



# POLICE OFFICER APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, martial or veteran status, or any other legally protected status.

(PLEASE PRINT)

Date of Application: \_\_\_\_\_

Last Name		First Name		Middle Name	
Address	Street	City	State	Zip Code	
Give any other names you have used or have been known by:					
_____					
_____					
Telephone Number(s) Work:		Home:		Cell:	
_____		_____		_____	
Do you own or rent your home?    _____ Own    _____ Rent					
Date of birth _____/_____/_____		Place of birth _____, _____			
Are you a citizen of the United States? _____ Natural Born? _____					
Naturalized? (If so date and location) _____					
Social Security Number: _____/_____/_____					
Height: _____		Weight: _____		Hair Color: _____	
_____		_____		Eye Color: _____	
_____		_____		Blood Type: _____	
Marital Status:    Married: _____    Separated: _____    Single: _____    Divorced: _____					
Spouses' full name: _____				Do you have children: _____	
Do you speak any foreign language? _____ If so what? _____					
Provide the name and address of your bank(s):					
_____					
_____					

# EDUCATION

	Name & Address Of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Have you ever been sued? \_\_\_\_\_ If yes, state: (a) The date: \_\_\_\_\_

(b) The State and Court: \_\_\_\_\_ (c) The circumstances of the suit: \_\_\_\_\_

Have you previously submitted an application for employment with another Police Department? \_\_\_\_\_ If yes, state:

(a) The date: \_\_\_\_\_ (b) The name and address of the department: \_\_\_\_\_

(c) Whether or not you were hired: \_\_\_\_\_

Have you ever been certified as a Police Officer in any other jurisdiction? If yes, state: (a) The date: \_\_\_\_\_ (b) The name and address of the police agencies: \_\_\_\_\_

Have you ever been discharged, terminated from, or disciplined by, any police or military organization in which you have previously served: \_\_\_\_\_ If yes, state: (a) The name & address of the organization: \_\_\_\_\_

(b) The date(s) of your service: \_\_\_\_\_

(d) The circumstances surrounding your disciplinary action and/or termination: \_\_\_\_\_

Do you possess a valid motor vehicle operator's license from Delaware? \_\_\_\_\_ License Number: \_\_\_\_\_

Do you possess a valid motor vehicle operator's license from any other state? \_\_\_\_\_ State & License Number: \_\_\_\_\_

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Has your operator's license ever been suspended or revoked? If yes, state: (a) The date(s): \_\_\_\_\_

(b) The jurisdiction: \_\_\_\_\_ (c) The reason: \_\_\_\_\_

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(d) Whether your license has been reinstated; if so, when: \_\_\_\_\_

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Have you ever been involved in a motor vehicle accident? \_\_\_\_\_ If yes, state: (a) The date(s): \_\_\_\_\_

(b) The jurisdiction: \_\_\_\_\_

(c) The cause: \_\_\_\_\_

(d) Who was at fault: \_\_\_\_\_ (e) Whether anyone was injured: \_\_\_\_\_

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Do you wear eyeglasses or contact lenses? \_\_\_\_\_

*If yes, your application must be accompanied by a written evaluation from your optometrist/ophthalmologist dated within the past six (6) months giving your visual acuity.*

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Do you have any physical disabilities or impairments that would interfere with or limit your ability to perform the duties of a Police Officer, or strenuous physical exercise? \_\_\_\_\_ If yes, describe: \_\_\_\_\_

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Have you ever filed a claim for workman's compensation? \_\_\_\_\_ If yes, state: (a) The date(s): \_\_\_\_\_

(b) The name and address of the employer: \_\_\_\_\_

(c) The nature of the injury: \_\_\_\_\_

(d) The outcome of the claim: \_\_\_\_\_

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(e) Whether or not you are still receiving benefits: \_\_\_\_\_ (f) The date that benefits ceased: \_\_\_\_\_

Have you ever received disability benefits? \_\_\_\_\_ If yes, state: (a) The date(s): \_\_\_\_\_

(b) The name and address of the disability provider: \_\_\_\_\_

(c) The nature of the disability: \_\_\_\_\_

(d) Whether or not you are still receiving benefits: \_\_\_\_\_ (e) The date that disability benefits ceased: \_\_\_\_\_

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Other than minor traffic violations, have you ever been arrested or detained by the police, or charged with any crime under the laws of the United States, State of Delaware, or any other state or territory of the United States? \_\_\_\_\_

If yes, as to ***each*** such incident state: Incident #1

(a) The date: \_\_\_\_\_ (b) The place (city, county, state): \_\_\_\_\_

(c) The name & address of the arresting or charging agency: \_\_\_\_\_

(d) The charge(s): \_\_\_\_\_

(e) The final disposition: \_\_\_\_\_

Incident #2

(a) The date: \_\_\_\_\_ (b) The place (city, county, state): \_\_\_\_\_

(c) The name & address of the arresting or charging agency: \_\_\_\_\_

(d) The charge(s): \_\_\_\_\_

(e) The final disposition: \_\_\_\_\_

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Have you ever been placed on probation? \_\_\_\_\_ If yes, state: (a) The date(s): \_\_\_\_\_

(b) The nature of the probation: \_\_\_\_\_

(c) The name & address of the probation agency/officer: \_\_\_\_\_

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Have you ***ever*** been arrested or convicted of a crime of domestic violence? \_\_\_\_\_ If yes, state: (a) The date(s): \_\_\_\_\_

(b) The jurisdiction: \_\_\_\_\_ (c) The arresting agency: \_\_\_\_\_

(d) Who the victim was: \_\_\_\_\_ (e) The disposition of the case: \_\_\_\_\_

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Have you ever been required to pay a fine? \_\_\_\_\_ If yes, state: (a) The date(s): \_\_\_\_\_

(b) The amount of the fine: \_\_\_\_\_

(c) The name & address of the court or agency imposing the fine: \_\_\_\_\_

(d) The reason the fine was imposed: \_\_\_\_\_

Have you ever been reported as a missing person or runaway? \_\_\_\_\_ If yes, state: (a) The date(s): \_\_\_\_\_

(b) The jurisdiction: \_\_\_\_\_

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Have you ever been fingerprinted by any police agencies other than for an arrest? \_\_\_\_\_ If yes, state: (a) The date(s): \_\_\_\_\_

(b) The name & address of the police agencies: \_\_\_\_\_

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Within the past ten years, have you been arrested or charged with a violation of any motor vehicle laws of the State of Delaware or any political subdivision thereof, or of any other state or territory of the United States (or any political subdivision thereof)? {Exclude parking violations} \_\_\_\_\_

If yes, as to ***each*** such incident state: Incident #1

(a) The date: \_\_\_\_\_ (b) The place (city, county, state): \_\_\_\_\_

(c) The name & address of the arresting or charging agency: \_\_\_\_\_

(d) The charge(s): \_\_\_\_\_

(e) The final disposition: \_\_\_\_\_

Incident #2

(a) The date: \_\_\_\_\_ (b) The place (city, county, state): \_\_\_\_\_

(c) The name & address of the arresting or charging agency: \_\_\_\_\_

(d) The charge(s): \_\_\_\_\_

(e) The final disposition: \_\_\_\_\_

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Within the past ten (10) years have you used or consumed any controlled substance (e.g. marijuana, hashish, PCP, cocaine, crack, heroin, opiates, methamphetamines) identified as such under the laws of the United State, the State of Delaware, or any other state or territory of the United States? \_\_\_\_\_

If yes, state: (a) The substance(s) used: \_\_\_\_\_

(b) The dates or time frame: \_\_\_\_\_

(c) Whether such use was under a doctor's prescription: \_\_\_\_\_

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Within the past two years, have you consumed any prescription drugs? \_\_\_\_\_ If yes, state: (a) The date(s): \_\_\_\_\_

(b) The drugs(s): \_\_\_\_\_

(c) The name & address of the prescribing physician(s) \_\_\_\_\_

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Do you consume alcoholic beverages (i.e. beer, wine, liquor)? \_\_\_\_\_

If yes, state, for the past year the approximate amount of each type consumed by you on an average expressed as “x” ounces per day, per week, or per month: \_\_\_\_\_

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Have you ever received counseling, treatment, therapy or other assistance from any substance abuse counselor, agency, or group (including “self-help” groups such as alcoholic Anonymous)? \_\_\_\_\_

If yes, state: (a) The dates: \_\_\_\_\_

(b) The name & address of the counselor, agency, or group: \_\_\_\_\_

(c) The circumstance surrounding your counseling: \_\_\_\_\_

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Have you ever received any psychiatric treatment, counseling for any psychological, emotional or personality problems from any psychiatrist, psychologist, licensed social worker, or other counselor? \_\_\_\_\_

If yes, state: (a) The dates of such treatment or counseling: \_\_\_\_\_

(b) The name & address of the counselor: \_\_\_\_\_

(c) The nature of the problem for which counseling was sought: \_\_\_\_\_

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# EMPLOYMENT

List all jobs that you have held over the past ten years, indicating as to each the type of job, dates held, name /address of employer, highest salary received, and reason for leaving.

1. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)		Hourly Rate/Salary	
		Starting	Final
Job Title	Supervisor		
Reason For Leaving			

2. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)		Hourly Rate/Salary	
		Starting	Final
Job Title	Supervisor		
Reason For Leaving			

3. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)		Hourly Rate/Salary	
		Starting	Final
Job Title	Supervisor		
Reason For Leaving			

If you need additional space, please continue on a separate sheet of paper.

**REFERENCES - Print the name, address and telephone number of three (3) personal character references that you have known for at least three (3) years.**

1. Name:	
Address:	Phone #

2. Name:	
Address:	Phone #

3. Name:	
Address:	Phone #

Do you object to wearing a uniform? \_\_\_\_\_

Do you object to working nights? \_\_\_\_\_

Have you had any experience working shift work? \_\_\_\_\_

If it became necessary in the course of police duties to take a human life, would you have any reluctance to do so because of religious or other beliefs? \_\_\_\_\_

Are any of your friends or relatives presently employed by the Town of Georgetown? \_\_\_\_\_

What is your desired salary range (per year)? \_\_\_\_\_

If hired, would you be opposed to signing an employment contract? \_\_\_\_\_

If hired, when can you begin work? \_\_\_\_\_

## ADDITIONAL INFORMATION

### Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Describe any job-related training received in the United States military.



**I hereby certify that all statements made in this application are true and complete and I understand that any misstatements of material facts will subject me to disqualification of dismissal.**

\_\_\_\_\_  
Signature in Full

\_\_\_\_\_  
Date Completed

## APPLICANT'S STATEMENT

The undersigned hereby grants to \_\_\_\_\_ permission and authority to contact any police or military organization, any present or former employer, and any doctor, Psychiatrist, psychologist, licensed clinical social worker, or other licensed counselor to verify, clarify, or further explain any information contained herein.

It is understood and agreed that all such information shall remain strictly confidential and may not be released, shared, disclosed, or discussed with any person or entity not directly involved in the decision to hire me for the position I have applied for.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INTERVIEWER \_\_\_\_\_ DATE \_\_\_\_\_

Employed  Yes  No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/  
Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
NAME AND TITLE \_\_\_\_\_ DATE \_\_\_\_\_