



TRAINING/PERSONNEL USE ONLY

Last Name: _____

First Name: _____

Certified ____ **Cadet** ____

Other: _____

Date of Application: _____

Received by: _____

Complete?: ____ yes ____ no

Personal History Statement

Delmar Police Department

Return Completed form to:
Delmar Police Department
102 S. Pennsylvania Ave
Delmar, MD 21875

INSTRUCTIONS FOR COMPLETING THE PERSONAL HISTORY STATEMENT

THE PERSONAL HISTORY STATEMENT MUST BE COMPLETED BY COMPUTER. HANDWRITTEN FORMS WILL NOT BE ACCEPTED. WHEN COMPLETED TURN IN TO THE DELMAR POLICE DEPARTMENT.

You are being asked to provide information about yourself that will be used in an investigation to evaluate your suitability for employment with the Delmar Police Department. Information for the background investigation is collected from you, criminal records, driver's history, questionnaires and personal interviews.

You are *required* to submit photocopies of the following documents WITH THIS PACKET:

- Driver's license
- All marriage licenses and divorce decrees
- Name change documents
- Training certificate of graduation from a recognized police academy if applying as a Police Officer
- Certified copy of Birth Certificate
- Photocopy of High School Diploma or G.E.D. Certificate
- Photocopy of official college transcripts
- DD214 (if served in the military), must include discharge status section
- Naturalization or Citizenship papers (if applicable)

1. **All information requested must be supplied** and is subject to verification. *Deliberate inaccuracies, omissions or incomplete statements will bar or remove you from employment.* If a question does not apply, please enter "N/A" or "None" in the space provided. **If there is not sufficient space to list all the information requested, utilize the "Additional Comments" pages at the end of this packet and/or attach additional sheets of 8½ x 11 paper.**
2. **It is your responsibility to make sure all information is complete and accurate, including addresses and phone numbers (including fax numbers). This pertains to all schools attended and previous employers.** You may obtain zip codes from the U.S. Post Office or go to www.usps.com. *Failure to provide this information will result in your removal from the process.*
3. Your cooperation will aid in the investigation and expedite the results. It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of circumstances and facts surrounding the occurrence and the degree of relevance to the job.
4. **These documents require the witness of a notary:** the Certification and Penalty (page 23), the Authorization For Release Of Credit Information (page 24), and the Waiver and Release Of Information (page 25). Read these documents carefully and **sign in the presence of a notary public.**
5. The contents of this questionnaire will be considered confidential and will be used only for investigating employment suitability with the Delmar Police Department or another law enforcement agency in possession of a notarized waiver signed by you.
6. There is one exception to the confidentiality of your background investigation. Should it be discovered that you are currently involved in criminal activity or have committed an undiscovered felony, the law enforcement agency having jurisdiction WILL BE NOTIFIED.

Personal Data Personal History Form

Last Name _____ First Name _____ Middle Name _____

Email Address (This is our primary method of contact with you) _____

Address _____ City _____ State _____ Zip _____

Social Security # _____ Date of Birth _____

Place of Birth _____ LE Certification # _____ (if applicable)

Position applying for _____

Primary Phone Number _____ Secondary Phone Number _____

Did an employee of DPD recruit you? Yes No If yes, name (only one person)

Other names (alias, maiden names and nicknames) by which you have been known. Please include the time period these names were used.

Name	Time Period

Marriage Data: (include present and all previous marriages)

Present Marital Status Married Single Divorced Widowed Separated

Full name of current (C) and previous (P) spouse(s), significant other(s), partner(s):

First Name	Middle Name	Last Name	Date of Birth

May we contact your spouse or former spouse? Yes No N/A (A "NO" response may end inquiry)

Date of Marriage	Birth Name of Spouse	Place of Marriage (City & State)	Phone Number

Personal Data

Children (C)/Siblings (S) - All children or step-children and siblings whether currently living with you or not. Attach additional pages if necessary.

Full Name of Child/Sibling		Address	Date of Birth	Phone Number

Parents: Write "deceased" if appropriate. If you need additional space for any of the below questions, please attach additional pages with the information to the back of this document.

Full Name of Mother:		Date of birth	
Address		Phone Number	
Place of birth (City, State, Country)		If deceased, date of death	
Full Name of Father		Date of birth	
Address		Phone Number	
Place of birth (City, State, Country)		If deceased, date of death	
Were you reared by anyone else? (Y or N)		Relationship to you	
Full Name		Date of birth	
Address		Phone Number	
Place of birth (City, State, Country)		If deceased, date of death	

Marital Status of Mother: Married Single Divorced Widowed Separated Unknown

Marital Status of Father: Married Single Divorced Widowed Separated Unknown

RESIDENCE INFORMATION

Beginning with your current address and working back, list each address at which you have resided since age 18 or the past ten years, whichever is less.

	From Mo/Yr	To Mo/Yr	Street Address/Apt #	City	State	Zip	Own or Rent?
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Please list names, addresses and phone numbers of Landlord for periods when you rented a home. Match the number and Landlord with the information above.

#	Name	Landlord's Home Address	Phone Number

List individuals, except spouse or parents, you have resided with since age 18 or the past ten years whichever is less. (Attach additional pages if necessary.)

Name	Current Address	Phone Number	Work Phone

EDUCATION

Please indicate educational status (mark all that apply): GED Diploma College Degree

List all high schools, universities or colleges you have attended, beginning with high school.

From Mo/Yr	To Mo/Yr	School	Address	Phone	Degree Obtained

Have you ever been suspended or expelled from any high school, college, University, or any formal educational institution beyond high school? Yes No

If 'yes', please explain.

School	Dates: To/From	Type of Discipline	Reinstated: Yes/No

Do you currently hold a Police Officer Certification? Yes No Conditional Letter

If 'yes', please give date completed, name and address of academy, certification number and current status (valid, inactive, lapsed, suspended, revoked, etc.)

Academy	Date of Completion	Certificate Number	Status

Has a Police Officer Standards and Training Board (or other similar authority) ever taken disciplinary action against your certification? Yes No

If 'yes', please provide dates and explanation of each situation.

MILITARY AND SELECTIVE SERVICE

If you are a male born after December 31, 1959, provide the following information concerning your registration:

Selective Service Number Date of Registration

If you have not registered, explain why or mark box if applicable: Female

If you are a male who reached your 18th birthday between April 1, 1975 and December 31, 1977, when there was no registration required, provide the following:

Classification Date Selective Service Number

Have you ever been denied entrance to any of the armed forces? Yes No

If 'yes', explain on separate sheet of paper and attach to the end of this document.

List U.S. military service performed as a member in the Reserve/National Guard/Active Duty (also submit a copy of your DD214 form).

From Mo/Yr	To Mo/Yr	Active/ Reserve	Branch	Rank	Service Serial #	Type of discharge or separation

Are you currently participating in any U.S. Military Reserve or National Guard Program? Yes No

If 'yes', please indicate branch and organization name

List all disciplinary actions taken against you in military service, such as Court-Martial, Captain's Mast, Office Hours, Corporal Punishment or other actions covered under Article 15 of the Uniform Code of Military Justice.

Date	Specific Charge	Type of Action	Disposition

Attach a copy of DD-214

Employment History

Please list any and all other law enforcement agencies you have applied or tested with. Use an additional sheet of paper if more space is required. Provide year, agency and place an 'X' in the block indicating which area of the process you completed and whether you were disqualified or hired.

Year	Agency	Written	Physical Agility	Oral Interview	Back-ground	Polygraph /CVSA	Psych	Medical Exam	Dis-qualified	Hired

Beginning with your most recent employer, **list all jobs, including part-time, temporary or volunteer positions you have held since age 16 or over the last ten years, whichever is less.** If you had intervening periods of military service, unemployment or school, list those periods in sequence in the place provided at the end of this section. If you were discharged from any employment or requested to resign, state under "reason for leaving".

Present Employer

Name of Employer _____ Address _____
 City, State, Zip _____ Phone Number _____
 Supervisor(s) _____ Employment Date (mo/yr): To (mo/yr):
 Full Time Part Time Volunteer Salary: \$ Per Hour Monthly Yearly
 Are you currently working here: ? If yes, may we contact?
 Job Title REASON FOR LEAVING OR WANTING TO LEAVE: (required)

RESPONSIBILITIES

Name of Employer _____ Address _____
 City, State, Zip _____ Phone Number _____
 Supervisor(s) _____ Employment Date (mo/yr): To (mo/yr):
 Full Time Part Time Volunteer Salary: \$ Per Hour Monthly Yearly
 Are you currently working here: ? If yes, may we contact?
 Job Title REASON FOR LEAVING OR WANTING TO LEAVE: (required)

RESPONSIBILITIES

Name of Employer _____ Address _____

City, State, Zip _____ Phone Number _____

Supervisor(s) _____ Employment Date (mo/yr): [] To (mo/yr): []

Full Time Part Time Volunteer Salary: \$ [] Per Hour Monthly Yearly

Are you currently working here: ? [] If yes, may we contact? []

Job Title [] REASON FOR LEAVING OR WANTING TO LEAVE: (required) []

RESPONSIBILITIES

[]

Name of Employer _____ Address _____

City, State, Zip _____ Phone Number _____

Supervisor(s) _____ Employment Date (mo/yr): [] To (mo/yr): []

Full Time Part Time Volunteer Salary: \$ [] Per Hour Monthly Yearly

Are you currently working here: ? [] If yes, may we contact? []

Job Title [] REASON FOR LEAVING OR WANTING TO LEAVE: (required) []

RESPONSIBILITIES

[]

Name of Employer _____ Address _____

City, State, Zip _____ Phone Number _____

Supervisor(s) _____ Employment Date (mo/yr): [] To (mo/yr): []

Full Time Part Time Volunteer Salary: \$ [] Per Hour Monthly Yearly

Are you currently working here: ? [] If yes, may we contact? []

Job Title [] REASON FOR LEAVING OR WANTING TO LEAVE: (required) []

RESPONSIBILITIES

[]

Name of Employer _____ Address _____

City, State, Zip _____ Phone Number _____

Supervisor(s) _____ Employment Date (mo/yr): [] To (mo/yr): []

Full Time Part Time Volunteer Salary: \$ [] Per Hour Monthly Yearly

Are you currently working here: ? [] If yes, may we contact? []

Job Title [] REASON FOR LEAVING OR WANTING TO LEAVE: (required) []

RESPONSIBILITIES

[]

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City, State, Zip _____ Phone Number _____

Supervisor(s) _____ Employment Date (mo/yr): [] To (mo/yr): []

Full Time Part Time Volunteer Salary: \$ [] Per Hour Monthly Yearly

Are you currently working here: ? [] If yes, may we contact? []

Job Title [] REASON FOR LEAVING OR WANTING TO LEAVE: (required) []

RESPONSIBILITIES

[]

Name of Employer _____ Address _____

City, State, Zip _____ Phone Number _____

Supervisor(s) _____ Employment Date (mo/yr): [] To (mo/yr): []

Full Time Part Time Volunteer Salary: \$ [] Per Hour Monthly Yearly

Are you currently working here: ? [] If yes, may we contact? []

Job Title [] REASON FOR LEAVING OR WANTING TO LEAVE: (required) []

RESPONSIBILITIES

[]

Name of Employer _____ Address _____

City, State, Zip _____ Phone Number _____

Supervisor(s) _____ Employment Date (mo/yr): [] To (mo/yr): []

Full Time Part Time Volunteer Salary: \$ [] Per Hour Monthly Yearly

Are you currently working here: ? [] If yes, may we contact? []

Job Title [] REASON FOR LEAVING OR WANTING TO LEAVE: (required) []

RESPONSIBILITIES

[]

Name of Employer _____ Address _____

City, State, Zip _____ Phone Number _____

Supervisor(s) _____ Employment Date (mo/yr): [] To (mo/yr): []

Full Time Part Time Volunteer Salary: \$ [] Per Hour Monthly Yearly

Are you currently working here: ? [] If yes, may we contact? []

Job Title [] REASON FOR LEAVING OR WANTING TO LEAVE: (required) []

RESPONSIBILITIES

[]

Employment History

List all periods of military, unemployment or school here:

Reason	From	To

Have you ever been subjected to verbal, written or documented disciplinary or corrective action because of misconduct or unsatisfactory performance? Yes No

If 'yes' please provide dates, company name and explanations for each situation.

Date	Company	Explanation

Were you ever involuntary terminated, asked to resign or resigned to avoid disciplinary action or investigation from a job? Yes No

If 'yes' please provide dates, company name and explanations for each situation.

Date	Company	Explanation

Driver's License History

Do you possess a valid driver's license? Yes No If 'yes', list:

License # <input style="width: 90%;" type="text"/>	State <input style="width: 80%;" type="text"/>	Class <input style="width: 80%;" type="text"/>	Expiration <input style="width: 90%;" type="text"/>
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Please list other states where you have been licensed to operate a motor vehicle:

State	Driver's license number	Name under which license was issued

Have you ever been refused a driver's license by any state? Yes No

If 'yes', provide when, where and explanations for each situation:

List all traffic summonses/tickets you have received since age 16 or over the last ten (10) years, whichever is less (not including parking violations/tickets):

Nature of Violation	Location (City & State)	Approximate Date	Disposition

List all motor vehicle accidents you have been involved in since age 16 or over the last ten (10) years, whichever is less.

Date	Location (City & State)	Investigating Agency	Injury/Non-Injury

Financial Statement

The management of personal finances is relevant to an individual's qualifications for a position with a law enforcement agency. Therefore, please fill in the financial statement that follows. The amount of indebtedness, in itself, will not be used in evaluating your qualifications. The behavior exhibited in meeting your financial obligations will be reviewed.

A credit reporting agency will be contacted for a report of your credit history.

Current Monthly Income		Current Monthly Expenditure	
Monthly Salary		Mortgage Payment(s)	
Spouse's Salary		Rent	
Other Monthly Income		Other Monthly Payments	
		Estimate monthly cost of living (include utilities, food, gas, home and car maintenance, etc.) and any other	
Total Monthly Income		Total Monthly Expenditures	

Have you ever filed bankruptcy or filed for Wage Earner's Plan? Yes No

If 'yes', please provide dates and explanations for each:

Within the last seven (7) years, have any of your bills ever been turned over to a collection agency? Yes No

If 'yes', please give details to include when, firms involved and circumstances.

Within the last seven (7) years, have you ever had purchased goods repossessed? Yes No

If 'yes', please give details to include when, where and why.

Have you ever been delinquent on child support, income tax, or other tax payments? Yes No

If 'yes', please give details to include when, where and why.

LEGAL

List **ALL** incidents that were committed REGARDLESS of whether you were contacted or not contacted, cited, arrested or charged with a crime. Include incidents that occurred as a juvenile REGARDLESS if the incident resulted in police contact, filing of charges, expunged, set aside, dismissed, referred to pre-trial diversion or pardoned. Provide a full explanation of incident(s) on a continuation sheet. This section does not include traffic violations.

State and Municipal Offenses Place an 'X' in the appropriate box or boxes	Committed	Ticketed	Arrested	Convicted	Not Applicable
Abuse of Public Records					
Aiding Escape					
Accessory to a Crime					
Alcohol					
DUI/DWI					
Consume/Possess anywhere by Minor					
Sell/Furnish/Give to Minor					
Buy/Obtain by Minor					
Consume in Public/Open Container					
Sell without a License					
Animal Abuse					
Arson					
Assault					
Bribery					
Burglary					
Burglary Tools; Possession of					
Child Abuse					
Counterfeiting					
Concealing Death					
Contributing to Delinquency of Minor					
Criminal Impersonation					
Criminal Mischief/Malicious Destruction of Property					
Disorderly Conduct					
Offensive Utterance/Gesture					
Abuses/Threatens Person					
Fighting					
Displaying Deadly Weapon					
Discharging Firearm					
Disturbing the Peace					
Domestic Violence					
Escape or attempt to escape					
Failing to Disclose a Conflict of Interest					
Failure to Obey a Juror Summons					
False Imprisonment					
False Report of a Crime					
False Report -Info to Police					
Fireworks Prohibited					

State and Municipal Offenses Place an 'X' in the appropriate box or boxes	Committed	Ticketed	Arrested	Convicted	Not Applicable
Fleeing & Eluding					
Forgery or Fraud					
Harassment					
Strike/Shove/Kick					
Obscene Gesture/Language					
Following Person					
Initiated Threatening Communication					
Telephone Contacts					
Repeated Communication					
Insult/Taunt/Challenge					
Stalking					
Harboring a Runaway					
Hate Crime					
Impersonating a Peace Officer					
Influencing a Public Servant					
Indecent Exposure					
Interference/Obstruction Officers					
Kidnapping					
Littering					
Interference with an Educational process					
Menacing with or without Deadly Weapon					
Missiles, Throwing at Vehicles					
Noise, Unreasonable					
Obstructing Emergency Services Personnel					
Obstructing Government Operations					
Offensive Touching					
Official Oppression					
Pandering					
Perjury					
Prostitution, Engaging In					
Prostitution, Soliciting					
Provided any type of drug to another					
Public Indecency					
Reckless Endangerment					
Receiving Stolen Property					
Resisting Arrest					
Robbery					
Sales, Without license or permit					
Sex Offender, Failure to Register					
Sexual Assault, Any Form of					
Simulating Legal Process					
Soliciting Unlawful Compensation					
Tampering with Motor Vehicle					

State and Municipal Offenses Place an 'X' in the appropriate box or boxes	Committed	Ticketed	Arrested	Convicted	Not Applicable
Tampering with a Witness/Victim					
Theft <\$100					
\$100-\$1,500					
\$1,500-\$25,000					
\$25,000-\$100,000 plus					
Tobacco					
Furnish to Minor					
Purchase by Minor					
Sales to Minor					
Terroristic Threats					
Trespassing, General					
Posted/Private Property					
Peeping Tom					
Unauthorized Use					
Urinating in public					
Viewed Child Pornography					
Violation of Bail Bond Conditions					
Violation of Restraining Order					
Weapons					
Concealed Weapon without permit					
Possession of a Dangerous Weapon (silencer, machine gun, short shotgun, short rifle, ballistic knife)					
Possession of an Illegal Weapon (blackjack, gas gun, brass knuckles, gravity knife switchblade)					
Discharge a BB gun or Pellet gun					
Discharge of Bow or Arrow					
Discharge of Firearm (into building/car)					

If you have ever, as an adult or juvenile, been arrested for, taken into physical custody for, been issued a misdemeanor citation, excluding traffic citations, or convicted of any of the above crimes, please provide the following information:

Date	Agency/Location	Charge	Disposition

LEGAL

As an adult, have you ever been placed on probation by any court? Yes No

If 'yes', please give details to include when, where, and why:

Please list any other crimes you may have committed, REGARDLESS of whether contacted, arrested, and/or convicted, to include what, when, where, how, and why. (Attach additional pages as necessary)

Civil Actions

List all civil actions in which you were a party, i.e., divorces, bankruptcy, small claims court, lawsuits, etc.

Date	Type of Action	Outcome

DRUGS

Drug	Have you ever sold, smuggled, or transported for sale or personal gain? Y/N	Have you ever used, tried or experimented with? Y/N	If Yes, how many times?	How many times after age 21?	Date first used	Date last used
Marijuana						
Cocaine (Crack, Blow)						
Hashish/Hashish Oil						
Ecstasy or other Party Drug						
Methamphetamines (Speed, Crank, Rock, Ice, Crystal)						
Amphetamines (Cross tops, Whites, Bennies)						
Barbiturates, Hypnotics, or Downers						
LSD, Acid, Mushrooms or Hallucinogens						
PCP (Angel Dust, Sherm)						
Heroin or Other Opiates						
Steroids						
Pharmaceutical Drugs not prescribed to you						

Questionnaire	Yes/No
Any other illegal drug, narcotic or controlled substance not listed above that you have introduced into your body?	
Have you introduced into your body a substance which you thought was an illegal drug, but do not know the name of it to later found out that is was not?	
Have you ever injected any type of illegal drug into your body?	
Have you ever sold any type of illegal drug?	
Have you purchased any drug, narcotic or controlled substance other than by a doctor's prescription?	
Have you ever participated in the manufacturing cultivation, or production of any type of illegal drug, narcotic or controlled substance?	
Have you ever acted as a courier by transporting any type of illegal drug, narcotic or controlled substance?	
Have you ever acted as a middle man, go-between, or "done a favor for a friend" by becoming involved in any type of illegal drug transaction?	
Have you ever told anyone where to purchase any type of illegal drug?	
Have you ever temporarily stored or "held" any type of illegal drug, narcotic or controlled substance?	
Have you ever had any type of illegal drugs in your possession while at work?	
Have you ever bought or sold any type of illegal drug at work?	
Are there presently any types of illegal drugs in your home or car?	

If you answered 'yes' to any of the areas in the DRUG section, provide a full explanation on a continuation sheet to include, if applicable, the following:

A. How the drug was ingested or consumed
D. How the drug was obtained

B. The duration of usage
E. Why you stopped using the drug

C. The motivation for use
F. Any other relevant factors

References

Please provide a minimum of four (4) and a maximum of six (6) references (*not relatives, employers, or significant others or their relatives*) who would be able to comment on your character, experience, personality and other qualities related to this job. These references should not be the same as in the employment section. Please provide complete and accurate information.

Name	Address	City, State	Preferred Phone #	Work Phone
Email Address			How do you know this person?	

Name	Address	City, State	Preferred Phone #	Work Phone
Email Address			How do you know this person?	

Name	Address	City, State	Preferred Phone #	Work Phone
Email Address			How do you know this person?	

Name	Address	City, State	Preferred Phone #	Work Phone
Email Address			How do you know this person?	

Name	Address	City, State	Preferred Phone #	Work Phone
Email Address			How do you know this person?	

Name	Address	City, State	Preferred Phone #	Work Phone
Email Address			How do you know this person?	

General Information

Are you now, or ever have been, a member of any foreign or domestic association, movement, or group of persons that is, or was, totalitarian, fascist, communist, terrorist, or subversive in nature, or which has adopted or expressed a policy advocating or approving of the commission of acts of force or violence as a means to deny other persons their rights under the Constitution of the United States of America, or which seeks to alter the form of government of the United States of America by unconstitutional means? Yes No

If 'yes', identify the organization and explain fully.

Name of Group	Status & Position in Group	Explanation

List organizations, clubs, professional societies, or associations of which you are, or have been a member.

Name of Group	City & State	Status & Position in Group

List any identifying scars, marks, tattoos, burns or birthmarks you have.

Tattoos	Scars and/or Marks	Birthmarks

This position involves shift work. A new employee could be assigned any shift during the one-year probationary period. In addition, you may be required to work overtime and must be available for emergency call-in overtime. You will have to work a high percentage of holidays, weekends and may not be able to get time off for personal events like anniversaries, birthdays, etc. Are you willing to work all hours of the day, all days of the week, holidays, special family occasions, and overtime when assigned? Yes No

If necessity arose in the course of your employment to use deadly force on a human being, would you have a reluctance to do so? Yes No

General Information

Do you belong to any organization or do you adhere to any belief(s) that in any way:	
Would limit or prohibit your use of weapons or firearms?	<input type="radio"/> Yes <input type="radio"/> No
Would restrict or prohibit you from working on particular days or during particular hours?	<input type="radio"/> Yes <input type="radio"/> No
Would restrict you from conforming to agency personal appearance standards? (Policy available on police officer information page of www.greeleygov.com/hr)	<input type="radio"/> Yes <input type="radio"/> No

If 'yes', please explain in detail:

--

Social Media

Do you have any personal social media web pages/sites? Yes No

Facebook

Twitter

Instagram

LinkedIn

Snapchat

List any other sites you use

The Delmar Police Department will review any and all social media associated with you as a part of the background investigation process. Would you object to a representative reviewing the web page and its content? Not allowing access to the web page(s) may be grounds for disqualification. Yes No

Letter of Understanding

I am applying for a position with the Delmar Police Department. I understand that there are certain requirements I must meet before I can be accepted into this position. I understand that I must participate in and cooperate with an initial interview conducted by an officer or representative of the Delmar Police Department.

I understand that I must cooperate and submit to an extensive background investigation, which consists of the following areas of concern at a minimum:

- Review of my completed Personal History Statement
- Thorough criminal background check
- Thorough examination of prior employment
- Examination of my driving record
- Examination of my personal credit/financial report

I understand that as part of this process I will participate in a written test, a physical ability test, and an Oral Interview Board, which will evaluate my potential suitability for employment. This in turn will be followed by my completion of all of the following tests:

- Drug screening test
- Standard medical examination
- Hearing test
- Psychological evaluation
- Polygraph or Voice Stress Analysis examination

The aforementioned tests will be administered in a manner selected by the Delmar Police Department. I understand that the results of the tests are the property of the Delmar Police Department and that I will not receive copies of the reports nor any information contained in them, except as it may relate to a serious condition discovered by the examining physician.

A final decision as to my suitability for employment will be made by the Delmar Police Command Staff after all tests, in light of the requirements of the job, along with the previous information have been reviewed.

I agree to assist in the expedient conclusion of these reviews, tests and examinations. I understand that successful completion of this process does not guarantee employment with the Delmar Police Department, only that I will be considered for positions as they become available, pursuant to established rules and regulations of the Delmar Police Department. I have read and understand the content and purpose of this Letter of Understanding. I agree to abide by these requirements as a condition of employment with the Town of Delmar Police Department.

Signature of Applicant _____



CERTIFICATION AND PENALTY

I hereby declare that all statements and information provided to the Delmar Police Department in this Personal History Statement, as well as any other statements and information provided for my pre-employment background investigation or any other phase of my pre-employment screening, are true and complete to the best of my knowledge and belief.

I understand that any misstatement of material fact, willful omission of material fact, or willful deception, will be cause for disqualification and rejection as a candidate for employment, without appeal.

I further understand that these aforementioned misstatements, omissions, or deceptions are also grounds for termination after employment, without notice and without any right of appeal.

Signature of Applicant _____

Printed Name _____

Applicant's Social Security Number _____ Date of Birth _____

Date this _____ day of _____, 20____

Subscribed and Sworn
before me this _____ day of _____, 20____

Notary Public in and for said County of _____ State of _____

Notary Public _____

My Commission expires _____

Authorization for Release of Credit Information

I, _____, authorize the release and full disclosure of all records, or any part

thereof, concerning myself to any authorized agent of the Town of Delmar Police Department, whether the records are of a public, private or confidential nature.

The purpose of this authorization is to give my consent for full and complete disclosure of the records of any consumer credit reports and criminal background reports for employment purposes in accordance with the Fair Credit Reporting Act ("FCRA or the Act").

The term "employment purposes" means the use of a consumer report or investigative consumer report "for the purpose of evaluating a consumer for employment, promotion, reassignment, or retention as an employee".

A "consumer report" is any written, oral or other communication of any information by a consumer reporting agency bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used for employment purposes.

An "investigative consumer report" is defined in the FCRA as a consumer report in which information on a consumer's character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, or associates of the consumer.

The employer must provide the applicant or employee with a copy of the report and a written statement of his or her rights under FCRA before taking any adverse action "in whole or in part" as a result of credit information obtained. The term "adverse action" means "denial of employment or any other decision for employment purposes that adversely affects any current or prospective employee". The applicant or employee has the right to request additional information with respect to the nature and scope of the "credit" investigation.

The reason for this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of conducting a background investigation that may provide pertinent information for the Town of Delmar Police Department to consider in determining my suitability of employment.

In the event my application is disapproved, the sources of any confidential information will not be revealed to me. I agree to indemnify and hold harmless the person, to whom this request is presented, as well as his or her agents and employees, from and against all claims, damages, losses and expenses, to include reasonable attorney fees, arising out of or by reason of complying with this request.

It is my specific intent to provide access to personal information and to release copies and abstracts, however personal or confidential they may appear to be, and the sources of information specifically enumerated about are not intended to deny access to any records not specifically identified herein. The reason for this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of conducting a background investigation, which may provide pertinent data for the Town of Delmar Police Department to consider in determining my suitability for employment by that Agency. In the event my application is disapproved, the sources of any confidential information will not be revealed to me. I agree to indemnify and hold harmless the person(s) to whom this request is presented, as well as his or her 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.

This release form and any photocopy of this release form, even though said photocopy does not contain an ORIGINAL writing of my signature will be valid and should be honored for a period of one (1) year from the date of my signature.

Signature of Applicant _____

Applicant's Social Security Number _____ Date of Birth _____

Date this _____ day of _____, 20 _____

Subscribed and Sworn
before me this _____ day of _____, 20 _____

Notary Public in and for said County of _____ State of _____

Notary Public _____

My Commission expires _____



WAIVER AND RELEASE OF INFORMATION TOWN OF DELMAR AGREEMENT



	Last	First	Middle
Name			
Address		City	State
Date of Birth		Social Security #	Zip Code

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Delmar Police Department. The Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's best interest that all relevant information concerning my employment and personal history be disclosed to the above Department.

I hereby authorize any representative of the Delmar Police Department bearing this release to obtain any information in your files pertaining to my employment records, excluding medical records. I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by and to any duly authorized agent of the Delmar Police Department whether such records are of public, private, or confidential nature. 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 that may provide pertinent information for the Delmar Police Department to consider in determining my suitability for employment with that Department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me. This includes but is not limited to the following: employment records; personal background and reputation information; military service records; educational records; financial status and records; criminal history records to include all arrest records and any information contained in the investigatory files; efficiency and performance evaluation ratings, complaints or grievances filed by or against me; records or recollections of attorneys at law or other counsel whether representing me or another person in any case, either criminal or civil in which I presently have or have had an interest; attendance records; polygraph examinations and results thereof; computerized voice stress analysis and results thereof; and any internal affairs investigations and any internal affairs files, including investigatory files, and any disciplinary records.

I hereby release you, your organization, and all others from any liability or damages that may result from releasing or furnishing the information requested, including any liability or damage pursuant to any State or Federal laws. I hereby release you, as custodian of such records, and all other officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Delmar Police Department regardless of any agreement I may have made with you previously to the contrary. The Delmar Police Department, requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Delmar Police Department's acceptance and processing of my application for employment, I agree to hold officers, its agents and employees harmless from any and all claims and liability associated with my application or in any way connected with the decision whether or not to employ me with the Delmar Police Department. I understand that should information of a serious criminal nature become known as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, and my rights under other State Open Records Acts, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Delmar Police Department in conjunction with employment procedures.

A photocopy or FAX copy of this release waiver will be valid as an original thereof, even though said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of one (1) year from the notarized date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address or phone number listed on this document.

I agree to indemnify and hold harmless the person to whom this request is presented, their agent(s) and employees, from and against all claims, damages, losses and expenses including reasonable attorney's fees arising out of or by any reason of complying with this request.

Signature of Applicant _____

Applicant's Social Security Number _____ Date of Birth _____

Date this _____ day of _____, 20 _____

Subscribed and Sworn
before me this _____ day of _____, 20 _____

Notary Public in and for said County of _____ State of _____

Notary Public _____

My Commission expires _____

ADDITIONAL COMMENTS PAGE

On the following pages, provide explanations for any topic as necessary regarding requested information in this packet.

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