

PRINCE GEORGE'S COUNTY, MARYLAND  
OFFICE OF HUMAN RESOURCES MANAGEMENT  
PUBLIC SAFETY INVESTIGATIONS



## Personal History Statement

### Public Safety Applicants

Do not mail or hand carry this document to Public Safety Investigations.  
An Investigator will contact you to schedule your Initial Interview.

**\*Do not call to schedule your Initial Interview or to check on your status in the background process.**

Print clearly and use black ink only

Applicant's Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Position you are applying for: \_\_\_\_\_

Do not mail or bring this Personal History Statement to Public Safety Investigations until instructed to do so. An Investigator will contact you by telephone with detailed instructions. Complete the section below when contacted by your Investigator.

Address, map and directions provided on page thirty-six (36) are to the Public Safety Investigations Offices. You will be contacted by your Investigator and instructed when to report for your Initial Interview. Be certain you have all the requested documents listed on page three (3).

Initial Interview scheduled for: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_  AM  PM

Background Investigator's Name: \_\_\_\_\_

Investigator's telephone number(s): (301) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Investigator's FAX number: (301) 324-4492 or (301) 324-4493

Additional documents requested by the Investigator: \_\_\_\_\_

\_\_\_\_\_

Do not mail or bring this document to PSI before your Initial Interview time and date.

### Personal History Statement Instructions

- ❖ **Do not type or allow another person to write in this Personal History Statement. Doing so may result in disqualification. The applicant, using black ink only, must neatly print all information.**
- ❖ Read each question carefully before answering.
- ❖ Personal History Statements that are incomplete or illegible will not be accepted at the Initial Interview. Your Initial Interview will be re-scheduled, delaying your background investigation.
- ❖ It is mandatory that every question in the Personal History Statement be answered. If a question does not apply enter “N/A” in the space provided.
- ❖ **When providing contact telephone numbers keep in mind your background investigation will be delayed if your Investigator is unable to contact people you have listed. Contact telephone numbers listed must be where the person can most easily be reached. (cell, work, or home)**
- ❖ Notify each person who is to be contacted and inform them an Investigator will be calling regarding your background investigation.
- ❖ If you feel that contacting your current employer would create a problem note it in the “Current Employer” section and discuss this with your Investigator during the Initial Interview. In your discussion with the Investigator an appropriate date can be established to contact your current employer.
- ❖ Any false statements or intentional omissions of pertinent information on any document or during any oral interview may be cause for disqualification or immediate termination if an appointment has already been offered or accepted.
- ❖ **Do not sign the “Applicant Declaration” on page thirty-two (32) until instructed to do so during your Initial Interview.**

### Information and Instructions for the Initial Interview

- ❖ Do not call Prince George's County Office of Human Resources or Public Safety Investigations regarding the date of your Initial Interview or to inquire regarding you status in the background process.
- ❖ You will be contacted by an Investigator to schedule your Initial Interview.
- ❖ When contacted, record your Investigator’s name, contact information, and the date and time for your Initial Interview on the cover of this document.
- ❖ Before Public Safety Investigations schedules the Initial Interview, you must complete this Personal History Statement.
- ❖ Appropriate business attire is required for the Initial Interview.
- ❖ A full business day is required for the Initial Interview.
- ❖ You may request that your high school or college transcripts be mailed to Public Safety Investigations before your Initial Interview is scheduled. School transcripts must be “sealed” and not opened. See page thirty-six (36) for mailing address.
- ❖ After your Initial Interview facts may arise or events occur that may not have been known or were not anticipated by you at the time you submitted your Personal History Statement. These facts or events may require you to submit revisions or amendments. All such revisions or amendments must be reported to your Investigator as soon as practicable.

**You must bring the originals of all required documents**, and provide (1) additional copies of requested documents to your initial interview. Applicant is required to provide a certified English translation of documents marked with asterisk\*. You may use the services listed on page thirty-six (36) or any certified language service you prefer.

**Do not write on this page, your Investigator will complete this form during your Initial Interview.**

	<u>Date Received by PSI</u>	<u>Investigators Initials</u>
Federal tax returns for the last two (2) years. <a href="http://www.irs.gov/">http://www.irs.gov/</a>	_____	_____
State tax returns for the last two (2) years. <a href="http://individuals.marylandtaxes.com/taxhelp/localoffices.asp">http://individuals.marylandtaxes.com/taxhelp/localoffices.asp</a> and/or out of state tax returns for the last two (2) years. <a href="http://www.taxadmin.org/fta/link/FORMS.html">http://www.taxadmin.org/fta/link/FORMS.html</a>	_____	_____
All employer(s) W-2s for the last two (2) years.	_____	_____
*Certified copy of birth certificate. <a href="http://www.vsa.state.md.us/...">http://www.vsa.state.md.us/...</a> Passport is required in the absence of a traditional birth certificate.	_____	_____
Social Security Card. <a href="http://www.ssa.gov/ssnumber/">http://www.ssa.gov/ssnumber/</a>	_____	_____
Maryland and/or any other driver's license(s).	_____	_____
Auto registration for all vehicles owned or driven by you.	_____	_____
Proof of auto insurance for all vehicles. Must contain expiration dates of insurance.	_____	_____
*Certified copy of any name change records.	_____	_____
Certificate of Naturalization.	_____	_____
Resident Alien Card or other proof of immigration or alien status.	_____	_____
*Certified copy of marriage certificate(s).	_____	_____
*Certified Copy of divorce decree(s).	_____	_____
DD214 or entry level discharge documents <b>Member # 4 copy</b> with "Character of Service" Information <a href="http://www.archives.gov/veterans/evetrecs/">http://www.archives.gov/veterans/evetrecs/</a>	_____	_____
Selective Service Registration information. <a href="http://www.sss.gov/...">http://www.sss.gov/...</a>	_____	_____
*High school diploma or G.E.D. Certificate.	_____	_____
*Sealed high school transcripts.	_____	_____
*Sealed transcripts for all colleges or universities you have attended.	_____	_____
Court documents, charging documents or any documents regarding any criminal matter pertaining to the applicant.	_____	_____
Other documents provided by the applicant	_____	_____

Last name	First name	Middle name

Other names you have used (example: maiden name, name(s) by a former marriage, or name change)	

List the current address where you physically reside (Not a post office box number).			
Number, street, and apt. number.	City	State	Zip code

List a mailing address if unable to obtain mail at your residence.			
Number, street and apt. number or PO Box	City	State	Zip code

Residence telephone number	Work telephone number
(_____) _____ Area code	(_____) _____ Area code
E-mail address	Cell telephone number
_____	(_____) _____ Area code

Date of birth	Current Age	Social Security Number
____/____/____ Month Day Year	_____	____/____/____

Sex	Height	Weight	Hair color	Eye color	Race
<input type="checkbox"/> Male <input type="checkbox"/> Female	____ Feet ____ Inches	_____	_____	_____	_____

Driver's License Number	Class	Restriction codes	State of Issue	Expiration Date
_____	_____	_____	_____	____/____/____ Month Day Year
		<input type="checkbox"/> No restrictions		

<b>Born in the United States</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____ <b>City of birth</b>	_____ <b>County, Parish</b>
_____ <b>State of birth</b>	
or; _____ <b>Country of birth if <u>not</u> the United States</b>	
<b>US Citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If not a U.S. citizen date you <u>first enter</u> the United States:</b> _____/_____ <div style="text-align: right;">Month      Year</div>	
<b>Immigration status:</b> _____ <b>or if nationalized:</b> _____	
<b>Naturalization Certificate number:</b> _____ <b>Date of Certificate:</b> _____/____/____ <div style="text-align: right;">Month      Day      Year</div>	

- Yes  No Are you currently MPTC or MPCTC Certified?
- Yes  No Have you ever been MPTC or MPCTC Certified?
- Yes  No EMS Certified?
- Yes  No Have you ever been certified as a police officer, deputy sheriff or corrections officer in any State or jurisdiction?

If you answered "YES" Bring the documents listed below to your Initial Interview

1. All training records
2. MPTC or MPCTC Certification Card
3. EMS Certification Card

**Questions one (1) thru seven (7) below are for applicants that have or require Certification with MPTC or MPCTC  
"Maryland Police & Correctional Training Commission"  
Police Officer, Deputy Sheriff, Corrections Officer, Mandated Corrections Position and Fire Investigator**

- Yes  No 1. Have you ever had an arrest, charge or conviction (felony or misdemeanor) of domestic assault, domestic violence or assault and battery expunged or pardoned? Applicant must provide court documents verifying pardon or expungement.

What was the type of arrest, charge or conviction that was expunged?

\_\_\_\_\_

Date expunged: \_\_\_\_\_ / \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

Month                      Year                      County                      State

- Yes  No 2. Have you ever been charged or convicted of a crime constituting a felony that has been or is in the process of being expunged or pardoned?
- Yes  No 3. Have you ever used a controlled dangerous substance, narcotic drug or marijuana while employed to enforce Federal, State, Military or local law by any government entity or while in a position directly and immediately affecting the public safety?
- Yes  No 4. Do you belong to any organization or institution or do you adhere to any belief(s) that in any way would restrict or prohibit you from working on particular days or during particular hours?
- Yes  No 5. Do you belong to any organization or institution or do you adhere to any belief(s) that in any way would restrict you from conforming to agency grooming standards?
- Yes  No 6. As a law enforcement or corrections officer do you feel you could take a human life if your life or the life of an innocent person was threatened with great bodily harm or deadly force?
- Yes  No 7. As a law enforcement or corrections officer would you physically assist another officer if they were being physically assaulted by an inmate, prisoner or any other person?

**If "Yes" to questions one (1) thru five (5) or  
If "No" to questions six (6) or seven (7) explain on page **thirty-one (31)****

**In your lifetime, have you ever used, tried or experimented with any of these controlled dangerous substances, narcotic drugs or marijuana.**

**“Times used” must be a number, i.e. 2, 3, 8, 15, etc.**

1.  Yes  No Marijuana or marijuana in any form (THC, hashish, hash oil, Thai sticks).  
Times used: \_\_\_\_\_ Number of times used since 21<sup>st</sup> birthday: \_\_\_\_\_
2.  Yes  No Heroin  
Times used: \_\_\_\_\_ Number of times used since 21<sup>st</sup> birthday: \_\_\_\_\_
3.  Yes  No PCP, LSD or any other hallucinogens (ecstasy, mushrooms, mescaline, peyote, etc.)  
Times used: \_\_\_\_\_ Number of times used since 21<sup>st</sup> birthday: \_\_\_\_\_
4.  Yes  No Cocaine or cocaine in any form (crack cocaine, rock).  
Times used: \_\_\_\_\_ Number of times used since 21<sup>st</sup> birthday: \_\_\_\_\_
5.  Yes  No Steroids (oral or injected). *That were not prescribed or legally purchased over the counter.*  
Times used: \_\_\_\_\_ Number of times used since 21<sup>st</sup> birthday: \_\_\_\_\_
6.  Yes  No Have you ever inhaled, injected, or ingested (swallowed) **any drug or substance with the intention of getting high?**  
Drug or substance used: \_\_\_\_\_ Times used: \_\_\_\_\_ Number of times used since 21<sup>st</sup> birthday: \_\_\_\_\_
7.  Yes  No Have you ever purchased, sold, distributed, received, held, transported or manufactured a controlled dangerous substance, narcotic drug, or marijuana?
8.  Yes  No Have you ever participated in the giving or administering of any intoxicating/illegal substance to another person without their knowledge/permission or against their will?
9.  Yes  No Have you ever used or obtained a forged or altered prescription?
10.  Yes  No Have you ever used, smoked, inhaled, ingested or injected any synthetic drug; i.e. spice, bath salts, K2?

Explain any “Yes” answers below


10.  Yes  No Are the responses to the above drug use questions the same responses you gave during the Preliminary Screening? If not, explain below.


Print clearly and use black ink only

Yes  No Graduated High School or G.E.D. Certified? Name of high school: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Location of School: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Month Year

School telephone number if within five (5) years of graduation: (\_\_\_\_\_) \_\_\_\_\_  
Area Code

Yes  No I attended or am attending an accredited college(s) or university.

Yes  No Currently enrolled? Total credit hours earned: \_\_\_\_\_

Yes  No I possess a degree from an accredited college or university:

Yes  No Have you ever misrepresented your level of education or degree?

Type of Degree:  AA  BA  BS  MA  MS  Other: \_\_\_\_\_  
Leave blank if degree not yet received.

College(s) or university name and location: Name: \_\_\_\_\_

Location: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Telephone number, if within five (5) years of attendance or graduation. (\_\_\_\_\_) \_\_\_\_\_  
Area code

Yes  No Have you ever been placed on academic probation from any college or university?  
Explain on page thirty-one (31) if necessary

List any foreign languages you are fluent in and/or special skills you possess. List any trade schools or specialized courses you have completed. Include any military or other training you feel is relevant.


List all scars, tattoos, identifying marks, etc. Fully describe and state exactly where located and sizes in inches. Provide detailed description, photo and/or drawing of any tattoos, scars, brands or markings designating membership in any organization, group, club, or gang. Continue on page **thirty-one (31)** if necessary.


Yes  No Do you have, or have you ever had, a tattoo, cut (scarring), brand (burn) or any body marking signifying membership in, or affiliation with, a criminal enterprise, street gang, motorcycle club or any other group or club?

Yes  No Have you ever been photographed or had photographs taken of tattoos or any body markings by any law enforcement agency?

Yes  No Do you now have or ever had a nickname, alias or used another name while affiliated with a street gang, motorcycle club, or any other group or club? Names used \_\_\_\_\_

**Current Military Status**

- No military service
- Active duty     Discharged     Reserves     National Guard     Inactive     Inactive Ready Reserve

**Military Service**

Branch of Service: \_\_\_\_\_ Term of Service: From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Type discharge:  Honorable  Other than honorable  Did not complete basic training and released from commitment

Yes  No Are you eligible for re-enlistment? If not eligible, explain: \_\_\_\_\_

Type of discharge if other than honorable: \_\_\_\_\_

What is your re-enlistment code? \_\_\_\_\_

Yes  No Have you ever been denied or rejected entry into any type of military service?

Yes  No Have you ever served in the military of any other country?

Yes  No Have you ever deployed outside of the United States?

**Military Discipline**

Yes  No Have you received or are any actions ongoing or pending regarding any type of punishment, non-judicial punishment, or military inquires or investigations?  
 If "Yes" explain on page **thirty-one (31)**



Spouse, fiancée or girlfriend (first name, last name)	Spouse's maiden name	Date of marriage _____/_____/_____ Month Year
Current address of spouse, fiancée or significant other if not living with you. Write "SAME" if address is the same as yours.		
(_____) _____ Area code		Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening

**Complete the first section below to provide information if you were raised by someone other than your parents or step parents. If you were raised by your parents or step parents, place "N/A" in the first block below and proceed to "Father's Name."**

Person's name (first name, middle initial, last name)	Relationship to you (aunt, uncle, etc.)	<input type="checkbox"/> Deceased
Current Residence Address.	Contact number (_____) _____ Area code Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening	

Father's name (first name, middle initial, last name)	<input type="checkbox"/> Deceased	Date of birth _____/_____/_____ Month Day Year
Current Residence Address	Contact number (_____) _____ Area code Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening	

Mother's name (first name, middle initial, last name)	<input type="checkbox"/> Deceased	Date of birth _____/_____/_____ Month Day Year
Current Residence Address	Contact number (_____) _____ Area code Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening	

Step-Father's name (first name, middle initial, last name)	<input type="checkbox"/> Deceased	Date of birth _____/_____/_____ Month Day Year
Current Residence Address	Contact number (_____) _____ Area code Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening	

Step-Mother's name (first name, middle initial, last name)	<input type="checkbox"/> Deceased	Date of birth _____/_____/_____ Month Day Year
Current Residence Address	Contact number. (_____) _____ Area code Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening	

## Children and Dependents

Number of dependent children living with you: \_\_\_\_\_ Number of dependent children not living with you: \_\_\_\_\_

Number of other dependents living or not living with you: \_\_\_\_\_ Relationship(s) to you: \_\_\_\_\_

## Contact Information for other parent of child if not currently living with you

Name of other parent: \_\_\_\_\_ / \_\_\_\_\_  
First name Last nameContact number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening  
Area code

## Contact Information for other parent of child if not currently living with you

Name of other parent: \_\_\_\_\_ / \_\_\_\_\_  
First name Last nameContact number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening  
Area code

If divorced, widowed, or had an annulment, provide all the following information.

Former spouse's name (first name, last name)	Date of marriage	Date of final divorce
_____	_____/_____ Month Year	_____/_____ Month Year

## Contact Information

 Deceased Name: \_\_\_\_\_ / \_\_\_\_\_  
First name Last nameContact number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening  
Area code

Former spouse's name (first name, last name)	Date of marriage	Date of final divorce
_____	_____/_____ Month Year	_____/_____ Month Year

## Contact Information

 Deceased Name: \_\_\_\_\_ / \_\_\_\_\_  
First name Last nameContact number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening  
Area codeIs anyone you are related to by either blood or marriage employed with Prince George's County?  
Continue on page thirty-one (31) if necessary Yes  No

Name of person(s) and relationship to you: \_\_\_\_\_

Position with Prince Georges County: \_\_\_\_\_

Contact number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening  
Area code (home, work or cell phone)

List as references three (3) individuals that you have known for at least five (5) years and who have knowledge of you and your qualifications. Examples are friends, friends of the family, teachers, classmates, or military acquaintances. **Do not include relatives, family members, or individuals who belong to the law enforcement profession.**

Name (first name, last name)		Current Address	
Contact number: (_____) _____ (Home or cell) Area code		Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening	
How long have you known?	Occupation	Relationship	
Years: _____			

Name (first name, last name)		Current Address	
Contact number: (_____) _____ (Home or cell) Area code		Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening	
How long have you known?	Occupation	Relationship	
Years: _____			

Name (first name, last name)		Current Address	
Contact number: (_____) _____ (Home or cell) Area code		Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening	
How long have you known?	Occupation	Relationship	
Years: _____			

List below any individuals who are members of law enforcement agencies whom you are acquainted with and have knowledge of you and your qualifications.

Name and rank: (first name, last name)		Agency where employed or retired from	
Relationship to you: (relative, family friend, etc)		How long have you known this person?	
		Years _____	
Contact number: (_____) _____ (Home or cell) Area code		Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening	
Name and rank: (first name, last name)		Agency where employed or retired from	
Relationship to you: (relative, family friend, etc)		How long have you known this person?	
		Years _____	
Contact number: (_____) _____ (Home or cell) Area code		Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening	

List all of your residences for the last ten (10) years. Begin with your current residence. When listing military bases, include nearest city, state, and zip code. When listing addresses, include street, avenue, drive, court, north, south, east, and west. Include unit number and/or apartment number where applicable. Include name of apartment complex if applicable. You must list two (2) neighbors for your current residence and one (1) former neighbor for each of your former residences.

## Current Residence

Number, street and apartment number	City	State	Zip code
Name of apartment complex if applicable		Resident since	
		Month	Year

With whom do you reside and what is their relationship to you?


If you are currently renting provide the information required below. You must include a contact name and a contact telephone number. If you are not on the lease, enter the name, contact telephone number and the relationship to you of the person(s) on the lease.

In whose name(s) (first name, last name) is the lease? Name, relationship to you and contact telephone number.

Name of lease holder: _____ (If you are not on the lease)
Contact number: (_____) _____ Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening (Home or cell) Area code
Relationship to you: _____

Name (first name, last name) of resident manager, property manager, or landlord and contact telephone number.

Name: _____
Contact number: (_____) _____ Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening (Home or cell) Area code

## Current Neighbor 1

Name (first name, last name)	Current Address
Contact number: (_____) _____ Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening (Home or cell) Area code	

## Current Neighbor 2

Name (first name, last name)	Current Address
Contact number: (_____) _____ Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening (Home or cell) Area code	

Former residence 1

Street address including unit number and/or apartment number. Also include name of apartment complex.	
	Dates of residence: From: _____ / _____ To: _____ / _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month</span> <span>Year</span> <span>Month</span> <span>Year</span> </div>

N/A Not renting

Name of lease holder: \_\_\_\_\_ (If you were not on the lease)

Contact number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening  
(Home or cell) Area code

Name of resident manager: \_\_\_\_\_

Contact number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening  
(Home or cell) Area code

Former Neighbor

Name (first name, last name)	Current Address
Contact number: (_____) _____ Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening <small>(Home or cell) Area code</small>	

Former residence 2

Street address including unit number and/or apartment number. Also include name of apartment complex.	
	Dates of residence: From: _____ / _____ To: _____ / _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month</span> <span>Year</span> <span>Month</span> <span>Year</span> </div>

N/A Not renting

Name of lease holder: \_\_\_\_\_ (If you were not on the lease)

Contact number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening  
(Home or cell) Area code

Name of resident manager: \_\_\_\_\_

Contact number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening  
(Home or cell) Area code

Former Neighbor

Name (first name, last name)	Current Address
Contact number: (_____) _____ Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening <small>(Home or cell) Area code</small>	

Former residence 3

Street address including unit number and/or apartment number. Also include name of apartment complex.	
	Dates of residence: From: _____ / _____ / _____ To: _____ / _____ / _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month</span> <span>Year</span> <span>Month</span> <span>Year</span> </div>

N/A Not renting

Name of lease holder: \_\_\_\_\_ (If you were not on the lease)

Contact number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening  
(Home or cell) Area code

Name of resident manager: \_\_\_\_\_

Contact number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening  
(Home or cell) Area code

Former Neighbor

Name (first name, last name)	Current Address
Contact number: (_____) _____ Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening <small>(Home or cell) Area code</small>	

Former residence 4

Street address including unit number and/or apartment number. Also include name of apartment complex.	
	Dates of residence: From: _____ / _____ / _____ To: _____ / _____ / _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month</span> <span>Year</span> <span>Month</span> <span>Year</span> </div>

N/A Not renting

Name of lease holder: \_\_\_\_\_ (If you were not on the lease)

Contact number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening  
(Home or cell) Area code

Name of resident manager: \_\_\_\_\_

Contact number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening  
(Home or cell) Area code

Former Neighbor

Name (first name, last name)	Current Address
Contact number: (_____) _____ Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening <small>(Home or cell) Area code</small>	

Former residence 5

Street address including unit number and/or apartment number. Also include name of apartment complex.	
	Dates of residence: From: _____ / _____ / _____ To: _____ / _____ / _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month</span> <span>Year</span> <span>Month</span> <span>Year</span> </div>

N/A Not renting

Name of lease holder: \_\_\_\_\_ (If you were not on the lease)

Contact number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening  
(Home or cell) Area code

Name of resident manager: \_\_\_\_\_

Contact number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening  
(Home or cell) Area code

Former Neighbor

Name (first name, last name)	Current Address
Contact number: (_____) _____ Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening <small>(Home or cell) Area code</small>	

Former residence 6

Street address including unit number and/or apartment number. Also include name of apartment complex.	
	Dates of residence: From: _____ / _____ / _____ To: _____ / _____ / _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month</span> <span>Year</span> <span>Month</span> <span>Year</span> </div>

N/A Not renting

Name of lease holder: \_\_\_\_\_ (If you were not on the lease)

Contact number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening  
(Home or cell) Area code

Name of resident manager: \_\_\_\_\_

Contact number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening  
(Home or cell) Area code

Former Neighbor

Name (first name, last name)	Current Address
Contact number: (_____) _____ Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening <small>(Home or cell) Area code</small>	

Begin with your current or most recent employer. List all employers, since your 18<sup>th</sup> birthday in chronological order. List every position, including active military, reserve, and National Guard service. Employment includes self-employment and volunteer positions including volunteer fire and rescue. If you are or were employed by a temporary agency and worked at multiple job locations please list the name, title and telephone number for your agency contact person in addition to your actual job locations and supervisors. List all periods of unemployment in sequence and enter dates. You must list two (2) co-workers with your current employer and one (1) co-worker for each former employer.

Currently Unemployed	<input type="checkbox"/> Yes	Unemployment start date	_____/_____/_____ Month / Year
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Employment start date	Name of current employer
_____/_____/_____ Month / Year	

Full time    Part-Time    Temporary    Military    Self-Employed    Volunteer    Internship

Would you have a problem with your Investigator interviewing your current employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Current employer's mailing address	If not the same as mailing address, list your actual work location

Current employer's telephone number for employment verification (Personnel)	Your annual salary
Telephone number (_____) _____ Area code	_____

Your title or position

Supervisor's name	Supervisor's title

Telephone number where your supervisor may be reached and time available to take calls (work or cell phone)	
Telephone number (_____) _____ Area code (work or cell phone)	Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening

Have you ever received, or do you have any current, ongoing or pending disciplinary actions? Disciplinary actions include but are not limited to: verbal or written warnings/reprimands, suspensions, etc. Explain in section below; continue on page thirty-one (31) if necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No

First co-worker's name: (first name, last name)	Telephone number where co-worker can be reached
	(_____) _____ Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening Area code (home or cell phone)
Second co-worker's name: (first name, last name)	Telephone Number

(\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime    Evening



Area code (home or cell phone)

Investigator's initials \_\_\_\_\_

**Former employer or period of unemployment. Start with your most recent former employer or period of unemployment. Make copies of this page if you require more than five (5) pages.**

<b>Employment dates or dates of unemployment:</b>	From: _____ / _____ Month Year	To: _____ / _____ Month Year
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1<sup>st</sup> former employer

<b>Name of former employer</b>	<b>Former employer's mailing address</b>

- Full time   
  Part-Time   
  Temporary   
  Military   
  Self-Employed   
  Volunteer   
  Internship

<b>Reason for leaving employment</b>
<input type="checkbox"/> Resigned to take better position <input type="checkbox"/> Lay off <input type="checkbox"/> Contract expired <input type="checkbox"/> Return to school <input type="checkbox"/> Terminated (fired) <input type="checkbox"/> Completion of military service <input type="checkbox"/> Resigned to avoid being terminated <input type="checkbox"/> Resigned while under investigation <input type="checkbox"/> Quit without giving notice as required by company policy <input type="checkbox"/> Reason not listed, explain below

<b>Explain reason for leaving employment; continue on page <b>thirty-one (31)</b> if necessary</b>

<b>Have you ever received, or do you have any current or pending disciplinary actions (verbal or written warnings/reprimands, suspensions, etc.)? Explain on page <b>thirty-one (31)</b></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

<b>Do you feel this former employer would rehire you? If you answered "No" explain on page <b>thirty-one (31)</b>.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

<b>Former employer's telephone number for employment verification (Personnel)</b>	<b>Your title or position</b>
Telephone number (_____) _____ Area code	  

<b>Supervisor's name (first name, last name)</b>	<b>Supervisor's title</b>

<b>Telephone number where your former supervisor may be reached and time available to take calls</b>	
Telephone number (_____) _____ Area code (work or cell phone)	Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening

<b>Co-worker's name: (first name, last name)</b>	<b>Telephone number where co-worker can be reached</b>
  	(_____) _____ Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening Area code (home or cell phone)

**Former employer or period of unemployment. Start with your most recent former employer or period of unemployment. Make copies of this page if you require more than five (5) pages.**

<b>Employment dates or dates of unemployment:</b>	From: _____ / _____ Month Year	To: _____ / _____ Month Year
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2<sup>nd</sup> former employer

<b>Name of former employer</b>	<b>Former employer's mailing address</b>

- Full time   
  Part-Time   
  Temporary   
  Military   
  Self-Employed   
  Volunteer   
  Internship

<b>Reason for leaving employment</b>
<input type="checkbox"/> Resigned to take better position <input type="checkbox"/> Lay off <input type="checkbox"/> Contract expired <input type="checkbox"/> Return to school <input type="checkbox"/> Terminated (fired)
<input type="checkbox"/> Completion of military service <input type="checkbox"/> Resigned to avoid being terminated <input type="checkbox"/> Resigned while under investigation
<input type="checkbox"/> Quit without giving notice as required by company policy <input type="checkbox"/> Reason not listed, explain below

<b>Explain reason for leaving employment; continue on page <span style="background-color: yellow;">thirty-one (31)</span> if necessary</b>

<b>Have you ever received or do you have any current or pending disciplinary actions (verbal or written warnings/reprimands, suspensions, etc.)? Explain on page <span style="background-color: yellow;">thirty-one (31)</span></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

<b>Do you feel this former employer would rehire you? If you answered "No" explain on page <span style="background-color: yellow;">thirty-one (31)</span>.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

<b>Former employer's telephone number for employment verification (Personnel)</b>	<b>Your title or position</b>
Telephone number (_____) _____ Area code	

<b>Supervisor's name (first name, last name)</b>	<b>Supervisor's title</b>

<b>Telephone number where your former supervisor may be reached and time available to take calls</b>	
Telephone number (_____) _____ Area code (work or cell phone)	Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening

<b>Co-worker's name: (first name, last name)</b>	<b>Telephone number where co-worker can be reached</b>
	(_____) _____ Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening Area code (home or cell phone)

**Former employer or period of unemployment. Start with your most recent former employer or period of unemployment. Make copies of this page if you require more than five (5) pages.**

<b>Employment dates or dates of unemployment:</b>	From: _____ / _____ Month Year	To: _____ / _____ Month Year
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3<sup>rd</sup> former employer

<b>Name of former employer</b>	<b>Former employer's mailing address</b>

- Full time   
  Part-Time   
  Temporary   
  Military   
  Self-Employed   
  Volunteer   
  Internship

<b>Reason for leaving employment</b>
<input type="checkbox"/> Resigned to take better position <input type="checkbox"/> Lay off <input type="checkbox"/> Contract expired <input type="checkbox"/> Return to school <input type="checkbox"/> Terminated (fired) <input type="checkbox"/> Completion of military service <input type="checkbox"/> Resigned to avoid being terminated <input type="checkbox"/> Resigned while under investigation <input type="checkbox"/> Quit without giving notice as required by company policy <input type="checkbox"/> Reason not listed, explain below

<b>Explain reason for leaving employment; continue on page <span style="background-color: yellow;">thirty-one (31)</span> if necessary</b>

<b>Have you ever received, or do you have any current or pending disciplinary actions (verbal or written warnings/reprimands, suspensions, etc.)? Explain on page <span style="background-color: yellow;">thirty-one (31)</span></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

<b>Do you feel this former employer would rehire you? If you answered "No" explain on page <span style="background-color: yellow;">thirty-one (31)</span>.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

<b>Former employer's telephone number for employment verification (Personnel)</b>	<b>Your title or position</b>
Telephone number (_____) _____ Area code	

<b>Supervisor's name (first name, last name)</b>	<b>Supervisor's title</b>

<b>Telephone number where your former supervisor may be reached and time available to take calls</b>	
Telephone number (_____) _____ Area code (work or cell phone)	Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening

<b>Co-worker's name: (first name, last name)</b>	<b>Telephone number where co-worker can be reached</b>
	(_____) _____ Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening Area code (home or cell phone)

**Former employer or period of unemployment. Start with your most recent former employer or period of unemployment. Make copies of this page if you require more than five (5) pages.**

<b>Employment dates or dates of unemployment:</b>	From: _____ / _____ Month Year	To: _____ / _____ Month Year
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4<sup>th</sup> former employer

<b>Name of former employer</b>	<b>Former employer's mailing address</b>

Full time     Part-Time     Temporary     Military     Self-Employed     Volunteer     Internship

<b>Reason for leaving employment</b>
<input type="checkbox"/> Resigned to take better position <input type="checkbox"/> Lay off <input type="checkbox"/> Contract expired <input type="checkbox"/> Return to school <input type="checkbox"/> Terminated (fired) <input type="checkbox"/> Completion of military service <input type="checkbox"/> Resigned to avoid being terminated <input type="checkbox"/> Resigned while under investigation <input type="checkbox"/> Quit without giving notice as required by company policy <input type="checkbox"/> Reason not listed, explain below

<b>Explain reason for leaving employment; continue on page <b>thirty-one (31)</b> if necessary</b>

<b>Have you ever received or do you have any current pending disciplinary actions (verbal or written warnings/reprimands, suspensions, etc.)? Explain on page <b>thirty-one (31)</b></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

<b>Do you feel this former employer would rehire you? If you answered "No" explain on page <b>thirty-one (31)</b>.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

<b>Former employer's telephone number for employment verification (Personnel)</b>	<b>Your title or position</b>
Telephone number (_____) _____ Area code	  

<b>Supervisor's name (first name, last name)</b>	<b>Supervisor's title</b>

<b>Telephone number where your former supervisor may be reached and time available to take calls</b>	
Telephone number (_____) _____ Area code (work or cell phone)	Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening

<b>Co-worker's name: (first name, last name)</b>	<b>Telephone number where co-worker can be reached</b>
  	(_____) _____ Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening Area code (home or cell phone)

**Former employer or period of unemployment. Start with your most recent former employer or period of unemployment. Make copies of this page if you require more than five (5) pages.**

<b>Employment dates or dates of unemployment:</b>	From: _____ / _____ Month Year	To: _____ / _____ Month Year
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5<sup>th</sup> former employer

<b>Name of former employer</b>	<b>Former employer's mailing address</b>

Full time     Part-Time     Temporary     Military     Self-Employed     Volunteer     Internship

<b>Reason for leaving employment</b>
<input type="checkbox"/> Resigned to take better position <input type="checkbox"/> Lay off <input type="checkbox"/> Contract expired <input type="checkbox"/> Return to school <input type="checkbox"/> Terminated (fired) <input type="checkbox"/> Completion of military service <input type="checkbox"/> Resigned to avoid being terminated <input type="checkbox"/> Resigned while under investigation <input type="checkbox"/> Quit without giving notice as required by company policy <input type="checkbox"/> Reason not listed, explain below

<b>Explain reason for leaving employment; continue on page <b>thirty-one (31)</b> if necessary</b>

<b>Have you ever received, or do you have any current or pending disciplinary actions (verbal or written warnings/reprimands, suspensions, etc.)? Explain on page <b>thirty-one (31)</b></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

<b>Do you feel this former employer would rehire you? If you answered "No" explain on page <b>thirty-one (31)</b>.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

<b>Former employer's telephone number for employment verification (Personnel)</b>	<b>Your title or position</b>
Telephone number (_____) _____ Area code	 

<b>Supervisor's name (first name, last name)</b>	<b>Supervisor's title</b>

<b>Telephone number where your former supervisor may be reached and time available to take calls</b>	
Telephone number (_____) _____ Area code (work or cell phone)	Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening

<b>Co-worker's name: (first name, last name)</b>	<b>Telephone number where co-worker can be reached</b>
 	(_____) _____ Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening Area code (home or cell phone)

Investigator's initials \_\_\_\_\_

Questions one (1) thru fourteen (14) apply to all employment since your 18<sup>th</sup> birthday, regardless of whether the matter is or was appealed, is not part of your permanent record, or is no longer in your personnel file.

Explain in detail on page **thirty-one (31)**.

Yes  No 1. Have you ever been discharged or terminated from employment (fired) for any reason?

Name of employer: \_\_\_\_\_ Date of termination: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Yes  No 2. Have you ever resigned (quit) after being told that your employer intended to discharge or terminate (fire) you?

Name of employer: \_\_\_\_\_ Date resigned: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Yes  No 3. Have you ever resigned (quit) after being told that your employer intended to take disciplinary action against you?

Name of employer: \_\_\_\_\_ Date resigned: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Yes  No 4. Have you ever resigned (quit) because you suspected your employer intended to discharge or terminate (fire) you for any reason?

Name of employer: \_\_\_\_\_ Date resigned: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Yes  No 5. Have you ever used illegal drugs or alcoholic beverages on the job or in violation of company policy?

Name of employer: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Yes  No 6. Have you ever been investigated by your employer's internal affairs, loss prevention or any other enforcement or disciplinary investigation unit?

Name of employer: \_\_\_\_\_ Date of investigation: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Yes  No 7. Have you ever been ordered or directed to attend anger management classes, sensitivity / diversity training or prevention of sexual harassment classes.

Name of employer: \_\_\_\_\_ Date of investigation: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Yes  No 8. Have you ever resigned while under investigation by your employer's internal affairs, loss prevention, enforcement or any other disciplinary investigation unit?

Name of employer: \_\_\_\_\_ Date resigned: \_\_\_\_\_ / \_\_\_\_\_  
Month Year:

Yes  No 9. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate, client or customer?

Name of employer: \_\_\_\_\_ Date of investigation: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Yes  No 10. Have you ever left an employer and been told you were not eligible for rehire?

Name of employer: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Yes  No 11. Have you ever received a written reprimand from any employer?

Name of employer: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Yes  No 12. Have you ever received verbal counseling or otherwise been put on notice, for any reason by any employer?

Name of employer: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Yes  No 13. Has any employer ever suspended you for misconduct or as a disciplinary action?

Name of employer: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Yes  No 14. Did you ever steal anything of value from your employer?

Name of employer: \_\_\_\_\_ Date of theft: \_\_\_\_\_ / \_\_\_\_\_  
Month Year  
Item(s) taken: \_\_\_\_\_

Yes  No 15. Have you ever been terminated by any public safety agency while employed as a Police Officer, Deputy Sheriff, Corrections Officer, Military Police officer, Firefighter and or Emergency Medical Technician Basic/Intermediate/Paramedic or in any position that enforced Federal, State, Military or local laws or in a position that directly and immediately affected the public safety?

Public Safety Agency: \_\_\_\_\_

Reason for termination: \_\_\_\_\_

Date of termination: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Explain reason for termination: \_\_\_\_\_

Yes  No **Have you ever applied to any Prince George's County Public Safety Agency?**

**If "Yes", provide the date(s), position(s), and results. Check all boxes that apply and complete all information requested. Do not include this application. Include all previous applications and appointments. If you have applied for more than two (2) positions with Prince George's County Public Safety make copies of page twenty-four (24).**

Date applied for this position (most recent)	Agency & Position
Month: _____ Year: _____ Total number of times you have applied for <b>this</b> position: _____	<input type="checkbox"/> Police <input type="checkbox"/> Corrections <input type="checkbox"/> Fire Dept. <input type="checkbox"/> Sheriff <input type="checkbox"/> PSC <input type="checkbox"/> Other: _____ Position you applied for: _____
<input type="checkbox"/> Submitted application only, no processing. <input type="checkbox"/> Currently in background processing. <input type="checkbox"/> Withdrew application. <input type="checkbox"/> Disqualified at Preliminary Screening. Reason disqualified at Preliminary Screening: _____ <input type="checkbox"/> Failed physical agility test. <input type="checkbox"/> Failed written test. <input type="checkbox"/> Failed oral interview. <input type="checkbox"/> Failed polygraph. <input type="checkbox"/> Medical disqualification. <input type="checkbox"/> Psychological disqualification. <input type="checkbox"/> Not selected: Reason: _____ Date of disqualification, non-selection, withdrawal or non-acceptance: _____ / _____ <div style="text-align: center; margin-left: 100px;">Month                      Year</div> <input type="checkbox"/> Employment offer made by agency and declined by me. <input type="checkbox"/> Currently employed with agency in this position. Date of hire: _____ / _____ <div style="text-align: center; margin-left: 100px;">Month                      Year</div> <input type="checkbox"/> Date employment with Prince George's County ended: _____ / _____ <div style="text-align: center; margin-left: 100px;">Month                      Year</div>	

Date applied for this position (most recent)	Agency & Position
Month: _____ Year: _____ Total number of times you have applied for <b>this</b> position: _____	<input type="checkbox"/> Police <input type="checkbox"/> Corrections <input type="checkbox"/> Fire Dept. <input type="checkbox"/> Sheriff <input type="checkbox"/> PSC <input type="checkbox"/> Other: _____ Position you applied for: _____
<input type="checkbox"/> Submitted application only, no processing. <input type="checkbox"/> Currently in background processing. <input type="checkbox"/> Withdrew application. <input type="checkbox"/> Disqualified at Preliminary Screening. Reason disqualified at Preliminary Screening: _____ <input type="checkbox"/> Failed physical agility test. <input type="checkbox"/> Failed written test. <input type="checkbox"/> Failed oral interview. <input type="checkbox"/> Failed polygraph. <input type="checkbox"/> Medical disqualification. <input type="checkbox"/> Psychological disqualification. <input type="checkbox"/> Not selected: Reason: _____ Date of disqualification, non-selection, withdrawal or non-acceptance: _____ / _____ <div style="text-align: center; margin-left: 100px;">Month                      Year</div> <input type="checkbox"/> Employment offer made by agency and declined by me. <input type="checkbox"/> Currently employed with agency in this position. Date of hire: _____ / _____ <div style="text-align: center; margin-left: 100px;">Month                      Year</div> <input type="checkbox"/> Date employment with Prince George's County ended: _____ / _____ <div style="text-align: center; margin-left: 100px;">Month                      Year</div>	



Yes  No **Have you ever applied for a position with any other Public Safety Agencies and/or Fire Departments?**  
**Includes all city, county, state, or federal agencies. If "Yes", list the name of every agency where you have applied. All agencies must be listed, regardless of the outcome or status. Make copies of page twenty-five (25) if necessary.**

**Date of application: 1**  
Month: \_\_\_\_\_ Year: \_\_\_\_\_ Agency: \_\_\_\_\_ Position: \_\_\_\_\_  
Background Investigator's Name: \_\_\_\_\_  Currently in background processing.  
Telephone number for your background investigator or the agency phone number: (\_\_\_\_\_) \_\_\_\_\_  
Area code  
 Disqualified or not selected: Reason: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

**Date of application: 2** Month: \_\_\_\_\_ Year: \_\_\_\_\_  
Agency: \_\_\_\_\_ Position: \_\_\_\_\_  
Background Investigator's Name: \_\_\_\_\_  Currently in background processing.  
Telephone number for your background investigator or the agency phone number: (\_\_\_\_\_) \_\_\_\_\_  
Area code  
 Disqualified or not selected: Reason: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

**Date of application: 3**  
Month: \_\_\_\_\_ Year: \_\_\_\_\_ Agency: \_\_\_\_\_ Position: \_\_\_\_\_  
Background Investigator's Name: \_\_\_\_\_  Currently in background processing.  
Telephone number for your background investigator or the agency phone number: (\_\_\_\_\_) \_\_\_\_\_  
Area code  
 Disqualified or not selected: Reason: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

**Date of application: 4**  
Month: \_\_\_\_\_ Year: \_\_\_\_\_ Agency: \_\_\_\_\_ Position: \_\_\_\_\_  
Background Investigator's Name: \_\_\_\_\_  Currently in background processing.  
Telephone number for your background investigator or the agency phone number: (\_\_\_\_\_) \_\_\_\_\_  
Area code  
 Disqualified or not selected: Reason: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

**Date of application: 5**  
Month: \_\_\_\_\_ Year: \_\_\_\_\_ Agency: \_\_\_\_\_ Position: \_\_\_\_\_  
Background Investigator's Name: \_\_\_\_\_  Currently in background processing.  
Telephone number for your background investigator or the agency phone number: (\_\_\_\_\_) \_\_\_\_\_  
Area code  
 Disqualified or not selected: Reason: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Have you truthfully listed all of the Public Safety Agencies you have applied to: \_\_\_\_\_

**Have you ever committed, been charged, detained or questioned by any law enforcement agency for any of the following crimes?  
Includes any crimes you may have committed but were never caught, suspected of or questioned for.**

If you answer "Yes" to any question(s) one (1) thru ninety-six (96) provide detailed information on page **thirty-one (31)** Include dates, charges, law enforcement agency or court and final disposition. If you were ever charged or convicted of a crime or appeared in court regarding a criminal offense you must bring the court documents containing the final disposition. Contact the court where you appeared to obtain these documents.

- Yes  No 1. \*Have you ever been detained, questioned, stopped or held by any security officer, loss prevention agent, special police officer, police officer, deputy sheriff, sheriff, military police or any other law enforcement agency for any reason?  
\*This includes being stopped, detained, questioned and released with no report or action taken.
- Yes  No 2. Have you ever been arrested or charged with a criminal offense by any law enforcement agency for any reason?
- Yes  No 3. Have you ever received or been issued any type of criminal citation or criminal summons in lieu of arrest?
- Yes  No 4. Have you ever had any criminal charges placed on the stet docket, received probation before judgment (PBJ) or had any charge(s) dismissed?
- Yes  No 5. Have you ever shoplifted any merchandise from a store?
- Yes  No 6. Have you ever helped anyone shoplift (lookout, divert store employees, hide merchandise, etc.)?
- Yes  No 7. Have you ever stolen any money, merchandise, or property from any place where you have worked?
- Yes  No 8. Have you ever stolen any money, merchandise, or property from any of your co-workers?
- Yes  No 9. Excluding places where you have worked or shoplifted from, have you ever stolen any money, merchandise, or property from any other place or person?
- Yes  No 10. Have you ever returned any stolen merchandise to a store for an exchange or refund?
- Yes  No 11. Have you ever short-changed customers or over-rung sales and kept the extra money?
- Yes  No 12. Have you ever taken part in committing embezzlement?
- Yes  No 13. Have you ever deliberately falsified any time cards, work schedules, expense reports, payroll documents, purchase orders, bills, invoices, or any financial document to receive compensation or commit a theft?
- Yes  No 14. Have you ever knowingly received, purchased, or sold any stolen property?
- Yes  No 15. Have you ever helped anyone steal any money, merchandise, or property?
- Yes  No 16. Have you ever made any false insurance or worker's compensation claims?
- Yes  No 17. Have you ever used someone's credit card, bank card, debit card, ATM card, checking or savings accounts without that person's permission?
- Yes  No 18. Have you ever written any checks on an account that you knew to be closed?
- Yes  No 19. Have you ever intentionally falsified any income tax return?
- Yes  No 20. Have you ever stolen services from any utility or cable provider?

- Yes  No 21. Since your 16<sup>th</sup> birthday, have you ever been criminally charged as a result of a physical fight or confrontation?
- Yes  No 22. As a juvenile, were you ever charged as an adult for any crime(s)?
- Yes  No 23. As a juvenile, were you ever charged for any offense against a person?
- Yes  No 24. In your lifetime have you ever committed any act, that had you been caught, would have been considered a crime?
- Yes  No 25. Have the police ever been called to your home for a criminal matter involving you as a suspect or witness?
- Yes  No 26. Have you ever been investigated for or accused of abusing, assaulting, beating, or sexually assaulting, a spouse, romantic partner, family member or any other person?
- Yes  No 27. Has your spouse/partner ever accused you of battery (whether you did commit battery or not) in a report or discussion with any law enforcement officer or court authority?
- Yes  No 28. Have you ever been charged with, accused of, or questioned for any type of stalking or harassment?
- Yes  No 29. Have you ever been the subject of an emergency protective order, restraining order, or stay-away order?
- Yes  No 30. Have you ever made obscene phone calls or been guilty of telephone harassment?
- Yes  No 31. Have you ever impersonated a law enforcement officer?
- Yes  No 32. Have you ever left the scene of a vehicle accident?
- Yes  No 33. Have you ever been involved in a hit and run accident?
- Yes  No 34. Have you ever been guilty of running from the police (fleeing and eluding)?
- Yes  No 35. Have you been guilty of arson?
- Yes  No 36. Have you ever destroyed, damaged or vandalized someone else's property?
- Yes  No 37. Have you ever stolen a vehicle or been involved in a carjacking?
- Yes  No 38. Have you ever been involved in an assault of another person?
- Yes  No 39. Have you ever been involved in a kidnapping, false imprisonment or abduction?
- Yes  No 40. Have you ever resisted arrest or been involved in an assault of a law enforcement officer?
- Yes  No 41. Have you ever been involved in fraud or forgery?
- Yes  No 42. Have you ever been involved in a homicide or a killing of any type?
- Yes  No 43. Have you ever been questioned as a witness in any type of homicide or killing of any type?
- Yes  No 44. Have you ever knowingly purchased alcohol for a minor?
- Yes  No 45. Have you or your spouse/partner ever been referred to, questioned by, or investigated by Child Protective Services or any similar state, local or any other official agency?

- Yes  No 46. Will any of your former spouse(s), fiancé (s), boy or girlfriend(s), domestic or life partner(s), or significant others provide any adverse or derogatory information about you?
- Yes  No 47. Have you ever violated restrictions on child visitation rights, or concealed, or removed children from the State in violation of a court order?
- Yes  No 48. Have you ever inflicted any physical injury to any child who was in your care and custody?
- Yes  No 49. Are you currently paying court ordered child support or alimony?
- Yes  No 50. Have you ever been delinquent in paying court ordered child support or alimony?
- Yes  No 51. Have you ever carried a concealed weapon (knife, handgun, rifle, shotgun, brass knuckles, stun gun, taser gun, martial arts weapon, etc.) with the intention of committing a crime?
- Yes  No 52. Have you ever discharged a firearm other than for hunting, target practice, while in the military or as a police officer?
- Yes  No 53. Have you ever purchased a firearm that you knew was stolen or not properly registered?
- Yes  No 54. Have you ever committed a sexual act or had any type of sexual contact with a person less than 15 years old since your 18<sup>th</sup> birthday?
- Yes  No 55. Have you ever engaged in any sexual acts involving illegal prostitution, to include, committing the act of prostitution, arranging the services of a prostitute, or profiting from those services?
- Yes  No 56. Have you ever committed, participated in, or facilitated an act of rape, attempted rape or sexual assault of any kind?
- Yes  No 57. Have you ever sexually touched another person against their will or without their consent?
- Yes  No 58. Have you ever intentionally downloaded, viewed, possessed, distributed, or manufactured any form of child pornography?
- Yes  No 59. Have you ever committed any sexual act with another person against their will or when the other person was unable to consent or resist due to a disabling condition such as intoxication or any physical or mentally incapacitating condition or event?
- Yes  No 60. Have you ever exposed your sexual parts to harass, frighten, or shock another person?
- Yes  No 61. Have you ever had, or attempted to have, sexually explicit conversations with a child via a computer or any other media outlet?
- Yes  No 62. Have you ever, for any reason, had sexual contact with an animal?
- Yes  No 63. Have you ever fraudulently received and/or had to repay welfare, unemployment compensation, Workers' Compensation or any other local, state or federal assistance?
- Yes  No 64. Are you aware of anyone ever using your name or identification for any purpose?
- Yes  No 65. Have you ever intentionally altered your name, address, or date of birth on any official document, certificate or license?

- Yes  No 66. Have you ever used a "fake ID" to enter a bar, club or to purchase alcoholic beverages?
- Yes  No 67. Have you ever represented yourself as another person or used another person's name for any academic, medical, employment examination, or any other purpose?
- Yes  No 68. Do you know or have you ever associated with any individual whose interest(s) are contrary to those of the Government of the United States?
- Yes  No 69. Are you now or have you ever been in or applied to any organization that seeks to overthrow the constitutional form of government of the United States of America?
- Yes  No 70. Have you ever or do you now support or adhere to the philosophy of any organization that seeks to overthrow the constitutional form of government of the United States of America?
- Yes  No 71. Have you ever made a contribution to an organization dedicated to the overthrow of the United States Government and/or which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent of overthrowing the United States Government?
- Yes  No 72. Do you currently have or ever have had a passport that was issued by a foreign government?
- Yes  No 73. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang or any group engaged in criminal activity?
- Yes  No 74. Have you ever associated with or have acquaintances that are members of a criminal enterprise, street gang, click, crew or any group engaged in criminal activity?
- Yes  No 75. Have you ever been warned, counseled, or otherwise spoken to about comments you made regarding someone's race, gender, religion, nationality, or sexual preferences?
- Yes  No 76. Have you ever done anything to harm, insult or frighten another person because of that person's race, gender, religion, nationality or sexual preferences?
- Yes  No 77. Do you have any racial, religious, sexual or other prejudices that may affect your performance?
- Yes  No 78. Have you ever worked for an escort service?
- Yes  No 79. Have you ever deliberately harmed, injured, tortured or killed an animal?
- Yes  No 80. As a juvenile, have you ever ran away from home?
- Yes  No 81. Have you ever applied for a permit to carry a concealed weapon in Maryland, DC or another State?
- Yes  No 82. Was the permit granted? Reason not granted \_\_\_\_\_
- Yes  No 83. Have you ever applied for and been granted a security clearance?  
Name of company or organization: \_\_\_\_\_
- Yes  No 84. Have you ever applied for and been denied a security clearance?  
Name of company or organization: \_\_\_\_\_  
Reason for denial of security clearance: \_\_\_\_\_
- Yes  No 85. Is there anything in your past that someone could use to blackmail you? \_\_\_\_\_

- Yes  No 86. Have you ever been fingerprinted for any reason?  
Explain, when, where and why: \_\_\_\_\_
- Yes  No 87. Are you married to, residing with or dating anyone who is or was an inmate incarcerated at the Prince George's County Detention Center in Upper Marlboro, Maryland or any other correctional facility or prison?
- Yes  No 88. Have you ever been married to, resided with or dated anyone who is or was an inmate incarcerated at the Prince George's County Detention Center in Upper Marlboro, Maryland or any other correctional facility or prison?
- Yes  No 89. Has the other parent of any of your children ever been incarcerated?
- Yes  No 90. Do you currently have, or have you ever had any type of relationship with any person who is or has been incarcerated or has a criminal record?
- Yes  No 91. Have you ever associated with any person that is or has been incarcerated or has a criminal record?
- Yes  No 92. Have you ever visited with any person while that person was incarcerated? What jurisdiction?
- Yes  No 93. Is any member of your immediate family now incarcerated or on either probation or parole? Where?
- Yes  No 94. Have you ever been questioned by the police regarding anyone who is or has been incarcerated? Explain.
- Yes  No 95. Have you ever struck your spouse or domestic partner?
- Yes  No 96. Have you ever hit, slapped, punched, kicked or caused any bodily harm to anyone you have had a relationship with?
- Yes  No 97. Have you ever hit; slapped, punched, kicked or caused any bodily harm to anyone you have a child with?
- Yes  No 98. Have you ever been involved in a domestic violence situation/incident?

**Note: Copy this blank page if more space is required for statements. Print clearly and use black ink only**

Use this page as an addendum or supplement to any question. Indicate the corresponding page number and the original question number if applicable.

If there is any type of documentation concerning the event, bring the original copies to your Initial Interview. This includes expungement papers to include a compliance letter from each party listed on the expungement order. If you were charged or convicted of a crime or appeared in court regarding a criminal offense, you must bring the court documents containing the final disposition. Contact the court where you appeared to obtain these documents.

Your written responses must also contain the following:

- 1. When the incident or events occur?   2. What was your age at the time?   3. What occurred?**
- 4. What agency, employer, other party, or person(s) was/were involved?   5. Where did the incident or event occur?**
- 6. Final disposition.**


**SAMPLE**

**APPLICANT DECLARATION**

I understand that any conditional offer of employment or appointment will be contingent upon the results of a completed background investigation.

**I understand that in the event my application is disapproved, non-selected, or otherwise does not result in my employment or appointment with the Prince George's County Government, sources of confidential information and/or the reason(s) for non-selection may not be released or revealed to me.**

I understand that I must notify Public Safety Investigations immediately if I:

1. Have any contact with any law enforcement agency or court; this would include arrest, criminal citations in lieu of arrest, questioning, detainment, traffic citations or any court appearance or summons.
2. Have any contact with or association with any person who is currently incarcerated or has any criminal record.
3. Have any change in my employment or employment status. If I am terminated, receive any reprimands or disciplinary actions.
4. Experience any event that changes or alters any information I have provided on any application or document.

I understand that if an offer of employment or appointment has been made I am required to immediately report to the hiring agency any arrest, or contact (detained and/or questioned) by any court or law enforcement agency.

I understand that failure to report any changes, corrections or amendments may be cause for my name to be removed from the eligible list or immediate termination if an appointment has already been offered or accepted.

**I hereby certify that all answers and statements made in this Personal History Statement are true and complete. I understand that any discrepancies, misstatements, omissions, and/or falsifications may be cause for permanent disqualification or immediate termination if an appointment has been offered or accepted.**

I understand that polygraph examination results and psychological evaluation results and psychologists notes will not be released or revealed to me for any reason.

I understand this Personal History Statement is a permanent record and the exclusive property of Prince George's County Government. All documents, questionnaires and background information obtain during this investigation will not be returned or revealed to me for any reason.

**DO NOT SIGN UNTIL INSTRUCTED DURING YOUR INITIAL INTERVIEW**

**Please print**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
First name Middle name Last name

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
**DO NOT SIGN UNTIL INSTRUCTED DURING YOUR INITIAL INTERVIEW** Month Day Year

Reviewing Investigator's Signature: \_\_\_\_\_

Reviewing Investigator's Name (Print) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Month Day Year





**Prince George's County Government  
Public Safety Investigations**

**Goals Essay**

Please print your name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
First name Middle initial Last name

Please print the agency and position you are applying for.

\_\_\_\_\_  
Agency Position

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Month Day Year

Prince George's County Government is seeking applicants who are ready to accept a challenge and make a difference. When you applied you began a process that will change your life forever. Public Safety Investigation's goal is to offer Prince George's County Public Safety Agencies the most qualified applicants available. We seek applicants who are honest, goal oriented and dedicated.

Write an essay of at least 200 words stating why you want to work for Prince George's County Public Safety and why we should hire you over other applicants. Write about your abilities and strengths. Write about events in your life that have helped to shape you.

**This goals essay must be completed in your own handwriting. Print clearly and use black ink only**

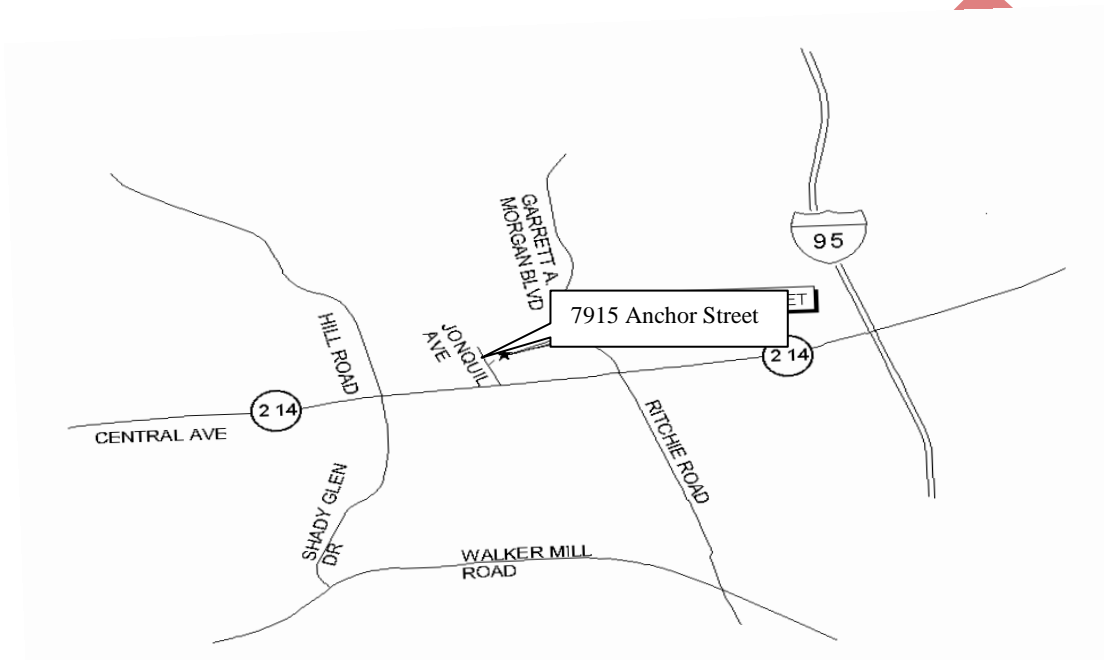
**Must be complete in your own handwriting. Print clearly and use black ink only**





**Mailing Address for Public Safety Investigations:**

**Prince George's County Government  
Office of Human Resources Management  
Public Safety Investigations  
7915 Anchor Street  
Landover, MD 20785**



Capital Beltway to Central Ave (Route 214) EXIT 15 B  
Exit onto Central Avenue (West) towards Washington DC  
Central Ave until Jonquil Avenue (Approximately 1 mile)  
Turn Right onto Jonquil Ave. to Anchor Street (Approximately 2 blocks)  
Turn right onto Anchor Street. The PSI building will be directly in front of you on the hill.

Public Safety Investigations (PSI) is located in a secure gated facility. Upon arrival you will be required to request access to the property via intercom. Be prepared to state your full name, purpose of visit and appointment time. Unscheduled visits will not be permitted.

Once you enter the parking area, ensure you do not park in a reserved spot. Please leave all personal items, with the exception of your driver's license and requested documents, in your vehicle.

Looking at the Building, the PSI Office entrance is on the **RIGHT SIDE** of the building.

Press the Silver Intercom Entrance Button and state the following:

**FULL NAME/POSITION APPLIED/INVESTIGATOR'S NAME YOU HAVE AN APPOINTMENT WITH FOR YOUR INITIAL INTERVIEW**

**DO NOT GO DIRECTLY TO THE FRONT BUILDING ENTRANCE**

Languages Translation Services (For document translation to English)

La Comunidad de Habla Hispana de Maryland, Inc.  
(212) 227-1994 FAX (212) 693-1489

Globe Language Services Inc. [www.globelanguage.com](http://www.globelanguage.com)  
(212) 227-1994 or FAX (212) 693-1489  
E-mail [info@globelanguage.com](mailto:info@globelanguage.com)