

Last Name:

MI:

First Name:

SECTION #4 – DRUG SCREENING (COMAR 12.10.01.04G)

Drug Screening successfully completed: _____
Name of testing laboratory _____ Date of exam _____

SECTION #5 – CRIMINAL HISTORY (COMAR 12.10.01.05B)

Local check may be by N.C.I.C, all others by fingerprints:

FBI Date: _____ State Date: _____ Local Date: _____

SECTION #6 – CRIMINAL GANG MEMBERSHIP (COMAR 12.10.01.05A)

A search for law enforcement information pertaining to Gang involvement has been completed for this applicant through Maryland Police and Correctional Training Commissions approved resource. Yes No

Was applicant ever a member of a criminal gang? Yes No Date search completed: _____

If yes, information regarding gang membership is required to be reported to the Correctional Training Commission with this form.

SECTION #7 – MILITARY SERVICE (COMAR 12.10.01.05A)

Current military status (type of discharge if applicable): _____ Date: _____

No military service history – confirmed by (name of investigator): _____ Date: _____

SECTION #8 – CREDIT HISTORY (COMAR 12.10.01.05A)

Credit agency report: Credit agency name: _____ Date: _____

SECTION #9 – PRIOR SUBSTANCE ABUSE BY APPLICANTS FOR CERTIFICATION (COMAR 12.10.01.22)

Meets prior drug use standards *Polygraph examiner: _____ Date: _____

*Required for ALL DPSCS correctional officers. Other correctional employees may according to agency specific policy.

Meets prior marijuana use standards 12.10.01.22 C (3)(a). Verified by: _____ Date: _____ **or**

Meets prior controlled substance use standards 12.10.01.22 C (3)(b). Verified by: _____ Date: _____

SECTION #10 – INTERVIEWS AND CONTACTS (COMAR 12.10.01.04F, 12.10.01.05A)

A minimum of 1 person must be interviewed/contacted in each category.

Oral interview with employing agency: Name: _____ Date: _____

Personal references: Name: _____ Date: _____

Current/Prior employer (within last 5 years): Name: _____ Date: _____

Neighbors (within last 5 years): Name: _____ Date: _____

Current/Past co-workers (within last 5 years): Name: _____ Date: _____

School background (if applicable): Name: _____ Date: _____

No school contact because more than 5 years has elapsed since last school attendance.

If additional contacts were made please attach a separate sheet with names, dates and for which category they were contacted and check here.

SECTION #11 – REAPPOINTMENTS (COMAR 12.10.01.08)

A brief explanation as to the circumstances surrounding the departure of the applicant from a previous correctional agency. Full detail must be maintained in the applying agency's background investigation file.

Name of former correctional agency: _____ Date: _____

Name of person contacted at former agency: _____ Date applicant left: _____

Explanation: _____

If additional space is needed attach a separate sheet with additional information and check here.

I hereby affirm under penalty of perjury that the information provided in this Application for Correctional Certification is true and accurate to the best of my knowledge and contains no willful misrepresentation or falsification. I am aware that any misrepresentation or falsification of this information is a basis for rejection or revocation of certification by the Commission and may subject me to separate administrative or legal action, including, but not limited to prosecution pursuant to MD. Code. Ann., Crim. Law §8-606 and/or §9-101.

Agency Representative: _____ Signature: _____ Date: _____

Phone: _____ Email address for contact: _____