



DELAWARE CITY POLICE DEPARTMENT

407 Clinton Street
PO Box 4159
Delaware City, DE 19706-4159
(302)836-6344

APPLICATION FOR EMPLOYMENT INSTRUCTIONS

Application must be typewritten or printed legibly in ink. All questions must be answered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions.

PERSONAL HISTORY

1. Full Name:

Last Name		First	Middle	Nickname
Residence Address		Apt. No.	Mailing Address	Apt. No.
City ()	County ()	State	Zip Code	
Telephone Number (Home)	Work/Other ()			
E-mail Address	Cell ()			

2. Social Security Number: _____

Driver's License Number: _____ State Issued: _____

3. Place of Birth:

City	County	State	Country (If not the United States)
------	--------	-------	------------------------------------

4. Other: List all other names you have used including circumstances and time periods you used them. For example: Former name(s), alias(es), and nickname(s).

Name	Circumstance	Dates From-Mo./Yr.	Dates To-Mo./Yr.

The Delaware City Police Department is an Equal Employment Opportunity/Affirmative Action Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, handicap, marital status, religion or any other legally protected status.

5. Have you ever filed an application with us before? Yes No If yes, please give dates _____

6. Have you ever been employed by us before? Yes No If yes, please list titles and dates of employment _____

7. Do you have any relatives working for us? Yes No If yes, please list names _____

EDUCATION/TRAINING

1.

High School Name/Address	Dates Attended – Mo./Yr.		Years Completed	Did You Graduate?	Type of Diploma
	From	To			

2.

College/University Name/Address	Dates Attended – Mo./Yr.		Credit Hours Earned		Did You Graduate?	Type of Degree
	From	To	Qtr.	Sem.		

Major _____ Minor _____

3. Other Schools (Trade, vocational, Business, Police Academies or Military):

Name/Address	Dates Attended – Mo./Yr.		Credit Hours Earned	Area of Study	Did you Graduate?	Type of Degree or Certificate
	From	To				

4. Are you law enforcement/corrections certified with the state of Florida? Yes No

5. Describe any awards, honors, citations, or other special recognition you received while attending school and positions held in school organizations:

6. Indicate any law enforcement education/training. (Attach list, if applicable)

7. Did you receive a certificate for this training? Yes No (Attach copy)

8. Indicate any special skills you possess and equipment you can use which may be related to the position for which you are applying: (i.e., breathalyzer, speed detection equipment, firearms, and computers):

9. Computer Skills: Word Excel Outlook Power Point

Other _____

General Computer Knowledge: Basic Advanced

10. State approximate number of words per minute: Typing _____

11. On what date are you available to work? _____

12. Are you available to work rotating shifts? Yes No

EMPLOYMENT HISTORY

1. List chronologically all employments for the last 10 years including current employment, summer and part-time employment while attending school. All time must be accounted for. Any length of time not employed, indicate dates of unemployment. Please attach a separate sheet of paper for additional employment history, if necessary.

I Name of Present or last employer. _____

Address: _____

Your Job Title: _____ Phone Number: () _____ - _____

FROM: ___/___/___ TO: ___/___/___ Supervisor's Name: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

2 Name of Present or last employer. _____

Address: _____

Your Job Title: _____ Phone Number: (____) _____ - _____

FROM: ____/____/____ TO: ____/____/____ Supervisor's Name: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

3 Name of Present or last employer. _____

Address: _____

Your Job Title: _____ Phone Number: (____) _____ - _____

FROM: ____/____/____ TO: ____/____/____ Supervisor's Name: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

4 Name of Present or last employer. _____

Address: _____

Your Job Title: _____ Phone Number: (____) _____ - _____

FROM: ____/____/____ TO: ____/____/____ Supervisor's Name: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

5 Name of Present or last employer. _____
 Address: _____
 Your Job Title: _____ Phone Number: (____) _____
 FROM: ____/____/____ TO: ____/____/____ Supervisor's Name: _____
 Duties and Responsibilities: _____

 Reason for Leaving: _____

2. May we contact your present and previous employer? Yes No, please explain _____

3. Have you ever been dismissed or asked to resign? Yes No If yes, please explain _____

4. Have you had any disciplinary action, to include verbal, written warnings, reprimands, suspensions, and counseling's, taken against you for any employment or position you have held? Yes No If yes, please provide details or documents _____

5. Have you resigned, or left a job by mutual agreement, for any reason? Yes No If yes, please provide details _____

6. Have you ever applied or worked with any law enforcement agencies? Yes No If yes, please provide the following:

Agency and/or Department _____ Date Applied _____

Address (Street, City, State, and Zip) _____

Position Applied for: _____ Status: _____

Agency and/or Department _____ Date Applied _____

Address (Street, City, State, and Zip) _____

Position Applied for: _____ Status: _____

Agency and/or Department _____ Date Applied _____

Address (Street, City, State, and Zip) _____

Position Applied for: _____ Status: _____

RESIDENCES

1. Actual places of residence for past 10 years – list chronologically all address, including residences while at school and in military. For college or campus residences, give dormitory name, city, and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city and state. If post office box, give location of post office. If apartment complex, give name, phone number and point of contact/manager. Attach a separate sheet of paper for additional residences if necessary.

Dates – Mo./Yr.		Apt No.	Street Address	City	County	State	Zip
From	To						

ARREST HISTORY / COURT DATA

1. Have you ever been arrested, charged or received a notice or summons to appear for any criminal violations? Yes No
2. Have you ever been convicted or charged of a felony or misdemeanor? Yes No
3. To your knowledge, has any member of your family ever been arrested for a felony or misdemeanor? Yes No
4. If you answered yes to questions 1, 2, or 3, list all such matters even if not formally charged, or no court appearance, or found not guilty, or nolo contendere to any charges for which adjudication was withheld, or matter was settled by payment of fine or forfeiture of collateral. (Include your juvenile charges and charges which have been sealed, if any.)

Applicant	Place & Department	Charge	Court & Plea	Date of Charge	Disposition
Relative's Name/ Relationship	Place & Department	Charge	Court & Plea	Date of Charge	Disposition

5. Have you or your spouse ever been a plaintiff or defendant in a court action? Yes No

6. Have you ever been detained by any law enforcement officer for investigation purposes **OR** have you ever been the subject of **OR** a suspect in any criminal investigation? Yes No

7. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? Yes No
If yes to questions #5 and #6, please provide details. _____

CONTROLLED SUBSTANCES

Do you **NOW** or have you **EVER** tried, purchased, or sold any illegal drugs or controlled substances? ("Tried" includes smoking, inhaling, swallowing, placing/rubbing on gums, lips, or tongue; injecting, or ingesting by any other means.) Yes No

If you answered YES, list details below.

Name of Drug of Controlled Substance	Tried	Purchased	Sold	First Time (mm/yy)	Last Time (mm/yy)
Marijuana/THC	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Hashish	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
PCP/Angle Dust	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
STP/Speed	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Mushrooms/Psilocybin	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Heroin	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Cocaine	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Crack	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Quaaludes	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Opium	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Uppers/Downers	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Steroids	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Valium	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Speedballs	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Rohypnol (Ruffies)	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Inhalants/Whippets	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
LSD	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
GHB/GBL	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Other Name Drug	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		

DRIVING HISTORY

1. Do you possess a valid driver's license? Yes License No.: _____

State of License _____ Date of Expiration: _____ Restrictions: _____

Endorsements: _____

2. Do you hold or have you ever held a driver's license in another state? Yes No If yes, please provide state(s), name used, driver license(s) number and approximate dates license(s) was/were held, if known. _____

3. Have you ever received a ticket or been charged with a traffic violation? Yes No If yes, list charge, date, and disposition. _____

4. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? Yes No If yes, please provide complete details including reason and place. _____

5. Have you ever had automobile insurance refused, withdrawn, or revoked? Yes No If yes, please provide completed details. _____

MILITARY HISTORY

1. Have you ever served on active duty in the Armed Forces of the United States? Yes No

Branch of Service: _____ Highest Rank: _____

Service #: _____ Duty Dates: From: _____ To: _____ Job Specialty: _____

2. Are you now or have you ever been a member of the Reserve Unit or the National Guard? Yes No If yes, state the branch of service, name and location of your unit and whether you attend drills, meetings, or camps: _____

PERSONAL REFERENCES & ACQUAINTANCES

1. Personal References: Give three (3) references (not relatives, former or present employer, fellow employees or school teachers) who are **responsible adults** of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. If retired, give former occupation. Provide complete mailing addresses and phone numbers.

Complete Name (and relationship to the applicant) _____ (Last Name, First, MI)		Home Address: _____ City, State & Zip: _____ Home Phone: () _____
Yrs. Acq.	Occupation	Business Phone: () _____ Business Address: _____ City, State & Zip: _____

Complete Name (and relationship to the applicant) _____ (Last Name, First, MI)		Home Address: _____ City, State & Zip: _____ Home Phone: () _____
Yrs. Acq.	Occupation	Business Phone: () _____ Business Address: _____ City, State & Zip: _____

Complete Name (and relationship to the applicant) _____ (Last Name, First, MI)		Home Address: _____ City, State & Zip: _____ Home Phone: () _____
Yrs. Acq.	Occupation	Business Phone: () _____ Business Address: _____ City, State & Zip: _____

APPLICANT CERTIFICATION

I understand that my appointment or employment will be contingent upon the results of a completed background investigation. I am aware that any omission, falsification, misstatement or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Delaware City Police Department. I agree to the conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge. I also understand that I will be fingerprinted. I understand that this employment application shall become the property of the Delaware City Police Department..

AFFIDAVIT (Must be notarized)

Applicant's Signature _____
Date

The foregoing was acknowledge before me this _____ day of _____ Year _____

By, _____, who is personally known by me or who has produced
_____ as identification.

Signature of person taking acknowledgment _____
Printed Name

Title or Rank

RACIAL/ETHNIC DATA

Flagler County is required by the U.S. Equal Opportunity Commission to collect and maintain the information requested below for EEO statistical reporting purposes only. This information will be maintained separately from your application and will not be considered in the application evaluation process.

Last Name:	First:	Date:	Social Security #:
Position Title:			
How did you learn about this vacancy?			
Date of Birth:			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male			
Handicapped/Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If job accommodations are needed please specify:			

RACIAL/ETHNIC DATA (Select One)

- WHITE** (not of Hispanic origin): All persons having origins in any of the original people of Europe, North Africa, or the Middle East.
- BLACK** (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
- HISPANIC** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ASIAN or PACIFIC ISLANDER** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes for example, China, India, Japan, Korea, the Philippine Islands and Samoa.
- AMERICAN INDIAN or ALASKAN NATIVE** All persons having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.