



**Bel Air Police Department  
Pre-Employment Screening Form**

**Please Also Download the "Town Employee" Application on this Site and MAIL BOTH ORIGINALS TO:**

**Town of Bel Air  
Attn: Human Resources Department  
39 N. Hickory Avenue  
Bel Air, MD 21014  
Phone: 410-638-4550  
rev: 6/2010**

*As an EQUAL OPPORTUNITY EMPLOYER The Town of Bel Air Police Department does not discriminate on the basis of race, religion, color, sex, age, national origin or disability.*

Name: _____ SSN: _____ - _____ - _____ DOB: ____ / ____ / ____			
Driver's License Number: _____		State: _____ Phone: _____	
Address: _____			
Street	City	State	Zip Code
<b>Position Sought: (Check Only One)</b>			
_____ MPTC Certified Police Officer		_____ Certified Police Officer: Out of State * _____	
_____ Non-Certified Police Officer		_____ Other Police Department Position: _____	
_____ Auxiliary Officer			
<i>*Individuals certified out-of-state must attend Maryland comparative compliance training, at a minimum.</i>			

**INSTRUCTIONS:** This form is designed to obtain truthful answers. Please complete all portions fully and accurately. Incomplete forms will be returned. If it is determined that you are a viable candidate, **and a vacancy exists**, your processing will begin. Do not include any documents unless they are meant to explain the answers on this form.

**You must be able to answer "Yes" to questions 1-5 in order to be considered:**

		Yes	No
1.	Are you a United States Citizen?		
2.	Are you at least 21 years of age for Certified Police positions?		
3.	Are you at least 18 years of age for other positions?		
4.	Do you possess a High School Diploma or GED?		
5.	Do you have a valid Driver's License with less than 3 points?		

**You must be able to answer "No" to questions 6-11 in order to be considered:**

		Yes	No
6.	Has your Driver's License been suspended or revoked within the last 2 years?		
7.	Have you received 5 or more moving traffic violations in the past 36 months?		
8.	Have you ever been convicted of a felony?		
9.	Have you ever been convicted of a misdemeanor involving moral turpitude, false statements, perjury, or domestic violence?		
10.	Have you used, possessed or cultivated any illegal controlled substance within the past 2 years? <b>Indicate drug &amp; date last used:</b>		
11.	Do you have more than 2 Driving While Under the Influence or Intoxicated convictions?		

**CRIMINAL HISTORY:** You must include information about any arrest, charge, conviction or other criminal activity, even if the records are sealed or expunged. **If you answer “yes” to any of the following, you must attach a full explanation before you will be considered:**

	Yes	No
Have you ever been arrested or charged with a crime? (Felony or Misdemeanor)		
Have you ever been convicted of a crime?		
Have you ever been involved in the sale of illegal drugs?		
Have you ever taken anything from an employer without proper permission?		
Have you ever been a member of a gang or association that engages in criminal activity?		
Are you associated with anyone under criminal investigation or indictment?		
Are you associated with anyone who is involved in criminal behavior?		

**EMPLOYMENT HISTORY:** Complete the section below for the last four jobs you have held. Include experience in the military, part time, temporary, or volunteer work, regardless of the employers or agencies current status. Begin with your present or most recent employment and work backward. If you’ve ever worked in law enforcement or corrections (even if more than 4 jobs ago), please list the information. You may write on the back if necessary.

<b>Present or Most Recent</b>	
Employer : _____	Type of Business: _____
Position(s) Held: _____	Dates of Employment: _____ to _____
Description of Duties: _____	Reason for Leaving: _____
<b>Employer # 2</b>	
Employer : _____	Type of Business: _____
Position(s) Held: _____	Dates of Employment: _____ to _____
Description of Duties: _____	Reason for Leaving: _____
<b>Employer # 3</b>	
Employer : _____	Type of Business: _____
Position(s) Held: _____	Dates of Employment: _____ to _____
Description of Duties: _____	Reason for Leaving: _____
<b>Employer # 4</b>	
Employer : _____	Type of Business: _____
Position(s) Held: _____	Dates of Employment: _____ to _____
Description of Duties: _____	Reason for Leaving: _____

**If you answer “yes” to the following, you must attach a full explanation before your application will be considered:**

	Yes	No
Have you ever been disciplined by any current or past employer(s) or Military entity? (List each discipline, the employer(s) and date(s))		
Have you ever been terminated or asked to resign from a job? (List each employer, the reason(s) and date(s))		

**EDUCATION & UNITED STATES MILITARY RECORDS:**

Y/N

Do you have a college degree? \_\_\_\_\_ Type of Degree: \_\_\_\_\_ Course of Study: \_\_\_\_\_  
 Do you have college credits? \_\_\_\_\_ How Many? \_\_\_\_\_ Course of Study: \_\_\_\_\_  
 Do you possess a current Maryland Police Training Commission Certification? \_\_\_\_\_ Academy Name: \_\_\_\_\_  
 Academy Graduation Date: \_\_\_\_\_

Have you ever been a member of the United States Armed Forces? \_\_\_\_\_

Branch: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
 Title/Specialization/Highest Rank: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_



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**410-638-4550**

**AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION FOR EMPLOYMENT PURPOSES**

I, \_\_\_\_\_, hereby authorize the Bel Air Police Department to conduct a complete and comprehensive background investigation which would include, but is not limited to, a full review and disclosure of all credit reports and financial information, or any part thereof, to any duly-authorized agent of the Bel Air Police Department, whether the aforementioned records are public or private, including those which may be deemed to be of a privileged or of a confidential nature.

I understand that the consumer report information obtained will be used to determine my suitability for employment and for other purposes as stated below.

I authorize the full and complete disclosure of the records of financial or credit institutions, and the records of commercial or retail mercantile establishments and credit agencies. It is understood and agreed that no restrictions exist as to what type of financial information is to be released to the Bel Air Police Department.

This authorization constitutes a full release and discharge of all actions, claims, and demands whatsoever, that now exist or may hereafter accrue, against any organizations described above with respect to the release of any and all financial information, of every kind, nature, and description, to the Bel Air Police Department or their duly-authorized agent(s). The applicant acknowledges that this is a fully and final release of all claims and it shall apply to all known, unknown, anticipated and unanticipated injuries and damages resulting from said release of information. I agree to hold harmless and indemnify the Bel Air Police Department, the Chief of the Bel Air Police Department or their agents, representatives, employees; and/or their heirs and assigns, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of, or by reason of, complying with this request.

I understand that this information may be provided to any other law enforcement agency or may be used by the Bel Air Police Department, for any criminal, civil, or administrative purpose; whether the applicant is ever offered employment or not.

The Bel Air Police Department certifies that this document constitutes a written disclosure to the applicant, as required in Section 604(6) of the FCRA, before financial reports are obtained, and that this information will not be used in violation of any federal or state equal - opportunity law or regulation. If any adverse action is to be taken based on the consumer report, a copy of the report and a summary of the consumer's rights will be provided to the applicant.

The applicant hereby declares that the terms of this release have been completely read and are fully understood and voluntarily accepts this release for the express purposes of forever precluding any claims or actions against the aforementioned organizations based on the release of information under this authorization.

A photocopy of this release form will be valid as an original even though it does not contain an original writing of my signature.

_____ <b>LAST NAME (PRINTED)</b>		_____ <b>FIRST</b>	_____ <b>M.I.</b>	_____ <b>SOCIAL SECURITY NUMBER</b>
_____ <b>ADDRESS</b>		_____ <b>CITY</b>	_____ <b>STATE</b>	_____ <b>ZIP CODE</b>
_____ <b>WITNESS</b>	_____ <b>DATE</b>	_____ <b>APPLICANT'S SIGNATURE</b>		_____ <b>DATE</b>

