



STEUART PITTMAN  
COUNTY EXECUTIVE

## ANNE ARUNDEL COUNTY POLICE DEPARTMENT

8495 VETERANS HIGHWAY  
MILLERSVILLE | MARYLAND | 21108  
(410) 222-8050 | [www.aacounty.org](http://www.aacounty.org)



AMAL E. AWAD  
CHIEF OF POLICE

### Community Police Academy Application

**Date of Application:** \_\_\_\_\_

**Name**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

**Address & Contact Information**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency contact Phone: \_\_\_\_\_

E mployer: \_\_\_\_\_

Occupation: \_\_\_\_\_

T- Shirt Size:    Small:                      Medium:                      Large:                      XLarge:                      XX Large:

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

How did you hear about the Community Police Academy?

Please save this document as a PDF and either:

Email to: [cpu@aacounty.org](mailto:cpu@aacounty.org)

Or mail to:

Cpl. Megan Ott  
Community Relations  
8495 Veterans Hwy.  
Millersville, MD 21108

If you have any questions, please do not hesitate to email or call:  
(410) 222-2447. Thank you for your interest in our Community Policing Academy!



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**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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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:** Background Investigation

**Investigator:** \_\_\_\_\_

**Position:** Police Officer / Civilian \_\_\_\_\_

*For Official Use Only ----- Do Not Fill Out This Portion -----For Official Use Only-----Do Not Fill Out This Portion*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
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: \_\_\_\_\_