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

APPLICATION FOR EMPLOYMENT (Police Officer)



Please return in a sealed envelope

OPD - 021 (10/23)

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 <u>without</u> <u>prior permission</u> 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

PC	OSITION APPLYIN	NG FOR				
1.	Name (print)	(First)	(Middle)	(Last)	Maiden	(if applicable)
2.	Present address	: (List house number and of route or nearest inter	street; if address is on a Federa secting road)	l route, State or R.F.L	D. route, also ir	ndicate local name
3.	Email Address	(City)	(County)	(State)		(Zip)
4.	Mailing address,	if different from abov	/e			
5.	Telephone Numl	ber: Home	Cell			
6.	6. Date of Birth: Place of			f Birth:		
7.	Social Security	No.:		U.S. Citizen:	□ Yes	□ No
8.	Driver's License	No	State	Expirat	ion Date	
EC	DUCATION					
9.		n School, GED and C	ollege information.			
	(a) <u>High School</u> :	Attended:				
		Graduation:	Year:		_	
	(b) High School	Equivalency Test?			Date	
	Certificate N	lo. (if any)	State	issuing Certificat	te	
		e issued through the <i>i</i> tate Department of E	Armed Forces is not acce	ptable unless it n	neets the st	andards of the
	(c) <u>College</u> : At	ttended:				
	At	ttended Years: Fro	mTo		_	
	Ту	ype of Diploma or De	gree Awarded:		Major:	

(d) Specialized Qualifications:

(Include Active Technical/Professional License and Numbers,	Academic or Professional Awards, etc.)
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(e) Languages Spoken or Read:
(f) <u>Clerical Skills:</u> Typing:wpm
Computer Skills
Other:
MILITARY SERVICE
10. Branch:
11. Service Dates: Fromto
12. MOS (Specialty):
13. Honorably Discharged: Ves 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 NoIf 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		
Type of business		
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		
Type of business		
Assigned Duties		
Reason for leaving		
Dates of employment: From	to	
Name and address of employer		
Name of Supervisor		
Type of business	Position held	
Assigned Duties		
Reason for leaving		

13. May we contact your current employer: \Box 163 \Box 10	19.	May we contact	your current employer?	□ Yes	🗌 No
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20. Have you ever been dismissed or asked to resign from any employment position? □ Yes □ Nof yes, explain below:

21. If you have liste	d prior employment as a police office	er, answer questions 20	(a) and 20 (b).				
(a) If employed regulations	d as a police officer, were you ever o ? □ Yes □ No If yes, date, ch	charged with a violation harge(s) and disposition.	•				
(b) Did you lea	ave in good standing?						
22. Have you ever	been an applicant or employee of the	e Town of Oxford?	Yes 🗆 No				
□ Applicant	Date of Application	Disposition					
Employee	Position Title	Employment	t Dates				
	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. р.с.р.	YES ()	No ()				
EXPLAIN:	1					
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:	1		
HAVE YOU EVER SOLD ANY OF TH	HE ABOVI	E ITEMS? IF SO, EXPLAIN:	

I herby 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:

<u>Oxford Police Department</u> <u>Authorization for Release of Information</u>

I,				
(last name, first name middle name)	(Race)	(Sex)	(D.O.B)	

(Address)

(Social Security Number)

do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by/to an authorized agent of the Oxford Police Department, whether the said records are public or private and includes those which may be deemed to be of a privilege or confidential nature. The intention of this authorization is to provide information which will be utilized for pre-employment investigation resource material.

I authorize the full and complete disclosure of the records of education institutions, financial or credit institutions and the records of commercial or retail mercantile establishments and retail credit agencies, medical and psychiatric consultation and or treatment, including those of hospitals, clinics, private practitioners, US Veteran's Administration and all military and psychiatric facilities, public utility companies, employment and pre-employment records including background investigation reports, the results of polygraph examinations, efficiency ratings, complaints or grievances placed against me and including but not limited to the records and recollections of attorneys at law, or of other counsel having represented myself or another person in any case which I may currently have or have had interest in.

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

Witness Signature

Applicant Signature

Date