

APPLICANT QUESTIONNAIRE

Name of Applicant (Last, First, Middle)

Date of Application:

READ THE FOLLOWING INFORMATION CAREFULLY AND COMPLETELY

Those persons responsible for accepting applications into the Prince Georges County Sheriff's Office Explorers will evaluate this questionnaire. It will be reviewed as part of a background investigation into your personal history.

ALL APPLICANTS ARE REQUIRED TO COMPLETE THIS QUESTIONNAIRE AND COMPLETE AN INTERVIEW AS PART OF THE APPLICATION PROCESS.

ANY FALSE, MISLEADING, OR INCOMPLETE INFORMATION OR FAILURE TO FOLLOW INSTRUCTIONS LISTED BELOW WILL BE GROUNDS TO DISQUALIFY YOU FOR MEMBERSHIP IN THE PRINCE GEORGE'S COUNTY SHERIFF'S OFFICE EXPLORERS PROGRAM.

FOLLOW THESE DIRECTIONS CAREFULLY

- USE BLACK INK TO COMPLETE THIS QUESTIONNAIRE.
- COMPLETE THE QUESTIONNAIRE IN YOUR OWN HANDWRITING. DO NOT TYPE.
- WRITE IN PRINT AND LEGIBLY.
- READ EACH QUESTION CAREFULLY.
- ANSWER EACH QUESTION COMPLETELY AND ACCURATELY.
- ANSWER ALL QUESTIONS.
- IF A QUESTION DOES NOT APPLY TO YOU, WRITE "N/A" IN THE BOX.
- IF YOU NEED ADDITIONAL SPACE, WRITE ON THE BACK PAGE.
- BEFORE RETURNING THIS QUESTIONNAIRE, READ AND SIGN THE LAST PAGE. IF YOU ARE UNDER 18 YEARS OLD, YOU MUST HAVE A PARENT OR GUARDIAN SIGNATURE.

1. PERSONAL DATA

LAST NAME <input type="text"/>	FIRST NAME <input type="text"/>	MIDDLE NAME <input type="text"/>	HOME PHONE <input type="text"/>	WORK PHONE <input type="text"/>	MESSAGE PHONE <input type="text"/>			
CURRENT ADDRESS <input type="text"/>			CITY <input type="text"/>	STATE <input type="text"/>	ZIP <input type="text"/>			
AGE <input type="text"/>	DATE OF BIRTH <input type="text"/>	PLACE OF BIRTH <input type="text"/>	SEX <input type="text"/>	RACE <input type="text"/>	HEIGHT <input type="text"/>	WEIGHT <input type="text"/>	HAIR COLOR <input type="text"/>	EYE COLOR <input type="text"/>
SOCIAL SECURITY NUMBER <input type="text"/>				LIST ANY OTHER NAMES YOU HAVE EVER USED <input type="text"/>				

2. ADDRESS

STARTING WITH YOUR PRESENT ADDRESS, LIST ALL MAILING ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST FIVE (5) YEARS. DO NOT FORGET TO INCLUDE ZIP CODES.

DATES		STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
FROM	TO					
<input type="text"/>	PRESENT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. REFERENCES

LIST THREE (3) REFERENCES (NOT RELATIVES OR FORMER EMPLOYERS) WHO ARE RESPONSIBLE ADULTS, AND WHO HAVE KNOWN YOU WELL FOR AT LEAST THE LAST THREE (3) YEARS.

NAME <input type="text"/>		STREET ADDRESS <input type="text"/> <input type="checkbox"/> RESIDENCE <input type="checkbox"/> BUSINESS			
HOW LONG KNOWN? <input type="text"/>	OCCUPATION <input type="text"/>	CITY <input type="text"/>	STATE <input type="text"/>	ZIP <input type="text"/>	HOME PHONE <input type="text"/> BUSINESS PHONE <input type="text"/>
NAME <input type="text"/>		STREET ADDRESS <input type="text"/> <input type="checkbox"/> RESIDENCE <input type="checkbox"/> BUSINESS			
HOW LONG KNOWN? <input type="text"/>	OCCUPATION <input type="text"/>	CITY <input type="text"/>	STATE <input type="text"/>	ZIP <input type="text"/>	HOME PHONE <input type="text"/> BUSINESS PHONE <input type="text"/>
NAME <input type="text"/>		STREET ADDRESS <input type="text"/> <input type="checkbox"/> RESIDENCE <input type="checkbox"/> BUSINESS			
HOW LONG KNOWN? <input type="text"/>	OCCUPATION <input type="text"/>	CITY <input type="text"/>	STATE <input type="text"/>	ZIP <input type="text"/>	HOME PHONE <input type="text"/> BUSINESS PHONE <input type="text"/>

4. EDUCATION

INDICATE BY CHECKING THE SELECTION BELOW IF YOU HAVE ANY OF THE FOLLOWING:

HIGH SCHOOL DIPLOMA _____

G.E.D. CERTIFICATE _____

ARE YOU CURRENTLY ATTENDING SCHOOL? YES _____ NO _____

IF YES, WHAT SCHOOL ARE YOU ATTENDING? _____

WHAT GRADE ARE YOU CURRENTLY IN? _____ WHAT IS YOUR CURRENT GRADE POINT AVERAGE? _____

PLEASE LIST ANY JUNIOR HIGH, HIGH SCHOOL OR COLLEGE YOU HAVE ATTENDED IN CHRONOLOGICAL ORDER.

DATES	NAME OF SCHOOL	ADDRESS	YEAR IN SCHOOL

HAVE YOU EVER BEEN SUSPENDED, DISCIPLINED OR EXPELLED FROM ANY SCHOOL? YES NO

IF YES, PLEASE EXPLAIN:

5. EMPLOYMENT HISTORY

HAVE YOU EVER BEEN EMPLOYED YES NO

ARE YOU CURRENTLY EMPLOYED? YES NO

IF YOU HAVE BEEN EMPLOYED BEFORE, HAVE YOU EVER BEEN FIRED, DISMISSED OR ASKED TO RESIGN FROM ANY EMPLOYMENT? YES NO

IF YES, PLEASE EXPLAIN:

IF YOU HAVE NOT BEEN EMPLOYED BEFORE YOU MAY SKIP THE FOLLOWING SECTION.

IF YOU HAVE BEEN EMPLOYED BEFORE, YOU NEED TO COMPLETE THE SECTION ON THE FOLLOWING PAGE.

5. EMPLOYMENT HISTORY (continued)

BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST ALL THE PLACES YOU HAVE WORKED. PLEASE KEEP THEM IN PROPER ORDER. LIST ALL EMPLOYMENT, TEMPORARY ASSIGNMENTS, VOLUNTEER SERVICE AND PART-TIME EMPLOYMENT. YOU MUST LIST EVERYTHING, OMIT NOTHING. (IF ADDITIONAL SPACE IS NEEDED, ATTACHED A SEPARATE SHEET OF PAPER OR WRITE ON BACK PAGE.)

CURRENT OR MOST RECENT EMPLOYER	NAME OF BUSINESS <input type="text"/>	JOB TITLE <input type="text"/>	
	STREET ADDRESS <input type="text"/>	SUPERVISOR <input type="text"/>	
FROM: <input type="text"/>	CITY <input type="text"/>	PHONE NUMBER <input type="text"/>	STARTING SALARY <input type="text"/>
TO: <input type="text"/>	STATE <input type="text"/>	ZIP <input type="text"/>	ENDING SALARY <input type="text"/>
DESCRIBE YOUR DUTIES: <div style="border: 1px solid black; height: 50px; width: 100%;"></div>			

EMPLOYER	NAME OF BUSINESS <input type="text"/>	JOB TITLE <input type="text"/>	
	STREET ADDRESS <input type="text"/>	SUPERVISOR <input type="text"/>	
FROM: <input type="text"/>	CITY <input type="text"/>	PHONE NUMBER <input type="text"/>	STARTING SALARY <input type="text"/>
TO: <input type="text"/>	STATE <input type="text"/>	ZIP <input type="text"/>	ENDING SALARY <input type="text"/>
DESCRIBE YOUR DUTIES: <div style="border: 1px solid black; height: 50px; width: 100%;"></div>			

EMPLOYER	NAME OF BUSINESS <input type="text"/>	JOB TITLE <input type="text"/>	
	STREET ADDRESS <input type="text"/>	SUPERVISOR <input type="text"/>	
FROM: <input type="text"/>	CITY <input type="text"/>	PHONE NUMBER <input type="text"/>	STARTING SALARY <input type="text"/>
TO: <input type="text"/>	STATE <input type="text"/>	ZIP <input type="text"/>	ENDING SALARY <input type="text"/>
DESCRIBE YOUR DUTIES: <div style="border: 1px solid black; height: 50px; width: 100%;"></div>			

6. ARREST / CRIMINAL HISTORY

THE FOLLOWING QUESTIONS PERTAIN TO YOUR EXPERIENCES IN THIS COUNTRY AND ALL OTHER COUNTRIES, AS BOTH A JUVENILE AND AS AN ADULT. DO NOT INCLUDE MINOR TRAFFIC VIOLATIONS. EXPLAIN ANY "YES" ANSWERS IN DETAIL ON BACK PAGE.

	YES	NO
A. HAVE YOU EVER HAD ANY CONTACT WITH ANY LAW ENFORCEMENT OFFICIAL?	<input type="checkbox"/>	<input type="checkbox"/>
B. HAVE YOU EVER BEEN WARNED ABOUT ANYTHING BY A LAW ENFORCEMENT OFFICIAL?	<input type="checkbox"/>	<input type="checkbox"/>
C. HAVE YOU EVER BEEN DETAINED BY A LAW ENFORCEMENT OFFICIAL?	<input type="checkbox"/>	<input type="checkbox"/>
D. HAVE YOU EVER BEEN ACCUSED OF A CRIME?	<input type="checkbox"/>	<input type="checkbox"/>
E. HAVE YOU EVER BEEN CHARGED WITH A CRIME?	<input type="checkbox"/>	<input type="checkbox"/>
F. HAVE YOU EVER BEEN ARRESTED?	<input type="checkbox"/>	<input type="checkbox"/>
G. HAVE YOU EVER BEEN CONVICTED OF A CRIME?	<input type="checkbox"/>	<input type="checkbox"/>
H. HAVE YOU EVER BEEN BOOKED INTO JAIL?	<input type="checkbox"/>	<input type="checkbox"/>
I. HAVE YOU EVER RECEIVED A CRIMINAL CITATION?	<input type="checkbox"/>	<input type="checkbox"/>
J. HAVE ANY OF YOUR RELATIVES EVER BEEN CONVICTED OR HELD IN ANY DETENTION FACILITY, JAIL OR PRISON?	<input type="checkbox"/>	<input type="checkbox"/>
K. HAVE THE POLICE EVER BEEN CALLED TO YOUR HOME FOR ANY REASON?	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, LIST THE INCIDENT BELOW AND MAKE CERTAIN YOU HAVE EXPLAINED THE INCIDENT ON BACK PAGE. BE SURE TO REFER TO THE QUESTIONS BY IT'S LETTER (A THRU K) WHEN EXPLAINING IT. ALL INCIDENTS MUST BE EXPLAINED.

QUESTION A THRU K	DATE	REASON / CHARGE	LAW ENFORCMENT AGENCY —CITY/STATE	DISPOSITION / SENTENCE

7. DRIVING HISTORY

HAVE YOU EVER HAD A DRIVER'S LICENSE? YES NO

HAVE YOU EVER HAD A DRIVER'S LICENSE CANCELED, REFUSED, REVOKED OR SUSPENDED? YES NO

IF YES, YOU MUST EXPLAIN, IN DETAIL, ON BACK PAGE THE REASON FOR THIS ACTION AND THE DATES.

ISSUE DATE	TYPE OF LICENSE	EXPIRATION DATE	STATE	LICENSE NUMBER

HAVE YOU EVER ATTENDED A DRIVER IMPROVEMENT SCHOOL? YES NO

WHEN WHERE?

7. DRIVING HISTORY (continued)

LIST EACH AND EVERY TRAFFIC CITATION, SUMMONS AND WRITTEN WARNING YOU HAVE EVER RECEIVED. LIST IN CHRONOLOGICAL ORDER, BEGINNING WITH THE MOST RECENT. IF YOU NEED ADDITIONAL SPACE, USE BACK PAGE.

MONTH / YEAR	VIOLATION	CITY / STATE	DISPOSITION / RESULT

HAVE YOU EVER BEEN CHARGED WITH DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS? YES NO

HAVE YOU EVER BEEN INVOLVED WITH AGGRAVATED, AGGRESSIVE OR RECKLESS DRIVING? YES NO

8. USE OF LIQUOR AND NARCOTICS

A "YES" ANSWER TO THE QUESTIONS BELOW DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM APPLYING FOR THE EXPLORER PROGRAM. AN UNTRUTHFUL ANSWER WILL DISQUALIFY YOU.

HAVE YOU EVER CONSUMED ALCOHOLIC BEVERAGES? YES NO

DO YOU NOW CONSUME ALCOHOLIC BEVERAGES? YES NO

IF YES, WHEN WAS THE LAST TIME?

WHAT TYPE OF ALCOHOL DID YOU CONSUME?

HAVE YOU EVER TRIED OR USED ANY NARCOTIC OR DANGEROUS DRUG WITHOUT A DOCTOR'S PRESCRIPTION? YES NO

IF YES, EXPLAIN ON BACK PAGE

IF YOU HAVE TRIED, USED OR INJECTED ANY OF THE DRUGS LISTED BELOW, CHECK THE "YES" BOX. IF NOT CHECK THE "NO" BOX. INCLUDE THE NUMBER OF TIMES AND DATES.

TYPE	YES	NO	TOTAL # OF TIMES	DATE LAST USED	TYPE	YES	NO	TOTAL # OF TIMES	DATE LAST USED
MARIJUANA	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 40px;" type="text"/>	<input style="width: 60px;" type="text"/>	COCAINE	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 40px;" type="text"/>	<input style="width: 60px;" type="text"/>
INHALANTS	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 40px;" type="text"/>	<input style="width: 60px;" type="text"/>	HEROIN	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 40px;" type="text"/>	<input style="width: 60px;" type="text"/>
THAI STICKS	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 40px;" type="text"/>	<input style="width: 60px;" type="text"/>	OPIUM	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 40px;" type="text"/>	<input style="width: 60px;" type="text"/>
BARBITURATES	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 40px;" type="text"/>	<input style="width: 60px;" type="text"/>	INJECTABLE STEROIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 40px;" type="text"/>	<input style="width: 60px;" type="text"/>
AMPHETAMINES (SPEED, ETC.)	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 40px;" type="text"/>	<input style="width: 60px;" type="text"/>	ORAL STEROIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 40px;" type="text"/>	<input style="width: 60px;" type="text"/>
HASHISH	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 40px;" type="text"/>	<input style="width: 60px;" type="text"/>	HALLUCINOGENIC SUBSTANCES (LSD, PCP, Mescaline, MUSHROOMS, ETC.)	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 40px;" type="text"/>	<input style="width: 60px;" type="text"/>

IF YOU HAVE TRIED OR USED ANY OF THE DRUGS LISTED ABOVE, OR IF YOU HAVE TRIED OR USED A DRUG WITHOUT A DOCTOR'S PRESCRIPTION, EXPLAIN IT IN DETAIL ON BACK PAGE. YOU MUST INCLUDE THE DATES AND NUMBER OF TIMES USED.

9. ORGANIZATION MEMBERSHIP

ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF ANY ANTI-GOVERNMENT GROUP OR ORGANIZATION? (IF YES, EXPLAIN IN DETAIL BELOW.)

YES NO

ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OR AFFILIATED WITH A GANG OR AN ORGANIZATION THAT ADVOCATES OR APPROVES IN THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TOWARD PEOPLE OR PROPERTY? (IF YES, EXPLAIN IN DETAIL BELOW.)

YES NO

10. EXPLANATION SECTION

THIS SECTION IS TO BE USED TO CLARIFY OR EXPLAIN ANY PART OF THIS QUESTIONNAIRE. PLEASE INDICATE THE SECTION (SUCH AS EMPLOYMENT HISTORY) AND THE SPECIFIC QUESTIONS ANSWERED BY NUMBER.

SECTION NAME & QUESTION	EXPLANATION

IF MORE SPACE IS NEEDED, ATTACH ANOTHER SHEET OF PAPER TO THIS APPLICATION.

Prince George's County Sheriff Office Explorer's Post 1696

Serving others through our youth!

PLEASE READ THE FOLLOWING STATEMENTS AND SIGN PRIOR TO SUBMITTING THIS QUESTIONNAIRE.

I affirm that this questionnaire contains no misrepresentations or falsifications, omissions, or concealment of material fact, and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on this questionnaire are subject to later investigation. I am further aware that should any investigation disclose any misrepresentation, falsification, omission, or concealment of material fact, my application may be rejected and I will not be eligible to become an Explorer with the Prince George's County Sheriff's Office. If I have already been accepted, I may be dismissed.

I authorize the Prince George's County Sheriff's Office to make inquiry of employers and references listed on the questionnaire regarding my integrity, reputation and character. I realize that it is necessary for the Prince George's County Sheriff's Office to thoroughly investigate all aspects of my personal background and qualifications. By applying to be an Explorer with the Prince George's County Sheriff's Office, I expressly waive all my legal rights and causes of action to the extent that the Prince George's County Sheriff's Office investigation (for purposes of evaluating my suitability) may violate or infringe upon these aforementioned legal rights and causes of action of mine.

I also agree to participate in the Explorer activities if accepted into the Prince George's County Sheriff's Office Explorer Post. I agree to exonerate and hold blameless the Sheriff of Prince George's County, its deputies, advisors, and Explorers in the event of any accident or injury which may occur as a result of my participating in the Exploring activities with this organization.

Signature of Applicant

Date

If applicant is under the age of 18 years old, the parents or legal guardian must read and sign the following.

We, the parent / guardian of , have read the application for the Prince George's County Sheriff's Office Explorer Post and do also agree with the above mentioned statements. I also agree to allow my son / daughter to participate in the Explorer activities if he / she is accepted into the Explorer Post. We also agree to exonerate and hold blameless the Sheriff of Prince George's County, it's deputies, advisors, and Explorers in the event of any accident or injury which may occur as a result of his / her participation in the Exploring activities with this organization.

Parents or Guardian Signature:

Date:

Date: