



**CAPITOL HEIGHTS POLICE DEPARTMENT**  
**EMPLOYMENT APPLICATION**  
 (PLEASE PRINT)



POSITION APPLIED FOR: \_\_\_\_\_

**PERSONAL DATA**

Last Name		First Name				Middle Name					
Address				City				State		Zip	
Home Phone		Cell Phone		Date of Birth				Social Security Number			

**EDUCATION**

School Name and Location	High School				Undergraduate College/University				Graduate/Professional			
	1	2	3	4	1	2	3	4	1	2	3	4
Years Completed												
Certificate, Diploma, Degree												
Major Course of Study												
Describe any specialized training, apprentice, shop, or skills												

**LANGUAGE SKILLS**

Specify any languages other than English you can speak, read and/or write			
	POOR	GOOD	EXCELLENT
SPEAK			
READ			
WRITE			

**The CAPITOL HEIGHTS POLICE DEPARTMENT is an equal opportunity employer. Applicants will be considered without regard to race, color, sex, religion, age, marital, or veteran status, national origin, the presence of a non-job related medical condition or handicap, or any other legally protected status. Applicants are encouraged to request any needed accommodation to participate in the application process.**

Do you have your own transportation?

Yes \_\_\_\_\_

No \_\_\_\_\_

## REFERENCES

List three persons who are NOT related to you and who have definite knowledge of your qualifications and fitness for the positions for which you are applying. Do not repeat names of supervisors listed under Work Experience.

Full Name	Present Business or Home Address (Street, City, State and Zip)	Business or Occupation

## WORK EXPERIENCE

*LIST JOBS STARTING WITH PRESENT AND WORK BACK TO BEGINNING OF EMPLOYMENT.* Include all pertinent work and volunteer experience. Former employers may be contacted without your consent.

### PRESENT OR MOST RECENT POSITION

Employer Name		Employer Address	
Dates of Employment FROM	TO	Last Salary	Average hours per week
Supervisor's Name and Title		Phone Number	
Your Title		Full-time, Part-time, Volunteer	
Describe Your Work			
Reason for Leaving		Number of Employees Supervised	

### FORMER POSITIONS

Employer Name		Employer Address	
Dates of Employment FROM	TO	Last Salary	Average hours per week
Supervisor's Name and Title		Phone Number	
Your Title		Full-time, Part-time, Volunteer	
Describe Your Work			
Reason for Leaving		Number of Employees Supervised	

### FORMER POSITIONS

Employer Name		Employer Address	
Dates of Employment FROM	TO	Last Salary	Average hours per week
Supervisor's Name and Title		Phone Number	
Your Title		Full-time, Part-time, Volunteer	
Describe Your Work			
Reason for Leaving		Number of Employees Supervised	

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Employer Name		Employer Address	
Dates of Employment FROM	TO	Last Salary	Average hours per week
Supervisor's Name and Title		Phone Number	
Your Title		Full-time, Part-time, Volunteer	
Describe Your Work			
Reason for Leaving		Number of Employees Supervised	

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Your Title		Full-time, Part-time, Volunteer	
Describe Your Work			
Reason for Leaving		Number of Employees Supervised	

**PREFERENCES**

In order to be eligible for Veteran's Preference, applicants must submit with the application a Form DD-214 and a signed statement listing all places of residence for the past 5 years. In addition applicants seeking preference as a Disabled Veteran must submit with the application a certificate issued by the Veterans Administration showing disability compensation during the past 6 months. An unmarried widow of a veteran must present proof of marriage, to, and death of, the veteran.

\_\_\_ Check here if you are applying for Veteran's Preference (Forms must be attached)

Some persons may be eligible for preference in employment among eligible applicants under the category of "displaced homemaker". Generally, in order to qualify, you must meet the following criteria:

1. Be a resident of Maryland, Virginia, or the District of Columbia for at least 5 years;
2. Be 35 years of age or older;
3. Be substantially unemployed for the last 5 years because of family obligations; and
4. Have recently lost your primary source of income due to separation, divorce, death, or disability of a family member, or lost eligibility in the Aid for families with Dependant Children Program.

aaa'Check here if you meet all of the above criteria for Displaced Homemaker Preference. If appointed, proof will be required.

**PLEASE READ CAREFULLY**

This is an application for employment. You are officially employed by the CAPITOL HEIGHTS POLICE DEPARTMENT only after a Personnel Action has been issued by the Personnel Office. Any representation as regards to your appointment, setting of wages, or any other personnel action made to you by other than the Personnel Officer is without authority and you are advised that you have no right to rely on such representation.

Under Federal Law an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector, or similar test or examination as a condition of employment or continued employment, except law enforcement officers as defined in 727 of Article 27, or any employee of any law enforcement agency of the State of Maryland, or any county incorporated city, town, or other municipal corporation, except Private Sector Agencies, subject to restrictions, to certain prospect employees of Security Service Firms (armored car, alarm, guard, etc.).

In submitting this application for employment, I authorize investigation of all statements contained therein. I hereby authorize CAPITOL HEIGHTS POLICE DEPARTMENT to make any contacts considered necessary to my employment, such as previous employers, criminal or credit bureau records. I authorize any person or organization whose name I have given as a character reference or by whom I have been previously employed and any educational institution which I have stated I attended to furnish the CAPITOL HEIGHTS POLICE DEPARTMENT any information they may have concerning me. I hereby release all such persons, organizations, and institutions from any claims for damages or otherwise by reason of furnishing such information and records. It is understood and agreed that any misrepresentations or omissions by me in this application will be sufficient cause for cancellation of the application or for separation from the CAPITOL HEIGHTS POLICE DEPARTMENT.

I understand that as a condition of my employment I may be required to undergo and successfully pass a screening for substance abuse. I also understand and agree that if employed, I may be required to submit to an alcohol and/or substance abuse screening as required by law. I hereby consent to having the results of any such alcohol or substance abuse screening I may be required to undergo disclosed to the CAPITOL HEIGHTS POLICE DEPARTMENT.

I understand that this application is the property of the CAPITOL HEIGHTS POLICE DEPARTMENT and will become part of my personnel file if I am accepted for employment. Driving record checks may be required on an applicant or employee who may be required to operate a Departmental or personal vehicle on Departmental business. This will also depend on the nature of the position and the insurance company's requirements. I hereby authorize the CAPITOL HEIGHTS POLICE DEPARTMENT to obtain a complete driving history.

Acknowledged and understood: \_\_\_\_\_ (signature) \_\_\_\_\_ (date)