

# MARYLAND STATE POLICE

## Chaplain Application

### PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Previous Used Names: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home/Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### EDUCATION

Did you graduate High School?  Yes  No Highest Grade Completed: \_\_\_\_\_

High School Name: \_\_\_\_\_ Address: \_\_\_\_\_

If you did not graduate – did you obtain a High School Equivalency?  Yes  No

GED Date: \_\_\_\_\_ Certificate #: \_\_\_\_\_ State: \_\_\_\_\_

### COLLEGE INFORMATION

Degree Received: \_\_\_\_\_ Date Received: \_\_\_\_\_

Major Studied: \_\_\_\_\_ Minor: \_\_\_\_\_

Graduate Degree Received: \_\_\_\_\_ Date Received: \_\_\_\_\_

Name of College/University	Address	# of Credits Earned	From	To

### MILITARY INFORMATION

Have you ever served in the Military?  Yes  No Branch: \_\_\_\_\_

Military Service Dates: From \_\_\_\_\_ To \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

### TRAINING INFORMATION

**Special Training/Skills/Qualifications** – Provide the requested information for any training or skills you have that may be related to the position for which you are applying. If the position for which you are applying requires a specific license/certification, include that information below.

Type of Training	Location School / Organization	Type of Certification License/Diploma	Date Received

**Special Equipment** – List any special equipment, computer, programs, and/or machinery that you can operate.

MISCELLANEOUS PERSONAL INFORMATION

Have you ever been convicted of a violation of the law (other than parking tickets)?  Yes  No

If yes, list date, charge, location and disposition:

Date	Charge	Location	Disposition

Please list three (3) character references that are able to speak confidently about you and your reputation. **DO NOT** use relatives, former employers or former supervisors.

Name	Address	Telephone	Years Known

EMPLOYMENT HISTORY

List your last six (6) employers, beginning with the CURRENT or most recent.

Current/Most Recent Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Employment Dates: From (Month / Year) \_\_\_\_\_ To (Month / Year) \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Previous Employer 1: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Employment Dates: From (Month / Year) \_\_\_\_\_ To (Month / Year) \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Previous Employer 2: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Employment Dates: From (Month / Year) \_\_\_\_\_ To (Month / Year) \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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Previous Employer 3: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Employment Dates: From (Month / Year) \_\_\_\_\_ To (Month / Year) \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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Previous Employer 4: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Employment Dates: From (Month / Year) \_\_\_\_\_ To (Month / Year) \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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Previous Employer 5: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Employment Dates: From (Month / Year) \_\_\_\_\_ To (Month / Year) \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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May we contact your current employer?  Yes  No

May we contact your former employers?  Yes  No

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I affirm that this application contains no willful misrepresentations or falsifications and that this information is true and complete to the best of my knowledge. I am aware that should the investigation disclose any contradictions I will not be eligible for the Chaplain Program.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

PRINT Name in Full: \_\_\_\_\_