



**PERSONAL HISTORY QUESTIONNAIRE  
FOR APPLICANT BACKGROUND INVESTIGATION  
(Police Officer Position)**

APPLICANT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

DATE COMPLETED \_\_\_\_\_

**POSITION SOUGHT:**

- POLICE OFFICER (ENTRY LEVEL)
- POLICE OFFICER (LATERAL TRANSFER)

Are you certified law enforcement officer?  Yes  No

If yes: State: \_\_\_\_\_ Certification # \_\_\_\_\_

Certification date: \_\_\_\_\_ Expiration date: \_\_\_\_\_

***NOTICE: THIS QUESTIONNAIRE MUST BE FULLY COMPLETED AND TURNED IN WITH YOUR "AUTHORIZATION OF RELEASE OF INFORMATION" SIGNED AND NOTARIZED. FAILURE TO DO SO WILL RESULT IN YOUR ELIMINATION FROM THIS SELECTION PROCESS. YOU CAN MAIL THIS COMPLETED APPLICATION TO:***

**Thurmont Police Department  
800 East Main Street  
Thurmont, Maryland 21788**

## PERSONAL HISTORY QUESTIONNAIRE INTRODUCTION

The Thurmont Police Department conducts background investigations on **all** potential employees to determine their suitability for employment. The information requested in this questionnaire is needed in order to conduct these investigations. We also need information on matters such as citizenship and military experience in order to establish that you meet the requirements and laws that we must follow in deciding whom this Department may employ. We may not be able to offer you employment if you do not answer these questions. **Incomplete PHQ's will not be accepted.**

Information collected in this booklet will be used for investigation purposes and will be verified through 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 Thurmont 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.

*No other document that you will prepare during your applications for police department employment will be as important as the attached booklet. It is in your own best interest to follow these 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. We may be unable to process an incomplete document. Entries must be typed or handwritten legibly by the applicant in blue or black ink!*

Before completing this document, closely read the instructions that are written throughout. There are copies of official documents that you are required to obtain; some of these documents may be necessary for you to adequately complete the booklet.

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.

When completing the residence portion of this booklet, be sure you provide EVERY address where you have lived for the **past ten years**. Begin, in order, with your present address and work backward. If necessary, call the appropriate person(s) to determine the exact address and time of your residence at that address.

When completing the employment portion of this booklet, be sure to provide EVERY employer, starting with your present job and working backward. If there is a period of unemployment, enter it in the booklet in the same sequence and manner as if it were another employer by indicating "from" and "to" and writing UNEMPLOYED under the "Name of Employer" heading. Further, 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 additional space is needed for any item, the answer should be continued on the pages provided at the end of the booklet. Each continued answer should be numbers to correspond with the number of the original question in the booklet.

If a question does not apply to you, write "N/A" (Not Applicable) as your response. Incomplete or inaccurate answers may result in your rejection. If the booklet is incomplete at the time it is submitted, future processing may be delayed.

While completing the form, please keep in mind that:

1. **COMPLETION OF THE BOOKLET IS MANDATORY TO RECEIVE CONSIDERATION IN THE SELECTION PROCESS**
2. ALL statements are subject to verification
3. Deliberate inaccuracies or incomplete statements may remove you from further employment consideration
4. ALL periods of your background must be accounted for.

It is to your advantage to respond openly. Any negative factor contained in the information provided by you will be evaluated in terms of the circumstances and facts surrounding it and its degree of relevance to the job. **YOU MAY BE DISQUALIFIED IF YOU INTENTIONALLY MAKE A FALSE STATEMENT OF A MATERIAL FACT, OR INTENTIONALLY OMIT A MATERIAL FACT, OR IF YOU PRACTICE OR ATTEMPT TO PRACTICE ANY FORM OF DECEPTION OR FRAUD.**

**If you have any questions, or if you are having difficulty obtaining the requested information, contact the Administrative Assistant or the Deputy Chief of Police, Thurmont Police Department at (301) 271-0905, Monday through Friday between 8:00 am and 4:00 pm.**

#### **PAPERS AND DOCUMENTS THAT ARE REQUIRED**

All applicants are required to provide the following copies of applicable documents:

1. Birth certificate
2. High school Diploma or **(Upon request by Investigator)**
3. GED Certificate **(Upon request by Investigator)**
4. **Certified copies** of High School / GED and College transcripts **(Upon request by Investigator)**
5. DD-214 (Military Discharge Record)
6. Naturalization certificate
7. Court Orders (as appropriate), such as: **(Upon request by Investigator)**
  - a. Marriage license(s)
  - b. Separation agreement(s)
  - c. Divorce decree(s)
  - d. Name change(s)
  - e. Adoption(s)
8. Driver's License

Please provide **copies** of the specified documents (other than school transcripts).

#### **ADDITIONAL INSTRUCTIONS**

1. Arrange to have your **official certified** high school and college transcripts sent directly to the Thurmont Police Department, 800 East Main Street, Thurmont, Maryland 21788, **(Upon request by Investigator)**
2. Be certain to use complete street addresses in the booklet, including house or apartment numbers, city, state and ZIP Code information, and phone numbers including area codes. Avoid the use of P.O. Box addresses, unless that is all there is. In those cases, provide directions in the Continuation pages of the booklet.
3. You must complete and have notarized the "Authorization for Release of Information" **prior** to returning the booklet.
4. Finally, when you receive your appointment for your interview with a background investigator, you should arrive on time and be prepared to discuss the content of this booklet with the investigator.

**THURMONT POLICE DEPARTMENT  
800 EAST MAIN STREET  
THURMONT, MARYLAND 21788**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
First Middle Last Race Sex Date of Birth  
\_\_\_\_\_, \_\_\_\_\_,  
Social Security Number Address (Street, City State, and 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 Thurmont 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 Thurmont (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.

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.

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Signature of Applicant

Date

Subscribed and sworn to before me

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Signature of Notary Public

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

My commission expires \_\_\_\_\_

**PART I: PERSONAL DATA**

Name: \_\_\_\_\_  
Last First Middle Maiden

Other names previously or currently used (including nicknames). Explain why and when used:  
\_\_\_\_\_  
\_\_\_\_\_

Date of birth \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Month Day Year

Place of birth: \_\_\_\_\_  
City State Country

Current address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

**CONTACT INFORMATION**

Home phone (\_\_\_\_\_) \_\_\_\_\_ Hours: \_\_\_\_\_

Work phone (\_\_\_\_\_) \_\_\_\_\_ Hours: \_\_\_\_\_

Cell phone (\_\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

**CITIZENSHIP**

Are you a United States Citizen?  Yes  No

If yes:  By Birth  By Naturalization - Date & Place \_\_\_\_\_ / \_\_\_\_\_

**PHYSICAL DESCRIPTION**

Race \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_

Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

**MARITAL STATUS**

Check current marital status:

- Married  Single  Engaged
- Separated  Divorced  Widowed  Live with significant other

Current Spouse name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_  
Home phone (\_\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_\_) \_\_\_\_\_  
Cell phone (\_\_\_\_\_) \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer's name \_\_\_\_\_  
Employer's address \_\_\_\_\_  
Date of marriage \_\_\_\_\_

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Former Spouse \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_  
Home phone (\_\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_\_) \_\_\_\_\_  
Cell phone (\_\_\_\_\_) \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer's name \_\_\_\_\_  
Employer's address \_\_\_\_\_  
Date of marriage \_\_\_\_\_ Date of Divorce \_\_\_\_\_

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Former Spouse \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_  
Home phone (\_\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_\_) \_\_\_\_\_  
Cell phone (\_\_\_\_\_) \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer's name \_\_\_\_\_  
Employer's address \_\_\_\_\_  
Date of marriage \_\_\_\_\_ Date of Divorce \_\_\_\_\_

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Current significant other \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_  
Home phone (\_\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_\_) \_\_\_\_\_  
Cell phone (\_\_\_\_\_) \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer's name \_\_\_\_\_  
Employer's address \_\_\_\_\_  
How long together? \_\_\_\_\_

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**DOMESTIC HISTORY (To include any expungements)**

Have you ever been investigated for ANY domestic violence offense?  Yes  No If yes, explain:

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Have you ever been arrested for or been charged with any domestic violence offense?  Yes  No

If yes, explain: \_\_\_\_\_

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Have you ever been convicted for domestic violence?  Yes  No

Has your spouse or significant other (current or former) ever called the police about you for any reason?

Yes  No If yes, explain: \_\_\_\_\_

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Has a neighbor or family member ever called the police about you for any reason?  Yes  No

If yes, explain: \_\_\_\_\_

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Has your spouse or significant other (current or former) ever claimed that you have battered (hit) him/her?

Yes  No If yes, explain: \_\_\_\_\_

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Have the police ever been to your home to investigate any complaint, or question you for any reason?

Yes  No If yes, explain: \_\_\_\_\_

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Have you ever been separated from your spouse(s)?  Yes  No If yes, explain: \_\_\_\_\_

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**CHILDREN AND DEPENDANTS**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_

Do you provide child support to anyone for any or all of the above?  Yes  No If yes, explain:

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Are you currently delinquent on any of your child support payments?  Yes  No

Have you ever been delinquent on your child support payments?  Yes  No

Has your Drivers License ever been suspended for child support delinquency?  Yes  No

**FAMILY INFORMATION**

Father's name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_\_) \_\_\_\_\_

Cell phone (\_\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer's name \_\_\_\_\_

Employer's address \_\_\_\_\_

Does this person have a criminal record?  Yes  No If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

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Mother's name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_\_) \_\_\_\_\_

Cell phone (\_\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer's name \_\_\_\_\_

Employer's address \_\_\_\_\_

Does this person have a criminal record?  Yes  No If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

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If someone raised you other than your parents, provide that information:

Name \_\_\_\_\_ DOB \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_\_) \_\_\_\_\_

Cell phone (\_\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer's name \_\_\_\_\_

Employer's address \_\_\_\_\_

Does this person have a criminal record?  Yes  No If yes, explain:

\_\_\_\_\_

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Dates you were under this person's charge:

From \_\_\_\_\_ to \_\_\_\_\_

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**SIBLING INFORMATION**

Relationship \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_\_) \_\_\_\_\_

Cell phone (\_\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Does this person have a criminal record?  Yes  No If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

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Relationship \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_\_) \_\_\_\_\_

Cell phone (\_\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Does this person have a criminal record?  Yes  No If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

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Relationship \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_\_) \_\_\_\_\_

Cell phone (\_\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Does this person have a criminal record?  Yes  No If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

**PART II: RESIDENCE INFORMATION**

List your residences for the last ten (10) years, **beginning with your present address** and working backward. Give the name and present address of one (1) neighbor in each case, or the names of roommates, fellow lodgers, landlords, or realty companies. List all military assignments separately, including duty assignment and dates of each.

Dates: From \_\_\_\_\_ to Present

Address \_\_\_\_\_

Landlord or realty company \_\_\_\_\_

Address \_\_\_\_\_

Telephone number (\_\_\_\_\_) \_\_\_\_\_

Neighbor's name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number (\_\_\_\_\_) \_\_\_\_\_

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Dates: From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_

Landlord or realty company \_\_\_\_\_

Address \_\_\_\_\_

Telephone number (\_\_\_\_\_) \_\_\_\_\_

Neighbor's name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number (\_\_\_\_\_) \_\_\_\_\_

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Dates: From \_\_\_\_\_ to Present

Address \_\_\_\_\_

Landlord or realty company \_\_\_\_\_

Address \_\_\_\_\_

Telephone number (\_\_\_\_\_) \_\_\_\_\_

Neighbor's name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number (\_\_\_\_\_) \_\_\_\_\_

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Dates: From \_\_\_\_\_ to Present

Address \_\_\_\_\_

Landlord or realty company \_\_\_\_\_

Address \_\_\_\_\_

Telephone number (\_\_\_\_\_) \_\_\_\_\_

Neighbor's name \_\_\_\_\_

Address \_\_\_\_\_  
Telephone number (\_\_\_\_\_) \_\_\_\_\_

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Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_  
Landlord or realty company \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone number (\_\_\_\_\_) \_\_\_\_\_  
Neighbor's name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone number (\_\_\_\_\_) \_\_\_\_\_

Use continuation to provide additional information if needed. Please use the same format.

### PART III: EDUCATIONAL INFORMATION

Provide information about schools you have attended **from high school forward**. Be sure to include all colleges, universities, business or trade schools, and military schools. Use same format on continuation sheets if additional room is needed.

#### HIGH SCHOOL or VOCATIONAL SCHOOL

Name of school \_\_\_\_\_  
Address \_\_\_\_\_  
Grades attended: From grade \_\_\_\_\_ to \_\_\_\_\_  
Highest grade completed \_\_\_\_\_ Did you graduate?  Yes  No

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Name of school \_\_\_\_\_  
Address \_\_\_\_\_  
Grades attended: From grade \_\_\_\_\_ to \_\_\_\_\_  
Highest grade completed \_\_\_\_\_ Did you graduate?  Yes  No

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Name of school \_\_\_\_\_  
Address \_\_\_\_\_  
Grades attended: From grade \_\_\_\_\_ to \_\_\_\_\_  
Highest grade completed \_\_\_\_\_ Did you graduate?  Yes  No

**COLLEGE or TECHNICAL SCHOOL**

Name of school \_\_\_\_\_

Address \_\_\_\_\_

Semesters attended: From \_\_\_\_\_ to \_\_\_\_\_

Highest level completed (or degree received) \_\_\_\_\_

Did you graduate?  Yes  No

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Name of school \_\_\_\_\_

Address \_\_\_\_\_

Semesters attended: From \_\_\_\_\_ to \_\_\_\_\_

Highest level completed (or degree received) \_\_\_\_\_

Did you graduate?  Yes  No

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Do you possess a High School Diploma?  Yes  No

Do you possess a GED Certificate?  Yes  No

State that issued the GED certification \_\_\_\_\_

If you attended college, list your area(s) of concentration/majors:

\_\_\_\_\_  
\_\_\_\_\_

Degree(s) earned:

Associates  Bachelors  Masters  PhD

List degree(s) with major(s)/minor(s): \_\_\_\_\_

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If no college degree, total number of credit hours earned \_\_\_\_\_

Have you ever been dismissed, expelled, or received punitive disciplinary action from a school or college for any academic or disciplinary reason?  Yes  No If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

**PART IV: DRIVING RECORD**

Do you have a valid driver's license?  Yes  No

Driver's license number \_\_\_\_\_ State \_\_\_\_\_

Date issued \_\_\_\_\_

Do you have current driver's license(s) issued by more than one state(s)?  Yes  No

If yes, list the State(s) and number(s) of each:

Driver's license number \_\_\_\_\_ State \_\_\_\_\_

Date issued \_\_\_\_\_

In what other states, territories or jurisdictions have you held a driver's license?

State \_\_\_\_\_ Dates held \_\_\_\_\_ State \_\_\_\_\_ Dates held \_\_\_\_\_

Is your Driver's License now or has it ever been denied or refused?  Yes  No

Is your Driver's License now or has it ever been suspended?  Yes  No

Is your Driver's License now or has it ever been revoked?  Yes  No

Is your Driver's License now or has it ever been subject to any similar penalty?  Yes  No

If you checked **yes** to any of these, explain in detail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARKING VIOLATIONS**

Have you ever received a parking ticket?  Yes  No

Has your registration ever been suspended for failure to pay parking fines?  Yes  No

**TRAFFIC COLLISIONS**

Have you ever been involved in any motor vehicle collisions?  Yes  No

If yes, list each with a description:

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Description: \_\_\_\_\_

Did police respond?  Yes  No Were you found at fault?  Yes  No

Did you receive a citation?  Yes  No Charging Agency: \_\_\_\_\_

Disposition of citation: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Description: \_\_\_\_\_

Did police respond?  Yes  No Were you found at fault?  Yes  No

Did you receive a citation?  Yes  No Charging Agency: \_\_\_\_\_

Disposition of citation: \_\_\_\_\_

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Date: \_\_\_\_\_ Location: \_\_\_\_\_

Description: \_\_\_\_\_

Did police respond?  Yes  No Were you found at fault?  Yes  No

Did you receive a citation?  Yes  No Charging Agency: \_\_\_\_\_

Disposition of citation: \_\_\_\_\_

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### TRAFFIC VIOLATIONS

Indicate below **all** traffic citations that you have ever received, **including** those associated with a motor vehicle collision. Some examples may be speeding, red light or stop sign violations. Use the same format on continuation sheets if needed. For each incident, provide the following information:

Date \_\_\_\_\_ Charging agency \_\_\_\_\_

Violation/Charge \_\_\_\_\_

Location (City & State) \_\_\_\_\_

Final disposition \_\_\_\_\_

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Date \_\_\_\_\_ Charging agency \_\_\_\_\_

Violation/Charge \_\_\_\_\_

Location (City & State) \_\_\_\_\_

Final disposition \_\_\_\_\_

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Date \_\_\_\_\_ Charging agency \_\_\_\_\_

Violation/Charge \_\_\_\_\_

Location (City & State) \_\_\_\_\_

Final disposition \_\_\_\_\_

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Date \_\_\_\_\_ Charging agency \_\_\_\_\_

Violation/Charge \_\_\_\_\_

Location (City & State) \_\_\_\_\_

Final disposition \_\_\_\_\_

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**AUTO INSURANCE**

Motor vehicle insurance company \_\_\_\_\_

Address \_\_\_\_\_

Agent's name \_\_\_\_\_ Phone number (\_\_\_\_\_) \_\_\_\_\_

Has your automobile insurance ever been canceled for NON-MEDICAL reasons?  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Has you drivers license ever been suspended due to an auto insurance violation?  Yes  No

Have you ever driven a vehicle without proper insurance where it was required?  Yes  No

Have you ever let your auto insurance lapse?  Yes  No

**VEHICLE INFORMATION**

List all motor vehicles owned, registered, or normally driven by you:

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Tag number \_\_\_\_\_ State \_\_\_\_\_

Owner's name and address (if other than applicant) \_\_\_\_\_

\_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Tag number \_\_\_\_\_ State \_\_\_\_\_

Owner's name and address (if other than applicant) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Tag number \_\_\_\_\_ State \_\_\_\_\_

Owner's name and address (if other than applicant) \_\_\_\_\_

\_\_\_\_\_

Use same format on continuation sheet if needed.

**REGISTRATION PLATES**

Are your vehicle registration plates now or have they ever been denied, refused, suspended, revoked, or otherwise subjected to a penalty?  Yes  No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**PART V: EMPLOYMENT INFORMATION**

List your complete work history starting with your present position. Be sure to list all periods of active military duty (including active duty training or mobilizations of more than 90 days), and all periods of unemployment (identify it as such). Include all employment, full time, part time, temporary and/or seasonal, and identify it as such. **PLEASE START WITH CURRENT EMPLOYMENT.**

Dates: From \_\_\_\_\_ to **PRESENT**

Name of employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone number (\_\_\_\_\_) \_\_\_\_\_ Is this a government agency?  Yes  No

Full time  Part time  Temporary/Seasonal Hours/Week \_\_\_\_\_

Salary \$ \_\_\_\_\_/hour or \$ \_\_\_\_\_/year

Your title/position and description of duties \_\_\_\_\_

Name & title of Supervisor(s) \_\_\_\_\_

Name of a co-worker \_\_\_\_\_

Reason for leaving/desiring to leave (excluding medical \_\_\_\_\_

Would there be a problem if we contacted this employer?  Yes  No

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Dates: From \_\_\_\_\_ to \_\_\_\_\_

Name of employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone number (\_\_\_\_\_) \_\_\_\_\_ Is this a government agency?  Yes  No

Full time  Part time  Temporary/Seasonal Hours/Week \_\_\_\_\_

Salary \$ \_\_\_\_\_/hour or \$ \_\_\_\_\_/year

Your title/position and description of duties \_\_\_\_\_

Name & title of Supervisor(s) \_\_\_\_\_

Name of a co-worker \_\_\_\_\_

Reason for leaving/desiring to leave (excluding medical \_\_\_\_\_

Would there be a problem if we contacted this employer?  Yes  No

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Dates: From \_\_\_\_\_ to \_\_\_\_\_

Name of employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone number (\_\_\_\_\_) \_\_\_\_\_

Is this a government agency?  Yes  No

Full time  Part time  Temporary/Seasonal Hours/Week \_\_\_\_\_

Salary \$ \_\_\_\_\_/hour or \$ \_\_\_\_\_/year

Your title/position and description of duties \_\_\_\_\_

Name & title of Supervisor(s) \_\_\_\_\_

Name of a co-worker \_\_\_\_\_

Reason for leaving/desiring to leave (excluding medical \_\_\_\_\_

Would there be a problem if we contacted this employer?  Yes  No

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Dates: From \_\_\_\_\_ to \_\_\_\_\_

Name of employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone number (\_\_\_\_\_) \_\_\_\_\_

Is this a government agency?  Yes  No

Full time  Part time  Temporary/Seasonal Hours/Week \_\_\_\_\_

Salary \$ \_\_\_\_\_/hour or \$ \_\_\_\_\_/year

Your title/position and description of duties \_\_\_\_\_

Name & title of Supervisor(s) \_\_\_\_\_

Name of a co-worker \_\_\_\_\_

Reason for leaving/desiring to leave (excluding medical \_\_\_\_\_

Would there be a problem if we contacted this employer?  Yes  No

---

### EMPLOYMENT DISCIPLINE

Have you ever:

a. Been discharged (fired) or formally disciplined at any employment?  Yes  No

b. Resigned (quit) anticipating that your employer intended to fire you?  Yes  No

c. Resigned because you anticipated disciplinary action against you?  Yes  No

d. Had any extended work absences for reasons OTHER THAN medical reasons?  Yes  No

e. Been asked to resign from a job or been given the choice to resign or be fired?  Yes  No

If you checked **yes** to any of these, give full details below. Indicate, by letter, the question you are answering and include the name and address of the employer(s) in question, the date(s), and the circumstance(s). Use continuation sheets if needed.

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### PART VI: FINANCIAL INFORMATION

What is your annual salary? \_\_\_\_\_

Do you have any other source(s) of income?  Yes  No  
If yes, provide the following information:

Source of Income	Monthly Amount
_____	_____
_____	_____
_____	_____

Is there anyone else other than your spouse that helps or assists you with any payments such as car payments or mortgage/rent payments?  Yes  No

Type or payment \_\_\_\_\_ Amount \_\_\_\_\_ Name \_\_\_\_\_

Type or payment \_\_\_\_\_ Amount \_\_\_\_\_ Name \_\_\_\_\_

Have you ever filed for or declared bankruptcy, or utilized a wage earner's plan?  Yes  No

If yes, explain: \_\_\_\_\_

Do you presently hold active or silent controlling interest in any company?  Yes  No  
If yes, explain your interest:

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Have you ever had any wage garnishments or assignments on your salary?  Yes  No

If yes, explain date(s) and circumstances:

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Have you ever been delinquent on income or other tax payments?  Yes  No  
If yes:

Date \_\_\_\_\_ Amount \_\_\_\_\_

Date \_\_\_\_\_ Amount \_\_\_\_\_

Have you ever had any real or personal property repossessed?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Are you now or have you ever been involved as a plaintiff in any civil action?  Yes  No

If yes, explain: \_\_\_\_\_

Are you now are have you ever been involved as a defendant in any civil action?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

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**CHILD SUPPORT**

Are you receiving or responsible for paying any Court ordered child support?  Yes  No

If yes, answer the following:

To whom paid \_\_\_\_\_ Child's name \_\_\_\_\_

**OR**

From whom received \_\_\_\_\_

Amount paid/received \$ \_\_\_\_\_  Court Order  Informal agreement

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To whom paid \_\_\_\_\_ Child's name \_\_\_\_\_

**OR**

From whom received \_\_\_\_\_

Amount paid/received \$ \_\_\_\_\_  Court Order  Informal agreement

**CHECKING ACCOUNT INFORMATION**

Have you ever had any checks returned (bounced)?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever written a check knowing that you did not have sufficient funds in your account to cover the check?  Yes  No If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**CREDIT INFORMATION**

Have you ever been found to be delinquent on credit accounts?  Yes  No

Have you been delinquent on any credit account in the last two (2) years?  Yes  No

If yes, provide the following information:

Acct. name: \_\_\_\_\_ Date: \_\_\_\_\_

Acct. name: \_\_\_\_\_ Date: \_\_\_\_\_

Have you ever had a collection action against you?  Yes  No

Do you have any collection actions currently against you now?  Yes  No

**CURRENT ASSETS**

\*Real estate and Business OWNED (If more than one property, use continuation sheets).

\_\_\_\_\_  
(Address)  
\_\_\_\_\_

How do you rate your present financial status?  Excellent  Good  Fair  Poor

Explain: \_\_\_\_\_  
\_\_\_\_\_

**PART VII: MILITARY INFORMATION**

**ACTIVE DUTY** (if none, check here )

Army  Navy  Air Force  Marine Corps  Coast Guard

Officer  Warrant Officer  Enlisted  Officer w/ prior enlisted service

Primary MOS: \_\_\_\_\_ Secondary MOS \_\_\_\_\_ Service number: \_\_\_\_\_

PMOS Title (MP, Infantry, etc.) \_\_\_\_\_ Highest rank attained: \_\_\_\_\_

Dates of active duty: (1) \_\_\_\_\_ to \_\_\_\_\_ (2) \_\_\_\_\_ to \_\_\_\_\_

**RESERVE SERVICE** (If none, check here )

Army  Navy  Air Force  Marine Corps  Coast Guard

Officer  Warrant Officer  Enlisted  Officer w/ prior enlisted service

Primary MOS: \_\_\_\_\_ Secondary MOS \_\_\_\_\_ Service number: \_\_\_\_\_

PMOS Title (MP, Infantry, etc.) \_\_\_\_\_ Highest rank attained: \_\_\_\_\_

Dates of service: (1) \_\_\_\_\_ to \_\_\_\_\_ (2) \_\_\_\_\_ to \_\_\_\_\_

**NATIONAL GUARD** (If none, check here )

Army  Air Force STATE: \_\_\_\_\_

Officer  Warrant Officer  Enlisted  Officer w/ prior enlisted service

Primary MOS: \_\_\_\_\_ Secondary MOS \_\_\_\_\_ Service number: \_\_\_\_\_

PMOS Title (MP, Infantry, etc.) \_\_\_\_\_ Highest rank attained: \_\_\_\_\_

Dates of service: (1) \_\_\_\_\_ to \_\_\_\_\_ (2) \_\_\_\_\_ to \_\_\_\_\_

For additional service, use the continuation sheets.

If you still have a Reserve of National Guard obligation, designate the type of service obligation you currently have and the date the obligation is scheduled to terminate.

\_\_\_\_\_  
\_\_\_\_\_

Were you recommended for reenlistment after each period of military duty?

Yes  No If no, explain: \_\_\_\_\_

\_\_\_\_\_

Were you ever the subject of any investigation that was being conducted by military authorities concerning any alleged misconduct on your part?  Yes  No If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever served in the armed forces of any country other than the United States?

If yes, what country? \_\_\_\_\_ what Service? \_\_\_\_\_

Dates of service: from \_\_\_\_\_ to \_\_\_\_\_

Officer  Warrant Officer  Enlisted

Have you ever fraudulently enlisted or attempted to fraudulently enlist in any of the United States Armed Services:  Yes  No If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

**CHARACTER OF SERVICE AND MILITARY DISCIPLINE**

Have you ever received non-judicial punishment (Article 15 or Captain's Mast) while in the military service?  Yes  No If yes, specify the type and nature of the punishment:

Date: \_\_\_\_\_ Charge(s) \_\_\_\_\_

Type:  Summary  Company Grade  Field Grade

Date: \_\_\_\_\_ Charge(s) \_\_\_\_\_

Type:  Summary  Company Grade  Field Grade

Have you ever been reduced in rank and/or had to forfeit pay as a result of any non-judicial punishment?

Yes  No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been the subject of an Article 32 investigation?  Yes  No

If yes, specify the date and details: \_\_\_\_\_

Have you ever been prosecuted by Courts Martial?  Yes  No

If yes, specify the type:  Summary  Special  General

Date and charges: \_\_\_\_\_

Disposition:  Guilty  Not Guilty  Other (explain)

Details: \_\_\_\_\_

Have you ever been barred or denied reenlistment in any of the United States Armed Services?

Yes  No If yes, explain: \_\_\_\_\_

Have you ever received a less than honorable discharge from any United States Armed Service?

Yes  No

If yes, what type of discharge were you given?

General Under Honorable Conditions  General  Dishonorable  Other

Explain: \_\_\_\_\_

#### **PART VIII: CRIMINAL HISTORY INFORMATION**

Have you ever been:

Arrested by any law enforcement agency?  Yes  No

Charged criminally by any law enforcement agency?  Yes  No

Convicted of any criminal offense?  Yes  No

Subjected to forfeiture of collateral (fine) in connection with arrest?  Yes  No

Placed on Probation or Parole?  Yes  No

Required to appear before a juvenile court for an act that, if committed by an adult, would have been a criminal act?  Yes  No

Questioned by a member of a Law Enforcement Agency for investigative purposes?  Yes  No

Detained by a member of a Law Enforcement Agency for investigative purposes?  Yes  No

Received any citation(s) (other than motor vehicle) which resulted in your paying a fine or appearing in court?  Yes  No

Received a summons or subpoena requiring your appearance in court?  Yes  No

Has anyone ever filed charges against you for any reason?  Yes  No

If you checked **yes** to any of the above, complete the following: (All incidents must be included, regardless if they were dismissed, collateral forfeited or expunged.) Use same format on continuation sheets if needed.

Date of incident \_\_\_\_\_ Police agency \_\_\_\_\_

Address \_\_\_\_\_

Charge(s) \_\_\_\_\_

Disposition(s) \_\_\_\_\_

Location of court \_\_\_\_\_

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Date of incident \_\_\_\_\_ Police agency \_\_\_\_\_

Address \_\_\_\_\_

Charge(s) \_\_\_\_\_

Disposition(s) \_\_\_\_\_

Location of court \_\_\_\_\_

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Date of incident \_\_\_\_\_ Police agency \_\_\_\_\_

Address \_\_\_\_\_

Charge(s) \_\_\_\_\_

Disposition(s) \_\_\_\_\_

Location of court \_\_\_\_\_

Have you ever committed ANY CRIMES for which you were not arrested or charged?  Yes  No

If yes, describe in detail, including the activity involved, date(s), number of times, and location(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other than what has been listed previously, have you ever committed ANY of the following:

- |  |  |
|--|--|
| a) Underage consumption of alcoholic beverages                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Shoplifting   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d) Auto theft (excluding "Joyriding")                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e) Unauthorized use of vehicle (including "Joyriding")                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f) Assault and/or Battery  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g) Credit card misuse  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h) Bad checks  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| l) Destruction of property   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| j) Breaking & entering   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| k) Handgun violations  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| m) ANY domestic violence (including, stalking, telephone misuse, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you checked **yes** to any of the above, complete the following: (Use same format on continuation sheets if needed.)



Type of crime(s) \_\_\_\_\_  
Date(s) \_\_\_\_\_ Number of times \_\_\_\_\_  
Location(s) \_\_\_\_\_

---

Type of crime(s) \_\_\_\_\_  
Date(s) \_\_\_\_\_ Number of times \_\_\_\_\_  
Location(s) \_\_\_\_\_

---

Type of crime(s) \_\_\_\_\_  
Date(s) \_\_\_\_\_ Number of times \_\_\_\_\_  
Location(s) \_\_\_\_\_

### ILLEGAL DRUGS

Have you ever used; possessed any illegal drugs?  Yes  No  
sold any illegal drugs?  Yes  No

Have you ever used; possessed any prescription drug(s) not prescribed to you?  Yes  No  
Sold any prescription drugs (s) not prescribed to you?  Yes  No

Have you ever experimented with, tried, or possessed any of the following drugs:

- a) Marijuana (in any form)  Yes  No
- b) Heroin  Yes  No
- c) Crack  Yes  No
- d) Narcotics (Morphine, codeine, etc.)  Yes  No
- e) Cocaine (in any form)  Yes  No
- f) Designer Drugs (i.e. Ecstasy)  Yes  No
- g) Hallucinogens (LSD, PCP, DMT, mushrooms, etc.)  Yes  No
- h) Dangerous drugs (of any kind)  Yes  No
- i) Prescription drugs **not** prescribed to you  Yes  No
- j) Anabolic steroids  Yes  No
- k) "Huffing" of any liquid or aerosol products? (Paint, paint thinner, etc.)  Yes  No

Have you ever distributed or sold any of the drugs listed above?  Yes  No

Have you ever used or experimented with an illegal drug NOT listed above?  Yes  No

Name of Drug(s): \_\_\_\_\_

Have you ever distributed or sold any illegal drug NOT listed above?  Yes  No

Name of Drug(s): \_\_\_\_\_

### DRUG USE AND EXPERIMENTATION:

(List any/all drugs that you have used or experimented with and were checked **yes** above)

Type of drug used (be specific) \_\_\_\_\_

Number of times used \_\_\_\_\_ Approximate quantity \_\_\_\_\_

How ingested (smoked, inhaled etc.) \_\_\_\_\_

Date of last use (be as specific as possible) \_\_\_\_\_

---

Type of drug used (be specific) \_\_\_\_\_  
Number of times used \_\_\_\_\_ Approximate quantity \_\_\_\_\_  
How ingested (smoked, inhaled etc.) \_\_\_\_\_  
Date of last use (be as specific as possible) \_\_\_\_\_

---

Type of drug used (be specific) \_\_\_\_\_  
Number of times used \_\_\_\_\_ Approximate quantity \_\_\_\_\_  
How ingested (smoked, inhaled etc.) \_\_\_\_\_  
Date of last use (be as specific as possible) \_\_\_\_\_

**DRUG DISTRIBUTION AND SALES**

(List below any/all drugs that you distributed or sold that were checked **yes** above)

Type of drug sold (be specific) \_\_\_\_\_  
Number of times sold/distributed \_\_\_\_\_ Approximate quantity \_\_\_\_\_  
Date(s) sold/distributed \_\_\_\_\_

---

Type of drug sold (be specific) \_\_\_\_\_  
Number of times sold/distributed \_\_\_\_\_ Approximate quantity \_\_\_\_\_  
Date(s) sold/distributed \_\_\_\_\_

Have you ever closely associated with (ongoing friendship) anyone whom you suspected of being a seller of controlled dangerous substances?  Yes  No If yes, explain: \_\_\_\_\_

---

**OTHER CRIMES**

Have you ever committed any other criminal act not already listed in this questionnaire?  Yes  No

If yes, explain, including type of crime, number of times, when and location:

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**PART IX: MISCELLANEOUS**

Have you ever been issued a permit or license to carry a handgun or other weapon?  Yes  No

If yes, name the State \_\_\_\_\_ Date of Issue \_\_\_\_\_ Permit # \_\_\_\_\_

Reason for permit (employment, etc.): \_\_\_\_\_

Have you ever been denied a permit or license to carry a handgun or other weapon?  Yes  No

If yes, explain: \_\_\_\_\_

---

Do you gamble?       Seldom       Moderately       Regularly       No

If so, what type and to what extent? \_\_\_\_\_

Is there anything (non-medical) in your past, which if discovered later, may prove to be embarrassing to you or the Department if employed?       Yes       No

If yes, explain: \_\_\_\_\_

List any special skills you possess that you believe are applicable to the position for which you are applying (i.e. computer skills, public speaking experience, membership in civic or professional organizations)

List any special license(s) issued to you, such as pilot, ham radio, commercial driver's license, etc., and the date(s) of issue.

List any foreign language or sign language ability and the level of your proficiency in each:

Do you know how to type/use a keyboard?       Yes       No

List any computer software with which you are proficient: \_\_\_\_\_

List any sports, athletic activities or hobbies in which you participate regularly. \_\_\_\_\_

**Have you ever applied for a position with any federal agency, state or local government, or any federal, state or municipal law enforcement agency or with any fire department?**       Yes       No

If yes, complete the following:

Agency name \_\_\_\_\_

Agency address and phone \_\_\_\_\_

Date of application \_\_\_\_\_ Position sought \_\_\_\_\_

Status of application \_\_\_\_\_

If rejected, why? \_\_\_\_\_

Agency name \_\_\_\_\_

Agency address and phone \_\_\_\_\_

Date of application \_\_\_\_\_ Position sought \_\_\_\_\_  
Status of application \_\_\_\_\_  
If rejected, why? \_\_\_\_\_

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List all members and employees of the Thurmont Police Department or other Law Enforcement Agencies with whom you are acquainted:

Name	Agency, Address & Phone
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**POLICE OFFICER CANDIDATES ONLY**

Do you belong to any organization and/or adhere to any belief that would, in anyway:

Limit or prohibit your use of weapons or firearms?  Yes  No

Restrict you from conforming to Departmental standards of appearance and/or grooming that may, from time to time, be set?  Yes  No

Limit or prohibit you from working your assigned tours of duty?  Yes  No

Prevent you from taking an oath with or without an affirmation in a Supreme Being?  Yes  No

Prevent you from supporting and defending the Constitution of the United States and the State of Maryland?  Yes  No

Prevent you from taking a life in the performance of duty?  Yes  No

If you checked any of the above, explain:

\_\_\_\_\_  
\_\_\_\_\_

**PART X: REFERENCES**

You MUST give the information requested on five (5) references, not related to you by blood or marriage, not former employers, and not those mentioned elsewhere in this questionnaire, who are responsible adults of reputable standing in the community, and who have known you well for at least five (5) years. These references may include, but are not limited to, teachers, counselors, property owners, clergy, business people, etc....

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home phone (\_\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_\_) \_\_\_\_\_  
Cell phone (\_\_\_\_\_) \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Years known \_\_\_\_\_ Occupation \_\_\_\_\_  
Place of employment \_\_\_\_\_  
Employer's address \_\_\_\_\_

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Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home phone (\_\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_\_) \_\_\_\_\_  
Cell phone (\_\_\_\_\_) \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Years known \_\_\_\_\_ Occupation \_\_\_\_\_  
Place of employment \_\_\_\_\_  
Employer's address \_\_\_\_\_

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Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home phone (\_\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_\_) \_\_\_\_\_  
Cell phone (\_\_\_\_\_) \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Years known \_\_\_\_\_ Occupation \_\_\_\_\_  
Place of employment \_\_\_\_\_  
Employer's address \_\_\_\_\_

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Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home phone (\_\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_\_) \_\_\_\_\_  
Cell phone (\_\_\_\_\_) \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Years known \_\_\_\_\_ Occupation \_\_\_\_\_

Place of employment \_\_\_\_\_  
Employer's address \_\_\_\_\_

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Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home phone (\_\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_\_) \_\_\_\_\_  
Cell phone (\_\_\_\_\_) \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Years known \_\_\_\_\_ Occupation \_\_\_\_\_  
Place of employment \_\_\_\_\_  
Employer's address \_\_\_\_\_

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***I CERTIFY THAT ALL ENTRIES MADE BY ME IN THIS BOOKLET ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT IF, AT ANY TIME DURING THE COURSE OF THE BACKGROUND INVESTIGATION OR DURING MY EMPLOYMENT WITH THE THURMONT POLICE DEPARTMENT, IT IS DISCOVERED THAT I HAVE MADE UNTRUTHFUL STATEMENTS, FAILED TO DISCLOSE INFORMATION, FALSIFIED MY APPLICATION, OR HAVE GIVEN MISLEADING STATEMENTS, IT SHALL BE CAUSE FOR REJECTION FOR EMPLOYMENT, OR IF HIRED, MY IMMEDIATE TERMINATION.***

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Applicant's Printed Name

**APPLICANT:  
Attach a recent  
photograph of  
yourself here  
(required).**



