



## 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)
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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.



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) <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <div style="text-align: center;">(Last Name, First, MI)</div>		Home Address: _____ City, State & Zip: _____ Home Phone: (    ) _____ Business Phone: (    ) _____ Business Address: _____ City, State & Zip: _____
Yrs. Acq.	Occupation	

Complete Name ( and relationship to the applicant) <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <div style="text-align: center;">(Last Name, First, MI)</div>		Home Address: _____ City, State & Zip: _____ Home Phone: (    ) _____ Business Phone: (    ) _____ Business Address: _____ City, State & Zip: _____
Yrs. Acq.	Occupation	

Complete Name ( and relationship to the applicant) <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <div style="text-align: center;">(Last Name, First, MI)</div>		Home Address: _____ City, State & Zip: _____ Home Phone: (    ) _____ Business Phone: (    ) _____ Business Address: _____ City, State & Zip: _____
Yrs. Acq.	Occupation	

## 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.