

OXFORD POLICE DEPARTMENT
101 Market Street
Oxford, Maryland 21654
410-226-5650

APPLICATION FOR EMPLOYMENT
(Police Officer)



Please return in a sealed envelope

POLICE OFFICER

HIRING REQUIREMENTS:

Applicant must contain the following:

- U.S. Citizenship
- High School Graduate
- Possess a valid driver's license
- 21 years of age prior to graduation from a Criminal Justice Academy

HIRING PROCESS

PHASE 1

- **Physical Agility Assessment**
- **Drug Screening**
- **Fingerprinting**
- **Oral Interview - consists of a 3-member panel.**

You are to bring a copy of the following documents- your birth certificate, High School/GED/college transcripts, driver's license, Social Security Card and DD214, if applicable.

PHASE 2

- **Extensive Background investigation**

Includes, but not limited to, your criminal history, driving record, credit history, employment history, reference checks and neighborhood canvas.

PHASE 3

- **Polygraph examination**
- **Psychological and medical examination**
- **Doctors Physical**

PHASE 4

- **Personal Interview with the Town Commissioners of Oxford**

This process requires several appointments. Failure to attend scheduled appointments **without prior permission** may result in automatic disqualification from the hiring process

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE WITH TYPEWRITER OR INK. **RETURN IN A SEALED ENVELOPE.**

PERSONAL INFORMATION

POSITION APPLYING FOR _____

1. Name (print) _____
(First) (Middle) (Last) Maiden (if applicable)

2. Present address: _____
(List house number and street; if address is on a Federal route, State or R.F.D. route, also indicate local name of route or nearest intersecting road)

_____ (City) (County) (State) (Zip)
3. Email Address _____

4. Mailing address, if different from above _____

5. Telephone Number: Home _____ Cell _____

6. Date of Birth: _____ Place of Birth: _____

7. Social Security No.: _____ U.S. Citizen: Yes No

8. Driver's License No. _____ State _____ Expiration Date _____

EDUCATION

9. Accredited High School, GED and College information.

(a) High School: Attended: _____

Graduation: _____ Year: _____

(b) High School Equivalency Test? _____ Date _____

Certificate No. (if any) _____ State issuing Certificate

(A Certificate issued through the Armed Forces is not acceptable unless it meets the standards of the Maryland State Department of Education.)

(c) College: Attended: _____

Attended Years: From _____ To _____

Type of Diploma or Degree Awarded: _____ Major: _____

(d) Specialized Qualifications:
(Include Active Technical/Professional License and Numbers, Academic or Professional Awards, etc.)

(e) Languages Spoken or Read: _____

(f) Clerical Skills: Typing: _____ wpm

Computer Skills _____

Other: _____

MILITARY SERVICE

10. Branch: _____

11. Service Dates: From _____ to _____

12. MOS (Specialty): _____

13. Honorably Discharged: Yes No

14. Type of Discharge: _____

15. Rank at time of Separation: _____

BACKGROUND INFORMATION

16. List residences you have lived during the past (5) years.

Address

Dates

_____	_____
_____	_____
_____	_____
_____	_____

17. Have you ever been convicted of any violation of law , including motor vehicle violations? Yes No
If yes, state details and the disposition of the case(s):

18. List below your work history, starting with your present position and working backward through your jobs. List any periods of unemployment. Use additional pages if necessary.

Dates of employment: From _____ to _____

Name and address of employer _____

Name of Supervisor _____ Phone _____

Type of business _____ Position held _____

Assigned Duties _____

Reason for leaving _____

Dates of employment: From _____ to _____

Name and address of employer _____

Name of Supervisor _____ Phone _____

Type of business _____ Position held _____

Assigned Duties _____

Reason for leaving _____

Dates of employment: From _____ to _____

Name and address of employer _____

Name of Supervisor _____ Phone _____

Type of business _____ Position held _____

Assigned Duties _____

Reason for leaving _____

Dates of employment: From _____ to _____

Name and address of employer _____

Name of Supervisor _____ Phone _____

Type of business _____ Position held _____

Assigned Duties _____

Reason for leaving _____

19. May we contact your current employer? Yes No

20. Have you ever been dismissed or asked to resign from any employment position? Yes No
yes, explain below:

21. If you have listed prior employment as a police officer, answer questions 20 (a) and 20 (b).

(a) If employed as a police officer, were you ever charged with a violation of departmental rules and regulations? Yes No If yes, date, charge(s) and disposition.

(b) Did you leave in good standing? _____

22. Have you ever been an applicant or employee of the Town of Oxford? Yes No

Applicant Date of Application _____ Disposition _____

Employee Position Title _____ Employment Dates _____

23. REFERENCES: List (4) persons who are not related to you by blood or marriage who can comment on your education and/or work experience.

(Name) (Occupation)

(Address) (Phone)

(Name) (Occupation)

(Address) (Phone)

(Name) (Occupation)

(Address) (Phone)

(Name) (Occupation)

(Address) (Phone)

VERIFICATION:

24. *All applicants must sign below for consideration for employment. Failure to comply may result in the rejection of your application:*

I, the undersigned, certify that I have read and understand this application in its entirety and that the information herein provided is true and complete to the best of my knowledge. I understand that should any statement made by me during the hiring process prove false, misleading or erroneous, may result in the rejection of my application and/or discharge from the Oxford Police Department. In submitting this application, I further understand that it becomes the property of the Town of Oxford Government and will not be returned.

Signature of Applicant: _____ Date: _____

Have you ever experimented with, or used for personal consumption any of the following drugs? In the explanation space provided, list the approximate number of the times used and the date of last usage.

1. CANNABIS/MARIJUANA	YES ()	No ()
EXPLAIN:		
2. LSD	YES ()	No ()
EXPLAIN:		
3. P.C.P.	YES ()	No ()
EXPLAIN:		
4. SPEED	YES ()	No ()
EXPLAIN:		
5. COCAINE	YES ()	No ()
EXPLAIN:		
6. CRACK	YES ()	No ()
EXPLAIN:		
7. HEROIN	YES ()	No ()
EXPLAIN:		
8. PSILOCYBIN (MUSHROOMS)	YES ()	No ()
EXPLAIN:		
9. HASHISH	YES ()	No ()
EXPLAIN:		
10. STEROIDS	YES ()	No ()
EXPLAIN:		
11. ECSTASY	YES ()	No ()
EXPLAIN:		
12. INHALANTS	YES ()	No ()

EXPLAIN:		
13. SYNTHETIC DRUGS	YES ()	No ()
EXPLAIN:		
14. PRESCRIPTION DRUGS	YES ()	No ()
EXPLAIN:		
15. ANY OTHER DRUG NOT MENTIONED	YES ()	No ()
EXPLAIN:		
HAVE YOU EVER SOLD ANY OF THE ABOVE ITEMS? IF SO, EXPLAIN:		

I hereby certify that the above information is true and correct to the best of my knowledge. I understand that any false or misleading information will cause my termination and disqualification in the hiring process.

DATE:	PRINTED NAME:	SIGNATURE:

