



PRINCESS ANNE POLICE DEPARTMENT

11780 Beckford Avenue, Princess Anne, MD 21853
Phone: (410) 651-1822 Fax: (410) 651-0027



Robert M. Smith
Interim Chief of Police

Thank you for your interest in becoming a Princess Anne Police Officer. Our department currently employs both full time and part time police officers. The department serves a very diverse and growing community and is proud of its history.

For nearly 3 centuries the men and women of the Princess Anne Police Department have served the community with pride and distinction. The 21st Century has expanded the role of the modern day police officer and has dramatically increased the demands placed on the law enforcement profession.

We, as a discipline, will grant no quarter to those forces that threaten our citizens or community standards. Good luck with you career in law enforcement.

Robert M. Smith
Interim Chief of Police

“Yours for the Cause of Peace and Brotherhood”
Dr. Martin Luther King, Jr.

**TOWN OF PRINCESS ANNE
30489 BROAD ST
PRINCESS ANNE, MD 21853
EMPLOYMENT APPLICATION**

APPLICANT INFORMATION

| | | | | | | | |
|--|------------------------------|-----------------------------|---------------------|---------------|-----|----------------|--|
| Last Name | | First | | M.I. | | Date | |
| Street Address | | | | Date of Birth | | | |
| City | | | State | | ZIP | | |
| Phone | | | E-mail Address | | | | |
| Date Available | | | Social Security No. | | | Desired Salary | |
| Position Applied for | | | | | | | |
| Have you ever applied with this agency before? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? | | | | |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain | | | | |

EDUCATION

| | | | | | | | |
|-------------|--|----|--|-------------------|------------------------------|-----------------------------|--------|
| High School | | | | Address | | | |
| From | | To | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| College | | | | Address | | | |
| From | | To | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| Other | | | | Address | | | |
| From | | To | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |

REFERENCES

Please list three professional references.

| | | | | | | | |
|-----------|--|--|--|--------------|--|--|--|
| Full Name | | | | Relationship | | | |
| Company | | | | Phone | | | |
| Address | | | | | | | |
| Full Name | | | | Relationship | | | |
| Company | | | | Phone | | | |
| Address | | | | | | | |
| Full Name | | | | Relationship | | | |
| Company | | | | Phone | | | |
| Address | | | | | | | |

PREVIOUS EMPLOYMENT

| | | | |
|---|-----------------|--------------------|------------------|
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |

MILITARY SERVICE

| | | |
|----------------------------------|-------------------|----|
| Branch | From | To |
| Rank at Discharge | Type of Discharge | |
| If other than honorable, explain | | |

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____
(LAST) (FIRST) (MIDDLE) (DOB)

(ASSIGNMENT) (SOCIAL SECURITY #)

do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by/to any duly authorized agent of the Princess Anne Police Department, whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature. The intention of this authorization is to provide information which will be utilized for investigative resource material.

I authorize the full and complete disclosure of the records of educational 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, the U.S. 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 filed by or against me; records of complaints of a civil nature made by or against me, and including, but not limited to the records and recollections of attorneys at law, or of other counsel who represent or have represented myself or another person in any case in which I presently have, or have had an interest.

I authorize the National Personnel Records Center, St. Louis, Missouri, or other custodian of military records to the Princess Anne Police Department, information or photocopies from my military personnel and related medical records, or only the following information/records:

This could include a photocopy of my DD Form 214, Report of Separation.

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

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

Applicant's Signature

Date

On this _____ day of _____, 20____, before a Notary Public, the undersigned officer, personally appeared known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same in the capacity therein stated and for the purpose therein contained. In witness whereof, I here unto set my hand and official seal.

Signature of Notary Public

Official Seal
Must be Affixed

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.