

POLICE OFFICER APPLICATION



CENTREVILLE POLICE DEPARTMENT

*Town Of Centreville
Maryland*

IMPORTANT INSTRUCTIONS

Use this checklist to ensure this police application packet contains the following:

- Employment Procedures and Instructions
- Police Officer Application for Employment
- Centreville Police Department Authorization and Release to Obtain Information (Previous Employers)
- Centreville Police Department Authorization for Release of Personal Information to Law Enforcement Agencies for Certification / Employment Purposes
- Selective Service Acknowledgment
- Recruitment Questionnaire
- Fair Credit Reporting Notification
- Acknowledgment Centreville Police Department Notice for Truthfulness
- Personal History Statement

SUBMITTING APPLICATION PACKET

Please ensure the following documents are included when submitting completed application package:

- Original and one (1) Photocopy of Personal History Statement Booklet (***We will not make photocopies for you.***)
- Photocopy of your Valid Driver's License
- Photocopy of Birth Certificate
- Photocopy of High School Diploma, or an Official High School Transcript, or General Equivalency Diploma (GED), and if applicable, an Official College Transcript. *If not included, should be submitted at time of background investigation.*
- Photocopy of DD-214, if served in the military. *If not included, should be submitted at time of background investigation.*

In addition to the above documents, please ensure the following is included in the completed application packet:

- Police Officer Application for Employment
- Centreville Police Department Authorization and Release to Obtain Information (Previous Employer)
- Centreville Police Department Authorization for Release of Personal Information to Law Enforcement Agencies for Certification / Employment Purposes
- Selective Service Acknowledgment
- Recruitment Questionnaire
- Fair Credit Reporting Notification
- Acknowledgment Centreville Police Department Notice for Truthfulness
- Personal History Statement

All forms requiring a notary must be completed prior to submitting application package. Out-of-State applicants may use a notary from their state of residence.

Return application package to:

Centreville Police Department
420 N. Commerce Street
Centreville, MD. 21617

Telephone: 410-758-8437

Fax: 410-758-8439

Email: centrevillepolice@qac.org

POLICE OFFICER APPLICATION FOR EMPLOYMENT

CENTREVILLE POLICE DEPARTMENT
420 N. COMMERCE STREET
CENTREVILLE, MD. 21617

The Centreville Police Department is an equal employment opportunity / affirmative action employer that does not discriminate on the basis of race, color, national origin, gender, religion, age or disability in employment or the provision of services.

Please print clearly or type this application. Complete all sections accurately to the best of your ability. Your application will be used as a part of the examination process and should reflect your best effort.

Date: ____/____/____ Social Security #: ____ - ____ - ____

Name (LAST, First, Middle): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____

Work Phone: (____) ____ - ____ Other Phone: (____) ____ - ____

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

State of Issuance: _____ Drivers License Number: _____

D. O. B.: ____/____/____ EMAIL: _____

Note: Data solicited in this block will be used for Equal Employment statistical purposes only.

| | | | | |
|-------------------|--------------------------|------------------|--------------------------|------------------|
| Ethnic Background | <input type="checkbox"/> | American Indian | <input type="checkbox"/> | Spanish American |
| | <input type="checkbox"/> | Asian American | <input type="checkbox"/> | White |
| | <input type="checkbox"/> | African American | <input type="checkbox"/> | Other: _____ |
| Sex | <input type="checkbox"/> | Male | <input type="checkbox"/> | Female |

CENTREVILLE POLICE DEPARTMENT

Authorization and Release to Obtain Information from Previous Employer

I, _____, authorize the Centreville Police Department to conduct a personnel background check in connection with my application for employment.

This investigation may include information from educational institutions, physicians, and/or medical records, insurance companies, police and/or court records, Department of Motor Vehicle records, listed personal references and/or developed references, previous employers and/or present employer and other appropriate sources. Additionally, this information may include results of background investigations, polygraph examinations, and psychological evaluations, as well as information related to substance abuse and internal investigations that I may have been the subject of.

I authorize the release of any information that the Centreville Police Department may request from the above sources. I further waive all rights to inspection or review of any information compiled pursuant to my application for employment.

I fully understand all information gained from such investigation is confidential and will be released only to authorized persons in the employment process.

I agree to give any further information which may be required and hereby certify that there are no willful misrepresentations, omissions or falsifications in any of the applications and/or documents furnished for the position and/or answers to questions. I am aware that should an investigation disclose any willful misrepresentation, omissions or falsifications my application may be rejected or, if already employed, my employment terminated.

I hereby release the Centreville Police Department, Centreville, Maryland or any of its agents or representatives and any persons so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information for the investigation made by the Centreville Police Department.

(Applicants Signature in Full)

STATE OF: _____

COUNTY OF: _____

On this _____ day of _____, 20____, (applicant) _____, whose name is signed to the foregoing instrument personally appeared before me, acknowledges the foregoing signature to be his, and, having been duly sworn by me, made oath that the statements made in the said instrument are true.

_____, 20____
My Commission Expires

Notary Public and Official Seal

CENTREVILLE POLICE DEPARTMENT

Authorization for Release of Personal information to Law Enforcement Agencies for Certification/Employment Purposes

To Whom It May Concern:

I am an applicant for a position with the Centreville Police Department. In order to determine my suitability for employment, I understand that the Centreville Police Department, Centreville, County of Queen Anne's, Maryland must make a thorough investigation of my personal records and personal background. It is in the public's best interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

Therefore, I, _____, DOB, _____,

Operator's License # _____, do hereby request and authorize any bank, credit union, lending or financial institution, credit bureau, consumer report agency, retail business establishment, former and present employer, educational institution, doctor or health care professional including mental health, alcohol treatment center, hospital or repository of medical records, insurance company, governmental agency, criminal and civil courts, certification/licensing commission, military organization {including National Personnel Records Center, Saint Louis, Missouri}, and any other individual agency to produce and provide copies of any and all information to the authorized agent of the Centreville Police Department, Centreville, County of Queen Anne's, Maryland regarding me, whether of a privileged or confidential nature.

Moreover, I hereby release the Centreville Police Department, Centreville, County of Queen Anne's, Maryland from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my employment with the Centreville Police Department, Centreville, County of Queen Anne's, Maryland. And, I hereby release the issuing agency and its agents and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization request.

I further waive all right to inspect or review any information compiled in reference to my application for certification as allowed by law. I do further authorize the Centreville Police Department, its agents and employees, to release copies of any and all information to any agency or entity regulating the certification, authority or conduct of law enforcement officers. This is to include, but not limited to: Maryland Police and Correctional Training Commission, Maryland Attorney General's Office, agencies of other states and the federal government, and the applicant's / officer's employing agency.

I hereby acknowledge that this authorization is valid for one (1) year or until the employment application or investigative process has been completed, whichever is later.

CENTREVILLE POLICE DEPARTMENT

Authorization for Release of Personal information to Law Enforcement Agencies for Certification/Employment Purposes

A copy of this document is considered valid, just as the original.

I have read and fully understand the above statements.

(Applicants Full Name-PRINT)

(Address)

(Applicants Signature in Full)

(City)

(Telephone Number)

(State & Zip)

STATE OF: _____

COUNTY OF: _____

On this _____ day of _____, 20_____,

(applicant) _____, whose name is signed to the foregoing instrument personally appeared before me, acknowledges the foregoing signature to be his, and, having been duly sworn by me, made oath that the statements made in the said instrument are true.

_____, 20_____

My Commission Expires

Notary Public and Official Seal

**SELECTIVE SERVICE
ACKNOWLEDGEMENT**

MALES AGE 18 THROUGH 25 ONLY

State law prohibits local government from employing anyone who has not complied with Selective Service Registration Regulations. Currently, males from the age of 18 through 25 are required to register with the federal government in accordance with the Military Service Act. By your signature below, indicate if you have or have not complied with the requirement.

YES, I have met Selective Service Registration requirement

Applicant's Signature

NO, I have not met Selective Service Registration requirement

Applicant's Signature

RECRUITMENT QUESTIONNAIRE

Applicant Name: _____

1. Where do you currently live?

City: _____ State: _____

2. Were you actively recruited? Yes No

Spoke with a recruiter at a College Career Fair

Spoke with a Centreville Police Officer

Toured the Department

Other (explain) _____

3. Did you see or hear advertisements for the Centreville Police Department from any of the following?
(check all that apply)

Radio

Internet

College Program

Newspaper Advertisement

Other: _____

4. Have you applied with any other Police Departments? Yes No

5. Why do you seek employment with the Centreville Police Department?

Fair Credit Reporting Notification / Acknowledgment

Your credit history is an integral part of the employment process with the Centreville Police Department, as it provides insight into personal attributes such as your level of responsibility, and your ability to manage and plan daily life functions. Although your credit history is only one of many tools used to assess your suitability for employment, it could impact the hiring decision regarding your application.

In conjunction with the Fair Credit Reporting Act, 15 U.S.C. 1681M(A), a copy of any credit report used for employment purposes must be provided to the applicant free of charge. Therefore, credit information, which is made part of your application portfolio, will be provided to you at the time of your background investigation interview. If your application is not forwarded to the background portion of the employment process, a credit report will not be requested and the provisions of this notification do not apply. It is important to recognize that the agency reporting the credit information to the Centreville Police Department neither approves nor denies your application for employment, but will address inquiries pertaining to the actual report.

Acknowledgment of Notification

I have read and understand the above stated information pertaining to the Fair Credit Reporting Act, and my dated signature below acknowledges the receipt of this information.

Signature

Date

Social Security Number

Centreville Police Department

Notice for Truthfulness

I, _____, am an applicant desiring employment with the Town of Centreville, Centreville Police Department. I understand that the position for which I am applying requires truthfulness throughout the application process. I understand that all answers given during the application process, which includes the application itself and subsequent interviews with the background investigator, will be verified through the use of a polygraph (to include information I provide in the application form such as: financial history, work history, use of alcohol or drugs, criminal conduct, disciplinary actions, medical history, and driving history). Any admissions after the background investigation is completed will be sufficient grounds to eliminate me from the application process. Information not divulged during the application process is also considered untruthfulness. Because of this fact, my failure to disclose information that is later discovered can eliminate me from the application process. I understand that any admissions or statements will be considered in determining my suitability for employment with the Town of Centreville.

In the event that a false statement made in the application process is not discovered until after an applicant is employed, disciplinary action, which may include a recommendation for termination of employment, will be administered.

By signing below, I acknowledge I have read and understand the above statement and certify that all information (both verbal and written), which I have supplied, is true.

STATE OF: _____

COUNTY OF: _____

Subscribed and sworn to before me this _____ day of _____ 20_____

Notary Public and Official Seal

(Applicant – Print Full Name)

My Commission Expires:

(Applicant's Signature in Full)

_____, 20_____

CENTREVILLE POLICE DEPARTMENT

APPLICATION & PERSONAL HISTORY STATEMENT

INSTRUCTIONS: Using the online form or legibly printing in ink fill out this form completely and accurately. If you need extra space, add additional pages and identify the information by item number. If an item does not apply to you, indicate by entering N/A in the blank.

NOTE: All statements are subject to verification and any incorrect statements or omissions may bar or remove you from certification. Truthful statements to any item requested will not necessarily exclude you from consideration.

NOTE: The Social Security Number is used to make positive identification of applicant and/or law enforcement personnel.

Position applied for: _____

Application Date: _____

PERSONAL

Name (LAST, First, Middle): _____ SS #: ____/____/____

Maiden Name: _____

Other Previous Last Names: _____

Nicknames or Aliases: _____

Has your name been legally changed after age 12? Yes No *(If yes, submit documentation with date and attach to this application)*

Present Mailing Address: _____

Permanent Mailing Address: _____

Telephone Number: Home: (____) ____-____ Work: (____) ____-____

Cell: (____) ____-____

Email Address: _____

Date of Birth: ____/____/____ Place of Birth: _____

Citizenship: US Born US Naturalized Other – Specify: _____

Have you previously submitted an application for employment with the Centreville Police Department?

Yes No If yes, approximate date: _____

EDUCATION

Indicate below the schools you have attended.

| Name Address (City & State) | | # of Years Attended | Dates Attended | Graduated (Yes/No) | Degree/Diploma Awarded | Major |
|--------------------------------|--|---------------------------|-------------------|-----------------------|---------------------------|-------|
| High Schools | | | | | | |
| | | | | | | |
| | | | | | | |
| Universities or Colleges | | | | | | |
| | | | | | | |
| | | | | | | |
| Extension or Trade Schools | | | | | | |
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| | | | | | | |
| Other | | | | | | |
| | | | | | | |

If you did not graduate from high school, have you passed the General Education Development (GED) Test?

Yes No If yes, when and where did you complete the GED?

Do you speak/read any foreign language(s)? Yes No

If yes, which language(s)? _____

Rate your proficiency: Poor Good Fluent

MARITAL

Marital Status (check one) Single Married Divorced
 Engaged Separated Widowed

Name of Spouse (LAST, First, Middle): _____

Address of Spouse: _____

Phone # of Spouse: (_____) _____ - _____

Name of Former Spouse(s) (LAST, First, MI): #1 _____

#2 _____

#3 _____

Do you have any objections to the Centreville Police Department contacting your former spouse(s)? Yes No

If yes, whom and why? _____

List all of your children, including any adopted or stepchildren:

| Name | Birth Date | Relationship | Address | Phone Number |
|------|------------|--------------|---------|--------------|
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FAMILY HISTORY

Are you related by blood or marriage to any person(s) currently employed by the Centreville Police Department?

Yes No

If yes, provide name and relationship: _____

List all of your siblings, whether living or deceased

| Name (LAST, First Middle) | Birth Date | Relationship | Address | Phone Number | Deceased/ Living |
|------------------------------|------------|--------------|---------|--------------|---------------------|
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List your parents, whether living or deceased

| Name (LAST, First Middle) | Birth Date | Relationship | Address | Phone Number | Deceased/ Living |
|------------------------------|------------|--------------|---------|--------------|---------------------|
| | | FATHER | | | |
| | | MOTHER | | | |

Is any member(s) of your immediate family currently in prison or on either probation or parole?

Yes No

If yes, provide name, relationship and details:

RESIDENCES

List every city/county in which you have lived since attaining the age of 16, with present address at top:

| From Mo/Yr | | To Mo/Yr | | Address | City/County/State |
|------------|--|----------|--|---------|-------------------|
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WORK HISTORY

Have you ever been denied employment by a law enforcement agency, corrections agency or security agency which requires certification or licensure after a conditional offer of employment was made?

Yes No

If yes, provide agency name and details:

Have you ever held a position as a certified and/or licensed law enforcement or corrections officer? Yes No

- ❖ If yes, for what agency and when? _____
- ❖ If yes, was such certification or license ever suspended, revoked or any sanctions taken against it by the issuing authority/employing agency? Yes No
- ❖ If such certification or license was ever suspended, revoked or any sanctions taken against it by the issuing authority/employing agency, please list the agency's name taking the action against the certification or license, date of the action, reason for the action and the period of time for the suspension, revocation or sanction:

Have you ever been discharged, requested to resign or allowed to resign in lieu of termination, from any position because of criminal or personal misconduct or rules violations? Yes No

If yes, list organization name and give details:

Have you ever been the subject of disciplinary action from any employer? Yes No

If yes, explain; _____

- Do you object to wearing a uniform? Yes No
- Do you object to working nights? Yes No
- Do you object to working rotating shifts? Yes No
- Do you object to working Holidays? Yes No
- Do you object to working weekends (Saturday & Sunday)? Yes No
- Do you object to occasionally being away from home overnight and for other periods of time attending meetings, acquiring training and otherwise performing official duties? Yes No

List ALL jobs, positions or appointments you have held in the last ten years to include temporary, part-time, paid or not paid employment, active or in-active reserve and internships. Put your present or most recent job first. List a reason for leaving for each job. Include military service in proper time sequence and temporary part-time jobs. If there are gaps in your employment, please provide an explanation for each period of unemployment.

1. Title of present or last position: _____

Employer Name: _____

Employer Address/ Phone Number: _____

Name/Title of Supervisor: _____

Date Began Employment: _____ Date Separated Employment: _____

Starting Salary: \$ _____ Last Salary \$ _____

Full-time Part-time Temporary

Job Duties/Description: _____

Reason for Leaving: _____

2. Title of present or last position: _____
Employer Name: _____
Employer Address/ Phone Number: _____

Name/Title of Supervisor: _____
Date Began Employment: _____ Date Separated Employment: _____
Starting Salary: \$ _____ Last Salary \$ _____
 Full-time Part-time Temporary
Job Duties/Description: _____

Reason for Leaving: _____

3. Title of present or last position: _____
Employer Name: _____
Employer Address/ Phone Number: _____

Name/Title of Supervisor: _____
Date Began Employment: _____ Date Separated Employment: _____
Starting Salary: \$ _____ Last Salary \$ _____
 Full-time Part-time Temporary
Job Duties/Description: _____

Reason for Leaving: _____

4. Title of present or last position: _____
Employer Name: _____
Employer Address/ Phone Number: _____

Name/Title of Supervisor: _____

Date Began Employment: _____ Date Separated Employment: _____

Starting Salary: \$ _____ Last Salary \$ _____

Full-time Part-time Temporary

Job Duties/Description: _____

Reason for Leaving: _____

5. Title of present or last position: _____
Employer Name: _____
Employer Address/ Phone Number: _____

Name/Title of Supervisor: _____

Date Began Employment: _____ Date Separated Employment: _____

Starting Salary: \$ _____ Last Salary \$ _____

Full-time Part-time Temporary

Job Duties/Description: _____

Reason for Leaving: _____

6. Title of present or last position: _____

Employer Name: _____

Employer Address/ Phone Number: _____

Name/Title of Supervisor: _____

Date Began Employment: _____

Date Separated Employment: _____

Starting Salary: \$ _____

Last Salary \$ _____

Full-time

Part-time

Temporary

Job Duties/Description: _____

Reason for Leaving: _____

MILITARY SERVICE

Were you ever in the U.S. Military Service or any other military organization? Yes No

Were you ever denied entrance into the military? Yes No If yes, why?

THE FOLLOWING QUESTIONS ARE APPLICABLE ONLY TO VETERANS

What is your service number? _____

What was the highest rank that you held? _____

What was the last rank that you held? _____

What was the date and location of your first enlistment or commission? _____

Have you ever received any of the following types of discharge:

Uncharacterized: Yes No

Honorable: Yes No

General (under honorable conditions) Yes No

Under other than honorable conditions Yes No

Bad Conduct Discharge Yes No

Dishonorable Discharge Yes No

Dismissal Yes No

Were you ever court-martialed, tried on charges, or the subject of a summary court, deck court, non-judicial punishment, captain's mast, company punishment, article 15, and/or any other disciplinary action while a member of the military, national guard or reserve unit? Yes No

If yes, explain what occurred and what type of punishment you received: _____

List all medals and decorations awarded you during your military service:

USE OF ALCOHOL & DRUGS

Do you drink alcoholic beverages? Yes No

If yes, to what extent? _____

******NOTE: In the next two questions, the word 'used' means one time or more, including experimentation. If any answer is yes, give full and complete details (Attach extra sheets if necessary)**

Have you ever used, to include tasting, **any** illegal drugs including but not limited to marijuana, steroids, opiates, pills, heroin, cocaine, crack, LSD, designer or synthetic drugs, etc., to include even one time use or experimentation?

Yes No I don't know (explain below)

If yes, what were the circumstances, drugs used and when did the usage last occur?

Have you ever used prescription drugs other than under the supervision of, or as prescribed by a physician?

Yes No I don't know (explain below)

If yes, what were the circumstances, drugs used and when did the usage last occur?

Have you ever purchased, possessed, manufactured, grown, delivered or sold any amount of illegal drugs or controlled substances for which you did not have a valid prescription?

Yes No I don't know (explain below)

If yes, identify the drug(s) and provide details concerning the purchase, possession, manufacture, growth delivery or sale

CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTIONS

NOTE: Answer all of the following questions completely and accurately. Any falsifications or misstatements of fact may be sufficient to disqualify you. If any doubt exists in your mind as to whether or not you were arrested or charged with a criminal offense at some point in your life or whether an offense remains on your record, you should answer "Yes." You must list any and all criminal charges regardless of the date of offense and the disposition (to include dismissals, not guilty, nol pros, PBJ, or any other disposition where you entered a plea of guilty). Juvenile charges or arrests should also be listed.

Include all offenses other than minor traffic offenses. Specifically include DWI, DUI, driving while under the influence of drugs, driving while license suspended or revoked, speeding to elude arrest, or duty to stop in event of accident.

You must include any and all convictions regardless of whether or not the convictions were expunged.

Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense?

(The term 'charged' as used in this question includes being issued a criminal citation or summons.) Yes No

If so, list below

| Offense Charged | Date | Disposition | Law Enforcement Agency |
|-----------------|------|-------------|------------------------|
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Have you ever had a Domestic Violence Protection Order issued against you? Yes No

If yes, explain: _____

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

If yes, explain in detail: _____

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

If yes, explain in detail: _____

Under federal law you may be disqualified to receive or possess a firearm if you meet any of the following conditions:

- (a) currently under Indictment or Information in any court for a crime punishable by imprisonment for a term exceeding one year.
- (b) have been convicted in any court of a crime punishable by imprisonment for a term exceeding one year. A person would not be ineligible under this criteria if the person has been pardoned for the crime or conviction, the crime or conviction has been expunged or set aside, or the person has had his/her civil rights restored, and under law where the conviction occurred the person is not prohibited from receiving or possessing any firearm.
- (c) are a fugitive from justice.
- (d) are an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance.
- (e) have been adjudicated mentally defective or have been involuntarily committed to a mental institution.
- (f) have been discharged from the Armed Forces under dishonorable conditions.
- (g) are illegally in the United States.
- (h) have renounced your citizenship, having previously been a citizen of the United States.

NOTE: A “crime punishable by imprisonment for a term exceeding one year” as discussed in (a) and (b) above is defined in federal law so as to exclude most misdemeanors in Maryland.

If any of the above (a through h) apply, please note below and submit an explanation on a separate sheet of paper which accompanies this form. Your signature on the attestation found on this document indicates you have read this section and understand each of the disqualifiers.

Have you been convicted of a misdemeanor under federal or state law which has, as an element, the use or attempted use of physical force or threatened use of a deadly weapon? Yes No

- If so, did you commit the act(s) against a current or former spouse, parent or guardian or against a person with whom you were or are cohabitating (Domestic Violence Offense)? Yes No

Offense Charged : _____

Investigating Agency: _____

Date: _____ Disposition: _____

Have you ever been charged with a felony? (Including any charges expunged) Yes No

If yes, provide details: _____

Have you ever been placed on probation? Yes No If yes, provide details:

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

Driver's License #: _____ State: _____ Expiration: _____

Do you currently have any points on your driver's license? Yes No If yes, how many? _____

Do you now possess or have you ever possessed a driver's license issued by any other state than Maryland?

Yes No If yes, provide License #: _____ State: _____

Has your driver's license ever been suspended or revoked? Yes No

If yes, provide details including date: _____

CAREER OBJECTIVES

Briefly explain your reasons for applying for this position:

List special skills, training, fields of work for which you are licensed, registered and/or certified which may be useful in the performance of the duties of the position for which you have applied:

What are your feelings about the use of deadly force if it became necessary in the performance of your official duties? _____

What are your career goals for the next 5 years? _____

REFERENCES

Provide the names of five responsible persons, other than relatives, who could provide information about your character, ability, experience, personality and other qualities

| NAME | ADDRESS | TELEPHONE |
|------|---------|-----------|
| | | |
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MISCELLANEOUS

Are you now or have you ever been a member of any organization that seek to overthrow the Constitutional form of government of the United States, State of Maryland or any other government entity by means of force or violence or any other unlawful means? Yes No

If yes, provide the organization name and describe: _____

Have you ever been issued a permit or license to carry a firearm or other weapon on your person? Yes No

If yes, provide issuing agency and license #: _____