

Anne Arundel County Police Department
Community Policing Academy Application

Date of Application: _____

Last Name: _____

Sex: _____

Age: _____

First Name: _____

Ethnicity: _____

Middle Initial: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Country: _____

Education: _____

Phone number: _____

Email address: _____

T-shirt size: Small _____ Medium _____ Large _____ X-Large _____ XX-Large _____

Emergency Contact: _____

Emergency Contact Phone number: _____

Employer: _____

Occupation: _____

Why do you want to be involved in the Community Policing Academy? (500 words or less)

How did you hear about the Community Policing Academy?

Please save this document as a PDF and either:

Email to: p91859@aacounty.org

Fax to: 410-222-0052

Or mail to:

Cpl. Russell Ziebell
Community Relations
8495 Veterans Hwy.
Millersville, MD 21108

If you have any questions, please do not hesitate to email or call:
(410) 222-4574. Thank you for your interest in our Community Policing Academy!

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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: _____

_____ NOTARY ADDRESS: _____

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.



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 8495 Veterans Highway Millersville, Maryland 21108
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Amal Awad
 Chief of Police

Request for Records Check

Please check the following individual through our in-house files: Victim, Witness, Suspect or Complainant, and check NCIC & Miles for any criminal records. Please forward all records and reports to the Personnel Section.

Date of Request: _____	Purpose: <u>Background Investigation</u>
Investigator: _____	Position: Police Officer / Civilian _____
<i>For Official Use Only ----- Do Not Fill Out This Portion -----For Official Use Only-----Do Not Fill Out This Portion</i>	

_____/_____/_____
 Last Name / First Name / Middle

_____/_____
 Other Names Used / Maiden Name or Alias / Email Address

Date of Birth: _____ **Social Security Number:** _____ **Race:** _____ **Sex:** _____
 Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Current Address: _____

Dates of Residence at Current Address: From: _____ To: _____

Previous Anne Arundel County Address: _____

Dates of Residence at Previous Address: From: _____ To: _____

Telephone (Cell) _____ (Other) _____

Place of Birth City: _____ State: _____

Driver's License Number: _____ State Issued: _____

Have you ever applied to Anne Arundel County Police? No: _____ Yes: _____ If Yes, provide the dates applied: _____