

**PRELIMINARY PERSONAL HISTORY STATEMENT
FOR RESERVE OFFICER CANDIDATES**

The information in this document will be used to compare your qualifications and credentials to those of other candidates under considerations for Public Safety positions. In order to ensure that your credentials received the fullest consideration, you must provide as much detail as possible when completing this document. If you need additional space for any item, use the back of the sheet, and mark the item number.

NOTE THE FOLLOWING INFORMATION

The information, which you provide in this document, will be verified if you are given further consideration in the selection process. This verification will consist of a complete background investigation, including checks of local, State, and Federal criminal files, and driving, employment and education/training records.

Should the background or any other type of investigation indicate that information in this document has been falsified or misrepresented in any manner, you will no longer be considered for appointment. **Should your response to a question be not applicable or none you must fill in some response on the form. Failure to note a response may disqualify you from further processing.**

Furthermore, you may be disqualified if it is found that you failed to provide any requested information, or have presented less than a complete, accurate, and honest disclosure.

I HEREBY AFFIRM THAT THE INFORMATION IN THIS DOCUMENT IS ACCURATE AND COMPLETE; THAT I READ THE STATEMENT PRESENTED ABOVE; AND THAT I UNDERSTAND THE CONSEQUENCES OF FALSIFYING, MISREPRESENTING, OR OMITTING ANY OF THE INFORMATION SOLICITED WITHIN THIS DOCUMENT.

(SIGNATURE)	(DATE)	(PRINT NAME CLEARLY)
(ADDRESS)	(CITY , STATE , ZIP CODE)	
(HOME PHONE NUMBER)	(WORK PHONE NUMBER)	
(SOCIAL SECURITY NUMBER)	DATE OF BIRTH _____ / _____ / _____ (MONTH) (DAY) (YEAR)	

POSITION TITLE _____

**Return to: Anne Arundel County Police Dept.
Crime Prevention Unit
8495 Veterans Hwy.
Millersville, Maryland 21108**

I. EDUCATION:

Please provide a complete account of your educational history.

1. Did you graduate from high school?[] YES [] NO
2. If you did not graduate from high school, did you obtain a GED?[] YES [] NO
3. Have you graduated from College? [] YES [] NO

A. List any college, which you attended or from which you graduated:

Name of College	Major	Number of Credits	Type of Degree	Year(s)

4. Describe any specialized training (trade school, military training, law enforcement training, or specialized schooling) which you have which may be relevant to this position. Include any licenses and certifications with numbers and expiration dates, if available.

Trade School Org Name	Type of Training	Describe	Certificates or license	Expiration date

II. LANGUAGE SKILLS

Please describe your proficiency / skills in foreign or sign languages as identified below. For skill level please choose excellent, good, or fair and fill in the blank under reading, speaking, understanding, and writing:

Language	Reading EXCELL/GOOD/FAIR	Speaking EXCELL/GOOD/FAIR	Understanding EXCELL/GOOD/FAIR	Writing EXCELL/GOOD/FAIR

III. EMPLOYMENT:

1. Have you ever been terminated from a job or asked to resign in lieu of termination?
 YES NO

A. If yes, identify name of employer, date and the reason for the termination or requested resignation by your employer.

Name of Employer	Date of Term/Resign	Reason for Action	Remarks

IV. CRIMIANL HISTORY:

In this section, you must provide information related to criminal arrest and convictions.

1. Have you ever been arrested for any offense?..... YES NO
2. If yes, provide the following information (including dispositions of Nol-Pros, Probation Before Judgment, STET or reduced charges).

Date	Offense	Disposition	Jurisdiction

V. DRIVING RECORD:

This section requires that you provide information related to traffic citations or arrest for violations of the Motor Vehicle Law.

1. List the Number on your driver's license. _____
2. List the State and CLASS of your license. _____
3. Is this a Commercial Driver's License (CDL)? _____
4. Have you ever been charged with Driving Under the Influence of Alcohol or Drugs, Driving While Intoxicated, or any similar offense involved the operation of a motor vehicle while under the influence of any substance? YES NO
 If yes, provide the following information below (including dispositions of Nol Pros, Probation Before Judgment, STET, or reduced charges):
5. List any traffic violations you have received, including dispositions. If you have none, write N/A.

Date	Offense	Disposition	Jurisdiction

6. Have you ever had a driver's license suspended or revoked for ANY time period?

[] YES [] NO

If yes, provide the following:

Date of Action	Reason for Susp/Revoc	Jurisdiction

VI. DRUG SALES:

In this sections, "drugs" shall be interpreted as illicit or controlled substances, or the unauthorized use of abuse of licit drugs. In this section, the sale of drugs includes the unauthorized sale of drugs to another person, with or without profit to you, delivery of drugs to another person, transporting drugs to be sold, trading drugs for anything of value, manufacturing drugs, growing drugs (plant), or being involved in any drug related transactions.

1. List any sale(s) of, or involvement with the sale(s) of licit or illicit drugs, as described above. **If none write N/A:**

Transaction	Type of Drug	Amount	Number of Times	Age at Time of Transaction
Unauthorized Sale				
Delivery of Drugs				
Transporting for Sale				
Trading for item of Value				
Manufacturing or growing				
Other drug transactions (specify here)				

VII. DRUG USE:

In this section, drug use will be defined as the current or past use of, or addiction to illegal or controlled substances (e.g., abusing cocaine), or the unauthorized use of licit (legal) drugs (e.g., abusing Percoset without a prescription). Also, drug use shall include the use of drugs gained by misrepresentation of systems to a physician.

The following is a *partial* list of types and names of drugs, which could be abused under the above condition. This is not a complete list. **Any other drugs, which you are abusing must be listed.**

- | | | | |
|---------------|------------------|-----------|---------------|
| Marijuana | Peyote | Heroin | Crack |
| Hashish | Psilocybin | Morphine | Barbiturates |
| THC | Mescaline | Codeine | Tranquilizers |
| Angel Dust | Steroids | Methadone | Valium |
| PCP | Biphetemines | Demerol | Talwin |
| Hallucinogens | Amphetamines | Preludin | Quaaludes |
| Ecstasy | Methamphetamines | Dilaudid | |
| Mushrooms | | Cocaine | |

1. List below your use of drugs. **If none write N/A:**

Name of Drug	Number of Times Used	Amount per use	Age at Time of Use

VIII. OTHER INFORMATION

1. Have you ever applied with any other law enforcement agency, detention center, correctional facility or fire department?[] YES [] NO

If YES, provide the dates of application(s) and agencies or jurisdictions.

2. Have you ever been a member of any branch of the armed services? ..[] YES [] NO

If YES, provide the information below:

BRANCH OF SERVICE _____

DATES OF SERVICES _____

TYPE OF DISCHARGE (EXPLAIN) _____

3. Have you ever been subjected to disciplinary from any past or current employer? [] YES [] NO

If YES, describe give following information:

Employer's Name	Nature of Offense	Dates of Discipline	Disciplinary Result

FOR RESERVE OFFICER CANDIDATES:

Are you a Maryland Certified Police Officer?[] YES [] NO

Certified in another State or Federal?[] YES [] NO

If YES, indicate where _____