

STATE OF MARYLAND MARYLAND STATE POLICE

1201 REISTERSTOWN ROAD PIKESVILLE, MARYLAND 21208-3899 410-486-3101 TOLL FREE: 1-800-525-5555 TDD: 410-486-0677



TO: All Department of State Police Applicants

SUBJECT: Truthfulness

One of the most critically important issues that defines the effectiveness of any organization is the perception that it is a credible organization. Central to that image is the integrity and truthfulness of the department=s employees, from the newest entrant through the top-level managers.

The need for honest, impartial and accurate representation of facts is nowhere more vital than within a law enforcement agency where success or failure rests with the degree of public support it receives. Public support can quickly erode where there is a lack of credibility in existence within an organization.

The very basis of an individual's integrity, as perceived by the public, friends and fellow workers is at stake whenever the truth is not told. The loss of integrity by an individual or group of individuals can quickly spread throughout the department.

As Superintendent, it is my responsibility to maintain the effectiveness of the Department of State Police as a viable law enforcement agency. This document serves notice that I will not tolerate lying of any kind by any member of this department, including applicants. You are therefore advised that all information disclosed or gleaned during the application process may be verified by means of a polygraph examination.

Any statements or omissions, either written or verbal, that are given by any applicant with the intent to deceive will result in rejection from further consideration for employment with the Department of State Police. There is no substitute for the truth.

Roland Butler Superintendent

supply during	e read and considered the precede the course of my processing, etc. I will not intentionally omit a	either written or verbal, wil	l be answered honestly	
Signature of Applicant			Date	
	STATE OF		_	
	O	F	TO WIT:	
Public, of the known to me instrument, a	day of day of e State and City/County aforesa e (or satisfactorily proven) to be and acknowledged that he/she ex	id, personally appeared the person whose name is	subscribed to the within	
	se therein contained. hereof, I hereunto set my hand a	and official seal.		
Signa	ture of Notary Public		Official Seal Must be Affixed	