

**Application for the position of:
Anne Arundel County Reserve Officer
Anne Arundel County Police Department
(Non-paid Volunteer Position)**

Greetings,

Thank you for your interest in volunteering your time and talents in the Anne Arundel County Police Reserve Officer Program.

Please fill out the application in its entirety, as well as make sure it is legible. By filling out this application you explicitly understand that members of the Anne Arundel County Police Department will be conducting a background check utilizing the information that you provide.

It is understood that all information is correct and truthful and that any misrepresentation found will result in your being denied into the Anne Arundel County Police Reserve Officer Program.

Any questions may be referred to:

Reserve Executive Officer Bruce Petro

410.222.2434

P96349@aacounty.org

Or

Cpl. Russell Ziebell

410.222.4547

P91859@aacounty.org

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PERSONAL INFORMATION

Today's Date

NAME: _____
Please Print: Last, First Middle

Address: _____
Number Street City County State Zip code

Email Address

Social Security Number: _____ - _____ - _____ Date of Birth: _____
Month/Day/Year

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

Sex: _____ Male _____ Female U.S. Citizen: _____ Yes _____ No

Drivers License Number: _____ State Issued: _____

In case of emergency, who would we notify?

Name: _____
Last First Relationship

Address: _____
Number Street City County State Zip code

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

Reasoning for wanting to be an Anne Arundel County Reserve Officer:

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Employment

Employment: List last three employers starting with the most recent

Name of Company: _____

Address: _____

Position/Title: _____ **Years Employed:** _____

Date Started: _____ **Date Finished:** _____

Reason for leaving: _____

Name of Company: _____

Address: _____

Position/Title: _____ **Years Employed:** _____

Date Started: _____ **Date Finished:** _____

Reason for leaving: _____

Name of Company: _____

Address: _____

Position/Title: _____ **Years Employed:** _____

Date Started: _____ **Date Finished:** _____

Reason for leaving: _____

Have you ever been fired by an employer? If yes, please explain: _____

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Education, Training and Certifications

Please list all education, trainings and certifications that you have acquired, whether they are current or not. If you have written documentation, please include copies with your application. (i.e.: diplomas, degrees, written certificates, letters of completion, etc)

If more space is needed, please list on the back of this page.

Education, Training/Certification: _____

Location: _____

Dates: _____

Education, Training/Certification: _____

Location: _____

Dates: _____

Education, Training/Certification: _____

Location: _____

Dates: _____

Education, Training/Certification: _____

Location: _____

Dates: _____

Education, Training/Certification: _____

Location: _____

Dates: _____

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Other talents, skills, hobbies (foreign language, computer skills, graphics, etc)

1. _____
2. _____
3. _____
4. _____
5. _____

If your application is approved, what are your preferred hours to volunteer?

Days Evenings

What location would you prefer to work in?

Pasadena Odenton

Brooklyn Edgewater

What is your means of transportation? _____

There are times that volunteering as an Anne Arundel County Reserve Officer is strenuous and physically demanding. Do you have any physical limitations or concerns we need to be aware of?

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Responses to the following questions should not contain references to any previous or current medical conditions.

1. Other than those prescribed by a doctor, have you ever used, tried, or experimented with any type of drugs including narcotics, marijuana, or inhalants/propellants? Yes No

Number of Times _____

Last time used: _____

2. Have you ever used the following:

- Marijuana and/or Hashish? Yes No

How Often _____ Number of Times _____ Last Time Used _____

- Hallucinogenic (PCP, LSD, Psilocybin, Ecstasy, etc.?) Yes No

How Often _____ Number of Times _____ Last Time Used _____

- Stimulants (Cocaine, Amphetamines, Methamphetamines, etc.?) Yes No

How Often _____ Number of Times _____ Last Time Used _____

- Barbiturates (Phenobarbital, Seconal, Amytal, Quaaludes, etc.?) Yes No

How Often _____ Number of Times _____ Last Time Used _____

- Heroin Yes No

How Often _____ Number of Times _____ Last Time Used _____

- Inhalants (Rush, Glue, Nitrous Oxide, Etc.?) Yes No

How Often _____ Number of Times _____ Last Time Used _____

3. Have you ever illegally obtained prescription drugs?

If yes, explain:

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4. Have you ever participated in the distribution or sales of prescription/non-prescription or illegal drugs, including those previously mentioned? Yes No

If yes, explain:

5. Have you ever stolen anything (including from employers, shoplifting, buying or receiving stolen goods, or stolen from another person)? Yes No

If yes, indicate the **item(s), value, and date:**

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**ANNE ARUNDEL COUNTY POLICE DEPARTMENT
CRIME PREVENTION UNIT
MILLERSVILLE, MARYLAND
REQUEST FOR RECORDS CHECK**

To: Central Records / Criminal History

Please check the following individual through our in-house files, NCIC, and MILES for a criminal record, or report as a victim, witness, suspect, or complainant, and forward any such record / reports found to Cpl. Russell Ziebell in the Crime Prevention Unit.

Date of request: _____ Purpose: Reserve Officer Program
Investigator: Cpl. Ziebell ID#: 1859

Last name First Middle

Maiden name

Aliases / Other names used

Address / Zip Code

Age: _____ Sex: _____ Race: _____ Marital Status: _____

Hgt: _____ Wgt: _____ Eyes: _____ Hair: _____ DOB: _____

Home: _____ Work: _____

Telephone numbers Birthplace

SSN Driver's License Number / State

Scars / Marks / Tattoo's etc.

Employer's Name / Address Occupation

Photographed: Yes No Fingerprinted: Yes No



Anne Arundel County Police Department
 8495 Veterans Highway Millersville, Maryland 21108
 (410) 222-8050
www.aacounty.org/police



Amal Awad
 Chief of Police

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by a duly authorized agent of Anne Arundel County Police Department/ Anne Arundel County Government, whether the said records are public private or confidential nature, and regardless of whether the information released may be derogatory in 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 and deposits, withdraws and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings), medical and psychiatric treatment and/or consultations, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration, public utility companies, employment and pre-employment records, including background reports; (including prior A.A. County Police Department Investigations) and polygraphs examinations results, efficiency ratings, complaints or grievances filed by or against me, internal affairs investigations/reports and salary records; real and personal property records, and other finical 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 a civil nature made by 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.

I acknowledge and agree 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 Anne Arundel County Police Department/ Anne Arundel County Government to consider in determining my suitability for employment by the Department. It is my specific intent to provide access to personal information, copies of that information, however personal, or confidential it may appear to be, and the sources and content of information specifically identified herein.

I understand that any information obtained through a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Anne Arundel County Police Department/ Anne Arundel County Government. I further understand that any information obtained through this background investigation may be released upon request to another law enforcement agency of Anne Arundel County Government, in connection with my application for employment with that agency, within one year from the date of my signature below.

I agree to indemnify and hold harmless the person in whom this request is presented and his agents and employers, from and against all claims, damages, losses and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.

If illegal behavior and/or activities are uncovered, the appropriate authorities will be notified.

I further understand that whether or not I am selected for the position, the source of confidential information gathered through the background investigation will not be revealed to me. 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.

SIGNATURE: _____ DATE: _____

MAIDEN NAME: _____

ADDRESS: _____

_____ WITNESS

D.O.B.: _____ Last Four of SSN: _____

MARYLAND STATE LAW 5-399.7

IMMUNITY; EMPLOYER DISCLOSING INFORMATION

Effective October 1, 1996, the Maryland Legislature codified the qualified privilege in Maryland courts and Judicial Proceedings, Code Section 5-399.7. Annotated. The new statute provides; 5-399.7 IMMUNITY; EMPLOYER DISCLOSING INFORMATION

- (A) An employer acting in good faith may not be held liable for disclosing information about the job performance or the reason by termination of employment of an employee of the employer.
1. To prospective employer of the employee or former employee at the request of the prospective employer, the employee or former employee; or
 2. If requested or required by federal, State or industry authority or if the information is disclosed in a report, filing, or other document by law, rule, order, or regulation of the regulatory authority.
- (B) An employer who discloses information under subsection (A) of this section shall be presumed to be acting in good faith unless it is shown by clear and convincing evidence that the employer;
1. Acted with actual malice toward to employee or former employee; or
 2. Intentionally or recklessly disclosed false information about the employee or former employee.