOYMENT HISTORY:

A. Have you ever been discharged (fired) from employment for any reason?

Yes: _____ No: _____

B. Have you ever resigned (quit) after being informed that your employer intended to discharge you for any reason?

Yes: _____ No: _____

C. Have you ever resigned after being informed that your employer intended to take any form of disciplinary action against you?

Yes: _____ No: _____

If you answered yes to any one or more of the questions A-C, give full details below:

Beginning with your most recent job, list your work history for the past ten years, including part-time, temporary, or seasonal employment, and all periods of unemployment.

1. From Date: _____ To Date: _____ Start Salary: _____ End Salary: _____

Employer Name & Phone #: _____

Employer Address: _____

Supervisor (Name, Phone#): _____

Name of Co-Worker: _____

Description of Duties: _____

Reason for Leaving: _____

2. From Date: _____ To Date: _____ Start Salary: _____ End Salary: _____

Employer Name & Phone #: _____

Employer Address: _____

Supervisor (Name, Phone #): _____

Name of Co-Worker: _____

Description of Duties: _____

Reason for Leaving: _____

3. From Date: _____ To Date: _____ Start Salary: _____ End Salary: _____

Employer Name & Phone #: _____

Employer Address: _____

Supervisor (Name, Phone #): _____

Name of Co-Worker: _____

Description of Duties: _____

Reason for Leaving: _____

4. From Date: _____ To Date: _____ Start Salary: _____ End Salary: _____

Employer Name & Phone #: _____

Employer Address: _____

Supervisor (Name, Phone #): _____

Name of Co-Worker: _____

Description of Duties: _____

Reason for Leaving: _____

5. From Date: _____ To Date: _____ Start Salary: _____ End Salary: _____

Employer Name & Phone #: _____

Employer Address: _____

Supervisor (Name, Phone #): _____

Name of Co-Worker: _____

Description of Duties: _____

Reason for Leaving: _____

6. From Date: _____ To Date: _____ Start Salary: _____ End Salary: _____

Employer Name & Phone #: _____

Employer Address: _____

Supervisor (Name, Phone #): _____

Name of Co-Worker: _____

Description of Duties: _____

Reason for Leaving: _____

7. From Date: _____ To Date: _____ Start Salary: _____ End Salary: _____

Employer Name & Phone #: _____

Employer Address: _____

Supervisor (Name, Phone #): _____

Name of Co-Worker: _____

Description of Duties: _____

Reason for Leaving: _____

15. ARREST, DETENTION, & LITIGATION: (All arrest including traffic citations)

A. Have you ever been arrested, charged, or detained by a law enforcement agency?

Yes: _____ No: _____

B. Have you ever been involved in any court, civil or criminal, or charged by summons or citation? (Includes all traffic violations, parking, etc., in any of the United States or out of the country)

Yes: _____ No: _____

C. Have you ever been fingerprinted for any reason, (for example, an arrest, or as a job applicant, etc.)?

Yes: _____ No: _____ If yes, indicate month/year: _____

If you answered yes to any one or more of the questions 1-3, list all details below, including date, places, and full description of each incident and outcome:

16. RESIDENCES: (List all residences for the past five years, beginning with your present address)

	From	To	Full Physical Address
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____
E.	_____	_____	_____
F.	_____	_____	_____

17. CHARACTER REFERENCES: (Do not repeat the names of supervisors, nor include relatives, former employers, or persons living outside the United States or its territories. List only references with a definite knowledge of your qualifications, and fitness for the position for which you are applying. List five references.

Name	Full Address	Years Known	Phone#
A.			
B.			
C.			

18. PAST AND / OR PRESENT MEMBERSHIP IN ORGANIZATIONS: (List organization names, addresses, type membership, and membership dates)

Organization	Location	Type	Membership Dates
A.			
B.			
C.			
D.			
E.			

19. SUBVERSIVE ORGANIZATIONS:

A. Are you now, or have you ever been a member of any organization, association, movement, group, or combination of persons that advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?

Yes: _____ No: _____

B. Are you now, or have you ever been affiliated or associated with any organization or the type described above as an agent, official, or employee?

Yes: _____ No: _____

C. Have you ever been engaged in any of the following activities of any organization of the type described above: contribution(s) to, attendance at, or participation in any organization, social or other activities of said organizations, or of any projects sponsored by them; the sale, gift, or distribution of any written, printed, or other matter prepared, reproduced, or published by them, or any of their agents or instrumentalities?

Yes: _____ No: _____

If you answered yes to any one or more of questions A-C, give full details and Circumstances below. Attach additional sheets if necessary for a full, detailed statement. If associated with any of these organizations, specify nature and extent of association with each, including office or position held, also include dates, places, and credentials now or formerly held. If associations have been with individuals who are members of these organizations, list the individuals and the organizations with which they were or are affiliated.

20. Have you applied for a position with any other police, fire, or protective agency?

Yes: _____ No: _____

If yes, give details. List date of application, agency, and disposition of application (i.e. not selected or rejected, stating reasons for same; withdrew, inactive, active, etc.)

21. Do you have an application pending with any other employment?

Yes: _____ No: _____

If yes, give details, including date of application and agency:

22. FINANCIAL DISCLOSURE OF DEBT: (List all past and present debts)

1. Company Name: _____ Type Debt: _____
Monthly Payment: _____ Active or Inactive: _____
Loan Amount: _____
2. Company Name: _____ Type Debt: _____
Monthly Payment: _____ Active or Inactive: _____
Loan Amount: _____
3. Company Name: _____ Type Debt: _____
Monthly Payment: _____ Active or Inactive: _____
Loan Amount: _____
4. Company Name: _____ Type Debt: _____
Monthly Payment: _____ Active or Inactive: _____
Loan Amount: _____
5. Company Name: _____ Type Debt: _____
Monthly Payment: _____ Active or Inactive: _____
Loan Amount: _____
6. Company Name: _____ Type Debt: _____
Monthly Payment: _____ Active or Inactive: _____
Loan Amount: _____
7. Company Name: _____ Type Debt: _____
Monthly Payment: _____ Active or Inactive: _____
Loan Amount: _____

This image shows a full page of blank, lined paper. It features approximately 28 horizontal blue or grey lines spaced evenly apart, typical of notebook paper. The lines extend across the entire width of the page, leaving small margins at the top and bottom. There are no vertical lines, text, or other markings on the page.

**St. Michaels Police Department
Authorization for Release of Military Records**

TO:
NATIONAL PERSONNEL RECORDS CENTER
(Military Personnel Records)
9700 Page Boulevard
St. Louis, Missouri, 63132

FROM:
St. Michaels Police Department
(Applicant Background Section)
P.O. Box 206
St. Michaels, Maryland, 21663

I authorize the National Personnel Records Center, St. Louis, Missouri, or other custodian of my military records, to release to the St. Michaels Police Department, information or photocopies from my military personnel and related medical records. This could include a photocopy of my DD Form 214 Report of Separation.

Applicant's Full Name: _____ **SS#:** _____

Complete Address: _____

Date of Birth: _____ **Place of Birth:** _____

Branch of Service: _____ **Military Service Number:** _____

Dates of Service: Entered: _____ **Separated:** _____

Present Military Status: **None** _____ **Marine Corps Reserve** _____ **Army Reserve** _____

Air National Guard _____ **Coast Guard** _____ **Navy Reserve** _____ **Air Force Reserve** _____

Army National Guard _____ **Present Reserve Status: Active** _____ **Inactive** _____

Position Applied For: _____

Applicant Signature: _____ **Date:** _____

*****TO BE COMPLETED BY MILITARY RECORDS OFFICE*****

Entry Date	Separation Date	Separation Reason	Character of Service
_____	_____	_____	_____

Disciplinary Data, if any: **None** _____ **See attached** _____

Releasing Office: _____

Signature of Releasing Agent: _____ **Date:** _____