



# St. Michaels Police Department

P.O. BOX 206

ST. MICHAELS, MARYLAND 21663-0206

TELEPHONE 410-745-9500

745-9507

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TDD/TTY 800-735-2258

SETTLED 1670-80  
INCORPORATED 1804

## PUBLIC SAFETY PERSONAL HISTORY STATEMENT

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

For the Position of: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Maiden

Address: \_\_\_\_\_  
Number & Street/Rural Route #  
City State Zip Code

Telephone Numbers: Home: (\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*Please complete the following to assist us in the collection of statistics required for our Equal Employment Opportunity Commission reporting requirements:*

EEO Category: Asian or Pacific Islander: \_\_\_\_\_ Hispanic: \_\_\_\_\_

American Indian or Alaskan Native: \_\_\_\_\_ Black: \_\_\_\_\_ White: \_\_\_\_\_ Unknown: \_\_\_\_\_

SEX: Male: \_\_\_\_\_ Female: \_\_\_\_\_

*We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.*

**This application must be returned by \_\_\_\_\_, failure to return the personal history statement within the stated time period will result in the disqualification of the applicant.**

I agree that if any misrepresentation has been made, any offer of employment may be withdrawn or my employment terminated immediately without any obligation or liability to me other than for payment of services actually rendered.

I understand and agree that this employment application, by itself or together with other St. Michaels Police Department documents or policy statements, does not create a contract of employment. I also understand that I may voluntarily leave or be terminated at any time and for any reason.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Applicant Name:** \_\_\_\_\_  
Last First Middle Maiden

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Eye Color:** \_\_\_\_\_ **Hair Color:** \_\_\_\_\_

**Scars, Marks, Tattoos:** \_\_\_\_\_

**1. MARITAL STATUS:**

**Married:** \_\_\_\_\_ **Single:** \_\_\_\_\_ **Separated:** \_\_\_\_\_ **Divorced:** \_\_\_\_\_

**Widowed:** \_\_\_\_\_ **Engaged:** \_\_\_\_\_ **Boyfriend:** \_\_\_\_\_ **Girlfriend:** \_\_\_\_\_

**Name of Spouse/Significant Other:** \_\_\_\_\_  
Last First Middle

**Date of Birth:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**2. How did you become aware of this employment opportunity?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**3. CHILDREN AND DEPENDENTS:**

List all of your children, including step-children and adopted children and give the following information: (Use continuation sheet, if necessary)

A. Name: \_\_\_\_\_  
                    Last                      First                      Middle                      Maiden

Date of Birth: \_\_\_\_\_ Supported by: \_\_\_\_\_

Full Address: \_\_\_\_\_  
\_\_\_\_\_

Resides with: \_\_\_\_\_

B. Name: \_\_\_\_\_  
                    Last                      First                      Middle                      Maiden

Date of Birth: \_\_\_\_\_ Supported by: \_\_\_\_\_

Full Address: \_\_\_\_\_  
\_\_\_\_\_

Resides with: \_\_\_\_\_

C. Name: \_\_\_\_\_  
                    Last                      First                      Middle                      Maiden

Date of Birth: \_\_\_\_\_ Supported by: \_\_\_\_\_

Full Address: \_\_\_\_\_  
\_\_\_\_\_

Resides with: \_\_\_\_\_

D. Name: \_\_\_\_\_  
                    Last                      First                      Middle                      Maiden

Date of Birth: \_\_\_\_\_ Supported by: \_\_\_\_\_

Full Address: \_\_\_\_\_  
\_\_\_\_\_ Resides with: \_\_\_\_\_

**4. INFORMATION CONCERNING ALL MARRIAGES:**

A. Spouse / Former Spouse's Name (Include Maiden and Current Name)

\_\_\_\_\_

Last	First	Middle	Maiden
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Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Where Performed: \_\_\_\_\_

Indicate divorced, separated, or annulled: \_\_\_\_\_

Date of Order or Decree: \_\_\_\_\_ By Whom: \_\_\_\_\_

Where issued (Court and State): \_\_\_\_\_

B. Spouse / Former Spouse's Name (Include Maiden and Current Name)

\_\_\_\_\_

Last	First	Middle	Maiden
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Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Where Performed: \_\_\_\_\_

Indicate divorced, separated, or annulled: \_\_\_\_\_

Date of Order or Decree: \_\_\_\_\_ By Whom: \_\_\_\_\_

Where issued (Court and State): \_\_\_\_\_

C. Spouse / Former Spouse's Name (Include Maiden and Current Name)

\_\_\_\_\_

Last	First	Middle	Maiden
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Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Where Performed: \_\_\_\_\_

Indicate divorced, separated, or annulled: \_\_\_\_\_

Date of Order or Decree: \_\_\_\_\_ By Whom: \_\_\_\_\_

Where issued (Court and State): \_\_\_\_\_

**5. OTHER DEPENDENTS:** If you claim income tax exemptions for support of dependents other than your spouse and children, provide the following information:

A. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Percent Financial Support Provided: \_\_\_\_\_

B. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Percent Financial Support Provided: \_\_\_\_\_

*Are you receiving and/or responsible for paying any court-ordered child support?*

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes answer the following:

To Whom Paid/From Whom Received: \_\_\_\_\_

Amount: \_\_\_\_\_ Frequency Paid or Received: \_\_\_\_\_

**6. MILITARY STATUS:**

A. Have you served in the United States Armed Forces? Yes: \_\_\_\_\_ No: \_\_\_\_\_

*If yes, your branch of service:* \_\_\_\_\_

*From:* \_\_\_\_\_ *To:* \_\_\_\_\_

B. While in the military service, were you ever arrested or convicted for an offense which resulted in special or general court martial, from a trial by deck court or by summary? (Include all Article 15 punishment or similar disciplinary actions.)

Yes: \_\_\_\_\_ No: \_\_\_\_\_

*If yes to question 6-B, give date, place, law enforcing authority or type of court, or Court-martial, charge and action taken for each incident (use a separate sheet to record this information.*

C. Type of Discharge:

Honorable: \_\_\_\_\_ Dishonorable: \_\_\_\_\_

Reenlistment code: \_\_\_\_\_

D. Are you presently a member of the U.S. Reserve, or National or State Guard Organization?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ *If yes answer the following:*

Grade: \_\_\_\_\_ Service / ID #: \_\_\_\_\_

Service and Component: \_\_\_\_\_

Current Duty Station & Assignment: \_\_\_\_\_

Reserve Obligation, if any: \_\_\_\_\_

Active: \_\_\_\_\_ Inactive: \_\_\_\_\_ Standby: \_\_\_\_\_

## 7. EDUCATION:

A. List names / dates attended of all schools attended (elementary through senior high)

	Name and Address of School	From Date	To Date
1.	_____		
2.	_____		
3.	_____		
4.	_____		

B. List indicated information for the last high school attended:

School Name and Full Address: \_\_\_\_\_

Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

Did you graduate? Yes: \_\_\_\_\_ No: \_\_\_\_\_

C. Were you ever the subject of a school disciplinary action, such as suspension, or other censure?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ *If yes, list details below.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Higher Education: List indicated information for all colleges or universities attended (all entries must be verified with official college transcripts sent directly from the college to this agency):

College/University Name And Full Address	Date From/ Date To	Credit Hrs Earned	Type of Degree	Year Rec'd
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Major Course of Study: \_\_\_\_\_ Minor: \_\_\_\_\_

E. Other schools or training (trade, vocational, business or military). For each, give name and address of school, dates attended, subjects studied, certificate and any other pertinent data.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**8. SPECIAL QUALIFICATIONS AND SKILLS:**

Indicate type of special license (other than vehicle operator's license), such as pilot, radio operator, etc., indicating licensing authority, where license was first issued, and date current license expires:

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**9. OTHER QUALIFICATIONS:**

Summarize any special job-related skills and qualifications acquired from employment or other experience:

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**10. FOREIGN LANGUAGE:** Indicate any foreign languages known, indicating proficiency with an Excellent/Good/Fair in the proper section:

	Language	Reading	Speaking	Understanding	Writing
1.					
2.					
3.					

**11. VEHICLE OPERATOR'S LICENSE:**

A. Give the following information concerning any vehicle operator's license you now hold or have held in the past:

Operator's License Number	Class	State	Expir. Date
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1.

2.

3.

B. Have you ever been denied issuance of a license or had a license suspended or revoked?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ *If yes state dates and explain why:*

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C. Have you ever had automobile insurance withdrawn or revoked or have you ever been refused automobile insurance as a result of criminal or traffic violations or high incidence of accidents?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ *If yes, explain why:*

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**12. FINANCIAL RESOURCES:**

Do you receive income form any source other than your occupation?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, how much? \_\_\_\_\_ How often? \_\_\_\_\_

What is the source? \_\_\_\_\_

**13. FAMILY:** List, in the order given, parents, guardians, step-parents, foster parents, parents-in-law, brothers and sisters, living or deceased. Include any others you have resided with or with whom a close relationship exists or existed.

Relationship	Name	Full Address (If Living)	Day and Evening Phone
1. Father			
2. Mother (include Maiden Name)			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

**14. EMPLOYMENT:** Beginning with your **most recent** job, list your work history for the past ten years, including part-time, temporary or seasonal employment, and all periods of unemployment:

A. From Date: \_\_\_\_\_ To Date: \_\_\_\_\_ From Salary: \_\_\_\_\_ To Salary: \_\_\_\_\_

Employer (Name / Address / Phone #): \_\_\_\_\_

Supervisor (Name / Phone #): \_\_\_\_\_

Name of Co-Worker: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

B. From Date: \_\_\_\_\_ To Date: \_\_\_\_\_ From Salary: \_\_\_\_\_ To Salary: \_\_\_\_\_

Employer (Name / Address / Phone #): \_\_\_\_\_

Supervisor (Name / Phone #): \_\_\_\_\_

Name of Co-Worker: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

C. From Date: \_\_\_\_\_ To Date: \_\_\_\_\_ From Salary: \_\_\_\_\_ To Salary: \_\_\_\_\_

Employer (Name / Address / Phone #): \_\_\_\_\_

Supervisor (Name / Phone #): \_\_\_\_\_

Name of Co-Worker: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

D. From Date: \_\_\_\_\_ To Date: \_\_\_\_\_ From Salary: \_\_\_\_\_ To Salary: \_\_\_\_\_

Employer (Name / Address / Phone #): \_\_\_\_\_

\_\_\_\_\_

Supervisor (Name / Phone #): \_\_\_\_\_

Name of Co-Worker: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

E. From Date: \_\_\_\_\_ To Date: \_\_\_\_\_ From Salary: \_\_\_\_\_ To Salary: \_\_\_\_\_

Employer (Name / Address / Phone #): \_\_\_\_\_

\_\_\_\_\_

Supervisor (Name / Phone #): \_\_\_\_\_

Name of Co-Worker: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_





**16. RESIDENCES:** List all residences for the past ten years, beginning with your present address:

From mm/yy	To mm/yy	Street & Number / P.O. Box / Rural Route #	City & State	County
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- A.
- B.
- C.
- D.
- E.
- F.
- G.
- H.

**17. CHARACTER REFERENCES:** Do not repeat the names of supervisors, nor include relatives, former employers, or persons living outside the United States or its territories. List only references with a definite knowledge of your qualifications, and fitness for the position for which you are applying. List five references.

A. Name: \_\_\_\_\_ Day Phone #: \_\_\_\_\_

Full Address: \_\_\_\_\_

Years Known: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

B. Name: \_\_\_\_\_ Day Phone #: \_\_\_\_\_

Full Address: \_\_\_\_\_

Years Known: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_



C. Name: \_\_\_\_\_ Day Phone #: \_\_\_\_\_

Full Address: \_\_\_\_\_

Years Known: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

D. Name: \_\_\_\_\_ Day Phone #: \_\_\_\_\_

Full Address: \_\_\_\_\_

Years Known: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

E. Name: \_\_\_\_\_ Day Phone #: \_\_\_\_\_

Full Address: \_\_\_\_\_

Years Known: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

**18. PAST AND/OR PRESENT MEMBERSHIP IN ORGANIZATIONS:**

Membership From/To	Organization Name & Address	Organization Type (social, fraternal, professional, etc)	Any Offices Held
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A.

B.

C.

**19. SUBVERSIVE ORGANIZATIONS:**

A. Are you now, or have you ever been a member of any organization, association, movement, group or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approaching the commission of acts of force or violence to deny other persons their rights under the Constitution of the United

States, or which seeks to alter the form of government of the United States by unconstitutional means?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

B. Are you now, or have you ever been affiliated or associated with any organization or the type described above, as an agent, official, or employee?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

C. Have you ever been engaged in any of the following activities of any organization of the type described above: contribution (s) to, attendance at, or participation in any organization, social or other activities of said organizations, or of any projects sponsored by them; the sale, gift, or distribution of any written, printed, or other matter prepared, reproduced, or published by them, or any of their agents or instrumentalities?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

*If you answered yes to any one or more of Section 19 Questions A through C, give full details and circumstances below. Attach additional sheets if necessary for a full, detailed statement. If associated with any of these organizations, specify nature and extent of association with each, including office or position held, also include dates, places, and credentials now or formerly held. If associations have been with individuals who are members of these organizations, list the individuals and the organizations with which they were or are affiliated.*

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**20. Have you ever applied for a position with any other police, fire, or protective agency?**

Yes: \_\_\_\_\_ No: \_\_\_\_\_

*If yes, give details. List date of application, agency and disposition of application (i.e. not selected or rejected, stating reasons for same; withdrew, inactive, active, etc.)*

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**21. Do you have an application pending with any other employment?**

Yes: \_\_\_\_\_ No: \_\_\_\_\_

*If yes, give details, including date of application and agency.*

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**St. Michaels Police Department**  
**Authorization for Release of Military Information**

**To:**  
NATIONAL PERSONNEL RECORDS CENTER  
(Military Personnel Records)  
9700 Page Boulevard  
St. Louis, Missouri 63132

**From:**  
ST. MICHAELS POLICE DEPT  
(Applicant Background Section)  
P.O. Box 206  
St. Michaels, Maryland 21663

I authorize the National Personnel Records Center, St. Louis, Missouri, or other custodian of my military records, to release to the St. Michaels Police Department, information or photocopies from my military personnel and related medical records. This could include a photocopy of my DD Form 214 Report of Separation.

Applicant's Full Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Military Service Number: \_\_\_\_\_

Dates of Service: Entered: \_\_\_\_\_ Separated: \_\_\_\_\_

Present Military Status:  None  Marine Corps Reserve  Army Reserve  Coast Guard  
 Air National Guard  Navy Reserve  Air Force Reserve  Army National Guard

Present Reserve Status:  Active  Inactive

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

**\*\*TO BE COMPLETED BY MILITARY RECORDS OFFICE\*\***

Entry Date	Separation Date	Separation Reason	Character of Service
_____	_____	_____	_____
_____	_____	_____	_____

Disciplinary Data, if any:  None  See remarks on attached sheet

Releasing Office: \_\_\_\_\_ Signature of Releasing Agent: \_\_\_\_\_  
Date: \_\_\_\_\_

## Past and Present Itemized List of Debts

1. Company Name: \_\_\_\_\_ Nature of Debt: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Initial Loan Amount: \_\_\_\_\_  
Monthly Payment: \_\_\_\_\_ Term: \_\_\_\_\_ Balance to Date: \_\_\_\_\_  
Past Due: \_\_\_\_\_
2. Company Name: \_\_\_\_\_ Nature of Debt: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Initial Loan Amount: \_\_\_\_\_  
Monthly Payment: \_\_\_\_\_ Term: \_\_\_\_\_ Balance to Date: \_\_\_\_\_  
Past Due: \_\_\_\_\_
3. Company Name: \_\_\_\_\_ Nature of Debt: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Initial Loan Amount: \_\_\_\_\_  
Monthly Payment: \_\_\_\_\_ Term: \_\_\_\_\_ Balance to Date: \_\_\_\_\_  
Past Due: \_\_\_\_\_
4. Company Name: \_\_\_\_\_ Nature of Debt: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Initial Loan Amount: \_\_\_\_\_  
Monthly Payment: \_\_\_\_\_ Term: \_\_\_\_\_ Balance to Date: \_\_\_\_\_  
Past Due: \_\_\_\_\_
5. Company Name: \_\_\_\_\_ Nature of Debt: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Initial Loan Amount: \_\_\_\_\_  
Monthly Payment: \_\_\_\_\_ Term: \_\_\_\_\_ Balance to Date: \_\_\_\_\_  
Past Due: \_\_\_\_\_