

**Police Department  
Baltimore, Maryland**

**General Order 12-82**

**Q-15**

**23 June 1982**

**Subject: *Personal History***

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**POLICY**

It is the policy of the Baltimore Police Department to maintain an accurate and up-to-date personal history record of each member, available in the Personnel Division and district/division of assignment.

**PURPOSE**

The purpose of this Order is to recodify and promulgate procedures governing the initiation of a departmental Personal History Form for each new employee; semi-annual review and updating as required; and to have each member certify the beneficiary of his choice as listed with the Employees; Retirement System, the Ordinary Death/Accidental Death Benefit, the Minnesota Mutual Insurance Company, and Municipal Employees Credit Union. Additionally, this Order provides mandates for the timely submission and handling of Change Notices.

**RESPONSIBILITIES**

I. The Personnel Division shall ensure all new employees, entering the department, complete in **duplicate** a departmental Personal History Form.

The Personnel Division shall forward the completed Personal History Form to the division/district to which the member is assigned and file the duplicate copy of the form in the member's personnel jacket.

II. Commanding Officers shall ensure the Personal History Forms for members under their command are filed alphabetically. This file shall only be available to supervisors, officer supervisors as designated by Commanding Officers, and the individual concerned.

**NOTE:** Information on Personal History Forms shall **not** be given to non-departmental personnel under any circumstances.

III. All members shall submit a written report to their Commanding Officer within **24 hours** of the effective date of any changes/additions to the Personal History Form, except for the **Departmental History Section** which shall be updated by the designated office supervisor. When members change their marital status Commanding Officer ensure a counseling conference concerning the member's beneficiaries for the Employees' Retirement System, the Ordinary Death/Accidental Death Benefit, the Municipal Employees Credit Union or the Minnesota Mutual Insurance company is conducted within five working days by an office supervisor or other designated administrative member of his command.

**NOTE:** All members shall review their Personal History Form twice each year during the months of January and July in conjunction with reviewing their semi-annual performance evaluation reports. If there are not additions/ corrections to the form, members shall sign the form in the space provided.

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Supervisors have the mandated responsibility to ensure members the certify Personal History Form if the information is correct at the time of each semi-annual review.

If additional space is needed, a new form shall be utilized. The new for shall include the member's name and the additional information required and shall be attached to the original Personal History Form.

- IV. Commanding Officers shall submit a written report to the Deputy Commissioner of their respective Bureau, when the semi-annual reviews/updates are completed for their individual commands. Commanding Officers of Police Commissioner's Staff Divisions shall submit a written report to the Deputy Commissioner, Human Resources/Services Bureau.

Once a change has been effected which requires the submission of a Change Notice, that Change Notice shall **immediately** be completed and forwarded by the officer supervisor to the Fiscal Division via departmental mail. Upon receipt of the Change Notice, the Fiscal Division shall update the necessary records and had carry the appropriate copy to the Personnel Division within **four hours**. The Director, Personnel Division, shall ensure all changes are reflected in the necessary records including the member's departmental Personal History Form maintained in the Personnel Division.

Commanding Officers shall have the mandated responsibility to ensure that all changes are properly recorded and all Change Notices are handled in a timely and expeditious manner.

- V. Members wishing to change beneficiaries or other pertinent information may obtain the necessary forms telephonically or appear in person at the following locations:

- A. Employees' Retirement System and the Ordinary/Death Accidental Death Benefit -- Retirement System Office, Room 640 City Hall.  
**NOTE:** Change of beneficiary for the Employees' Retirement System and the Ordinary Death/Accidental Death Benefit must be notarized prior to mailing the appropriate form back to the Retirement System.
- B. Minnesota Mutual Insurance Company -- Fiscal Division, 7th Floor, Police Department Headquarters Building.
- C. Municipal Employees Credit Union -- 401 East Fayette Street.
- D. BlueCross/Blue Shield health Maintenance Organization -- Personnel Division, 7th Floor, Police Headquarters Building.

- VI. When a member is transferred, office supervisors shall review the departmental Personal History Form to ensure all entries are updated and place the form in the member's division/district personnel jacket and forward the personnel jacket to the member's new assignment.

When a member retires or terminates employment, the office supervisor shall forward the member's division/district personnel jacket to the Personnel Division.

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VII. The Staff Inspection Section shall periodically inspect each division/district Personal History File.

**RECISION** -- Remove from manuals/files and recycle/destroy:

General Order 33-78, "Personal History", dated 23 October 1978.

**COMMUNICATION OF DIRECTIVE**

Commanding officers and supervisors shall communicate the contents of this directive to their subordinates and ensure compliance. This directive is effective on the date of publication.

**Commissioner**

**ANNEX**

A. Personal History Form

**DISTRIBUTION**

"A"

Plus All Civilian Employees

Plus All Departmental Bulletin Boards

I certify that I have read and fully understand this Order.

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Signature

POLICE DEPARTMENT BALTIMORE, MARYLAND

PERSONAL HISTORY Form 78 / 124

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Classification (Rank) Include Promotions and New Classifications

- (1.) \_\_\_\_\_ (4.) \_\_\_\_\_
(2.) \_\_\_\_\_ (5.) \_\_\_\_\_
(3.) \_\_\_\_\_ (6.) \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_ Other Phone \_\_\_\_\_

Address (Change Of) \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Next of Kin (Relationship) \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Blood Type and Rh Factor \_\_\_\_\_ Medical Warning \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

In Case of Emergency Notify:

- (1) \_\_\_\_\_ Relationship \_\_\_\_\_
Address \_\_\_\_\_ Phone No. \_\_\_\_\_
(2) \_\_\_\_\_ Relationship \_\_\_\_\_
Address \_\_\_\_\_ Phone No. \_\_\_\_\_

DATA

Badge and Hat Device \_\_\_\_\_ Sequence No. \_\_\_\_\_

Payroll/Soc. Sec. No. \_\_\_\_\_ Job No. \_\_\_\_\_ I.D. No. \_\_\_\_\_

Locator No.(s) \_\_\_\_\_ Medical District No. \_\_\_\_\_

Dept. Driving Permit No. \_\_\_\_\_ Md. Operators No. \_\_\_\_\_

MAARS Manual No. \_\_\_\_\_ Drug Abuse Manual No. \_\_\_\_\_

Case and General Order Manual No. \_\_\_\_\_ Field Report Manual No. \_\_\_\_\_

C.I.D. Investigators Manual No. \_\_\_\_\_ Detective Badge No. \_\_\_\_\_

Service Revolver(s) No. \_\_\_\_\_ Training & Operational Manual No. \_\_\_\_\_

Chemical Mace No.(s) \_\_\_\_\_ Soft Body Armor Carrier No. \_\_\_\_\_

Personal Revolver(s) No. \_\_\_\_\_ Digest of Laws No. \_\_\_\_\_

Helmet No. \_\_\_\_\_ Handcuff No. \_\_\_\_\_ Call Box Key No. \_\_\_\_\_

Traffic Court Day(s) and Time(s) \_\_\_\_\_

HISTORY

A. DEPARTMENT

Entrance On Duty (Date) \_\_\_\_\_ Retirement System \_\_\_\_\_

Member Police Beneficial Association \_\_\_\_\_ Personnel Fund \_\_\_\_\_

Group Insurance (Minnesota Life) \_\_\_\_\_ Dept. Blood Bank \_\_\_\_\_

Police Associations (Name) \_\_\_\_\_

Assignments In The Department and Effective Dates.

Table with 4 columns: ORGANIZATION, EFF. DATE, ORGANIZATION, EFF. DATE. Rows 1-12.

Departmental Training (Include Basic, In-Service, Narcotic, Civil Defense, Supervisory, Driver, Special Unit and/or Other-Give Dates)

Table with 4 columns: TYPE, DATE(S), TYPE, DATE(S). Rows 1-14.

COMMENDATIONS (No. of Each)

Commendatory Letter \_\_\_\_\_  
Commendation Ribbon \_\_\_\_\_ Bronze Star \_\_\_\_\_  
Special Commendation \_\_\_\_\_ Special Recognition Awards \_\_\_\_\_  
Other Departmental Commendations: \_\_\_\_\_

DISCIPLINARY ACTION

(1.) \_\_\_\_\_ (5.) \_\_\_\_\_  
(2.) \_\_\_\_\_ (6.) \_\_\_\_\_  
(3.) \_\_\_\_\_ (7.) \_\_\_\_\_  
(4.) \_\_\_\_\_ (8.) \_\_\_\_\_

B PERSONAL

Religion \_\_\_\_\_ Marital Status \_\_\_\_\_  
(Leave Blank if Single) Spouses Name \_\_\_\_\_ No. of Children \_\_\_\_\_  
Names of Children (1.) \_\_\_\_\_ (2.) \_\_\_\_\_  
(3.) \_\_\_\_\_ (4.) \_\_\_\_\_  
(5.) \_\_\_\_\_ (6.) \_\_\_\_\_  
(7.) \_\_\_\_\_ (8.) \_\_\_\_\_

Educational Background (List All Schools Attended After 12th Grade, Include Special Courses, Service School, College — Diplomas and or Degrees Obtained:

NAME	DEGREE-CERTIFICATE	NAME	DEGREE-CERTIFICATE
(1.) _____	_____	(8.) _____	_____
(2.) _____	_____	(9.) _____	_____
(3.) _____	_____	(10.) _____	_____
(4.) _____	_____	(11.) _____	_____
(5.) _____	_____	(12.) _____	_____
(6.) _____	_____	(13.) _____	_____
(7.) _____	_____	(14.) _____	_____

Hobbies, Interests, Special Skills, Etc. That Benefit The Department.  
(Example: Typing, Foreign Languages, Data Processing Etc.)

(1.) \_\_\_\_\_ (5.) \_\_\_\_\_  
(2.) \_\_\_\_\_ (6.) \_\_\_\_\_  
(3.) \_\_\_\_\_ (7.) \_\_\_\_\_  
(4.) \_\_\_\_\_ (8.) \_\_\_\_\_

ADDITIONAL DATA SPACE

Equipment (1.) \_\_\_\_\_ (5.) \_\_\_\_\_  
(2.) \_\_\_\_\_ (6.) \_\_\_\_\_  
(3.) \_\_\_\_\_ (7.) \_\_\_\_\_  
(4.) \_\_\_\_\_ (8.) \_\_\_\_\_

History \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Miscellaneous \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEMBERS WRITTEN SIGNATURE \_\_\_\_\_

DATE ORIGINALLY COMPLETED \_\_\_\_\_

**PERSONAL HISTORY DATA CERTIFICATION**

I certify that the information contained in this form is correct as listed. I understand all personal data changes must be reported to my Commanding Officer within 24 hours and that a change in my marital status also requires a beneficiary conference in my district/division of assignment within five working days. I further understand that to change my choice of beneficiaries for the Employees' Retirement System, the Ordinary Death/Accidental Death Benefit, Municipal Employees' Credit Union or Minnesota Mutual Insurance Company I must execute the appropriate forms either in person or by mail.

I FURTHER CERTIFY THAT I HAVE REVIEWED MY DESIGNATION OF BENEFICIARIES FOR THE EMPLOYEES' RETIREMENT SYSTEM, THE ORDINARY DEATH/ACCIDENT DEATH BENEFIT, MUNICIPAL EMPLOYEES' CREDIT UNION OR MINNESOTA MUTUAL INSURANCE COMPANY AND THEY REFLECT MY DESIRES AND INTENT.

_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date
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