



City of Hagerstown Police Department Citizens Police Academy Program



Applicants must be 18 years of age. Incomplete and/or unsigned applications will not be considered for processing. Applications must be **type written or printed legibly.**

PERSONAL INFORMATION:

Full Name: (First, Middle Last) _____ Date of Birth: _____

Street Address: _____

City: _____ County: _____ State: _____

Zip Code _____ Home or Cell Phone Number: _____

Social Security # _____ How long have you lived at the above address? _____

Race _____

Email address: _____@_____.

EDUCATION:

High School Attended: _____

Do you have a High School Diploma or GED? (Y/N) (Not Required)

College or Trade school(s) attended _____

EMPLOYMENT HISTORY:

Current / Most Recent Employer: _____

Business Address: _____

Employer Telephone: _____ Are You Retired (Y/N)

Job Title: _____ Are/Were you a supervisor? (Y/N)

Previous Employer: _____

Business Address: _____

Employer Telephone: _____ Date(s) you worked: From _____ To _____

BACKGROUND INFORMATION:

Do you have a valid license to operate a motor vehicle? (Y/N) **DL #** _____

State: _____

Have you ever been convicted of a crime other than a minor traffic offense? (Y/N) _____

If yes, please explain: _____

Are you currently under indictment for any criminal offense? (Y/N)

Are you willing to submit to a criminal background investigation? (Y/N)

Continued on Reverse

REFERENCES:

List three professional or personal references not related to you.

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

EMERGENCY INFORMATION:

Are there any medical conditions that you would like us to be aware of?

Who would you like us to contact in case of an emergency?

Name: _____ Telephone: _____

Address: _____

Relationship: _____

Please review all of you answers carefully and read the statement below before signing this application.

"I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I understand that any omission or false statements on this application shall be sufficient cause for rejection or dismissal from the City of Hagerstown's "Citizens Police Academy Program."

"I further understand that the City of Hagerstown Police Department will be conducting a thorough background investigation that may include, but not limited to, any criminal history, employment history, and may include information contained in my driving record."

Please sign attached Release of information form.

Individuals requiring special accommodations are requested to contact the Hagerstown Police Department at 301-790-3700 or 301-797-6617 Voice /TDD, to make arrangements no later than ten (10) working days prior to the meeting.

Signature: _____

Date: _____

Witness: _____

Date: _____

Please return completed form to:

Officer Gerard Kendle
50 N. Burhans Blvd.
Hagerstown, MD 21740
Phone: 301-790-3700 Voice Mail Ext 308.
Fax Number: 301-393-5886

**CITY OF HAGERSTOWN, HAGERSTOWN POLICE DEPARTMENT
VOLUNTARY PROGRAM AUTHORIZATION FOR RELEASE OF INFORMATION**

I, _____

Print: Last Name	First Name	Middle Name	Race/Sex/DOB
_____			_____

Address	SSN#

do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by/to any duly authorized agent of the City of Hagerstown, Hagerstown Police Department, whether said records are public or private, and including those which may be deemed to be of a privileged or confidential nature. The intention of this authorization is to provide information which will be utilized in the selection process for participation in an internship, field placement or other voluntary program of the City of Hagerstown, Hagerstown Police Department.

I authorize full and complete disclosure of: the records of all my former, present and prospective educational institutions and employers; any and all public or private records, sources or references; as well as a complete check/inspection of my driving record and/or criminal history. I authorize the City of Hagerstown, Hagerstown Police Department to retrieve and store any and all information obtained as a result of this release authorization.

I hereby release the City of Hagerstown, Hagerstown Police Department, all my former, current and prospective employers and/or educational institutions, their employees, agents, officers, directors, and affiliates, as well as any public or private source and/or reference from any and all liability for damages of whatsoever nature or kind, which may at any time result to me, my family or associates, because of compliance with this release authorization.

I understand and agree that any information released by any source, including the identity of the source, shall remain confidential and will not be released to me, regardless of whether or not I am selected for the program for which I have applied. Furthermore, said information will not be released by the City of Hagerstown, Hagerstown Police Department without my consent.

This release shall remain in effect until such time as I provide a written notice to the City of Hagerstown, Hagerstown Police Department withdrawing said release.

A photocopy of this release form will be as valid as an original hereof, even though the said photocopy does not contain an original of my signature.

_____ Applicant	_____ Date
_____ Witness	_____ Date