

**Maryland Police & Correctional
Training Commissions**

6852 4th Street, Sykesville, MD 21784 • (410) 875-3400 • Fax: (410) 875-3405

MPCTC USE ONLY

Date Received: _____

Certification Number: _____

Date Certified: _____

APPLICATION FOR CERTIFICATION OF JUVENILE SERVICES EMPLOYEE

APPLICANT (Please Type or Print clearly Ink only):

Last Name: _____

MI: _____

First Name: _____

Maiden/Former Name: _____

Date of Birth: _____

Certification Number: _____ - _____ - _____

Date of Appointment: _____

Agency Name: _____

Agency Code: _____

THIS APPLICATION IS FOR:

Original Certification (complete sections #1 thru #10)

Re-Certification (complete sections #3, 4, 5, 6, 9, 10 & 11)

Is applicant 18 years of age or older on date of appointment?

Yes

No

Position Title:

Case Management Specialist

Resident Advisor

Support Services Staff

Rank Title:

Entry Level

Above 1st Line Supervisor

Above 1st Line Administrator

1st Line Supervisor

1st Line Administrator

SECTION #1 – CITIZENSHIP STATUS (COMAR 12.10.01.04B)

U.S Citizen:

Place of Birth : _____

Naturalized Citizen:

Date: _____

Number: _____

Resident Alien:

Place of Birth : _____

SECTION #2 – EDUCATION (COMAR 12.10.01.04C)

Youth Supervisor:

Name of School/College: _____

Date: _____

Juvenile Counselor:

Name of College: _____

Date: _____

(Baccalaureate Deg.)

OR Name of College: _____

(Associate of Arts Deg.)

Date: _____

AND Name of Person verifying education: _____

Date: _____

Juvenile Justice Support Staff: meets educational requirements of agency.

SECTION #3 – PHYSICAL EXAMINATION (COMAR 12.10.01.04E)

Physically fit to perform duties of a correctional employee:

Name of certifying professional : _____

Date: _____

Mentally fit to perform duties of a correctional employee:

Name of certifying professional : _____

Date: _____

SECTION #4 – DRUG SCREENING (COMAR 12.10.01.04G)

Drug Screening successfully completed.

_____ *Name of testing laboratory*

_____ *Date*

Last Name: _____

MI: _____

First Name: _____

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 Date search completed: _____

Was applicant ever a member of a criminal gang? Yes No

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

SECTION #7 – MILITARY SERVICE (COMAR 12.10.01.15A)

- Current military status** (type of discharge if applicable): _____
- No military service history – confirmed by** (name of investigator): _____

SECTION #8 – CREDIT HISTORY (COMAR 12.10.01.15A)

- 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** 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:** 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 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 may subject me to prosecution pursuant to MD. Code. Ann., Crim. Law §8-606.

Agency Representative: _____ Signature: _____ Date: _____