



## Sykesville Police Department

7547 Main Street  
Sykesville, Maryland 21784

Phone: (410) 795-0757  
Fax: (410) 795-8864

Michael A. Spaulding  
Chief of Police

[sykesville.net/police](http://sykesville.net/police)

## EMPLOYMENT OPPORTUNITIES LATERAL POLICE OFFICERS

The Town of Sykesville, Maryland is currently seeking qualified applicants interested in a career in a progressive, community-oriented police organization. The Sykesville Police Department is seeking experienced police officers who are currently certified. The Department is seeking candidates that will apply their life experiences and education to communicate effectively, solve problems and resolve conflicts.

Officers work 80 hours bi-weekly (every two weeks); 7 days at 11.5 hours and 1 day at 11 hrs with a modified take-home vehicle and all necessary equipment provided.

Benefits include a competitive starting salary and State of Maryland retirement (benefits package is attached). Upon completion of a one year Probationary Period, officers are eligible for promotion to Patrolman First Class.

Interested individuals should contact the Sykesville Police Department at (410) 795-0757 or they may email their resume to [mspaulding@sykesville.net](mailto:mspaulding@sykesville.net)

Michael A. Spaulding

Chief of Police

# **Sykesville Police Department**

## **BENEFIT PACKAGE**

- Competitive starting salary
- **State of Maryland retirement**
- Short and Long-Term Disability Insurance
- Health Insurance
  - Medical
  - Vision
  - Dental
- Life Insurance
- 457 Deferred Compensation
- 13 Paid Holidays Per Year
- All Equipment Provided
- Modified Take Home Car Program
- Schedule: 11.5 hour schedule (day & evening shifts)
- Automatic Promotion to PFC after successful completion of first year



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Dear Applicant,

Please submit with your application a copy of your driver's license, high school diploma, college transcripts, birth certificate, selective service registration or military discharge information, and police certification.

Thank you for your interest with the Sykesville Police Department.

Regards,

**Michael A. Spaulding**  
Chief of Police



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## BACKGROUND INVESTIGATION

### AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_  Male  Female / /  
*Last Name First MN Race Sex Date of Birth*  
 \_\_\_\_\_  
*Street Address City State Zip code SSN*

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

I authorize the full and complete disclosure of the records of educational institutions, financial or credit institutions, commercial or retail mercantile establishments and retail credit agencies; medical and psychiatric practitioners; the U.S. Veteran's Administration; all military records including background investigation reports, results of polygraph examinations, efficiency ratings, complaints or grievances filed by or against me; records of complaints of a civil nature made by or against me, including but not limited to, the records and recollections of attorneys at law or of other counsel representing or who have represented myself or another person in any case in which I presently have, or have had, an interest.

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

\_\_\_\_\_  
 Witness

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City, State, Zip Code

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Applicant

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City, State, Zip Code

\_\_\_\_\_  
 Date



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## SIGNATURE PAGE

While this Department is conducting your background investigation, facts may arise or events may occur which may not have been known or which you may not have anticipated at the time this form was submitted; yet, these facts and / or events may require revisions or amendments to this form. All such revisions or amendments must be submitted immediately *in writing*.

Should information surface during the early stages of this investigation that would disqualify you from further consideration, the investigation will be terminated immediately and you will be notified accordingly.

*On this \_\_\_\_\_ Day Of \_\_\_\_\_, 20\_\_\_, I have completed the foregoing personal history statement and understand its contents. The information given is correct to the best of my knowledge and belief and does not knowingly contain any material misrepresentation of fact. I understand that any material misrepresentation of fact given by me shall be due cause for rejection before appointment or dismissal from the department after appointment.*

\_\_\_\_\_  
Full Legal Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC



## Town of Sykesville

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All Sykesville Police Department Applicants:

### STATEMENT OF TRUTH

One of the most critically important issues that define the effectiveness of any organization is the perception that it is a credible organization. Central to that image is the integrity and truthfulness of the Department's employees, from the newest entrant through the top-level manager.

The need for honest, impartial and accurate representation of facts is nowhere more vital than within a law enforcement agency where success or failure rests with the degree of public support it receives. Public support can quickly erode when there is a lack of credibility in existence within an organization.

The very basis of an individual's integrity, as perceived by the public, friends and fellow workers, is at stake whenever the truth is not told. The loss of integrity by an individual or group of individuals can quickly spread throughout the Department.

As Chief, it is my responsibility to maintain the effectiveness of the Sykesville Police Department as a viable law enforcement agency. This document serves notice that I will not tolerate lying of any kind by any member of this Department, including applicants.

You are, therefore, advised that all information disclosed or gleaned during the application process may be verified by means of a polygraph examination.

Any statements or omissions, either written or verbal, given by any applicant with the intent to deceive will result in rejection from further consideration for employment with the Sykesville Police Department.

There is no substitute for the truth.

**Michael A. Spaulding**

Chief of Police



Drivers License Number: \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth (city, state, county):  
\_\_\_\_\_

IF ADDITIONAL SPACE IS NEEDED, USE CONTINUATION SHEET – ADDENDUM A

**PART II PERSONAL INFORMATION** (continued)

(✓) Citizenship:  United States  Other:  
\_\_\_\_\_

Naturalization Date: \_\_\_\_\_ Certificate Number:  
\_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Scars, Marks, Tattoos or Other

Identifying Characteristics (describe): \_\_\_\_\_

(✓) Marital Status:  Married  Single  Divorced  Separated  Other:  
\_\_\_\_\_

Marriage Date: \_\_\_\_\_ Location (city, state): \_\_\_\_\_ License No: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Maiden Name:  
\_\_\_\_\_

Spouse's Address \_\_\_\_\_  
and: \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
(if different) \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

Ex-Spouse's Full Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RESIDENCES FROM BIRTH**

Address

*(street address, city, county, state, zip code)*

Dates of Residency

From:	To:	

**PARENT / GUARDIAN INFORMATION**

	Mother	Father	Other Guardian
Name <i>(last, first, middle)</i>			
Maiden Name			
Address <i>(street, city, state, zip code)</i>			
(✓) Living:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

IF ADDITIONAL SPACE IS NEEDED, USE CONTINUATION SHEET - ADDENDUM A

**PART III EDUCATIONAL INFORMATION**

You must submit, or arrange to have submitted, a transcript of all records from accredited high schools, colleges, military training and/or technical schools you have attended.

**HIGH SCHOOL**

Name of High School : \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Address *(street, city, state)*: \_\_\_\_\_

(✓) Diploma Received :  Yes    No   Date: \_\_\_\_\_ Certificate #: \_\_\_\_\_

(✓) High School /  
Equivalency G.E.D. :  Yes    No   Date: \_\_\_\_\_ Certificate #: \_\_\_\_\_

**COLLEGES / UNIVERSITIES ATTENDED**

	1	2	3
College/University			
Address <i>(street)</i>			
<i>(city, state)</i>			
Dates Attended			

Total Credits Earned

Degree Received

Date Graduated

Major

Minor


### SPECIALIZED TRAINING, SKILLS OR QUALIFICATIONS

Type of Training,  
Skill or Qualification:

\_\_\_\_\_

Provided by  
(name and address or  
organization/school, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(✓) Certification, License or Diploma Received:  Yes  No Date Received : \_\_\_\_\_ Date Expires: \_\_\_\_\_

IF ADDITIONAL SPACE IS NEEDED, USE CONTINUATION SHEET – ADDENDUM A

### PART IV EMPLOYMENT HISTORY

List all employers beginning with the current or most recent.

#### CURRENT / MOST RECENT EMPLOYER

Name of Employer: \_\_\_\_\_

Address (street, city, state, zip code): \_\_\_\_\_

\_\_\_\_\_

Telephone  
Number: ( )

Email Address: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ (✓) One:  Full Time  Part Time (hrs. @ week) \_\_\_\_\_

Position Held: \_\_\_\_\_ Salary: Starting \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_ Per  Wk.  Mo.  Yr.

Immediate Supervisor's Name: \_\_\_\_\_

Immediate Supervisor's Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

### PREVIOUS EMPLOYER

Name of Employer: \_\_\_\_\_

Address (street, city, state, zip code):  
\_\_\_\_\_  
\_\_\_\_\_

Telephone ( )  
Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ (✓) One:  Full Time  Part Time (hrs. @ week) \_\_\_\_\_

Position Held: \_\_\_\_\_ Salary: Starting \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_ Per  Wk.  Mo.  Yr.

Immediate Supervisor's Name: \_\_\_\_\_

Immediate Supervisor's Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

IF ADDITIONAL SPACE IS NEEDED, USE EMPLOYMENT HISTORY CONTINUATION SHEET – ADDENDUM B

#### PART IV EMPLOYMENT HISTORY (continued)

1. Have you been discharged from any employment for reasons other than medical?

Yes  No

If "yes", explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Have you ever resigned from a previous employer while anticipating your employer intended to discharge (fire) you for any reason?

Yes  No

If "yes", explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever resigned from a previous employer while anticipating your employer intended to take any form of disciplinary action against you?

Yes  No

If "yes", explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you had any extended absences from work for reasons other than medical or approved vacations?

Yes  No

If "yes", explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART V MILITARY AND SELECTIVE SERVICE INFORMATION**

Branch of Service:  Army  Air Force  Navy  Marines  Coast Guard  Other

Entrance Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_ Highest Rank Held: \_\_\_\_\_

Type of Discharge (other than medical): \_\_\_\_\_

If less than honorable, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF ADDITIONAL SPACE IS NEEDED, USE CONTINUATION SHEET - ADDENDUM A

**PART V MILITARY AND SELECTIVE SERVICE INFORMATION (continued)**

Are you a present or past member of a military reserve or National Guard Unit?  Yes  No  Past  Present  Active  Inactive

If "yes", Branch, Name and Address of Unit: \_\_\_\_\_

Military Occupational Specialty (include diplomas, certifications, etc.): \_\_\_\_\_

Have you ever been convicted of any Uniform Code of Military Justice (UCMJ) violation?  Yes  No

Selective Service Registration Date: \_\_\_\_\_ Location: \_\_\_\_\_

Attach copy of Selective Service "Letter of Acknowledgement"

**PART VI CRIMINAL ACTIVITY INFORMATION**

Report all past and present involvement in criminal activity by answering all of the following questions:

Have you ever been involved in a criminal-related activity as indicated below?

Activity	Answer	Number of Times	Date of Last Activity
Battery	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Theft	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Assault	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Domestic Assault	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Serious Traffic Violations	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Marijuana / Hashish – Illegal Possession / Use	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Cocaine – Illegal Possession / Use	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Crack – Illegal Possession / Use	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Heroin – Illegal Possession / Use	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
PCP (Phencyclidine) – Illegal Possession / Use	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Amphetamines – Illegal Possession / Use	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Barbiturates – Illegal Possession / Use	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Anabolic Steroids – Illegal Possession / Use	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Inhalants (i.e., whip-it, huffing nitrous oxide, amyl butyl nitrate, poppers and rush)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Others: _____		_____	_____

IF ADDITIONAL SPACE IS NEEDED, USE CONTINUATION SHEET – ADDENDUM A

**PART VI CRIMINAL ACTIVITY INFORMATION (continued)**

1. Have you ever been arrested for a violation of any drug law?

Yes  No

If "yes", provide date(s) and indicate final disposition: \_\_\_\_\_

2. Have you illegally sold any type of drug or controlled dangerous substance?

Yes  No

If "yes", provide drug(s) / substance(s) sold:  
\_\_\_\_\_

3. Have you illegally purchased any type of drug or controlled dangerous substance?

Yes  No

If yes, provide drug(s) / substance(s) purchased:  
\_\_\_\_\_

How Often: \_\_\_\_\_

Detailed explanation of the circumstances of illegal sales:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART VII GENERAL INFORMATION**

1. Excluding parking tickets, have you received any citations, been arrested, taken into custody, detained for investigation or charged with a crime by any law enforcement agency or military authority? (include expungements, indictments, criminal summons, criminal information, probation before judgment, etc.)  Yes  No
2. Have you ever previously applied for employment with this or any other law enforcement or security / protective / investigative agency?  Yes  No
3. Have you ever been rejected for any reason other than medical after applying for employment with this or any other law enforcement-related agency?  Yes  No
4. Are there incidents in your background (not mentioned above) that may reflect on your ability to perform duties associated with this position?  Yes  No
5. Do you know the definition of a protective order or ex parte order?  Yes  No
6. Have you ever been served with a protective order or ex parte order?  Yes  No
7. Has your driving privilege ever been denied, suspended or revoked in this State or any other jurisdiction? (If "yes", indicate the State, date and reason in your explanation below.)  Yes  No
8. Have you appeared in civil court as either a defendant or plaintiff? (If "yes", indicate the jurisdiction, date and reason in your explanation below.)  Yes  No
9. Have any judgments been filed against you? (If "yes", indicate the date and reason in your explanation below.)  Yes  No
10. Have you ever been refused credit?  Yes  No

For all questions to which you answered "yes", indicate the question number and a detailed explanation in the space below:

IF ADDITIONAL SPACE IS NEEDED, USE CONTINUATION SHEET – ADDENDUM A

**PART VIII CHARACTER REFERENCES**

List five character references that have definite knowledge of your qualifications and fitness for the position for which you are applying. References should be able to speak confidently about you and your reputation. *Do not* include relatives, former employers, former supervisors or individuals living outside the United States or its territories.

Name	Address	Telephone No.	Years Known
		Home: ( ) ----- Work: ( )	
		Home: ( ) ----- Work: ( )	
		Home: ( ) ----- Work: ( )	
		Home: ( ) ----- Work: ( )	
		Home: ( ) ----- Work: ( )	

**PART IX FOREIGN LANGUAGES**

Complete the following information for all languages you are proficient in other than English (include sign language). In the space provided, describe your level of ability for each language identified.

Are you proficient in the following areas?

Language	Reading	Writing	Speaking	Comprehension
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Describe your ability for each "yes" answer:

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IF ADDITIONAL SPACE IS NEEDED, USE CONTINUATION SHEET – ADDENDUM A

**PART X CLUBS AND ORGANIZATIONS**

Provide the information requested below for all clubs and organizations that you currently are a member.

Name of Organization	Address	Telephone No.	Position Held
_____	_____	( ) _____	_____
_____	_____	( ) _____	_____
_____	_____	( ) _____	_____

**PART XI HOBBIES AND INTERESTS**

Indicate in the space provided below all activities, hobbies and interest and amount of time spent on each.

Activity / Hobby / Interest	Amount of Time Spent
_____	_____
_____	_____
_____	_____

**PART XII APPLICATION REVIEW**

Place a (✓) in the space provided below indicating that portion of the packet is attached (enter N/A when not applicable). Failure to fully disclose or attach all required information may result in your application being placed in an inactive status.

- \_\_\_\_\_ 1. Photocopy of your birth certificate
- \_\_\_\_\_ 2. Photocopy of your high school diploma or GED certificate including scores
- \_\_\_\_\_ 3. Official high school, college or trade school transcripts
- \_\_\_\_\_ 4. Photocopy of your military separation DD214 Long Form





Immediate Supervisor's Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

PREVIOUS EMPLOYER

Name of Employer: \_\_\_\_\_

Address (street, city, state, zip code):  
\_\_\_\_\_  
\_\_\_\_\_

Telephone ( ) \_\_\_\_\_  
Number: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ (✓) One:  Full Time  Part Time (hrs. @ week) \_\_\_\_\_

Position Held: \_\_\_\_\_ Salary: Starting \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_ Per  Wk.  Mo.  Yr.

Immediate Supervisor's Name: \_\_\_\_\_

Immediate Supervisor's Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

*IF ADDITIONAL SPACE IS NEEDED, USE ADDITIONAL EMPLOYMENT HISTORY CONTINUATION SHEETS*