

GREENSBORO POLICE DEPARTMENT

111 S. Main Street P.O. Box 451

Greensboro, Maryland 21639

410-482-6771

APPLICATION FOR EMPLOYMENT

(Police Officer)



SUMMARY OF BENEFITS

Please keep for your Records.

- Health, Dental & Vision Insurance
- Paid Holidays
- Paid Vacation
- Paid Personal Days
- Bereavement Leave
- Time Off to Vote
- Jury Duty
- Witness Duty
- Employment Assistance Program
- Service Awards
- State of Maryland Pension Plan
- Sick Leave Benefits

POLICE OFFICER

HIRING REQUIREMENTS:

Applicant must contain the following:

- U.S. Citizenship
- High School Graduate
- Possess a valid driver's license
- 21 years of age prior to graduation from the Easton Shore Criminal Justice Academy

HIRING PROCESS

PHASE 1

- **Written Examination**
- **Physical Agility and stamina test**

You are to bring a copy of the following documents- your birth certificate, high school/GED/college transcripts, driver's license, Social Security Card and DD214, if applicable.

- **Oral Interview Board- consists of 3 members on the panel**

PHASE 2

- **Extensive Background investigation**

Includes, but not limited to, your criminal history, driving record, credit history, employment history, reference checks and neighborhood canvas.

- **Drug Screening**

PHASE 3

- **Polygraph examination**
- **Psychological and medical examination**

PHASE 4

- **Personal Interview with the Chief of Police**

This process requires several appointments. Failure to attend scheduled appointments **without prior permission** may result in automatic disqualification from the hiring process

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE WITH TYPEWRITER OR INK. RETURN IN A SEALED ENVELOPE TO:
Chief Lenox Trams - Greensboro Police Department 111 S. Main St. P.O. Box 451 Greensboro, MD 21639

PERSONAL INFORMATION

POSITION APPLYING FOR _____

1. Name (print) _____
(First) (Middle) (Last) Maiden (if applicable)

2. Present address: _____
(List house number and street; if address is on a Federal route, State or R.F.D. route, also indicate local name of route or nearest intersecting road)

(City) (County) (State) (Zip)

3. Email Address _____

4. Mailing address, if different from above _____

5. Telephone Number: Home _____ Office _____ Cell _____

6. Date of Birth: _____ Place of Birth: _____

7. Social Security No.: _____ U.S. Citizen: Yes No

8. Driver's License No. _____ State _____ Expiration Date _____

EDUCATION

9. Accredited High School, GED and College information.

(a) High School: Attended: _____

Graduation: _____ Year: _____

(b) High School Equivalency Test? _____ Date _____

Certificate No. (if any) _____ State issuing Certificate

(A Certificate issued through the Armed Forces is not acceptable unless it meets the standards of the Maryland State Department of Education.)

(c) College: Attended: _____

Attended Years: From _____ To _____

Type of Diploma or Degree Awarded: _____

Major: _____

(d) Specialized Qualifications:

(Include Active Technical/Professional License and Numbers, Academic or Professional Awards, etc.)

(e) Languages Spoken or Read: _____

(f) Clerical Skills: Typing: _____ wpm

Computer Skills _____

Other: _____

MILITARY SERVICE

10. Branch: _____

11. Service Dates: From _____ to _____

12. MOS (Specialty): _____

13. Honorably Discharged: Yes No

14. Type of Discharge: _____

15. Rank at time of Separation: _____

BACKGROUND INFORMATION

16. List residences you have lived during the past (5) years.

Address

Dates

<u>Address</u>	<u>Dates</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

17. Have you ever been convicted of any violation of law, including motor vehicle violations? Yes No
If yes, state details and the disposition of the case(s):

18. List below your work history, starting with your present position and working backward through your jobs. List any periods of unemployment. Use additional pages if necessary.

Dates of employment: From _____ to _____

Name and address of employer _____

Name of Supervisor _____ Phone _____

Type of business _____ Position held _____

Assigned Duties _____

Reason for leaving _____

Dates of employment: From _____ to _____

Name and address of employer _____

Name of Supervisor _____ Phone _____

Type of business _____ Position held _____

Assigned Duties _____

Reason for leaving _____

Dates of employment: From _____ to _____

Name and address of employer _____

Name of Supervisor _____ Phone _____

Type of business _____ Position held _____

Assigned Duties _____

Reason for leaving _____

Dates of employment: From _____ to _____

Name and address of employer _____

Name of Supervisor _____ Phone _____

Type of business _____ Position held _____

Assigned Duties _____

Reason for leaving _____

19. May we contact your current employer? Yes No

20. Have you ever been dismissed or asked to resign from any employment position? Yes No
If yes, explain below:

21. If you have listed prior employment as a police officer, answer questions 20 (a) and 20 (b).

(a) If employed as a police officer, were you ever charged with a violation of departmental rules and regulations? Yes No If yes, date, charge(s) and disposition.

(b) Did you leave in good standing? _____

22. Have you ever been an applicant or employee of the Town of Greensboro? Yes No

Applicant Date of Application _____ Disposition _____

Employee Position Title _____ Employment Dates _____

23. REFERENCES: List (5) persons who are not related to you by blood or marriage who can comment on your education and/or work experience.

(Name) (Occupation)

(Address) (Phone)

(Name) (Occupation)

(Address) (Phone)

(Name) (Occupation)

(Address) (Phone)

(Name) (Occupation)

(Address) (Phone)

(Name) (Occupation)

(Address) (Phone)

24. *If applying for a Police Officer position, sign 22 (a) and 22 (b) below.*

- (a) It is understood and agreed that I am required to successfully complete the approved Maryland Police Training Commission course (Police Academy). Failure to complete this course may result in the applicant's immediate dismissal from the Greensboro Police Department.

Signature of Applicant: _____ Date: _____

- (b) Applicant, if hired, is required to serve a two-year probationary period from date of appointment, during which time his/her services may be terminated at the discretion of the Chief of Police.

Signature of Applicant: _____ Date: _____

VERIFICATION:

25. *All applicants must sign below for consideration for employment. Failure to comply may result in the rejection of your application:*

I, the undersigned, certify that I have read and understand this application in its entirety and that the information herein provided is true and complete to the best of my knowledge. I understand that should any statement made by me during the hiring process prove false, misleading or erroneous, may result in the rejection of my application and/or discharge from the Greensboro Police Department. In submitting this application, I further understand that it becomes the property of the Town of Greensboro Government and will not be returned.

Signature of Applicant: _____ Date: _____

Have you ever sold, experimented with, or used for personal consumption any of the following drugs? in the explanation space provided, list the approximate number of the times used and the date of last usage.

1. MARIJUANA	YES ()	NO ()
EXPLAIN:		
2. LSD	YES ()	NO ()
EXPLAIN:		
3. P.C.P.	YES ()	NO ()
EXPLAIN:		
4. SPEED	YES ()	NO ()
EXPLAIN:		
5. COCAINE	YES ()	NO ()
EXPLAIN:		
6. CRACK	YES ()	NO ()
EXPLAIN:		
7. HEROIN	YES ()	NO ()
EXPLAIN:		
8. PSILOCYBIN (MUSHROOMS)	YES ()	NO ()
EXPLAIN:		
9. HASHISH	YES ()	NO ()
EXPLAIN:		
10. STEROIDS	YES ()	NO ()
EXPLAIN:		
11. ECSTASY	YES ()	NO ()
EXPLAIN:		
12. INHALANTS	YES ()	NO ()

EXPLAIN:		
13. SYNTHETIC DRUGS	YES ()	NO ()
EXPLAIN:		
14. PRESCRIPTION DRUGS	YES ()	NO ()
EXPLAIN:		
15. ANY OTHER DRUG NOT MENTIONED	YES ()	NO ()
EXPLAIN:		

I hereby certify that the above information is true and correct to the best of my knowledge. I understand that any false or misleading information will cause my termination and disqualification in the hiring process.

DATE:		PRINTED NAME:	SIGNATURE:
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GREENSBORO POLICE DEPARTMENT AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, DO HEREBY AUTHORIZE a review of a full disclosure of ALL records, or any part thereof, concerning myself, by a duly authorized agent of the GREENSBORO 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 of checking and savings accounts and loans, and also the records of commercial or retail agencies (including credit reports and/or credit ratings); medical and/or psychiatric treatment and/or consultation(s), including hospitals, clinics, private practitioners, and the United States Veterans' Administration; public utility companies; employment and pre-employment records, including background reports and polygraph examination results, efficiency ratings, complaints and/or grievances filed by me or against me, and salary records; real and personal property records, and other financial statements and records, where-ever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records, records of complaints of civil nature made by me or against me, wheresoever located, and to include the records and recollections 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.

The Greensboro Police Department's acquisition, retention, and sharing of information related to your employment application is generally authorized under (state and federal citations). The purpose for requesting this information is to conduct a complete background investigation pertaining to your fitness to serve as an employee. This background investigation may include inquiries pertaining to your (employment) (education) (medical history) (credit history) (criminal history) and any information relevant to your character and reputation. By signing this form, you are acknowledging that you have received notice and have provided consent for The Greensboro Police Department to use this information to conduct such a background investigation, which may include the searching of (N-DEX) (criminal justice databases) (private databases) (public databases).

Specific N-DEX statement:

I authorize any employee or representative of The Greensboro Police Department to search N-DEX to obtain information regarding my qualification and fitness to serve as an employee. I understand that N-DEX is an electronic repository of information from federal, state, local, tribal, and regional criminal justice entities. This national information sharing system permits users to search and analyze data from the entire criminal justice cycle, including crime incident and investigation reports; arrests, booking, and incarceration reports and probation and parole information. This release is executed with full knowledge, understanding, and consent with any information discovered in N-DEX may be used for the official purpose of conducting a complete employment background investigation. I also understand that any information found in N-Dex will not be disclosed to any other person or agency unless authorized and consistent with applicable law. I release The Greensboro Police Departments from any liability or damage that may result from the use of information obtained from N-DEX.

I REITERATE AND EMPHASIZE that the intent of this authorization is 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 Greensboro Police Department to consider in determining my suitability for employment by said agency. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the source(s) of information specifically identified herein.

I UNDERSTAND THAT ANY INFORMATION OBTAINED by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this authorization for release of information will be considered in determining my suitability for employment by the Greensboro Police Department.

I AGREE TO INDEMNIFY AND HOLD HARMLESS the person(s) to whom this request is presented and his/her agents and employees, from and against ALL CLAIMS, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason(s) of complying with this request.

I FURTHER UNDERSTAND that in the event my employment application and/or resume is disapproved and/or not considered for employment, the sources of confidential information CANNOT BE RELEASED AND/OR REVEALED to me.

IT IS FURTHER UNDERSTOOD by me that 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.

Signature

Date

Witness