Admission Process for the HCC Police Academy

STEP 1 – Apply to HCC

- Submit an “Application for Admission” to the college. This application process including placement testing can be found at www.hagerstowncc.edu/admissions.
- Select CER.AJP as intended major on HCC application.
- Apply for Financial Aid, if applicable. For more financial aid information go to www.hagerstowncc.edu/financial-aid or call 240.500.2473.

You will be notified by the college once you are accepted to HCC…then

STEP 2 – Apply to Police Academy

- Submit an application packet to the HCC Police Academy. An application packet can be requested by contacting the Police Academy (contact information below). The initial application packet includes:
  - Police Academy Application
  - Essay
  - Questionnaire
  - Criminal Background Check Release Form

You will be notified once your application is accepted…then

STEP 3 – Prepare for Interview

- An interview packet will be emailed to you containing
  - Interview Questions
  - Physician’s Release To Take Physical Training Test Form
- The following list of documents are required with return of completed Interview Packet
  - Copy of driving record from MVA
  - 3 letters of reference (optional, but preferred)
  - Copy of military discharge, Form DD-214 (if applicable)
  - Proof of high school diploma or GED
  - Copy of college transcript (if applicable)

STEP 4 – Interview and Physical Training Test

- You will be contacted to report for the interview and physical training test. Please note, these appointments may not be on the same day.
- Applicant must bring to the interview
  - Proof of residence (originals – no copies)
    - Utility bill and/or mortgage document and/or lease agreement (in either student’s name or parent’s name, if living with parents)
  - Driver’s license (original – no copies)
- Applicant must bring to the physical training test
  - Driver’s license (original – no copies)

You will formally be notified in writing once you are accepted into the Police Academy.

Mailing Address:
Police Academy
Hagerstown Community College
11400 Robinwood Drive
Hagerstown, Maryland 21742-6514

Email Address:
policeacademy@hagerstowncc.edu

Phone:
240.500.2400
HAGERSTOWN COMMUNITY COLLEGE
POLICE ACADEMY
APPLICATION FOR ADMISSION

Type or print neatly answers to every question. If question does not apply enter N/A. If space is insufficient, use a separate sheet and precede each answer with question. DO NOT MISSTATE OR OMIT material facts, the statements made herein are subject to verification to determine your qualifications for acceptance to the Police Academy.

**PROGRAM MONTH/YEAR APPLIED FOR:**
- [ ] SELF SPONSORED
- [ ] DEPARTMENT SPONSORED
- [ ] SPONSORING AGENCY:

**APPLICANT INFORMATION**

<table>
<thead>
<tr>
<th>HCC Student number</th>
<th>Application Date</th>
</tr>
</thead>
</table>

Last Name  | First | M.I. | Marital Status |

Alias(es)  |

Street Address  | Apartment/Unit # |

City  | State  | Zip |

Phone  | Mobile  | Email |

Date of Birth  | Place of Birth  | Social Security # |

Male [ ] Female [ ] Height  | Weight  | Eye color  | Hair Color |

Scars, Tattoos and other identifying marks:

Are you a citizen of the United States? [ ] YES [ ] NO
Native? [ ] YES [ ] NO
Naturalized, Certificate # |

Have you ever applied for a position with any other law enforcement agency? [ ] YES [ ] NO
if yes provide details

**EMPLOYMENT HISTORY**

<table>
<thead>
<tr>
<th>Previous Employer</th>
<th>City, State</th>
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</thead>
<tbody>
<tr>
<td>From</td>
<td>To</td>
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</table>

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<tr>
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<tbody>
<tr>
<td>From</td>
<td>To</td>
</tr>
</tbody>
</table>

**VEHICLE OPERATOR'S LICENSE** – Driver's, Chauffer's, Motorcycle, CDL, etc. Give information for **ALL** licenses you have held or now hold

<table>
<thead>
<tr>
<th>License Type</th>
<th>Place of Issue</th>
<th>Date of Expiration</th>
<th>License Number</th>
<th>Restrictions</th>
</tr>
</thead>
</table>

**MILITARY SERVICE** – ATTACH A COPY OF DISCHARGE OR SEPARATION PAPERS

<table>
<thead>
<tr>
<th>Branch</th>
<th>From</th>
<th>To</th>
<th>Rank at Discharge</th>
</tr>
</thead>
</table>

Type of Discharge  
If other than honorable, explain |

While in military service were you ever arrested for an offense which resulted in a trial by court or by summary, special or general court-martial? [ ] YES [ ] NO
If yes, give date, place, type of court or court-martial, charge and action taken for each incident.

**EDUCATION** – ATTACH COPY OF HIGH SCHOOL DIPLOMA OR GED

<table>
<thead>
<tr>
<th>High School</th>
<th>City, State</th>
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<tbody>
<tr>
<td>From</td>
<td>To</td>
</tr>
<tr>
<td>College</td>
<td>City, State</td>
</tr>
<tr>
<td>From</td>
<td>To</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>From</td>
<td>To</td>
</tr>
</tbody>
</table>

Signature of Applicant  |

Date
HAGERSTOWN COMMUNITY COLLEGE
POLICE ACADEMY
APPLICATION FOR ADMISSIONS

<table>
<thead>
<tr>
<th>ARREST, DETENTION, AND LITIGATION: INCLUDE ARREST AND DISPOSITION INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever been arrested or detained by a law enforcement agency? Include traffic arrests. YES ☐ NO ☐</td>
</tr>
<tr>
<td>Have you been involved in any court action, CRIMINAL, CIVIL OR TRAFFIC? YES ☐ NO ☐</td>
</tr>
<tr>
<td>Have you ever been fingerprinted for any reason? Arrest, Job application etc. YES ☐ NO ☐</td>
</tr>
<tr>
<td>Have you ever committed an undetected crime? = offenses (crimes) you have committed where you were never detected as being the suspect or offender. YES ☐ NO ☐</td>
</tr>
<tr>
<td>If the answer to any of the above questions is YES, list below the date, place, and full details of each incident.</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>DRUGS AND INTOXICATING SUBSTANCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever inhaled, smoked, ingested or in any other way used marijuana, heroin, cocaine (powdered or crack), LSD, PCP, methamphetamine, methadone, or ecstasy YES ☐ NO ☐</td>
</tr>
<tr>
<td>If the answer is yes, name the substances, the dates used, the number of uses, and the date of last usage for each.</td>
</tr>
<tr>
<td>Have you ever inhaled, smoked, ingested or in any other way used any other illegal drug not listed above, or any other substance as a drug e.g. glue, paint thinner, gasoline, etc.? YES ☐ NO ☐</td>
</tr>
<tr>
<td>If the answer is yes, name the substances, the dates used, the number of uses, and the date of last usage for each.</td>
</tr>
<tr>
<td>Have you ever inhaled, smoked, ingested or in any other way used any legal drug in an illegal manner e.g. prescriptions prescribed to someone else such as Valium, Oxycodeone, OxyContin, Percocet, Percodan, etc. or other over the counter medications in violation of law? YES ☐ NO ☐</td>
</tr>
<tr>
<td>If the answer is yes, name the substances, the dates used, the number of uses, and the date of last usage for each.</td>
</tr>
<tr>
<td>Have you ever sold or participated in the sale of any illegal drug, or the sale of any legal drug in an illegal manner? YES ☐ NO ☐</td>
</tr>
<tr>
<td>If the answer is yes, describe the substances, the dates they were sold, the number of times you sold or participated in the sale, and the date of last sale.</td>
</tr>
</tbody>
</table>
HAGERSTOWN COMMUNITY COLLEGE
POLICE ACADEMY
APPLICATION FOR ADMISSIONS

SUBVERSIVE ORGANIZATIONS

Are you now or have you ever been a member of the Communist Party U.S.A. or any communist organization(s) anywhere? YES ☐ NO ☐

Are you now or have you ever been a member of a Fascist organization? YES ☐ NO ☐

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 approving 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? YES ☐ NO ☐

Are you now or have you ever been affiliated with any individuals, including relatives, who you know or have reason to believe are or have been members of any of the organizations listed above? YES ☐ NO ☐

Are you now associating with, or have you ever associated with any individuals, including relatives, who you know or have reason to believe have been members of any of the organizations listed above? YES ☐ NO ☐

Have you ever been engaged in any of the following activities of any organization of the type described above: Contribution to, attendance at or participation in any organizational, social, or other activities of said organizations or 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? YES ☐ NO ☐

If you answered YES to any of the above, describe the circumstances, give full detailed statement below. If associated with any of these organizations, specify nature and extent of association with each, including 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.

ADDITIONAL REMARKS

Disclaimer and Signature

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 in advance to being summarily dismissed from class without cause or hearing, without refund, if any of the above information contains any misrepresentation or falsification or if any material information has been omitted.

Signature of Applicant  Date
Please write a one page essay telling us why you are interested in attending the Hagerstown Community College Police Academy, and why we should select you.
Applicants acknowledge that the answers they provide on this questionnaire are truthful and complete. Any false statements are grounds for elimination from the process.

Signature: ___________________________ Date: ___________________________

Applicant Information

Full Name: 

Last __________________________ First __________________________ M.I. __________________________

Other names used: __________________________

Address: __________________________

Street Address __________________________ Apartment/Unit # __________________________

City __________________________ State __________________________ ZIP Code __________________________

Home Phone: __________________________ Cell Phone: __________________________ Email: __________________________

Date of Birth: __________________________ Place of Birth: __________________________

Gender: __________________________ Height: __________________________ Weight: __________________________

Driver's License Number: __________________________ State: __________________________

Previous Addresses for the last 10 years:

Education

High School: __________________________ Location: __________________________

From: _______ To: _______ Did you graduate? YES ______ NO ______ Diploma: __________________________

College: __________________________ Address: __________________________

From: _______ To: _______ Did you graduate? YES ______ NO ______ Degree: __________________________

Other: __________________________ Address: __________________________

From: _______ To: _______ Did you graduate? YES ______ NO ______ Degree: __________________________
Employment History

Company: ____________________________ Phone: ____________________________
Address: ____________________________ Supervisor: ____________________________
Job Title: ____________________________ From: ____________ To: ____________
Responsibilities: ____________________________
Reason for Leaving: ____________________________

Company: ____________________________ Phone: ____________________________
Address: ____________________________ Supervisor: ____________________________
Job Title: ____________________________ From: ____________ To: ____________
Responsibilities: ____________________________
Reason for Leaving: ____________________________

Company: ____________________________ Phone: ____________________________
Address: ____________________________ Supervisor: ____________________________
Job Title: ____________________________ From: ____________ To: ____________
Responsibilities: ____________________________
Reason for Leaving: ____________________________

Have you ever been fired or asked to resign? ____________________________
If yes please explain: ____________________________
How would your bosses describe your work attitude?: ____________________________

Military Service

Branch: ____________________________ From: ____________ To: ____________
Rank at Discharge: ____________________________ Type of Discharge: ____________________________
If other than honorable, explain: ____________________________
Law Enforcement Questions

Do you have any experience working for a law enforcement agency? (include internships):

_________________________________________________________________________

_________________________________________________________________________

Do you have any experience working for a fire department?

_________________________________________________________________________

_________________________________________________________________________

Have you ever been arrested? If yes please explain:

_________________________________________________________________________

_________________________________________________________________________

Have you ever been stopped by the police? If yes please explain:

_________________________________________________________________________

_________________________________________________________________________

Have you ever been stopped for suspicion of DUI?

_________________________________________________________________________

Have you ever been involved in a crime that went undetected?

_________________________________________________________________________

_________________________________________________________________________

Have you ever been the focus of a criminal investigation?

_________________________________________________________________________

_________________________________________________________________________

Have you ever used illegal drugs? If yes, list type of drug, date of last use, total times used each drug:

_________________________________________________________________________

_________________________________________________________________________

Have you ever had illegal drugs in your possession?

_________________________________________________________________________

I, the undersigned, have answered these questions truthfully and fully. I understand that if any responses are later determined to be false I will immediately be dropped from the academy. I also understand that prior to being hired by a law enforcement agency I will have to undergo a complete background investigation which will include a polygraph exam.

Signature: ____________________________________________  Date:_________________________
<table>
<thead>
<tr>
<th>Additional Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever been involved in any domestic violence incident?</td>
</tr>
<tr>
<td>Have you ever been involved in a fight with a weapon?</td>
</tr>
<tr>
<td>Have you ever committed an alcohol-related violation?</td>
</tr>
<tr>
<td>Have you ever entered a building, house or business without permission?</td>
</tr>
<tr>
<td>Have you ever injured an animal?</td>
</tr>
<tr>
<td>Have you ever been affiliated with a gang?</td>
</tr>
<tr>
<td>Have you ever intentionally injured someone?</td>
</tr>
<tr>
<td>Have you ever applied for a law enforcement agency? List all:</td>
</tr>
<tr>
<td>Have you ever taken a polygraph exam? Explain circumstances and results:</td>
</tr>
<tr>
<td>Have you ever declared bankruptcy?</td>
</tr>
</tbody>
</table>

**Disclaimer and Signature**

I certify that my answers are true and complete to the best of my knowledge

*I understand that providing false or misleading information in my application or interview will result in my release from the academy.*

Signature: ___________________________ Date: ___________________
HAGERSTOWN COMMUNITY COLLEGE POLICE ACADEMY

AUTHORIZATION FOR RELEASE OF INFORMATION AND STATEMENT OF CONSENT

I ________________________________________, do hereby authorize a review by and a full disclosure to HCC Police Academy Director, or his designate, a duly authorized agent of Hagerstown Community College, of all records, or any part thereof, concerning myself, whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature.

I hereby authorize a review by and a full disclosure of any and all records of any Police or Correctional Agency internal and background investigations, including the results of such investigation(s) to the aforementioned agent of the HCC Police Academy, whether the investigation was sealed by an agreement between my attorney and the Agency attorney or not.

I agree to indemnify and hold harmless Hagerstown Community College, Washington County Sheriff's Office and its employees or representatives, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of taking any action in reference to my application for consideration to attend the Hagerstown Community College Police Academy.

I understand and agree that the results of this investigation/records check will remain confidential and that I will not be allowed to review or receive a copy of any part of the final records, report, investigator's notes, or any other information obtained as a result of this background investigation. (APPLICANT MUST INITIAL HERE _______)

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

Applicant’s Full Name:

Alias(es)/former or maiden name:

Race:

Gender: Male    Female

Date of Birth:

Social Security Number:

Signature:_____________                                Date:_____________

Witness:______________________________                             Date:_____________