

CONFIDENTIAL



**Montgomery County, Maryland
Department of Correction and Rehabilitation**

BACKGROUND INVESTIGATION BOOKLET

NAME:

POSITION APPLIED FOR:

INDEX

Page 1	Background Booklet Cover
Page 2 - 3	Index
Page 4	Background Investigation Acknowledgement
Page 5	Applicant Instructions
Page 6	Items to Bring to Your Background Investigation Interview
Page 7-8	Applicant's Biographical Data
Page 8	Physical Description of Applicant
Page 9	Marital Status of Applicant Data of Former Spouse if Applicable
Page 10	Data of Former Spouse if Applicable - Continued List of All Children and Dependent of Applicant Family of Applicant
Page 11-12	Family of Applicant - Continued
Page 12 -13	Current and Former Addresses
Page 14-16	Education High School/Vocational School Attended Colleges/Universities Attended Education
Page 16-17	Applicant's Financial Status
Page 18-19	Applicant's Credit Information
Page 20-22	Applicant's Motor Vehicle/License Information
Page 22-23	Traffic Record
Page 24	Military Status of Applicant
Page 25	Applicant's Employment History
Page 26-28	Applicant's Previous Employment History
Page 29-30	Applicant's Employment History

INDEX

Page 31-33	References Character References Personal Friend References Neighbor References
Page 33-37	Applicant's Criminal History
Page 37-38	Applicant's Criminal History Explanation
Page 39-40	Applicant's Drug Experimentation and History
Page 41	Applicant's Drug Experimentation and History - Explanation
Page 42	Gambling Related Activities
Page 43	Alcohol Related Activities
Page 44	Correctional/Public Safety Experience
Page 45	Correctional/Public Safety Contacts
Page 46-48	Correctional/Public Safety Employment Applications
Page 49-50	Special Skills / Training / Certifications
Page 50-51	Miscellaneous
Page 52-54	Only Current and Former Public Safety Employees
Page 55	Release of Claims
Page 56	Criminal History Check Request
Page 57	F.B.I. Fingerprinting Memorandum
Page 58	Credit Report
Page 59	Credit History Authorization Form
Page 60	Credit Information Reporting Services
Page 61	Authorization for Release of Information
Page 62	Pre-Placement Alcohol/Drug Testing Instructions
Page 63-64	Non-Uniform Staff Dress Code
Page 65	Uniform Staff Dress Code
Page 66	Montgomery County Information

Investigator _____

Date _____

Applicant _____

Page 3 of 66

Version 1.6 - September 2021

BACKGROUND INVESTIGATION ACKNOWLEDGEMENT

The Montgomery County Department of Correction and Rehabilitation for Montgomery County Government will be conducting a Background Investigation. If during this Background Investigation it is learned that you have made untruthful statements or deception can be identified, you have falsified your application/resume or other documents, or given misleading information; it is cause for disqualification from the selection/employment process.

This disqualification will also occur if your status changes with regard to information you have already provided to the Department and you do not notify the Department immediately of those changes. These changes could include, but are not limited to: contact information, employment, criminal history, physical suitability, etc. You must provide contact information, accessible telephone numbers, email address and are required to return messages from the department in a timely manner. If you have a service such as "Call Intercept" on your home telephone you must provide another accessible telephone number or the code by which to leave a message. The Department's inability to make contact with you due to problems with information you provide to contact you or you not responding to requests by the Department will be grounds for disqualification due to non-compliance.

Additionally, Article 35 of the Maryland Declaration of Rights states in part: "No person shall hold, at the same time, more than one office of profit, created by the Constitution or Laws of this State." Therefore, it is required of any person, who receives a formal offer of employment from the Montgomery County Department of Correction and Rehabilitation to terminate his/her employment with any other public safety agency pursuant to beginning this new employment if hired.

APPLICANT'S ACKNOWLEDGEMENT

I, the undersigned, have read and fully understand the above statement.

APPLICANT'S SIGNATURE

DATE

WITNESS

DATE

Investigator

Date

Applicant

Page 4 of 66

Version 1.6 - September 2021

APPLICANT INSTRUCTIONS

The completion and submission of this Background Investigation Booklet is the first step in a thorough employment process. All questions contained within this document must be answered as **thoroughly** and **honestly** as possible. **The omission of information and/or identified deception will not be tolerated or accepted by this agency and will result in disqualification.**

You must **TYPE** your answers within this booklet, ensuring all questions are answered. Incomplete answers will substantially extend the time required to process your Background Investigation. If this booklet is **incomplete** at the time of the personal interview, the interview **WILL BE POSTPONED** until you are in compliance with the instructions provided herein.

The information you provide in this booklet will be used in the investigation of your background and determine your suitability for the position for which you have applied. While filling out this booklet, please keep the following in mind:

- 1. You must complete this booklet in order to receive consideration for employment.**
- 2. All statements are subject to verification.**
- 3. Untruthful, misleading or falsification, deliberate inaccuracies or incomplete statement may disqualify you from employment with this department.**
- 4. All time periods in your background must be accounted for in this booklet.**

It is to your advantage to respond to the questions in this booklet in an open and honest manner. For some people, there may be one or more incidents or occurrences in their background which they regret or over which they may feel some embarrassment. A prospective employer will not make inquiries into areas of a person's background that have no legitimate bearing on their qualifications for the job. You should understand that the mere presence of so-called "negative" information in your background is not automatically disqualifying. For example, an applicant may have engaged in a petty thievery as a child, used illegal drugs, been fired from a job, or been convicted of a crime as an adult. While these things in and of themselves may not automatically remove that person from consideration for a job, lying about them will.

You may be disqualified if you intentionally make a false statement or intentionally omit a material fact, or if you practice or attempt any form of deception or fraud in your statements.

I, _____
have read and fully understand the instructions for completing this Background Investigation Booklet. The responses provided are true and correct to the best of my knowledge.

Signature

Date

Investigator

Date

Applicant

Page 5 of 66

VERY IMPORTANT!
ITEMS TO BRING TO YOUR BACKGROUND INVESTIGATION
INTERVIEW:
(ORIGINAL/OFFICIAL DOCUMENTS ARE REQUIRED)

- Driver's License (valid, if previously suspended, bring paperwork from MVA/DMV stating valid status)
- Social Security Card
- Birth Certificate (original or certified copy – if's not in English the document must be officially translated)
- Foreign Born –USCIS (United States Citizenship and Immigration Services), Permanent Resident Card or Naturalization/Citizen Document
- High School Diploma (or sealed official transcript), or GED Certificate and Grades
- College Diploma (if you attended college official transcripts need to be provided, if required, for the position for which you have applied)
- DD-214 (if you have military experience)
- Passport (if not expired)
- Professional Licenses
- Certifications
- Marriage Licenses (if applicable)
- Divorce Decrees (if applicable)
- Bankruptcy Documentation (if applicable)
- Legal Change of Name Documents (if applicable)
- COVID Vaccination record (to be provided to OMS upon scheduled exam)

APPLICANT'S BIOGRAPHICAL DATA

Applicant

Last: _____ Suffix: _____ First: _____ Middle (Maiden): _____

Other Names Used: List names, dates used and reason for use i.e. previous married name, nicknames, etc:

Current Address:

Street Address: _____ Apt #: _____

City: _____ County: _____ State: _____ Zip Code: _____

Home Phone: _____ Call Intercept Code: _____

Work Phone: _____ Cell Phone: _____

Other #: _____ Email: _____

Social Security Number: _____ Date of Birth (DOB): _____

U.S. citizen: Yes No By Birth Naturalization (If naturalized, complete below)

Country of Citizenship if not U.S.: _____

Court, City, State: _____

Certificate Number: _____ Petition Number: _____ Date Issued: _____

U.S. Passport: Yes No Passport Number: _____

Lived/visited or traveled to another Country: Yes No (If yes, complete below)

Where and length of stay: _____

What is your last address in the foreign county? _____

What are the dates of residence in that country? _____

Investigator

Date

Applicant

Page 7 of 66

APPLICANT'S BIOGRAPHICAL DATA - CONTINUED

What is your foreign identification number?

Do you have a certification of identity?

PHYSICAL DESCRIPTION OF APPLICANT

Race:

Sex:

Age:

Weight:

Height:

Eye Color:

Hair Color:

Scars, Marks, Tattoos (SMT)

Description (SMT)

Where located (SMT)

MARITAL STATUS OF APPLICANT

Married Single Separated Divorced Widowed/Widower

Select One

Spouse Fiancée Domestic Partner Current Dating Partner

Name: _____ Maiden name if applicable: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Occupation: _____ Name of Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Date of Marriage: _____ Location: _____

Has your spouse/fiancée/domestic partner/current dating partner ever been arrested, interviewed, detained, or convicted by any law enforcement agency? Yes No

If yes, provide dates, reasons, agency and disposition: _____

Has your spouse/fiancée/domestic partner/current dating partner ever called the police on you for any reason?

Yes No If yes, provide dates, reasons, agency and disposition: _____

DATA OF FORMER SPOUSE IF APPLICABLE

Last Name: _____ First Name: _____ Middle Name _____

Maiden: _____ Date of Birth: _____

Present Address: _____ APT #: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Date of Marriage: _____ Location: _____

Date of Divorce: _____ Location: _____

Investigator

Date

Applicant

Page 9 of 66

DATA OF FORMER SPOUSE - CONTINUED(IF APPLICABLE)

Was your former spouse ever arrested, interviewed, detained, or convicted by any law enforcement agency?

Yes No If yes, provide dates, reasons, agency and disposition:

Did your former spouse ever call the police on you for any reason? Yes No

If yes, provide dates, reasons, agency and disposition:

LIST ALL CHILDREN AND DEPENDANTS OF APPLICANT

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

FAMILY OF APPLICANT

Applicants must provide complete addresses, zip codes and telephone numbers. If a Father/Mother is deceased please check the box to the right and provide the following information: last name, first name, middle initial, date of birth and answer the criminal record questions.

Father Deceased Yes No

Last Name: _____ First Name: _____ Middle Name: _____ DOB: _____

Address: _____ APT #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Criminal Record? Yes No If yes, explain: _____

Investigator

Date

Applicant

Page 10 of 66

FAMILY OF APPLICANT - CONTINUED

Mother Deceased Yes No

Last Name: _____ First Name: _____ Middle Name: _____ DOB: _____

Address: _____ APT #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Criminal Record? Yes No

If yes, explain: _____

Sibling

Last Name: _____ First Name: _____ Middle Name: _____ DOB: _____

Address: _____ APT #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Criminal Record? Yes No

If yes, explain: _____

Sibling

Last Name: _____ First Name: _____ Middle Name: _____ DOB: _____

Address: _____ APT #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Criminal Record? Yes No

If yes, explain: _____

Sibling

Last Name: _____ First Name: _____ Middle Name: _____ DOB: _____

Address: _____ APT #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Criminal Record? Yes No

If yes, explain: _____

FAMILY OF APPLICANT - CONTINUED

If you were raised by anyone other than your parents, provide information concerning those who raised you:

Relationship: _____

Last Name: _____ First Name: _____ Middle Name: _____ DOB: _____

Address: _____ APT #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Criminal Record? Yes No

If yes, explain: _____

Dates you were under this person's care: From: _____ To: _____

CURRENT AND FORMER ADDRESSES

List complete addresses, including full college addresses, for the **past ten years**. (List current address first.)

1. Address: _____ APT #: _____
City: _____ State: _____ Zip Code: _____
From: _____ To: _____

2. Address: _____ APT #: _____
City: _____ State: _____ Zip Code: _____
From: _____ To: _____

3. Address: _____ APT #: _____
City: _____ State: _____ Zip Code: _____
From: _____ To: _____

4. Address: _____ APT #: _____
City: _____ State: _____ Zip Code: _____
From: _____ To: _____

Investigator

Date

Applicant

Page 12 of 66

Version 1.6 - September 2021

CURRENT AND FORMER ADDRESSES - CONTINUED

5. Address: _____ APT #: _____
City: _____ State: _____ Zip Code: _____
From: _____ To: _____

6. Address: _____ APT #: _____
City: _____ State: _____ Zip Code: _____
From: _____ To: _____

7. Address: _____ APT #: _____
City: _____ State: _____ Zip Code: _____
From: _____ To: _____

8. Address: _____ APT #: _____
City: _____ State: _____ Zip Code: _____
From: _____ To: _____

9. Address: _____ APT #: _____
City: _____ State: _____ Zip Code: _____
From: _____ To: _____

10. Address: _____ APT #: _____
City: _____ State: _____ Zip Code: _____
From: _____ To: _____

Have the police ever been called to any address where you have ever resided? Yes No

If yes, provide dates, reasons, agency and disposition:

Investigator

Date

Applicant

Page 13 of 66

EDUCATION
HIGH SCHOOL/VOCATIONAL SCHOOL ATTENDED

(List most recent attended first)

1. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Dates Attended: From: _____ To: _____

2. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Dates Attended: From: _____ To: _____

Which have you completed? High School Diploma GED

Highest grade completed: _____

COLLEGES/UNIVERSITIES ATTENDED

Do you have a college/university degree? Yes No

Type: Certificate AA BA/BS MA MS PH.D Other: _____

If you have obtained a college/university degree outside of the U.S., to receive credit for your degree, you must have your degree validated by an accredited agency such as the World Equivalency Service (WES).

If not, how many college credits have you earned? _____

What is/was your major field of study? _____

If your major was not Criminal Justice/Law Enforcement, how many related courses have you taken?

Do you currently have any outstanding debts with any college (deferred loans, tuition, grants, parking citations, lab costs, etc.)? Yes No

If yes, provide amount of debt and reason: _____

COLLEGES OR UNIVERSITIES ATTENDED - CONTINUED

(List most recent attended first)

1. Name:

Address:

City:

State:

Zip Code:

Dates Attended:

From:

To:

Number of Credits Earned:

Degree Earned:

Date:

2. Name:

Address:

City:

State:

Zip Code:

Dates Attended:

From:

To:

Number of Credits Earned:

Degree Earned:

Date:

3. Name:

Address:

City:

State:

Zip Code:

Dates Attended:

From:

To:

Number of Credits Earned:

Degree Earned:

Date:

4. Name:

Address:

City:

State:

Zip Code:

Dates Attended:

From:

To:

Number of Credits Earned:

Degree Earned:

Date:

Investigator

Date

Applicant

Page 15 of 66

Version 1.6 - September 2021

EDUCATION

Have you ever had a scholarship or grant suspended as a result of failing to meet requirements (i.e., not maintaining required GPA, etc.)? Yes No

If yes, explain:

Have you ever been suspended, expelled or placed on academic probation from any school or educational facility? Yes No

If yes, explain:

Have you ever been interviewed, cited, detained, arrested, or had any other contact with any college, school or educational facility police agency? Yes No

If yes, explain:

APPLICANT'S FINANCIAL STATUS

Do you have a savings account? Yes No

If yes, name the bank(s) and/or financial institution(s):

Approximate balance(s):

Do you have a checking account? Yes No

If yes, name the bank(s) and/or financial institution(s):

Approximate balance(s):

Have you had any checks returned? Yes No If yes, list below:

Amount: _____ Date: _____ Payable to: _____

Amount: _____ Date: _____ Payable to: _____

Amount: _____ Date: _____ Payable to: _____

Current monthly rent or house payment: _____

Investigator

Date

Applicant

Page 16 of 66

APPLICANT'S FINANCIAL STATUS - CONTINUED

List all of your sources of income and amounts:

Have you ever been the defendant or plaintiff in a civil case (i.e. been sued or sued someone, etc.)?

Yes No If yes, give case number, court, location, reason for case & disposition:

Do you currently have any financial judgments against you? Yes No

If yes, give case number, court, location, reason for case & disposition:

Have you ever had any financial judgements against you? Yes No

If yes, give case number, court, location, reason for case & disposition:

Have you ever filed for, or declared, bankruptcy? Yes No

If yes, give case number, court, location, reason for case & disposition:

Do you currently have any court ordered child support or alimony payment obligations? Yes No

If yes, provide all details, giving dates, amounts, recipient, etc.:

If yes, provide all details, giving dates, amounts, recipient, etc.:

Have you ever been delinquent in any child support or alimony payments? Yes No

Has your drivers license ever been suspended because of child support delinquencies? Yes No

If yes, provide all dates:

Do you presently hold any active or silent controlling interest in any company? Yes No

If yes, provide all details:

Investigator

Date

Applicant

Page 17 of 66

APPLICANT'S CREDIT INFORMATION

List **all** current **credit card/loan** accounts in the spaces provided below. This includes student and college loans, as well as private/personal/family loans and delinquencies on collections. You are advised as part of this agency's background investigation, a credit history report will be obtained on all applicants. Authority is provided in the signed release of information all applicants provide to this agency.

1. Company: _____ Account number: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Original amount of loan: \$ _____ Amount Outstanding: \$ _____ Delinquency: Yes No
If yes, describe in detail: _____

2. Company: _____ Account number: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Original amount of loan: \$ _____ Amount Outstanding: \$ _____ Delinquency: Yes No
If yes, describe in detail: _____

3. Company: _____ Account number: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Original amount of loan: \$ _____ Amount Outstanding: \$ _____ Delinquency: Yes No
If yes, describe in detail: _____

4. Company: _____ Account number: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Original amount of loan: \$ _____ Amount Outstanding: \$ _____ Delinquency: Yes No
If yes, describe in detail: _____

APPLICANT'S CREDIT INFORMATION - CONTINUED

5. Company: _____ Account number: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Original amount of loan: \$ _____ Amount Outstanding: \$ _____ Delinquency: Yes No
If yes, describe in detail: _____

6. Company: _____ Account number: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Original amount of loan: \$ _____ Amount Outstanding: \$ _____ Delinquency: Yes No
If yes, describe in detail: _____

7. Company: _____ Account number: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Original amount of loan: \$ _____ Amount Outstanding: \$ _____ Delinquency: Yes No
If yes, describe in detail: _____

8. Company: _____ Account number: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Original amount of loan: \$ _____ Amount Outstanding: \$ _____ Delinquency: Yes No
If yes, describe in detail: _____

APPLICANT'S MOTOR VEHICLE/LICENSE INFORMATION

List all motor vehicles currently owned and/or operated by you.

Make: _____ Model: _____ Tag No: _____ State: _____

Make: _____ Model: _____ Tag No: _____ State: _____

Make: _____ Model: _____ Tag No: _____ State: _____

Do you currently have Automobile Insurance coverage? Yes No

If yes, company name _____

If no, why _____

Has your automobile insurance been cancelled or suspended in this state or any other state for non-medical reasons? Yes No

If Yes, explain: _____

Have you been denied automobile insurance in this state or any other state for non-medical reasons?

Yes No If Yes, explain: _____

Has your driver's license ever been suspended for any non-medical reason?

Yes No

If Yes, explain: _____

Provide the information requested below on all drivers licenses which are current or have been issued to you from any state (even though these licenses may now be expired or have been replaced by another issuing agency or state). List current license first:

Current Driver's License

Number: _____ State: _____ Type: _____ Valid? Yes No

Expiration: _____ Restrictions: _____

Number: _____ State: _____ Type: _____ Valid? Yes No

Expiration: _____ Restrictions: _____

Number: _____ State: _____ Type: _____ Valid? Yes No

Expiration: _____ Restrictions: _____

Investigator

Date

Applicant

Page 20 of 66

APPLICANT'S MOTOR VEHICLE/LICENSE INFORMATION – CONTINUED

Has your vehicle registration ever been cancelled, refused, revoked or suspended for any non-medical reasons?

Yes No If yes, explain in detail supplying reason, dates, location, disposition, etc.

Have you ever been detained, arrested or charged, with Driving While Intoxicated (DWI) or Driving Under the Influence (DUI)? Yes No

If Yes, explain in detail supplying date, location, arresting agency, disposition, etc.:

Have you ever obtained a driver's license in this state or any other state under another name? Yes No

If Yes, provide full name, address, issuing agency or state, date of issue:

Name:

Address:

City:

State:

Zip Code:

Issuing Agency or State:

Date of Issue:

Have you ever received a "Warning Letter" from the Motor Vehicle Administration in this state or any other state saying that your driver's license, or vehicle registration, could or would be cancelled, suspended, or revoked?

Yes No If Yes, explain in detail supplying reason, dates, agency, disposition, etc.:

Do you currently have any outstanding parking tickets in this state or any other state that have not been paid?

Yes No If Yes, explain in detail supplying dates, agency, number of tickets, etc.:

Investigator

Date

Applicant

Page 21 of 66

Version 1.6 - September 2021

APPLICANT'S MOTOR VEHICLE/LICENSE INFORMATION – CONTINUED

Have you ever obtained or possessed a falsified or fictitious driver's license? Yes No

If Yes, explain in detail, and include reason for possession: _____

Have you ever had your driving record expunged? Yes No

If Yes, explain in detail: _____

Have you ever driven a vehicle, whether stopped by the police or not, while under the influence of drugs or alcohol?

Yes No If Yes, explain: _____

TRAFFIC RECORD

List all traffic violations/accidents in which you were charged or held at fault. Examples of violation include speeding, running a red light, etc. Include the location in the state in which the violation occurred. Include all written and/or verbal warnings and speed camera tickets.

1. Violation: _____ Date: _____ Location of Violation: _____
Issuing Agency: _____

Paid Fine: Yes No Court Appearance: Yes No

Court Finding: Guilty Not Guilty Driving School Probation Placed on Stet Docket

2. Violation: _____ Date: _____ Location of Violation: _____
Issuing Agency: _____

Paid Fine: Yes No Court Appearance: Yes No

Court Finding: Guilty Not Guilty Driving School Probation Placed on Stet Docket

Investigator

Date

Applicant

Page 22 of 66

TRAFFIC RECORD - CONTINUED

3. Violation: _____ Date: _____ Location of Violation: _____
Issuing Agency: _____

Paid Fine: Yes No Court Appearance: Yes No

Court Finding: Guilty Not Guilty Driving School Probation Placed on Stet Docket

4. Violation: _____ Date: _____ Location of Violation: _____
Issuing Agency: _____

Paid Fine: Yes No Court Appearance: Yes No

Court Finding: Guilty Not Guilty Driving School Probation Placed on Stet Docket

5. Violation: _____ Date: _____ Location of Violation: _____
Issuing Agency: _____

Paid Fine: Yes No Court Appearance: Yes No

Court Finding: Guilty Not Guilty Driving School Probation Placed on Stet Docket

6. Violation: _____ Date: _____ Location of Violation: _____
Issuing Agency: _____

Paid Fine: Yes No Court Appearance: Yes No

Court Finding: Guilty Not Guilty Driving School Probation Placed on Stet Docket

7. Violation: _____ Date: _____ Location of Violation: _____
Issuing Agency: _____

Paid Fine: Yes No Court Appearance: Yes No

Court Finding: Guilty Not Guilty Driving School Probation Placed on Stet Docket

8. Violation: _____ Date: _____ Location of Violation: _____
Issuing Agency: _____

Paid Fine: Yes No Court Appearance: Yes No

Court Finding: Guilty Not Guilty Driving School Probation Placed on Stet Docket

MILITARY STATUS OF APPLICANT

Are you registered with the Selective Service System? Yes No

Have you ever been denied/refused entrance to any of the U.S. Armed Forces? Yes No

If yes, explain the basis for your denial (except for medical reasons):

Have you served in the Armed forces of the U.S. (includes Merchant Marines)? Yes No

If yes, Branch of Service: _____

Service Number: _____

Dates of service:

From: _____

To: _____

Type of discharge: (exclude medical reasons):

Job title and rank at time of separation:

Primary M.O.S./A.F.S.C.:

List duty stations beginning with basic training and dates of assignments (include supervisor's name and current phone numbers):

Do you have any current Military Reserve obligation? Yes No Active Inactive

Date reserve obligation started and is scheduled to terminate:

From: _____

To: _____

If you have a reserve obligation, provide your reserve organization's name and address:

Organization: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Supervisor: _____

Business Phone: _____

Were you ever reduced/demoted in rank? Yes No

If yes, describe in detail:

Have you ever received company punishment? Yes No

If yes, describe in detail:

Were you ever confined/detained in a brig, stockade, guardhouse or jail while in the military? Yes No

If yes, describe in detail:

Investigator

Date

Applicant

Page 24 of 66

APPLICANT'S EMPLOYMENT HISTORY

LIST ALL OF YOUR EMPLOYMENT HISTORY BEGINNING WITH CURRENT EMPLOYER FIRST, WORKING BACKWARDS, INCLUDE PART-TIME, INTERNSHIPS, VOLUNTEER POSITIONS AND ALL PERIODS OF UNEMPLOYMENT. ALL EMPLOYERS WILL BE CONTACTED. IT IS REQUIRED THAT ALL INFORMATION IS FILLED OUT COMPLETELY (address, phone number, fax number, email, etc.).

Current Employer: _____

Phone Number: _____ FAX: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Applicant's Supervisor:

Name: _____

Title: _____

Email: _____

Applicant's Position/Title: _____

FT PT Intern Volunteer

Dates of Employment: From: _____ To: _____

Reason for leaving: (Exclude Medical Reasons): _____

Investigator

Date

Applicant

Page 25 of 66

APPLICANT'S PREVIOUS EMPLOYMENT HISTORY

1. Previous Employer:

Phone Number: _____ FAX: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Applicant's Supervisor:

Name: _____ Title: _____

Email: _____

Applicant's Position/Title: _____ FT PT Intern Volunteer

Dates of Employment: From: _____ To: _____

Reason for leaving: (Exclude Medical Reasons): _____

2. Previous Employer:

Phone Number: _____ FAX: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Applicant's Supervisor:

Name: _____ Title: _____

Email: _____

Applicant's Position/Title: _____ FT PT Intern Volunteer

Dates of Employment: From: _____ To: _____

Reason for leaving: (Exclude Medical Reasons): _____

APPLICANT'S PREVIOUS EMPLOYMENT – CONTINUED

3. Previous Employer: _____

Phone Number: _____ FAX: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Applicant's Supervisor:

Name: _____ Title: _____

Email: _____

Applicant's Position/Title: _____ FT PT Intern Volunteer

Dates of Employment: From: _____ To: _____

Reason for leaving: (Exclude Medical Reasons): _____

4. Previous Employer: _____

Phone Number: _____ FAX: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Applicant's Supervisor:

Name: _____ Title: _____

Email: _____

Applicant's Position/Title: _____ FT PT Intern Volunteer

Dates of Employment: From: _____ To: _____

Reason for leaving: (Exclude Medical Reasons): _____

Investigator _____

Date _____

Applicant _____

Page 27 of 66

APPLICANT'S PREVIOUS EMPLOYMENT – CONTINUED

5. Previous Employer:

Phone Number: _____ FAX: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Applicant's Supervisor:

Name: _____ Title: _____

Email: _____

Applicant's Position/Title: _____ FT PT Intern Volunteer

Dates of Employment: From: _____ To: _____

Reason for leaving: (Exclude Medical Reasons): _____

6. Previous Employer:

Phone Number: _____ FAX: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Applicant's Supervisor:

Name: _____ Title: _____

Email: _____

Applicant's Position/Title: _____ FT PT Intern Volunteer

Dates of Employment: From: _____ To: _____

Reason for leaving: (Exclude Medical Reasons): _____

APPLICANT'S EMPLOYMENT HISTORY

Have you ever been disciplined by an employer in oral or written form?

Yes No

If yes, explain:

Have you ever been discharged/terminated/fired by an employer?

Yes No

If yes, explain:

Have you resigned/quit while anticipating that your employer intended to discharge/fire you for any reason?

Yes No

If yes, explain:

Have you resigned/quit while anticipating that your employer intended to take any form of disciplinary action against you?

Yes No

If yes, explain:

Have you ever resigned/quit from a job by mutual agreement following allegations of misconduct? Yes No

If yes, explain:

Have you ever walked off/left a job without giving proper notice? Yes No

If yes, provide full details:

Investigator

Date

Applicant

Page 29 of 66

Version 1.6 - September 2021

APPLICANT'S EMPLOYMENT HISTORY - CONTINUED

Have you ever resigned/quit from a job by mutual agreement following allegations of unsatisfactory work performance? Yes No

If yes, explain:

Have you ever stolen anything from any of your employers? Yes No

If yes, explain, supplying date, item(s), value, etc.:

Have you ever used illegal drugs while working on any job? Yes No

If yes, explain, type of drug, how used, date(s), etc.:

Have you ever committed any other crimes (EVEN ONE WHICH YOU THINK WENT UNDETECTED) while on any job you ever held? Yes No

If yes, explain:

Have you had any extended work absences for reasons other than medical or earned vacations? Yes No

If yes, explain:

Investigator

Date

Applicant

Page 30 of 66

Version 1.6 - September 2021

REFERENCES

(People not listed elsewhere in this booklet)

CURRENT CO-WORKERS

List two (2) co-workers with whom you presently work, that are not your supervisor or other reference. (if you are currently unemployed, list two co-workers from your most recent place of employment.)

1. Name: _____

Home Phone: _____

Work Phone: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Occupation: _____

Email: _____

2. Name: _____

Home Phone: _____

Work Phone: _____

City: _____

State: _____

Zip Code: _____

Address: _____

Occupation: _____

Email: _____

CHARACTER REFERENCES

Provide the names and addresses of two (2) CHARACTER REFERENCES not related to you by blood or marriage:

1. Name: _____

Home Phone: _____

Work Phone: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Occupation: _____

Email: _____

Length of time known: _____

Investigator

Date

Applicant

Page 31 of 66

Version 1.6 - September 2021

REFERENCES CONTINUED

CHARACTER REFERENCES – CONTINUED

2. Name: _____

Home Phone: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____

Email: _____

Length of time known: _____

PERSONAL FRIEND REFERNCES

Provide the names and addresses of two (2) PERSONAL FRIENDS

1. Name: _____

Home Phone: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____

Email: _____

Length of time known: _____

2. Name: _____

Home Phone: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____

Email: _____

Length of time known: _____

REFERENCES - CONTINUED

NEIGHBOR REFERENCES

Provide the names and addresses of two (2) people (not at the same address) who reside in your NEIGHBORHOOD:

1. Name: _____
Home Phone: _____ Work Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Occupation: _____
Email: _____
Length of time known: _____

2. Name: _____
Home Phone: _____ Work Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Occupation: _____
Email: _____
Length of time known: _____

APPLICANT'S CRIMINAL HISTORY

Have you ever personally experienced or been a party to any of the following activities by **any** police/law enforcement agency? Yes No Check all that apply below:

- Arrested Interviewed Interrogated Detained Indicted Convicted
 Received a Criminal Citation Received a Civil Citation

If checked, explain in detail below giving date(s), reason(s), agency(s) and disposition(s)

Investigator

Date

Applicant

Page 33 of 66

Version 1.6 - September 2021

APPLICANT'S CRIMINAL HISTORY - CONTINUED

ARE YOU CURRENTLY:

- Charged with a criminal/civil offense by any police/law enforcement authority? Yes No
- On bail or out on personal recognizance or other conditional release for any reason? Yes No
- On probation or parole of any type? Yes No

If yes, on any of the above, provide full details:

Are you aware of any outstanding criminal/civil summons or warrants for your arrest? Yes No

If yes, explain in detail:

Have you ever been issued/served with or involved with any of the following? Yes No

Check all that are applicable:

- Ex Parte Order/Protective Order Bench Warrant Arrest Warrant
- District Court Criminal Summons Court Papers for any type of court appearance

If checked, explain in detail below providing the date(s), reason(s), agency(s) and disposition(s):

Have you ever assaulted anyone (i.e. fights, domestic violence, etc.)? Yes No

If yes, provide all details below, who was assaulted, giving date(s), location, arresting agency, court disposition, etc.

Investigator

Date

Applicant

Page 34 of 66

APPLICANT'S CRIMINAL HISTORY - CONTINUED

Place a check beside the CRIMES/OFFENSES listed below if you have ever committed or participated in OR CONSPIRED TO COMMIT any of the LISTED crimes (whether or not you were arrested, charged or detained). Please explain any boxes checked on the following pages 37 and 38.

- | | |
|---|--|
| <input type="checkbox"/> Alcohol Violation(s)
<input type="checkbox"/> Arson/Setting Fires
<input type="checkbox"/> Assault/Verbal/Physical
<input type="checkbox"/> Auto Theft
<input type="checkbox"/> Battery/Fights
<input type="checkbox"/> Bomb Threats
<input type="checkbox"/> Burglary/Housebreaking
<input type="checkbox"/> Child Abuse/Molestation
<input type="checkbox"/> Computer Related Crimes
<input type="checkbox"/> Concealed Weapons
<input type="checkbox"/> Domestic Violence/Abuse
<input type="checkbox"/> Drugs (CDS): Use/Try
<input type="checkbox"/> Possession
<input type="checkbox"/> Sale
<input type="checkbox"/> Elder/Adult Abuse
<input type="checkbox"/> Embezzlement
<input type="checkbox"/> Extortion
<input type="checkbox"/> False Alarms/Fire/Bomb
<input type="checkbox"/> Forgery/Credit Cards | <input type="checkbox"/> Fraud/Bad Checks
<input type="checkbox"/> Gambling/Betting
<input type="checkbox"/> Harassment/Threats
<input type="checkbox"/> Hunting/Fishing Violations
<input type="checkbox"/> Impersonating a Police Officer
<input type="checkbox"/> Indecent Exposure/Mooning
<input type="checkbox"/> Pedophilia
<input type="checkbox"/> Peeping Tom/Voyeurism
<input type="checkbox"/> Perjury
<input type="checkbox"/> Prescription Drugs – Illegal Use
<input type="checkbox"/> Prostitution/Solicit a Prostitute
<input type="checkbox"/> Rape/Date Rape/Sexual Assault
<input type="checkbox"/> Robbery
<input type="checkbox"/> Stalking
<input type="checkbox"/> Telephone Misuse/Threats
<input type="checkbox"/> Thefts/Larceny
<input type="checkbox"/> Trespassing
<input type="checkbox"/> Unauthorized Use of a Vehicle
<input type="checkbox"/> Vandalism/Tagging |
|---|--|

If you answer “yes” to any of the questions (1-45), you are required to fully explain the details on the next page.

HAVE YOU EVER:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Lied or committed perjury in court or other judicial proceeding? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Lied to anyone of authority? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Entered any building, business, dwelling, or house without permission? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Intentionally injured anyone as a result of a fight? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Entered a house of prostitution for any reason? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Cheated a restaurant or food establishment by walking out on a check? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Helped anyone steal anything? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Falsified or lied on an employment application? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Provided anyone a discount at your place of employment without permission? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Conspired with anyone to commit an illegal act or crime of any kind? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Given anything to anyone that was not yours to give away? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Investigator _____

Date _____

Applicant _____

Page 35 of 66

APPLICANT'S CRIMINAL HISTORY - CONTINUED

HAVE YOU EVER:

12. Been accused of, or arrested for, domestic violence, child abuse, spousal abuse or elder abuse? Yes No
13. Been questioned by the police as suspect/person of interest witness as part of a criminal or traffic investigation? Yes No
14. Been a lookout or driver for someone else while they committed a crime or criminal act of any kind? Yes No
15. Use a weapon of any kind during a fight/altercation? Yes No
16. Been placed on parole or probation for any reason? Yes No
17. Falsely reported a crime or knowingly given erroneous or misleading information to a police officer from any police agency? Yes No
18. Used false, fraudulent, altered or borrowed identification of any kind for any purpose or reason? Yes No
19. Allowed your car to be used in the commission of a crime? Yes No
20. Knowingly committed a weapons violation of any kind (Includes illegal possession, wearing, carrying, transporting, selling, purchasing, or modifying)? Yes No
21. Been a member or affiliated or are related to anyone you suspect or know/knew was/is with a gang or crew? Yes No
22. Been present at, witness to, or involved in any way in, any kind of murder, killing, manslaughter or other unnatural death of a human being? Yes No
23. Committed a crime for which you were not caught or arrested (which is not listed elsewhere in this booklet)? Yes No
24. Been an officer or member of, or made a contribution to, an organization dedicated to the violent overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities? Yes No
25. Knowingly engaged in any acts or activities designed to overthrow the United States Government by force? Yes No
26. Been a member of any organization and/or adhere to any belief which would in any way
- A. Limit or prohibit your use of weapons or firearms? Yes No
 - B. Restrict or prohibit your from working on particular days or hours? Yes No
 - C. Restrict you from conforming to departmental standards of appearance and/or grooming which may from time to time be set? Yes No
27. Been involved, or participated, in any parade, picket line, delegation, or demonstration sponsored by any subversive organization(s)? Yes No
28. Been found to be delinquent on income or other tax payments? Yes No
29. Been involved in or paid, contributed, collected, or solicited any money or dues to, for, or on behalf of any subversive organization(s)? Yes No
30. Been involved in or attended any school, camp, class, or forum, sponsored by any subversive organization(s)? Yes No
31. Been involved in making, constructing, assembling or manufacturing, transporting, and/or detonation of any type of bomb or other incendiary device? Yes No

APPLICANT'S DRUG EXPERIMENTATION AND HISTORY

Have you ever used, ingested, experimented, tasted, vaped and/or possessed any narcotics/controlled dangerous substances (CDS) drugs not prescribed by a physician? Yes No

If yes, explain in detail supplying reason, date(s), location, method of use, etc.:

Have you ever associated with, or are related to, or had/have ongoing friendship/personal relationship with anyone you suspect or know/knew was/is a seller/distributor of narcotics/controlled dangerous substances/drugs/CBD products?

Yes No If yes, explain in detail supplying reason, date(s), location, method of use, etc.:

Have you ever been present when illegal drugs/narcotics/CDS were used, sold, possessed or delivered?

Yes No If yes, explain in detail supplying reason, date(s), location, method of use, etc.

APPLICANT'S DRUG EXPERIMENTATION AND HISTORY - CONTINUED

Have you ever smoked/vaped/experimented/tasted/ingested/used/injected/sniffed, etc. ANY OF THE FOLLOWING (date column must include month and year):

SUBSTANCE	YES	NO	Number of Times	Date of Last Use
Amphetamines/Speed (i.e., Adderall, Ritalin, etc.)				
Anabolic Steroids				
Barbiturates/Reds/Downers				
CBD/THC				
Cocaine/Powder				
Cocaine/Crack				
Hallucinogenics (LSD, PCP, mushrooms, etc.)				
Inhalants (Glue, solvents, aerosols, whippit, etc.)				
Marijuana/Hashish				
Opium Derivative (i.e, Heroin, Vicodin, Oxycontin, Oxycodone, Hydrocodone, etc.)				
Quaaludes, Valium, Darvocet, Dilaudid, Percocet, Fentanyl, Ketamine				
Any other drug/narcotic not specifically listed above?				
Have you ever bought/purchased any of the above listed substances?				

SUBSTANCE	YES	NO
Have you ever been arrested or charged with any type of drug/narcotic related violation?		
Have you ever used prescription medication prescribed to another person?		
Have you ever sold or distributed any type of illegal drug/narcotic?		
Have you ever participated in the production, manufacturing, growing, delivery, transportation, smuggling, storage or handling of illegal drugs/narcotic for yourself or anyone else?		
Have you ever made any money or profit in any way from your involvement in drugs/narcotics?		
Have you ever inhaled, vaped, used, tried, tasted, injected, experimented with, or had anything else to do with any illegal drug/narcotic, other than what you have already listed in this booklet?		

If you answered “yes” to any of the above questions, you are required to provide a full explanation on the next page (include dates).

Investigator _____

Date _____

Applicant _____

Page 40 of 66

GAMBLING RELATED ACTIVITIES

Do you gamble? Never Seldom Occasionally Regularly

If so, on what and approximately how much?

Have you ever placed a wager/bet by telephone or made a hand-to-hand transaction with a bookmaker (bookie or numbers man) on the results of a professional or collegiate sports event, other than a legitimate lottery, or other legalized gambling event? Yes No

If yes, provide all details:

Have you ever been "paid off" while (or after) playing any illegal slot machine or video games? Yes No

If yes, explain giving all details:

Do you currently have any outstanding gambling debts? Yes No

If yes, provide all details:

Have you ever borrowed money to gamble? Yes No

If yes, explain giving all details:

Have you ever stolen money with which to gamble? Yes No

If yes, explain giving all details:

Investigator

Date

Applicant

Page 42 of 66

CORRECTIONAL/PUBLIC SAFETY CONTACTS

Do you personally know any Montgomery County Public Safety employees in the following agencies: Police, Fire/Rescue, Sheriff's Department or Correction & Rehabilitation?

Yes No If yes, list name(s) and agency(s) below and how you know them:

Have you been personally referred by a Montgomery County DOCR Employee for the position for which you are currently applying?

Yes No If yes, list the name of the employee and how you know them:

Have you **recently** applied for a job with any Police Departments, Fire Departments, Rescue Squads, Correctional Agencies, Sheriff's Departments or similar Public Safety Organizations?

Yes No If yes, list on next page.

HAVE YOU EVER:

Applied for a position with any Federal, State, or Local Law Enforcement Agency or any Fire Department?

Yes No If yes, please list on next page.

Applied for any position with the Federal Government for which a background investigation was initiated?

Yes No If yes, please list on next page.

Been denied employment by an organization covered in the questions above?

Yes No If yes, please list on next page and fully explain the reason for denial.

Investigator

Date

Applicant

Page 45 of 66

CORRECTIONAL/PUBLIC SAFETY EMPLOYMENT APPLICATIONS

List all correctional/police/public safety agencies/fire departments below with whom you have applied. List the steps you have completed with each agency (written test, oral interview, background completed, physical agility, medical, psychological, etc.), and current status (hired, denied, withdrew, etc.). If you have applied to the same agency more than once, list each time separately.

1. Department: _____

Date Applied: _____ Steps Taken: _____

Investigators: _____ Phone Number: _____

Status: _____

2. Department: _____

Date Applied: _____ Steps Taken: _____

Investigators: _____ Phone Number: _____

Status: _____

3. Department: _____

Date Applied: _____ Steps Taken: _____

Investigators: _____ Phone Number: _____

Status: _____

CORRECTIONAL/PUBLIC SAFETY EMPLOYMENT APPLICATIONS - CONTINUED

4. Department: _____
Date Applied: _____ Steps Taken: _____
Investigators: _____ Phone Number: _____
Status: _____

5. Department: _____
Date Applied: _____ Steps Taken: _____
Investigators: _____ Phone Number: _____
Status: _____

6. Department: _____
Date Applied: _____ Steps Taken: _____
Investigators: _____ Phone Number: _____
Status: _____

CORRECTIONAL/PUBLIC SAFETY EMPLOYMENT APPLICATIONS - CONTINUED

7. Department: _____
Date Applied: _____ Steps Taken: _____
Investigators: _____ Phone Number: _____
Status: _____

8. Department: _____
Date Applied: _____ Steps Taken: _____
Investigators: _____ Phone Number: _____
Status: _____

9. Department: _____
Date Applied: _____ Steps Taken: _____
Investigators: _____ Phone Number: _____
Status: _____

10. Department: _____
Date Applied: _____ Steps Taken: _____
Investigators: _____ Phone Number: _____
Status: _____

SPECIAL SKILLS/TRAINING/CERTIFICATIONS

What computer skills and experience do you possess? List the type of hardware and software application(s) and general competency level of each:

List any special skills/training that you have, such as operation of machines or special equipment.

List any special licenses or certificates issued to you (please provide the original of all license[s] or certificate[s]):

Are you currently Maryland Correctional Training Commission certified? Yes No

If yes, Certificate # _____ Expiration Date: _____

Please provide a photocopy of the certification card.

Investigator

Date

Applicant

Page 49 of 66

SPECIAL SKILLS/TRAINING/CERTIFICATION – CONTINUED

(Provide copies of certificates if issued)

Do you have skills or training in the following areas?

SKILL/TRAINING:

CHECK ONE:

SPECIFY COURSE/CERTIFICATION:

1. EMT/PARAMEDIC Yes No

2. RADIO COMMUNICATIONS Yes No

3. FIREARMS TRAINING Yes No

4. COUNSELING/CRISIS INTERVENTION Yes No

5. LEGAL/PARALEGAL Yes No

6. MARTIAL ARTS Yes No

7. OTHER (SPECIFY) Yes No

MISCELLANEOUS

IS THERE ANYTHING WHICH WOULD PREVENT YOU FROM:

Supporting and defending the Constitution of the United States and the State of Maryland? Yes No

If yes, explain:

Taking a life in the performance of duty? Yes No If yes, explain:

Is there anything in your past that we have not asked, which, if discovered at a later date, may prove to be embarrassing to you and/or the Montgomery County Department of Correction and Rehabilitation if you were to be employed by this agency? Yes No

If yes, explain:

Investigator

Date

Applicant

Page 50 of 66

MISCELLANEOUS - CONTINUED

Is there anything additional in your background that you feel we should be aware of as we consider your employment application, such as a traumatic event that may have happened to you or someone you know? Yes No

If yes, explain:

If you are employed as a correctional employee by this agency, how long do you anticipate remaining with us?

List all professional and/or civic organizations of which you currently are, or previously were, a member.

List all your current non-employment related interests and hobbies.

If employed as a correctional employee with this agency, what career goals do you have?

List all of your current and past volunteer/community service/community-oriented activities.

Did anyone provide advice, guidance or other assistance to you in regard to the completion of this confidential questionnaire booklet? Yes No

If yes, explain:

ONLY CURRENT AND FORMER PUBLIC SAFETY EMPLOYEES

By what Correctional/Public Safety Agency(s) are you currently, or were you previously, employed? Yes No

What are/were your date(s) of employment? From: _____ From: _____ To: _____

Have you been the subject of any internal investigations? Yes No

If yes, fully explain all circumstances: _____

Disposition: _____

Have you been suspended from duty for any reason, except medical? Yes No

If yes, fully explain all circumstances: _____

Have you been subject to any departmental disciplinary oral and/or written? Yes No

If yes, fully explain all circumstances: _____

Have you been involved in any traffic accidents while operating departmental or government vehicles?

Yes No If so how many? _____ What was the disposition of each? _____

Investigator

Date

Applicant

Page 52 of 66

ONLY CURRENT AND FORMER PUBLIC SAFETY EMPLOYEES - CONTINUED

What assignments, special training and skills have you had as a correctional employee, and how long have the assignments lasted (skills: Trainer, F.T.O., etc.)?

How have you been rated on your evaluations? if so, check rating box.

Excellent Above Satisfactory Satisfactory Below Satisfactory Unsatisfactory

The previous year?

Excellent Above Satisfactory Satisfactory Below Satisfactory Unsatisfactory

Explain any evaluations in which you received less than satisfactory. (Please provide copies of performance evaluations for the past two years)

Have you ever been questioned/interviewed/interrogated by your department's Internal Affairs Unit?

Yes No If yes, fully explain all circumstances:

Have you ever discharged your service weapon other than for training purposes? Yes No

If yes, fully explain all circumstances:

Have you ever given an untruthful statement in court or to your department's Internal Affairs Unit concerning your actions as a correctional employee? Yes No

If yes, fully explain all circumstances:

ONLY CURRENT AND FORMER PUBLIC SAFETY EMPLOYEES - CONTINUED

Have you ever been charged or investigated for the use of excessive force or brutality? Yes No

If yes, explain in detail giving dates, location, investigator and disposition.

Please explain the reasons why you want to leave your current or previous public safety/correctional employer.

Have you been investigated by any police agency for allegation of domestic violence or spousal abuse?

Yes No If yes, fully explain all circumstances:

Investigator

Date

Applicant

Page 54 of 66

RELEASE OF CLAIMS

Name and address of applicant:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Description of Activity: Applicant Background Processing

Date: _____ Time: _____

Location: Montgomery County Department of Correction and Rehabilitation Facilities
22880 Whelan Lane, Boyds, Maryland 20841
100 Edison Park Drive, Gaithersburg, Maryland 20878

Activity: Processing and/or tour of the premises and facilities of the Montgomery County Department of Correction and Rehabilitation and/or to participate in a volunteer Program. The Montgomery County Department of Correction and Rehabilitation does not provide insurance to cover either the above-described activity or the transportation to or from such activity.

Release:

In consideration of the permission granted _____

(applicant) by the Montgomery County, Maryland, the Montgomery County Department of Correction and Rehabilitation, and the Montgomery County Police Department and their officers, servants, agents, and employees from all actions, causes of action, claims, damages, demands, judgments, and executions of any and every kind or nature whatsoever that may arise from the participation in the above described activity and agree to and do indemnify and save harmless, Montgomery County, the Department of Correction and Rehabilitation, their officers, servants, agents, and employees from all claims or causes of action in connection therewith.

I have read and understand all terms of this release. I execute it voluntarily and with full knowledge of its significance.

Signature of Applicant _____ Date _____

Witness _____ Date _____

Investigator

Date

Applicant

Page 55 of 66

CRIMINAL HISTORY CHECK REQUEST

Last Name: _____ Suffix: _____ First Name: _____

Middle: _____ Maiden: _____

Date of Birth: _____ SSN: _____ Race: _____ Sex: _____

Complete Home Address:

Number: _____ Street Name: _____

City: _____ State: _____ Zip Code: _____

Drivers License:

State: _____ License Number: _____ Expiration: _____

Place of Birth:

City: _____ State: _____ Country: _____

Purpose for Admission to Facility: **Applicant Processing and Facility Tour**

Staff Contact Person: **Montgomery County DOCR and/or MCPD Staff**

I understand that the Montgomery County Department of Correction and Rehabilitation requires a criminal history check on individual members of an organization or individuals requesting to enter the facility. I hereby give my permission for a criminal history check to be completed. If at any time the department's find that I have made untruthful statements or given misleading information, it is cause for termination from the process and may result in denied access to the facility. Any information obtained during the criminal history check is considered confidential.

Signature: _____ Date _____

Investigator

Date

Applicant

Page 56 of 66

MEMORANDUM

DATE: _____

TO: _____, Applicant

FROM: _____, Applicant Investigator

SUBJECT: Fingerprints Submitted for Criminal History Records

Pursuant to the provisions set forth in Title 28. Code of Federal Regulations (CFR), Section 50.12, you are hereby notified that the fingerprints you are submitting to the Montgomery County Department of Correction and Rehabilitation will be used to check the criminal history records of the F.B.I. in order to determine you suitability for employment.

Identification records obtained from the F.B.I. may be used solely for the purpose requested and may not be disseminated outside the receiving department, related agency or other authorized entity. If the information on the record is used to disqualify you as an applicant, you will have the opportunity to complete, or challenge the accuracy of the information contained in the F.B.I. identification record.

If you wish to correct the record as it appears in the F.B.I. Identification Division Records System, you are advised that the procedures to change, correct or update the record are set forth in Title 28.CFR, Section 16.34.

Applicant Submitting Fingerprints: _____ Date _____

Witness: _____ Date _____

Investigator

Date

Applicant

CREDIT REPORT

First Name: _____ Middle: _____ Last Name: _____

Maiden: _____ Suffix: _____

Date of Birth: _____ Social Security Number: _____

Present Address:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Past Address:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Place of Birth: City: _____ State: _____ Country: _____

Investigator

Date

Applicant

Page 58 of 66

CREDIT HISTORY AUTHORIZATION FORM

The Montgomery County, Maryland Department of Correction and Rehabilitation utilizes many sources of information during the background investigations component of our employment process. The usage of consumer credit reporting information is a very valuable tool, and you should understand that this agency is required to obtain a separate and distinct authorization from you in order for this agency to obtain your consumer credit reporting history from a contracted consumer credit reporting agency. Without this signed and executed authorization, we will be unable to process your application for employment with this agency.

AUTHORIZATION FOR RELEASE OF CREDIT HISTORY INFORMATION

I do hereby authorize the Montgomery County, Maryland, Department of Correction and Rehabilitation to obtain and review a full disclosure of all consumer credit history information and/or reports concerning myself for employment purposes only, whether said records are public or private, and including those which may be deemed to be of a privileged or confidential nature. I further understand that material contained in any of my consumer credit history reports may be a basis for the denial of employment with the Montgomery County, Maryland, Department of Correction and Rehabilitation.

Full Legal Signature: _____

Date: _____

Investigator

Date

Applicant

Page 59 of 66

CREDIT INFORMATION REPORTING SERVICES

The Montgomery County, Maryland Department of Correction and Rehabilitation utilizes many sources of information during the background investigations component of our employment process. The usage of consumer credit reporting information is a very valuable tool, and you should understand that this agency **will** obtain a copy of your credit history and that the information contained within your consumer credit report is a significant factor in our employment decisions. You are further advised that any adverse material contained within the consumer credit report may be a basis for denial of employment with this agency. You should understand that the contracted credit reporting agency is not involved in any manner in our employment processes beyond providing this agency with the credit history report, nor are they involved in any decision making processes regarding those decisions that may remove an applicant from employment consideration. Furthermore, the contracted credit reporting agency will be unable to provide to you the specific reasons for any adverse decision, if one is made, based in whole or in part on the credit report history of the applicant.

If you at any time have a dispute with the information contained within your consumer credit report, or you want to discuss other information contained within the report, you should understand that you have the right to dispute the accuracy and/or completeness of the credit history report this agency was provided by contacting the below listed credit reporting service organization. You are entitled to obtain a free copy of your credit report history within sixty (60) days from the below listed contracted credit reporting agency.

The authority for this agency to obtain a credit history report is based on the signed Authorization for Release of Information and the Credit History Authorization Form that you previously provided to this agency. Furthermore, this agency will not use the information contained within the provided consumer credit report in violation of any applicable law or regulation.

Equifax Information Service Center
Post Office Box 740250
Atlanta, Georgia 30374-0250
Telephone No. 1-800-685-1111

Full Legal Signature:

Date:

Investigator

Date

Applicant

Page 60 of 66

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ do hereby authorize a review and a full disclosure of all records, including medical records, or any part thereof, concerning myself, to Montgomery County Department of Correction and Rehabilitation (DOCR) , when such records are requested for review in connection with the consideration of my application for employment with the Department of Correction, whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature. And I further authorize the full review of all such records by DOCR, in connection with the consideration of my application for employment.

I fully consent to the conduct of any medical, physical, psychiatric, psychological, or other testing or examination, including urine and/or blood screening for controlled dangerous substances, as a condition of the consideration of my application for employment, and thereafter, following appointment, as required by law or regulation. I authorize the full disclosure of these results to the Department. I acknowledge the importance of my mental and physical suitability to be employed by the Montgomery County, Maryland, Department of Correction and Rehabilitation both prior to employment and also during the entire course of my employment.

I acknowledge that the intent of this authorization is to provide representatives of DOCR with full and free access to these records, medical or personal, which will permit the development of a personal history, for the specific purpose of developing pertinent data for the Montgomery County, Maryland Department of Correction and Rehabilitation to consider in determining my suitability for employment in this agency. It is my specific intent to consent to the release of, and to provide Departmental representatives with access to, all requested information, however personal, privileged or confidential it may appear to be, and to the sources of such information, however personal, privileged or confidential they may appear to be. And the identification of sources of information specifically enumerated above is not intended to deny or prevent access to any other record not particularly identified herein. Sources include records of educational institutions, financial and credit institutions, previous background investigations reports, results of polygraph examinations, efficiency and performance ratings, complaints or grievances filed by or against me, salary records, and records of any nature whatsoever, and wherever filed, records of complaints, arrests, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records.

I understand that any information obtained by a personal history background investigation, or through medical, physical, psychiatric, psychological, or other testing, which results directly or indirectly, in whole or in part, from this authorization/ release, will be considered in determining my suitability for employment with the Montgomery County, Maryland Department of Correction and Rehabilitation.

I agree to waive any claim that I may have against any person who provides information to the Department of Correction in connection with this authorization. And I further agree to indemnify and hold harmless the person(s) to whom the Department presents this Authorization for Release of Information, and his/her/their agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees, arising out of, or by reason of, their disclosure of information about me in response to an inquiry made by the Department under the power of this Authorization for Release of Information.

I further understand that in the event my employment application is disapproved, not considered, or otherwise does not result in my appointment to the Montgomery County, Maryland Department of Correction and Rehabilitation, the information collected by the Department during its consideration of my application that falls into classes of confidential information that are not available to me (as a person in interest) under the Maryland Public Information Act cannot, and will not, be released and/or revealed to me. Additionally, all information and documentation obtained, to include testing results, will be the sole property of the Montgomery County, Maryland Department of Correction and Rehabilitation.

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.

APPLICANT: _____ Date: _____ WITNESS: _____ Date: _____

Investigator

Date

Applicant

Page 61 of 66

Montgomery County Government
Office of Human Resources
Occupational Medical Services

Pre-Placement Alcohol/Drug Testing Instructions

In order to help you prepare for your pre-placement alcohol and drug test in Occupational Medical Services (OMS) we offer the following suggestions:

1. Try to arrive with a full bladder.
2. You may drink liquids of your choice, excluding alcohol-containing beverages, prior to our beginning the testing.
3. You will be required to give at least two (2) ounces of urine in one attempt. We cannot combine smaller amounts from several attempts.
4. If you are unable to provide the necessary quantity of urine on the first attempt, you will be allowed up to three (3) hours to provide an adequate specimen.
5. During the three (3) hour, you will be offered up to 40 ounces of liquids to drink - you are not required to drink them, but liquids will be offered.
6. You are required to make a final attempt to provide an adequate specimen at the end of the three (3) hours period if you have not already done so.
7. If you are still unable to provide an adequate sample, you will be required to provide medical information from your treating healthcare provider explaining why an adequate urine sample could not be given.
8. This medical information will be reviewed by the Medical Review Officer in OMS who will determine the outcome of the testing.
9. You will not be given the opportunity to provide the urine sample on another day once the testing process has begun.

NON-UNIFORM STAFF DRESS CODE

Clothing standards for all staff when entering all MCDOCR facilities include, but are not limited to:

1. Staff must be fully dressed in appropriate, professional clothing, which is not unduly provocative, suggestive, or revealing, and does not pose a security risk or present adornments which could be used as a weapon.
2. No controversial/objectionable gang, obscene, drug and alcohol designs, messages or profanity/nudity on clothing.
3. No sweat suits, shorts, skorts, culottes, work out clothing, or gym attire may be worn into the facility (unless entering the facility specifically for the intent of utilizing the facility recreation room.)
4. Closed toed shoes are required. Tennis shoes are prohibited, unless approved by the Division Chief.
5. No garments which unduly exposes the shoulders, chest/breast, back, stomach, midriff, and/or underarm.
6. Clothing made of sheer, transparent, net or mesh materials are prohibited (excluding undergarments).
7. Clothing designed or intended to be tightly worn, to excessively accent the body, e.g., spandex, tights, leggings, tank tops, etc. is prohibited.
8. Appropriate undergarments are required and should not be visible.
9. Articles of clothing that expose the legs must not expose more than three inches of the thigh (measured from the kneecap) while the individual is standing. If the article of clothing that exposes the legs has a slit (or slits), the slit(s) must not expose a view of more than three inches of the thigh (measuring from the kneecap) while the individual is standing.

Traditional styled jeans will be allowed only on casual day and must comply with standards set forth above and be in good repair.

Male staff must wear a tie while working, unless supervisor approval has been obtained that does not require such attire for that particular day. A jacket or suit (with tie) is optional.

Approval to wear thong style sandals are at the discretion of the Division Chief.

When representing the department in court or conducting professional business outside of the facility, non-uniformed male staff must wear a coat and tie and female staff must wear appropriate professional attire.

Correctional Specialists (MCCF and MCDCC) may wear a polo shirt with the County emblem and a pair of khaki, navy blue or black work pants (recognized as a soft-uniform). The shirt must be tucked into the pants.

Correctional employees, other than uniformed staff, assigned to the Central Processing Unit may wear issued polo shirts with the County emblem and a pair of khaki work pants (recognized as a soft-uniform). The shirt must be tucked into the pants.

Investigator

Date

Applicant

Page 63 of 66

Version 1.6 - September 2021

NON-UNIFORM STAFF DRESS CODE - CONTINUED

Employees may wear nail polish that is in keeping with the conservative, professional image of the Department and does not create any health or safety concerns. Length of nails cannot impede the employee's work performance.

Cosmetics, if worn, will be understated and blend in with the natural color of the skin.

Fragrances, scented body lotions, oils, and similar products, if used, will be lightly applied and will not create a distraction in the workplace.

Jewelry, if worn, will be conservative and will not create a safety hazard or distraction in the workplace. Employees are encouraged not to wear expensive jewelry while on duty it can be damaged, broken, or lost during a physical altercation. Montgomery County holds no liability for employee's personal property that has been damaged, broken, or lost during normal work duties.

Body piercing (with the exception of earrings worn in accordance with this policy) will not be visible while on duty. A bandage is not sufficient covering for piercing.

Hair and hair pieces must be neatly groomed to present a professional appearance.

Hairstyles will be appropriate to the work setting. Hair accessories and/or ornaments will be conservative and must not be conspicuous. More specific guidelines for hairstyles may be required and employees in select jobs. Hairstyles expressly prohibited include those that:

1. Interfere with the work to be performed.
2. Create a safety hazard or cause distraction in the workplace.
3. Impair the employee's vision;
4. Fad hairstyles, e.g. Mohawks, writing in the hair, or other extreme types of hair sculpturing.
5. Unnatural hair color, spray-on color, glitter, and other similar substances in the hair.

Sideburns, moustaches, and beards are allowed if they are kept neat and closely trimmed.

UNIFORMED STAFF DRESS CODE

The professional reputation of a correctional organization depends in large part on the appearance and demeanor of its uniformed staff. All employees shall dress in a manner that will ensure their personal safety and project a professional image.

Hair and hairpieces must be neatly groomed to present a professional appearance. Fad hairstyles, such as Mohawks, writing in the hair or other extreme types of hair sculpting, as well as unnatural hair colors, spray-on color, glitter, and other similar substances in the hair are prohibited.

Length and/or bulk of hair shall not be excessive. Bulk or length of hair must not interfere with the normal wearing or emergency equipment. Hair shall be pinned up or tied up, so it does not extend below the bottom of the shirt collar in the rear. Hair shall not extend outwardly more than four (4) inches from the head. Only plain black, blue, brown, or clear clips may be used to hold, pin or tie the hair back. Bobby pins are unauthorized.

Length of sideburns may extend to a point straight and level with the lowest point of the earlobe. Sideburns are to be kept neatly trimmed at all times.

Moustaches are allowed if they are kept neat, closely trimmed and do not extend below the corners of the mouth. All other face and neck area hair may interfere with normal wearing of emergency equipment. For safety and security reasons, uniformed employees are restricted from wearing this type of hair.

An employee diagnosed by a physician as having a skin condition that precludes the from shaving shall be required to submit appropriate certification stating the condition is chronic; otherwise, a projected date of recovery will be required. If approved, facial hair must be worn in the fashion of a "shadow" approximately 1/16th of an inch.

Uniformed employees are prohibited from wearing any type of earrings for safety reasons. Earrings cannot be covered with bandages to avoid this restriction. Eyebrow rings/studs, nose rings/studs and any other exposed ornamental body/face jewelry/piercing are prohibited.

Personal jewelry that may be visible shall be limited to a wristwatch, one ring per hand and/or wedding ring set, and neck chain, provided that the neck chain is not visible.

Uniformed employees may wear nail polish that is in keeping with the conservative, professional image of the department and does not create any health or safety concerns. Cosmetics, if worn, will be understated and blend in with the natural color of the skin.

Fragrances, scented body lotions, oils, and similar products, if used, will be lightly applied and will not create a distraction in the workplace.

MONTGOMERY COUNTY DEPARTMENT OF CORRECTION AND REHABILITATION

Have you ever:

Known someone who was detained/incarcerated or in a program within the MCDOCR or detained/incarcerated or in a surrounding jurisdiction?

Yes No

Been contacted by someone who was detained/incarcerated or in a program within the MCDOCR or detained/incarcerated or in a surrounding jurisdiction?

Yes No

Bailed or bonded someone who was detained/incarcerated or in a program within the MCDOCR detained/incarcerated or in a surrounding jurisdiction?

Yes No

If yes, please explain

Note: MCDOCR stand for **Montgomery County Department of Correction and Rehabilitation** and program locations are MCDG, MCCF, PTS and PRS