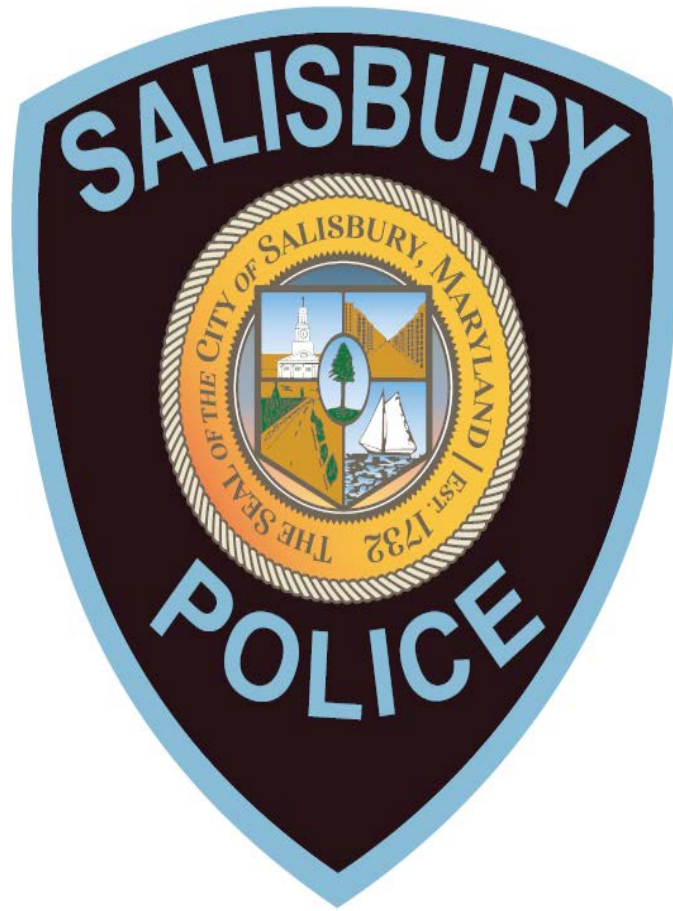


Application Packet



Completed Application must be submitted in person or by U.S. Mail to:

**Salisbury Police Department
699 W. Salisbury Pkwy Salisbury, MD 21801
Attention: Recruitment Division**

Prepared for The Salisbury Police Department

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QUALIFICATIONS

Age

Each **Police Officer** applicant must have reached his/her 21st birthday by time of appointment to police officer, and in all cases each applicant must have reached his/her 21st birthday prior to successful completion of the police academy.)

Each **Civilian** applicant must be at least 18 years of age at the time of appointment.

Education

All applicants must show proof of graduation from an accredited high school, or have obtained a G.E.D. certificate as approved/recognized by the Maryland Department of Education.

College level courses in law enforcement, i.e., Criminal Justice, Psychology, Sociology, Business, Municipal Administration, Political Science, Public Administration and City Planning and Counseling are preferred, but not mandatory for **Police Officer** candidates

Physical Requirements

All applicants offered conditional employment must be able to pass a medical examination including a visual acuity and color vision test. The medical examination will be conducted by the Departmental physician.

The weight of each **Police Officer** applicant must be in proportion to height and build as determined by the departmental physician (**See Page 15**). Each **Police Officer** applicant must complete a physical fitness evaluation.

Additional Requirements

Each applicant must be a United States citizen.

Each **Police Officer** applicant must possess a valid driver's license and must be able to obtain a driver's license within 30 days of the date of appointment. Each **Police Officer** applicant must have at least 3 years driving experience at the time of appointment.

TESTING

Written Examination (Police Officer)

The Salisbury Police Department utilizes The National Police Officer Selection Test (POST).

The National Police Officer Selection Test (POST) is an entry-level basic skills test that helps law enforcement agencies select the most qualified applicants by ensuring that candidates possess the basic cognitive skills necessary to successfully perform the job. The POST is a valid, job-related test designed specifically for law enforcement use, which measures these basic skills: Arithmetic, Reading Comprehension, Grammar and Incident Report Writing.

Each section will evaluate a different critical job function which will be performed as a Salisbury Police Officer. An Applicant who fails to attain an average score of 70% or better is not eligible to move forward in the selection process and shall be eliminated from the candidate selection process.

Written Examination (Police Communications Officer)

The Salisbury Police Department utilizes The National Dispatcher Selection Test (NDST).

The National Dispatcher Selection Test (NDST) is an entry-level basic skills test that helps law enforcement agencies select the most qualified applicants by ensuring that candidates possess the important skills required to perform effectively as a dispatcher. The NDST is a valid, job-related test designed specifically for law enforcement use, which objectively assess a candidate's skill level in five important areas: Reading Comprehension, Listening, Problem Solving, Prioritizing, and Multi-Tasking.

Each section will evaluate a different critical job function which will be performed as a Salisbury Police Communications Officer. An Applicant who fails to attain an average score of 70% or better will be eliminated from the selection process at this time.

Physical Testing (Police Officer Only)

At this phase the applicant must participate and complete several different areas of fitness exercises which are generally related to the essential job functions of a police officer. Physical fitness is a candidate's body conditioning as measured by evaluation results, according to the person's age, weight and height. Such an evaluation may help identify qualified candidates and reduce the probability of work-related disabilities. An applicant who, because of a temporary disability, cannot complete the physical fitness evaluation maybe evaluated at a reasonable time in the future, as determined by his/her physician and the Departmental physician.

The physical fitness evaluation used is entitled "The Fitness Indicator Test" (FIT). This test is currently being used by the F.B.I. and has been approved for use by the City Solicitor for the City of Salisbury. The requirements of this evaluation are included in the applicant's packet. It is suggested that the applicant familiarize him/herself with the requirements of the test so that he/she may successfully complete all portions of the test.

Applicants must complete all phases of the physical testing. Failure on the part of the applicant to complete any phase of the physical fitness evaluation with a minimum FIT Score of 3 may be grounds for rejection.

FBI Fitness Indicator Test (FIT)

1. **Resting Heart Rate:** A resting pulse rate of above 75 for men and above 80 for women is considered above the average. This is a simple measure of how many times per minute the heart beats while the body is at rest. **(See Chart below)**

Age Group	FIT Score	Resting Heart Rate	
		Males	Females
20 To 59	5	< 60	< 65
	4	61-67	66-72
	3	68-73	73-78
	2	74-79	79-84
	1	> 80	> 85

Scoring for all Tests	
5	Superior
4	Excellent
3	Good
2	Fair
1	Poor

2. **Resting Blood Pressure:** Blood pressure measures the amount of force the blood exerts outward against the inner walls of the arteries. High blood pressure reading is often correlated with coronary heart disease. **(See Chart below)**

Age Group	FIT Score	Resting Blood Pressure			
		Males		Females	
		Systolic	Diastolic	Systolic	Diastolic
20 To 29	5	<112	<72	<100	<68
	4	113-118	73-76	101-110	69-72
	3	119-122	77-80	111-116	73-76
	2	123-130	81-84	117-120	77-80
	1	>131	>85	>121	>81
30 To 39	5	<110	<74	<104	<70
	4	111-120	75-78	105-110	71-74
	3	121-124	79-80	111-118	75-80
	2	125-132	81-88	119-122	81-82
	1	>133	>89	>123	>83
40 To 49	5	<111	<76	<105	<70
	4	112-120	77-80	106-112	71-74
	3	121-126	81-84	113-118	75-80
	2	126-136	85-90	119-126	81-82
	1	>137	>91	>127	>83
50 To 59	5	<116	<78	<110	<70
	4	117-122	79-80	111-120	71-78
	3	123-130	81-86	121-126	79-82
	2	131-140	87-90	127-140	83-90
	1	>141	>91	>141	>91

Scoring for all Tests	
5	Superior
4	Excellent
3	Good
2	Fair
1	Poor

3. **1.5 Mile Run/Walk:** This test is an excellent indication of the condition of the heart and lungs as it measures one's aerobic capacity or the ability of the heart and lungs to utilize oxygen. Should the results of the resting pulse rate and/ or the resting blood pressure, or stop test results, be above acceptable ranges, the applicant will be precluded from participation in the 1.5 mile run/walk. **(See Chart below)**

1.5 Mile Run/ Walk			
Age Group	FIT Score	Males	Females
20 To 29	5	<10:16	<12:51
	4	10:17-10:41	12:52 - 14:24
	3	10:42 - 12:51	14:25 - 15:26
	2	12:50 - 14:13	15:27 - 16:33
	1	>14:12	>16:34
30 To 39	5	<10:47	<13:43
	4	10:48 - 12:20	13:44 - 15:08
	3	12:21 - 13:36	15:09– 15:57
	2	13:37 - 14:52	15:58 - 17:14
	1	>14:53	>17:15
40 To 49	5	<11:44	<14:31
	4	11:45 - 13:14	14:32 - 15:57
	3	13:15 - 14:29	15:58 - 16:58
	2	14:30 - 15:41	16:59 - 18:00
	1	>15:42	>18:01
50 To 59	5	<12:51	<15:57
	4	12:52 - 14:24	17:58 - 16:58
	3	14:25 - 15:26	16:59 - 17:55
	2	15:27 - 16:43	17:55 - 18:49
	1	>16:44	>18:50

Scoring for all Tests	
5	Superior
4	Excellent
3	Good
2	Fair
1	Poor

4. **Flexibility - Sit and Reach:** Flexibility may be defined as the possible range of motion in a single joint or in a group of joints. There is no known test that measures the flexibility of all the joints but the sit and reach test will measure the all important flexibility of the lower back and hip areas. Additionally the elastic ability of the muscles located in the back of the legs and in the trunk is measured. After removing his/her shoes the applicant sits on the floor or mat with their legs extended forward, knees locked, the backs of their legs touching the floor, and leans forward at the waist as far as possible. Their fingers are placed on a bench while leaning forward, and the distance from the toes is measured. If the applicant is flexible enough to reach his/her toes, a score of 10 is recorded. If the applicant is more flexible a reading of above 10 or 10+ will be recorded. If the applicant is not flexible enough to reach their toes, a score of below 10 will be recorded. A ruler will be used to measure the distance above or below the 10 mark. The applicant must reach and hold the position with both hands on the bench to have the effort measured and recorded. **(See Chart below)**

Sit and Reach			
Age Group	FIT Score	Males	Females
20 To 29	5	>20.50	>22.50
	4	>18.50	>20.50
	3	>16.50	>19.25
	2	>14.50	>17.00
	1	<14.25	<16.75
30 To 39	5	>19.50	>21.50
	4	>17.50	>20.00
	3	>15.50	>18.25
	2	>13.00	>16.25
	1	<12.75	<16.00
40 To 49	5	>18.50	>20.05
	4	>16.25	>19.00
	3	>14.25	>17.25
	2	>12.00	>15.00
	1	<11.75	<14.75
50 To 59	5	>18.75	>20.85
	4	>15.50	>18.50
	3	>13.25	>16.75
	2	>10.50	>14.75
	1	<10.25	<14.50

Scoring for all Tests	
5	Superior
4	Excellent
3	Good
2	Fair
1	Poor

5. **Sit-ups:** This test measures muscular endurance in the abdominal muscle group, an area of great concern to the sedentary individual. Muscular endurance is the ability of the muscle to contract repeatedly for a particular amount of time. Much evidence exists of the correlation between poor abdominal muscle development, excessive fat tissue, and lower back problems. In this test the applicant starts by lying on his/her back, fingers interlaced behind their head, knees bent, and their heels flat on the floor with a partner holding the feet secure. On the command of "GO", the applicant performs as many correct sit-ups as possible in one minute. The total number of correctly performed sit-ups are recorded. **(See Chart below)**

Sit-ups			
Age Group	FIT Score	Males	Females
20 To 29	5	> 47	> 44
	4	46-42	43-38
	3	41-38	37-32
	2	38-33	31-24
	1	0-32	0-23
30 To 39	5	> 43	> 35
	4	42-39	34-29
	3	38-35	28-25
	2	34-30	24-20
	1	0-29	0-19
40 To 49	5	> 39	> 29
	4	38-34	28-24
	3	33-29	23-20
	2	28-24	19-14
	1	0-27	0-13
50 To 59	5	> 35	> 24
	4	34-28	23-20
	3	27-24	19-14
	2	23-19	13-10
	1	0-18	0-9

Scoring for all Tests	
5	Superior
4	Excellent
3	Good
2	Fair
1	Poor

6. **Push-ups:** This test also measures muscle endurance, and a low level of muscle endurance indicates an inefficiency in movement and a poor capacity to perform work. This test measures mainly the muscles of both the chest and upper arm which are important in physical confrontations such as pushing, pulling, controlling and handcuffing. The applicant starts from a front leaning/resting position with only the toes and hands touching the floor. The applicant begins by lowering his/her body toward the floor so as to bring the shoulders even with or below the level of the elbow. He/she then pushes up so that elbows lock out and immediately thereafter proceeds to repeat the exercise. On the command of "GO", the applicant performs as many correct push-ups as possible in one minute. The total number of correctly performed push-ups are recorded. **(See Chart below)**

Push-ups			
Age Group	FIT Score	Males	Females
20 To 29	5	> 47	> 28
	4	46-37	27-21
	3	36-29	20-15
	2	28-22	14-10
	1	0-21	0-9
30 To 39	5	>39	> 23
	4	38-30	22-15
	3	29-24	14-11
	2	23-17	10-8
	1	0-16	0-7
40 To 49	5	> 40	> 15
	4	29-24	14-13
	3	23-18	12-9
	2	17-11	8-6
	1	0-10	0-5
50 To 59	5	>25	> 15
	4	24-19	14-13
	3	18-13	12-9
	2	12-9	8-6
	1	0-8	0-5

Scoring for all Tests	
5	Superior
4	Excellent
3	Good
2	Fair
1	Poor

Oral Interview (All Applicants)

Each applicant must appear before an Oral Board which will consist of at least three members of the Police Department.

The Board will restrict itself to the appraisal of such personal qualities as appearance, voice, ability to communicate, knowledge, judgment, decision making, problem analysis, integrity, and suitability.

An applicant cannot be rejected solely on the Board's evaluation.

Polygraph Examination/Voice Stress Analysis (All Applicants)

As a part of the testing process applicants for all positions with the Salisbury Police Department will undergo a polygraph examination/voice stress analysis.

Areas from which polygraph questions will be drawn are as follows: (1) Name and Address; (2) Education; (3) Marital Status; (4) Permanency Intentions; (5) Employment; (6) Indebtedness; (7) Accident and Traffic Violation Record; (8) Arrests and/or Undetected Crimes (9) Drugs; (10) Subversiveness; (11) Gambling; (12) Alcohol.

Just prior to and at the location of the test, applicants will be provided with the questions and given sufficient time to review and understand what is going to be asked of them; any questions the candidate (applicant) has regarding the test will be answered by the examiner prior to the test. The polygraph examination will be administered by a person who has been trained in all aspects of the operation of the polygraph and the administration of the polygraph examination/voice stress analysis.

The results of the polygraph/voice stress analysis are not sufficient by themselves to disqualify an applicant. However the results of the polygraph/voice stress analysis can be used as an aid during the background investigation

Psychological Test (All Applicants)

The Salisbury Police Department utilizes a written psychological examination prior to appointment as an employee. An applicant who passes the first phases of testing will be administered the written psychological test which he/she must pass. Such testing will be classified and withheld from public inspection.

The evaluations are analyzed by the Salisbury Police Department's Psychologist. Based upon his/her analysis and written recommendations, an applicant may be rejected at this point.

Medical Examination (All Applicants)

All applicants offered conditional employment must be able to pass a medical examination based on medical standards as determined by the Departmental physician. The physical examination will include but will not be limited to:

1. Eyesight as determined by the examining physician for the City of Salisbury, natural or correctable to 20/20.
2. Weight, in proportion to applicant's height as determined by the examining physician for the City of Salisbury. See Height and Weight Chart.
3. Hearing, within acceptable levels as determined by the examining physician for the City of Salisbury.
4. Recurring and limiting physical injuries conditions or illnesses which would prevent the applicant from performing the essential functions of a police officer or prevent the applicant from performing essential functions that are related to the position for which the candidate has applied for.
5. Testing for communicable disease.
6. Testing for evidence of drug use.

The examining physician is a licensed physician, employed by the City of Salisbury and designated by the Chief of Police.

Drug Screening Test (All Applicants)

Each applicant will be required to submit to a urinalysis test for controlled dangerous substances during the application process. The time, location, and procedure will be designated by the department.

BACKGROUND INVESTIGATION

All applicants must submit to a personal investigation to verify his/her good character. The name and fingerprint classification of all candidates must be searched through the records of the Salisbury Police Department, the Maryland State Police, the Federal Bureau of Investigation and in other cities including appropriate agencies located in states in which the candidate may have resided or worked. Background investigations using the personal history statement and the City's application form will verify candidates by qualifying credentials in such areas as resident checks, employment, education, military experience, arrests, civil actions and gross negligence. The City's application form requires that the applicant list three personal references, names of whom cannot be former employers or relatives.

Materials to be specifically excluded from the background investigation are:

1. In the area of resident and neighborhood checks, any general statement NOT supported by specific details.
2. In the area of employment, general statements NOT supported by specific details or documents.
3. In the area of education, I.Q. and other aptitude test scores.
4. In the area of credit, information relating to legitimate debts EXCEPT that information leading to a pattern of gross indebtedness will NOT be excluded.

All other materials maybe used in consideration of an applicant's qualifications.

If the background investigation reveals or substantiates one or more of the rejection criteria listed, the Chief of Police or his/her designee reviews the entire package and forwards it to the Administrative Commander for further investigation or rejection.

If six (6) months or more have expired since the background investigation was completed prior to hiring, an updated background investigation must be conducted and the applicant must successfully pass it. The results must meet the standards as outlined in directives 32 and 33 in their entirety.

A record of each candidates background investigation is maintained on file for ten (10) years.

Applicants determined to be not eligible for appointment will be informed in writing within thirty calendar days of such decision. Applicants will be informed of the basis for their disqualification and whether or not they can reapply.

A. Failure to meet minimum qualifications established for the position of police officer as set out in Title 12, Subtitle 04, Chapter 01 as established by the Maryland Police Training Commission (MPTC):

1. At least 21 years of age at time of appointment;
2. U.S. citizen at time of appointment;
3. High school diploma, GED certificate recognized by the Maryland State Board of Education;
4. Eligibility for or possession of a valid driver's license prior to appointment, three years driving experience; and
5. Be of good moral character and reputation as determined by a comprehensive background investigation which MUST, by law, include:
 - a. A fingerprint search of local, state and federal criminal record files;
 - b. A check of military records (where applicable);
 - c. A report from a credit agency regarding the applicant's current and past credit history;
 - d. school records;
 - e. Interviews of:
 - i. Personal references furnished by the applicant;
 - ii. Neighbors of the applicant within the past five (5) years;
 - iii. Current and past employers within the last five (5) years.
 - iv. Coworkers within the last five (5) years

Conviction for any state or federal crime MAY be grounds for rejection of applicant by MPTC (by withholding of a state certificate of commission to police officer status).

B. Medical Examination. Those applicants offered conditional employment who fail to pass the medical examination given by a licensed physician (in compliance with Art. 41, Sec. 70A) employed by the City of Salisbury and designated by the Chief of Police will be considered as rejected. Reasons for rejection shall include, but not be solely limited to the following:

1. Eyesight, as determined by the Police Department of the City of Salisbury, natural/correctable to 20/20. (Examination to be conducted by personal practitioner of the applicant and must be approved by the City examining physician).
2. Weight in proportion to applicant's height as determined by the examining physician for the City of Salisbury (**See Height/Weight Chart**).
3. Hearing within acceptable levels as determined by examining physician for City of Salisbury.
4. Recurring and limiting physical injuries, conditions or illnesses which would prevent applicant from performing the essential functions of the position for which the applicant applied.
5. Testing for communicable disease.

C. Physical Stature. An applicant offered conditional employment may be rejected if his/her physical stature is not within the acceptable range of the height/weight chart. This requirement may be waived in the event that the applicant provides a medical opinion from a licensed qualified physician that his/her participation in the physical fitness evaluation will not have any adverse impact on the health status of the applicant. If at the time of the physical fitness evaluation an applicant is unable to participate, an opinion in writing from a licensed qualified physician must fully describe the condition which would cause the adverse impact. In those cases, the applicant may be tested at a reasonable time in the future, but prior to attending entrance level training. **(See Chart below)**

HEIGHT/WEIGHT CHART							
Males				Females			
Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
5'4"	117-138	123-149	131-163	5'	94-114	101-124	109-138
5'5"	120-142	126-151	134-167	5'1"	99-118	104-128	112-141
5'6"	124-146	130-157	138-173	5'2"	102-121	107-131	115-144
5'7"	128-151	134-163	143-178	5'3"	105-124	110-135	118-149
5'8"	132-155	138-167	147-183	5'4"	108-128	113-139	121-152
5'9"	136-161	142-172	151-187	5'5"	111-132	117-144	125-156
5'10"	140-165	146-177	155-193	5'6"	114-135	120-149	129-161
5'11"	144-169	150-183	160-198	5'7"	118-140	124-153	137-165
6'	148-174	154-188	164-204	5'8"	122-144	128-157	137-169
6'1"	152-179	158-194	169-209	5'9"	126-149	132-162	141-174
6'2"	156-184	163-199	174-215	5'10"	130-154	136-166	145-179
6'3"	160-188	169-205	178-220	5'11"	134-158	140-171	149-185
6'4"	169-198	178-216	188-231	6'	138-163	144-175	153-190
6'5"	174-204	182-222	192-238				

D. Background Investigation. The following may be cause for automatic rejection of applicant:

1. Military bad conduct or dishonorable discharge from any branch of the U.S. military service;
2. Documented evidence of three (3) or more instances of misconduct or disciplinary action in the military service (regardless of the type of charges).
3. Discharge from employment on two (2) or more occasions within the past five (5) years, or documented evidence of disciplinary action or discharge on three (3) or more occasions
4. Conviction for any felony or serious crime.
5. Conviction of a misdemeanor may be cause for rejection.
6. Salisbury Police Department Drug Use Policy (**See Pages 18-21**)
7. Six (6) or more current points against the applicant's operator's license prior to appointment.
8. Participation as a plaintiff or defendant in three (3) or more civil court actions reflecting litigiousness and an inability to interact reasonably with other persons.
9. Misleading and/or false information supplied by applicant to background investigators or administration.
10. Patterns of violence towards other persons as evidenced in two (2) or more areas of the background investigation (e.g. military check, arrest for crimes of violence, neighborhood checks, etc.)
11. A high incidence of accidents due to negligence (as evidenced by two (2) or more vehicular accidents in which the applicant admitted to his negligence or negligence established in a court of law, civil or criminal) or a similar history of accidents involving other equipment as determined in the background investigation.
12. Evidence of alcoholism or serious drinking including, but not limited to:
 - a) conviction for an offense involving intoxication;
 - b) poor work history related to abuse of alcohol;
 - c) repeated intoxication or disorderly conduct revealed through checks of neighborhood.
13. Any juvenile felony committed at fourteen (14) years of age or older, involving violence against other persons.
14. Personal History form not completely or accurately filled out.
15. Untruthfulness.

A. In addition to the aforementioned grounds for rejection, the following additional grounds for rejection are established if the information upon which the rejection is based has been independently corroborated by BOTH background investigation and/or the polygraph examination or Computer Voice Stress Analyzer (CVSA).

1. Evidence of repeated violent behavior;
2. Evidence of repeated use of drugs (as indicated by one or more instances reported in background investigation and evidence related to the use of drugs, obtained during the polygraph examination);
3. Continued commission of misdemeanors;
4. A composite of unsuitable characteristics. (Occasionally a candidate exhibits a number of characteristics which, when reliably documented and taken in combination, produce a pattern judged clearly inappropriate for law enforcement duties);
5. Evidence of the use of drugs (any CDS) within one year of application date, obtained during the polygraph examination or background investigation.

Disqualification

Failure to satisfactorily complete ANY phase of the testing procedure, including failure to submit all required documentation may result in disqualification from the position for which the candidate has applied

Salisbury Police Department Drug Use Policy

The purpose of this policy is to attempt to avoid arbitrary discrimination against those applicants, who during their formative years, experimented with certain substances of abuse and also protect the interests of the department and the community. Considering that inconclusive and sometimes conflicting research as to the residual effects of various substances, legal obligations and the department's responsibilities, this policy will be a realistic approach to reducing the question of risks associated with employment of such individuals. An applicant who is a former drug user has, by his/her prior conduct, manifested character traits, judgment and/or illegal activity which may be considered unacceptable for hiring and employment with this law enforcement agency.

Identification of present use and/or addiction to any illicit drug (cocaine, PCP, marijuana, LSD, etc.) by an applicant will be grounds for permanent rejection. Should the use of a substance identified be supported by the proper medical documentation, the completed investigation will be forwarded to the City physician for evaluation and recommendation. The purpose of this evaluation shall be to ensure the substance, although properly obtained, is not subject to abuse and/or the individual is medically fit to fill the assigned position.

Evidence demonstrating repeated use of any drug or chemical substance, e.g., marijuana, alcohol, etc., with such frequency that it appears the individual has or had accepted the use and/or reliance upon the substance as part of a pattern of behavior, shall be reason for permanent rejection.

Any applicant found to be involved (at any time) in the illegal sale; manufacture or distribution of any controlled dangerous substance will be permanently rejected. Any improper use of any narcotic/drug by an applicant after application will be grounds for permanent rejection.

A. Experimentation/Use Criteria. Consideration for experimentation/use will be based on the following criteria:

1) Opiates-

There will be no exceptions for any use of heroin or opium. Opiates in this form have no medicinal use, are typically related to a criminal atmosphere and are not usually a drug of first use. Other opiates, e.g., morphine, codeine, etc., having a medicinal value, may be considered in the context of their application. Where these drugs are abused, e.g., in experimentation situations, taken without proper authorization, illegally obtained, etc., the limits for experimentation are:

- a) one time ingestion (lifetime) (no intravenous applications)
- b) two year period of abstinence prior to application
- c) must submit to additional psychiatric/psychological evaluation

2) Depressants - (barbiturates, benzodiazopines, methaqualone, etc.)

Drugs of this class have a medical use and are readily available - legally and illegally. Where these drugs are abused, the limits for experimentation are:

- a) two ingestions (lifetime) - (No exceptions will be made for any intravenous applications)
- b) two year period of abstinence prior to application
- c) may be required to submit to additional psychiatric/psychological evaluation.

3) Stimulants - (amphetamines, methamphetamines, etc.)

Drugs of this class have a medical use and are readily available - legally and illegally. Where these drugs are abused, the limits for experimentation are:

- a) two ingestions (lifetime) (No exemption will be made for any intravenous applications)
- b) two year period of abstinence prior to application
- c) may be required to submit to additional psychiatric/psychological evaluation.

4) Cocaine -

Cocaine may be used medicinally as a local, topical anesthetic; however, the predominate use of cocaine is in abuse situations. No exemptions for experimentation are to be made. Permanent rejection.

5) Hallucinogenic - (LSD, PCP, Mescaline, Metabolites)

These drugs have no medicinal value. Because of the research concerning the residual side effects from even small quantities of these drugs, no exemptions for experimentation are to be made for any use - permanent rejection.

6) Inhalants - (solvents, glue, paint, aerosols, amylnitrates)

Inhalants have no medicinal value. Documented medical information identifies significant medical complications associated with the use of small quantities of inhalants.

- a) two ingestions (lifetime)
- b) two year period of abstinence prior to application
- c) may be required to submit to additional psychiatric/ psychological evaluation.

7) Cannabis - (Marijuana, Hashish, any substance containing THC)

Prevailing attitudes, availability, and the lack of significant conclusive evidence supporting health or psychological hazards contributes to the widespread use of this substance. Research found that marijuana has been used by individuals as early as age eleven. Twenty percent of those reporting use indicate daily use for at least a month sometime in their life. The limits for experimentation are:

- a) fifteen ingestions (lifetime)
- b) three year period of abstinence prior to application
- c) may be required to submit to psychiatric/psychological evaluation.

NOTE: An ingestion is a single application, e.g., one marijuana cigarette, one dosage of pills, liquid, etc. Indications of cross-experimentation, while meeting individual drug exemption criteria, will require, in all cases, participation in psychiatric/ psychological evaluation. All periods of abstinence must be positively verified by polygraph examination or a Computer Voice Stress Analyzer (CVSA). Results of psychiatric/psychological evaluation must support a negative propensity toward drug abuse and a lack of residual side effects associated with drug use. Cross experimentation indicating experimentation with more than two controlled dangerous substances will result in permanent rejection.

An applicant having been permanently rejected has no reapplication right. An application will not be accepted from any individual who has been previously rejected on two occasions for substance abuse. Reapplication will be accepted if:

- a) if an individual has abstained from usage for the period specified, and
- b) the indicated frequency requirements are met.

Information demonstrating a history of narcotic/drug use shall be evaluated by the City physician. At the discretion of the physician and the Chief of Police, the applicant may be given the opportunity to authorize release of any medical documentation pertinent to the investigation and agree to psychological and/or psychiatric evaluations selected by the physician and Chief of Police, the expense of which will be borne by the individual. All documentation will become part of the individual's pre-employment investigative file. At the conclusion of the investigation, the physician will make a recommendation as to the employability of the individual. Psychiatric/psychological evaluations required under this section are in addition to normal applicant psychological testing. The above information is provided as a basic guide. To attempt to list all the circumstances and a provision for each would be impossible.

A final decision will be based on the above information in addition to that developed through any counseling, testing, investigation, etc. The Chief of Police shall have the latitude to impose additional requirements based on a demonstrated need. The indicated guidelines may be sufficient; however, the method of ingestion, circumstances of use, attitude toward substance abuse,

etc., may pose additional considerations and warrant more investigation prior to a final decision. The information contained in this Directive provides a basis for personnel to answer specific questions from applicants and other interested parties, and is not intended for dissemination outside this department without authorization of the Administrative Commander.

Applicants will further be required to submit to a urinalysis test for controlled dangerous substances during the application process. The time, location, and procedure will be designated by the department.

Methods used to identify and corroborate the aforementioned criteria will include, but are not limited to, polygraph examinations and/or background investigations.

Salisbury Police Department Employee Benefits

1) Starting Salary

Starting Salaries for Current Employment Opportunities are posted under the Employment section of the Salisbury Police Department's website. The Current Employment Opportunities can also be accessed by following the link below:

<http://www.salisburypd.com/police-recruitment.aspx>

2) All Uniform and Equipment Issued

(except shoes, socks and underwear)

3) Uniform Maintenance

\$320.00 per year paid semi-annually

4) Hospitalization Insurance - (See current medical plan)

Full-time City employees are eligible to participate in group health insurance coverage to include Medical, Dental, Vision and Prescription Drugs. The City pays the premium for the individual employee and a percentage for qualified dependents.

5) State of Maryland Retirement Plan

All full-time City employees must participate in the State of Maryland Retirement System or the Law Enforcement Officers Pension (LEOPS). The plan in which you participate depends upon your job classification. Eligibility and qualifications are fully controlled by the Maryland Retirement System documents, which may be obtained from Human Resources or the Maryland State Retirement Agency

6) Annual Leave

All full-time employees accrue annual leave at the following rate commencing with the first full month of service after the month of employment:

Years of Completed Service	Leave Credited on the 1st Day of the Following Month	Conversion to hours
Up to 1 year	.83 Days per month	6.6 hours per month
1 to 5 years	1 day per month	8 hours per month
6 to 9 years	1.25 days per month	10 hours per month
10 to 15 years	1.5 days per month	12 hours per month
16 to 19 years	1.75 days per month	14 hours per month
20 + years	2 days per month	16 hours per month

7) Holiday Leave

The employee receives 11 paid holidays per year.

8) Life Insurance

The City of Salisbury provides life insurance for all full-time employees. Eligible employees are subject to a death benefit of \$10,000.

Salisbury Police Department Bonus Incentives

NEW EMPLOYEES ONLY: (Based on availability of existing police budgeted funds)

Higher education incentive is paid only for the highest degree attained. Verified through certificate and certified college transcripts.

- **AA Degree – One-Time bonus \$1,000.00**
- **BA/BS Degree - One-Time bonus \$2,000.00**
- **Master’s Degree - One-Time bonus \$3,000.00**
- **Doctorate Degree - One-Time bonus \$4,000.00**

Honorable Military Service verified through Department of Defense DD Form 214

- **Active Reserve / Active Guard / Reserve or Guard honorably discharged military veteran (1-5) years’ service- \$300.00 per year not to exceed a total of \$1,500.00**
- **Active Duty honorably discharged military veteran (1-3) years’ service- \$500.00 per year not to exceed \$1,500.00**
- **Active Duty honorably discharged military veteran \$600.00 per year (4-plus) years’ service- \$3,000.00.**

Lateral Hire incentive will be verified through the background process.

- **Lateral Certified Maryland \$800.00 per year (5 year max)**
- **Lateral out of state - \$500.00 per year (5 year max)**

Relocation incentive will be verified through the background process.

- **Relocation incentive for new and new lateral hires; a one time \$500.00 incentive will be available for hires relocating their primary/permanent residence 50 or more miles from Salisbury, Center city. Physical address will be verified through the background process.**

25% of an authorized incentive will be paid upon completion of the police academy and field training. The remaining incentive owed will be paid in the first pay cycle following the officer's police academy graduation anniversary at 25% per year until paid in full.

As outlined above, officers will not be eligible for multiple incentives of the same category. Officers will be eligible to collect multiple incentives of different categories for example but not limited to: military, college, and lateral hire.

699 W. Salisbury Parkway Salisbury, MD 21801

The City of Salisbury is an Equal Opportunity Employer

DATE: _____

PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Social Security Number	Date of Birth	Race
Resident Address			City	State	Zip code
Other Address (If any)			City	State	Zip code
Daytime Telephone Number		Business Telephone Number		Email	
Position Applying For:		If not a U.S. Citizen, Explain Status	Salary Required	Date Available	

Do you currently hold a Valid Driver's License?
 Yes No State Issued _____ Driver's License Number _____

Type of School	Name of School City and State	Dates Attended From / To	Graduate? Yes or No	Degree Granted & Major & Minor Field of Study (Be Specific)	Credit Hours Completed	*Grade Point Average	Scholastic Honors (Scholarships)
High School							
College							
College							
College							
Graduate School							
Other							

* If GPA is NOT Applicable, Indicate so

If you worked while attending school, Please indicate approximate hours worked per week:

College: _____ Hours Per Week	Graduate School: _____ Hours Per Week	Class Ranking: _____ out of _____
-------------------------------	---------------------------------------	-----------------------------------

EMPLOYMENT HISTORY

PLEASE LIST PERIODS OF EMPLOYMENT IN SEQUENCE, BEGINNING WITH MOST RECENT. INDICATE HOW TIME HAS BEEN SPENT FROM HIGH SCHOOL/COLLEGE AND/OR THE LAST 5 YEARS OF EMPLOYMENT HISTORY. BE SURE THIS RECORD IS COMPLETE BY MONTHS AS WELL AS YEARS. INCLUDE PERIODS OF UNEMPLOYMENT AS WELL. IF YOU ARE A VETERAN OF MILITARY SERVICE, INCLUDE PERIODS OF SERVICE IN PROPER SEQUENCE.

PERIODS OF EMPLOYMENT		EMPLOYER'S INFORMATION	EMPLOYER'S PHONE NUMBER(S)	SUPERVISOR	TITLE, DUTIES, AND RESPONSIBILITIES	FULL TIME PART TIME	STATE SPECIFIC REASON FOR LEAVING
BEGIN DATE		NAME:		NAME:			<input type="checkbox"/> On Own Accord <input type="checkbox"/> Terminated Explain: _____
END DATE		ADDRESS:		TITLE:			
BEGIN DATE		NAME:		NAME:			<input type="checkbox"/> On Own Accord <input type="checkbox"/> Terminated Explain: _____
END DATE		ADDRESS:		TITLE:			
BEGIN DATE		NAME:		NAME:			<input type="checkbox"/> On Own Accord <input type="checkbox"/> Terminated Explain: _____
END DATE		ADDRESS:		TITLE:			
BEGIN DATE		NAME:		NAME:			<input type="checkbox"/> On Own Accord <input type="checkbox"/> Terminated Explain: _____
END DATE		ADDRESS:		TITLE:			
BEGIN DATE		NAME:		NAME:			<input type="checkbox"/> On Own Accord <input type="checkbox"/> Terminated Explain: _____
END DATE		ADDRESS:		TITLE:			
BEGIN DATE		NAME:		NAME:			<input type="checkbox"/> On Own Accord <input type="checkbox"/> Terminated Explain: _____
END DATE		ADDRESS:		TITLE:			

ANY ADDITIONAL EMPLOYMENT HISTORY SHALL BE COMPLETED ON A SEPERATE PAGE AND SUBMITTED WITH THIS APPLICATION

May we contact the employers listed above? Yes No If NO, Indicate which employers you do NOT wish for us to contact

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work within the city:

UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.00.

This provision does not apply to applicant for Law Enforcement Officer positions pursuant to Article 100, Sections 95, (a) (3).

Signature of Applicant _____

DATE _____

PERSONAL REFERENCES- 3 Required (Use Separate sheet if necessary)

Name and Occupation	Home Address	Daytime Phone Number

MILITARY SERVICE RECORD (If Applicable)

<p>Were you in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, Which Branch: _____</p> <p>Dates of Duty: From _____ To _____ (Month/Day/Year) (Month/Day/Year)</p> <p>Rank at Discharge: _____</p> <p>Type of Discharge: _____</p>	<p>List duties in the Service, Including Specialized Training: _____ _____ _____</p> <p>Have you taken any training under the G.I. Bill of Rights? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, Type of Training: _____ _____</p>
---	--

DECLARATION READ THIS CAREFULLY

<p>Have you ever been convicted of a felony in the past 10 years (Exclude Misdemeanors and Summary offenses)? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, Please explain on a separate sheet</p>	<p>Do you have any pending Criminal or Traffic Related Charges? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, Please explain on a separate sheet</p>
<p>Have you ever been denied a surety bond? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, Please explain on a separate sheet</p>	

I certify the facts set forth in my application for employment are true and complete. I understand that if employed, false statement on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my employment history, less and indicated exemptions, my personal history, financial and credit record through any investigative or credit agencies or bureaus of your choice.

Signature of Applicant _____

DATE _____

SALISBURY POLICE DEPARTMENT
Drug Use Questionnaire

Applicant's Printed Name

Applicant's Signature

Number of times used *Marijuana*. (***Please check one***)

15 Times and Less 16 Times and More

Last time used: _____

_____ Number of times used *Cocaine*.

Last time used: _____

_____ Number of times used *Inhalants*.

Last time used: _____

_____ Number of times used *Opiates*.

Last time used: _____

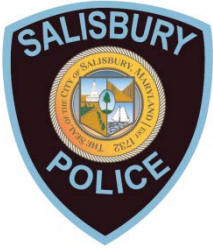
_____ Number of times used *Hallucinogens* (PCP, LSD).

Last time used: _____

**ALL ANSWERS ARE SUBJECT TO VERIFICATION
BY POLYGRAPH/VOICE STRESS ANALYSIS**

ADDITIONAL DOCUMENTS THAT MUST BE SUBMITTED ALONG WITH APPLICATION

✓	ITEM
	1. A photocopy of the Applicant's Birth Certificate
	2. A Photocopy of the Applicant's Current, Valid, Driver's License
	3. A List of any licenses held, year and state (If Applicable)
	4. A Photocopy of the Applicant's High School Diploma
	5. The Applicant's Official High School Transcripts (in it sealed envelope)
	6. A photocopy of the Applicant's College Diploma(s) (If applicable)
	7. The Applicant's Official College Transcripts (If applicable)
	8. A Copy of the Applicant's DD214 Military Form (If applicable)
	Failure to provide any and all information may lead to immediate disqualification.



City of Salisbury



45th

BARBARA DUNCAN
CHIEF OF POLICE

699 W. SALISBURY PARKWAY
SALISBURY, MD 21801
TEL: 410-548-3165

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records or any part thereof, concerning myself, by and to _____, a duly authorized agent of the Salisbury Police Department, whether the said records are of public or private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of education institutions, financial or credit institutions, including records of deposits, withdraws and balances or checking and savings accounts, and loans, and also the records of commercial or retail credit (including credit reports and/or ratings); medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the US Veteran's Administration; public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints, or grievances filed by or against me and salary records; real and personal property records and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records' records of complaints of civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel whether representing me or another person in any case in which I presently have, or have had an interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Salisbury Police Department to consider in determining my suitability for employment by that Department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically herein.

I understand that any information obtained by personal history background investigations which is developed directly, or indirectly in whole or in part upon this release authorization will be considered in determining my suitability for employment by the Salisbury Police Department. I have had explained to me, and I fully understand that refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application.

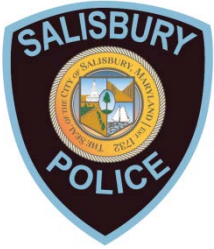
A photocopy of this release form will be valid as an original herein, even though the said photocopy does not contain an original writing of my signature.

Witness

Signature

Address

Date of Birth



BARBARA DUNCAN
CHIEF OF POLICE

City of Salisbury



45th

699 W. SALISBURY PARKWAY
SALISBURY, MD 21801
TEL: 410-548-3165

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS (UPON CONDITIONAL OFFER OF EMPLOYMENT)

I, _____, do hereby authorize a review of and full disclosure of all medical records or any part thereof, concerning myself, by and to _____, a duly authorized agent of the Salisbury Police Department, whether the said records are of a public, private or confidential nature.

Signature: _____

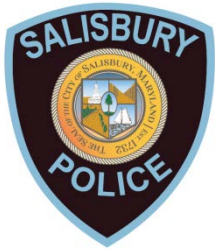
Address: _____

Date of Birth: _____

Social Security #: _____

Date: _____

Witness



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TEL: 410-548-3165

WAIVER OF LIABILITY

In consideration of being permitted to take the physical test for Police Officer/Service Officer, I agree that I shall not hold the City of Salisbury or any of its employees or agents responsible for any injury or damage that I may receive or cause to myself during or as a result of this physical agility test.

Signature: _____

Address: _____

Date: _____

Witness

APPLICANT DATA RECORD

Qualified applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Data Record.

This Data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

Date of Application

Position(s) Applied for _____
(The designation of a specific position will not exclude you from being considered for any other position for which you are qualified.)

Name: _____
Last First Middle

Address: _____
Number Street City State Zip

Phone: _____ Social Security No. _____

Referral Source: Advertisement State Employment Office
 Employment Agency Walk-in
 Personal Contact College Placement Service
 Social Media Internet: Specify: _____
 Other: Explain: _____

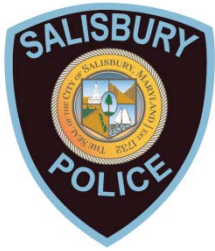
Government Agencies require periodic reports on the sex, ethnicity, handicapped, and veteran status of applicants. This data is for analysis only. Submission of information about a handicap is voluntary.

Check One: Male Female

Check One: American Indian or Alaskan Native Asian Black Other
 Native Hawaiian or Pacific Islander Hispanic/ Latino White

Check If Any of the Following Are Applicable:

Veteran Disabled Veteran Handicapped Individual



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SALISBURY, MD 21801
TEL: 410-548-3165

SALISBURY POLICE DEPARTMENT PERSONAL HISTORY STATEMENT

Position Applied For:		Date:	
<p>General Information: Type or print legibly an answer to every question. If a question does not apply to you, state so with N/A. If the space available is insufficient, use a separate sheet (Page 42) and precede each answer with the number of the reference block. Do not mistake or omit material facts, since the statements made herein are subject to verification to determine your qualification for employment.</p>			
1. Last Name	First Name	Middle Name	
2. Alias(es)	Maiden Name (Other Changes in Name)	Social Security Number	
3. Present Address	Street or RFD/City or P.O./State		Zip Code
4. Date of Birth (mo/day/yr.)	Place of Birth (City, Country)		State
5. Phone Number	Home:	Cell:	Work:
6. Email			

7. Height	Weight	Eye Color	Hair Color	Scars, Physical Defects, Marks
8. U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Native <input type="checkbox"/> Yes <input type="checkbox"/> No	Naturalized Certificate #	If Derived, Parents Certificate #	Date, Place, and Court
9. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
Name of Fiancée (If Applicable)		Address/ Phone #		
Information Concerning Marriages:				
When	Where	Who Officiated	Spouse's Name	
Names and Present Address/ Current Phone Number of Spouse(s) if Divorced or Separated				
Name:		Address:		Phone #
Name:		Address:		Phone #
Name:		Address:		Phone #
10. Children and Dependents: List All of Your Children, Including Stepchildren				
Name:	Date of Birth	Current Address (If not residing with applicant)		Current Phone #

11. Family- List in order given, showing relationship, parents, guardians, step-parents, foster parents, father-in-law, mother-in-law, brothers and sisters (even if deceased). Include any others you have resided with or with whom a close relationship existed or exists.

Name:	Relationship:	Present Address/ Phone # (If living)
Father	Father	
Mother (Maiden Name)	Mother	

If any person listed above is not a U.S. citizen by birth, give the date and place of his/her birth, the date and port of entry, alien registration number, naturalization certificate number, and place of issuance.

12. Residence: List all residences (to include seasonal/ temporary housing) for the past 5 years

From (Mo./Yr.)	To (Mo./Yr.)	Address	City	State and County

14. Have you ever been discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while in any position (except military)?

Yes No If YES, please state circumstances:

Have you ever resigned (quit) after being informed that your employer intended to discharge (fire) you for any reason?

Yes No If YES, please state circumstances:

15. Arrest, detention and litigation (show all arrests including adult, juvenile delinquent, and traffic).

Have you ever been arrested, detained by law enforcement, been investigated for a crime, or otherwise charged with a crime?

Yes No If the answer to any of the above questions is YES, list below the date, place and full details for each incident:

16. Military Status

Have you ever served in the U.S. Armed Forces? Yes No

Branch	Began Service (From)	Ended Service (To)	Type of Discharge

A. While in the military service, were you ever arrested for an offense which resulted in a trial by Deck Court or by Summary, Special or General Court-martial? Yes No

If YES, give date, place, law enforcing authority or type of court or court-martial, charge and action taken for each incident, using a separate sheet to record this information.

B. Have you ever filed for compensation as a result of injury sustained either in military or civilian life?

Yes No If YES, please explain: _____

C. Are you presently a member of the U.S. Reserve or National or State Guard organization?

Yes No If YES, complete the following:

Grade and Service Number	Service and Component
Organization and station or unit and location:	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Standby

Indicate Reserve Obligation, If any:

17. Subversive Organizations		
Question	Yes	No
Are you now, or have you ever been a member of the Communist Party, U.S.A. or any communist organization(s) anywhere?		
Are you now or have you ever been a member of a Fascist Organization?		
Are you now or have you ever been a member of any organization association, movement group or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approaching the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?		
Are you now, or have you ever been affiliated or associated with any organization of the type described above?		
Are you now associating with, or have you associated with, any individuals including relatives who you know, or have reason to believe are or have been members of any of the organizations named above?		
Have you ever been engaged in any of the following activities of any organization of the type described above: contribution(s) to attendance at or participation in any organizational, social, other activities of said organizations of any projects sponsored by them, the sale, gift or distribution of any written, printed or other matter, prepared, reproduced or published by them or any of their agents or instrumentalities?		
If you answered YES to any of the questions above, describe the circumstances. Attach additional sheets for a full detailed statement. If associated with any of these organizations, specify nature and extent of association with each, including office or position held, also include dates, places and credentials now or formerly held. If associations have been with individuals who are members of these organizations, then list the individuals and the organizations with which they were or are affiliated:		
<p>18. Are there any incidents in your life not mentioned herein, which may reflect upon your suitability to perform the duties which you may be called upon to take, or which might require further explanation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

19. Have you ever applied for employment with any other police, fire or protective agency?

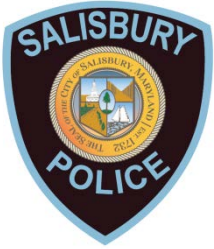
Yes No If YES, list below

Agency	Date Applied	Position Applied For	Outcome of Application (Disposition)

20. Do you have a pending application for employment with any other law enforcement agency?

Yes No If YES, list below

Agency	Date Applied	Completed Stages of that Agency's Application Process



BARBARA DUNCAN
CHIEF OF POLICE

City of Salisbury



45th

699 W. SALISBURY PARKWAY
SALISBURY, MD 21801
TEL: 410-548-3165

I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers, and that the entries made by me above are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

I further agree and consent to being summarily discharged without cause or hearing if any of the above information contains any misrepresentation or falsification or if any material/information has been omitted.

Date

Signature of Applicant

Subscribed and Sworn To Before Me This _____ Day of _____, 20_____.

Notary Public

My Commission Expires: _____