



MARYLAND STATE POLICE

AVIATION COMMAND



Minimum Qualification Pre-Screening Questionnaire

Trooper / Paramedic

PLEASE PRINT OR TYPE ALL INFORMATION LEGIBLY.

Today's Date: _____ Date Available to Begin (if hired): _____

SECTION 1 - PERSONAL INFORMATION

NAME: _____
LAST FIRST MIDDLE

E-MAIL ADDRESS: _____ Is your e-mail: Personal or Business

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE / PAGER: _____

WORK PHONE: _____ May we contact you at work? Yes No

HAVE YOU PREVIOUSLY APPLIED TO MSP? Yes (Date / Reason Not Hired: _____) No

WHY DID YOU APPLY TO MSP? MSP Employee Name / Rank: _____

Advertisement Brochure / Flyer Aviation Command Website Link From Other Website: _____

Other: _____

SECTION 2 - BASIC QUALIFICATIONS

HIGHEST LEVEL OF EDUCATION: Doctorate Master's Bachelor's Associate's High School GED

DRIVERS LICENSE INFORMATION → STATE: _____ NUMBER: _____ VALID: Yes No

ARE YOU CURRENTLY A NATIONALLY REGISTERED PARAMEDIC (NREMT-P)? Yes (Number: _____) No

IN WHICH STATE(S) ARE YOU A CERTIFIED OR LICENSED PARAMEDIC? _____

HOW MANY YEARS OF PRE-HOSPITAL ADVANCED LIFE SUPPORT EXPERIENCE DO YOU HAVE? _____

IS YOUR EXPERIENCE PRIMARILY? Career Volunteer Both

CHECK ALL IN WHICH YOU ARE CURRENT? ACLS PALS BTLS / PHTLS EMS Instructor

Please fax this completed form to (410) 653-4498

SECTION 3 - POSITION INFORMATION

This job classification is considered a sensitive position within the Maryland State Police. As such, you will be subject to compliance with our drug policy which includes random drug screening. The processing includes a thorough background investigation, interview, polygraph examination and medical examination.

As an applicant for the position of Trooper / Paramedic, you will be required to complete the Trooper Candidate hiring process, the State Police Academy and Trooper Field Training before you can be considered for transfer into the Aviation Command. Vacancies in both the Department and the Command are filled on an as-needed basis.

FOR AVIATION DIVISION USE ONLY

Date Contacted: _____ By Whom: _____