

***EASTON POLICE DEPARTMENT***  
***106 W. Dover Street***  
***Easton, Maryland 21601***  
***410-822-1111***

***APPLICATION FOR EMPLOYMENT***  
***(Crossing Guard)***



**Please return in a sealed envelope**

# APPLICATION FOR EMPLOYMENT

**PLEASE COMPLETE WITH TYPEWRITER OR INK. RETURN IN A SEALED ENVELOPE TO:  
1<sup>ST</sup>, SGT PATRICK SALLY, EASTON POLICE DEPARTMENT, 106 W. DOVER ST., EASTON, MD 21601**

## 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):

\_\_\_\_\_

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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.

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Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_

Name and address of employer \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Type of business \_\_\_\_\_ Position held \_\_\_\_\_

Assigned Duties \_\_\_\_\_

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Reason for leaving \_\_\_\_\_

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Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_

Name and address of employer \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Type of business \_\_\_\_\_ Position held \_\_\_\_\_

Assigned Duties \_\_\_\_\_

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Reason for leaving \_\_\_\_\_

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Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_

Name and address of employer \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Type of business \_\_\_\_\_ Position held \_\_\_\_\_

Assigned Duties \_\_\_\_\_

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Reason for leaving \_\_\_\_\_

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Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_

Name and address of employer \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Type of business \_\_\_\_\_ Position held \_\_\_\_\_

Assigned Duties \_\_\_\_\_

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Reason for leaving \_\_\_\_\_

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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:

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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.

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(b) Did you leave in good standing? \_\_\_\_\_

22. Have you ever been an applicant or employee of the Town of Easton? • 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 Easton 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 Easton Police Department. In submitting this application, I further understand that it becomes the property of the Town of Easton 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. MARIHUANA	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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**EASTON 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 EASTON TOWN 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 Easton 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 Easton 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 Easton 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 Easton 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 EASTON TOWN 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 EASTON TOWN 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.

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Signature

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Date

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Witness