

The seal of the Ocean City Police Department is a circular emblem. It features a central shield with a red top section and a white bottom section. The shield is surrounded by a blue ring containing the text "OCEAN CITY" at the top and "POLICE" at the bottom. The word "FOUNDED" is partially visible in the center of the seal. The seal is overlaid on the text.

The attached form is the first document that will be considered part of your background investigation. We can not overstate the importance of this document. Your responses to this document will follow you through your employment with the Ocean City Police Department and any other agency you apply to. Every law enforcement agency requires that you provide a list of other agencies you have applied with. Every agency contacts the recruitment section wherever you have applied and requests pre-employment documents for their review. Any response you provide on our preliminary background form will be reviewed by each agency you apply to. Any lack of candor will be scrutinized by each agency you apply with. Your truthfulness is paramount.

Having said that, no one is perfect and there are things you may answer “yes” to on our form that will not disqualify you from the hiring process. We simply require your complete honesty.



Name: \_\_\_\_\_ Position applied for:  Police Officer

DOB: \_\_\_\_\_  Public Safety Officer

Intentionally concealing, omitting, or failing to disclose any information or actions may be cause for permanent disqualification from employment. You are accountable for all answers, oral or written, provided throughout the process. If you have any question whether or not to disclose information, the answer is always "yes", disclose it.

***I certify that my responses to the below questions are true and accurate and that I've made no attempt to conceal any pertinent information. I understand that if I am disqualified during any portion of the applicant process, the grounds for my disqualification will not be revealed to me.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. In the past 3 years, have you been arrested, cited, or charged with an alcohol/drug related driving offense? (example: DUI, DWI, violation of alcohol restriction)  Yes  No
2. Have you ever been detained, arrested, cited, charged, or convicted of a misdemeanor offense as an adult? (doesn't pertain to minor traffic offenses, ex. Speed, Red Light, etc.)  Yes  No
3. Have you ever been detained, arrested, cited, charged, or convicted of a felony offense as an adult?  Yes  No
4. Have you ever been detained, arrested, cited, charged, or convicted for a domestic related assault?  Yes  No
5. Have you ever sold, manufactured, cultivated (grown), or distributed drugs, narcotics, or other illegal substances, including marijuana or prescription drugs?  Yes  No
6. Have you ever experimented with marijuana/THC? (inhaled, ingested, or otherwise introduced marijuana into your body by yourself or with assistance of another person).  Yes  No  
If 'Yes', date of your last use? \_\_\_\_\_
7. Have you ever experimented with, misused or used without a prescription, any type of stimulant drug? (ex: Adderall, Ritalin, Dexedrine)  Yes  No  
If 'Yes', drug name \_\_\_\_\_ date of your last use? \_\_\_\_\_
8. Have you ever experimented with Heroin, PCP, LSD or any other hallucinogenic drug?  Yes  No
9. Have you ever experimented with Cocaine?  Yes  No  
Date of last use? \_\_\_\_\_ How many total uses? \_\_\_\_\_
10. Have you ever experimented with any other illegal substance not listed? (ex: Methamphetamine, Ecstasy, Huffing, etc.)  Yes  No  
If 'Yes', drug name \_\_\_\_\_ Date of your last use? \_\_\_\_\_
11. Have you ever misused any prescription drug or over the counter medicine?  Yes  No  
If 'Yes', drug name \_\_\_\_\_ Date of your last use? \_\_\_\_\_
12. Are you currently, or have you ever been, affiliated in any manner with any criminal organization, criminal street gang, or outlaw motorcycle club?  Yes  No

