



Employment

Police Officer Application

MINIMUM QUALIFICATIONS:

CITIZENSHIP – Applicant must be a United States citizen.

AGE – Applicants must reach their 21st birthday prior to completion of the Academy training.

EDUCATION – Applicant must have a high school diploma or GED.

RESIDENCE – Applications are accepted from any United States Citizen regardless of residency; however, at the conclusion of the academy training, Delaware residency is required.

DRIVER'S LICENSE – Applicants must have a current, valid driver's license and at least one (1) year driving experience. A DUI conviction within 2 years, or a suspension/revocation within one (1) year, or an accumulation of ten (10) or more points at date of application is an automatic disqualification. A history of traffic violations may result in disqualification.

CRIMINAL RECORD AND ACTIVITY: Any felony conviction is an automatic disqualification.

DRUG USAGE: Use of an illegal drug two years prior to application, or any usage of a hallucinogenic drug will be an automatic disqualification.

**South Bethany Police Department
Personal History Statement**

This packet must be **HANDWRITTEN IN BLACK INK OR TYPED.**

This agency does not discriminate based on race, sex, ethnicity or religion in accordance with EOE.

When the Personal History Statement is turned in, the following support documents **MUST ALSO BE TURNED IN:**

1. A copy of your Birth Certificate.
2. High School Diploma or GED (Original - accompanied by test scores)
3. Naturalization Certificate or Proof of Citizenship
4. A copy of your Driver's License.
5. Your original Military DD214 Member 2 (including character of discharge Section), and any other discharge document(s), if applicable, for us to witness and a copy for us to retain.
6. Active Reserves who currently attend Military Drills must submit a Military Letter of Good Standing. This letter can be obtained from a staff member upon receipt of your application packet. The applicant must also submit all original DD214 discharge documents as soon as they become available to the applicant.
7. Applicants who have previously served in the Active Reserves **MUST** submit a copy of their discharge papers, showing character of discharge from the Reserve Unit.

**FAILURE TO TURN IN THESE DOCUMENTS WILL RESULT IN
YOUR APPLICATION BEING REJECTED BY THE
POLICE DEPARTMENT.**

I hereby certify that I have read and understand all of the above stated information.

Signature _____ **Date** _____

1. _____ 2. _____ - _____ - _____
Last Name First Name Middle Name Social Security Number

3. _____ Male _____ Female
Alias, Nickname, Maiden Name, Other Changes in Name

4. **Telephone Number:** _____ **Email:** _____

5. **Present Address:** _____
 Street City State Zip

6. **U.S. Citizen:** Yes _____ No _____

7. **Date of Birth:** _____

8. **Residences: List all for past ten years beginning with current.**

Month and Year From To	Address	With whom did you live?

9. **Driver's License:** _____
 State Number Expiration Date

Have you ever had a license suspended or revoked? Yes _____ No _____

10. **Family History:**

Marital Status: _____ Single _____ Married _____ Separated _____ Divorced _____ Widowed

List all children related to you or your spouse:

Name	Relation	Date of Birth	Address

11. Education

	School Name	Location (City/State)	Years Attended	Year of Graduation	Credits/ Degree
High School					
G.E.D.					
College/ University					
Graduate School					
Trade/ Business					

12. Special Certifications: Indicate Police Certification or special licenses such as pilot, radio operator, etc., showing licensing authority, where the license was issued, and date license expires.

13. Employment: Have you been a law Enforcement Officer? Yes__ No__
Begin with your most recent job and list your work history for the past ten years, including part-time, temporary or seasonal employment.

Position	Employer	Company Address	Dates of Employment	Supervisor Name/Contact Information	Reason for Leaving

If additional employer blocks are needed, please attach requested information on separate sheet.

14. Employment (continued): Have you ever been discharged, asked to resign, furloughed, or put on inactive status for cause, or subject to disciplinary action while in any position (except military)? If yes, state reason:

May we contact your current employer? Yes ___ No ___ If “no” you will be required to provide proof and dates of employment.

15. Military Status: Have you ever served in the U.S. Armed Forces? Yes ___ No ___

Type of discharge: _____

Are you presently a member of a U.S. Reserve or State Guard organization? Yes ___ No ___

Have you ever had any disciplinary action taken against you while in military (this includes Article 15, Captains Mast, etc.)? Yes ___ No ___

16. Court Record: Have you ever been arrested as an adult or a juvenile (arrest is defined as being taken into custody and transported to a jail/detention facility) or charges with a crime as an adult or a juvenile (charged with a crime means issued a misdemeanor citation, a juvenile summons, an adult summons, arrested on a warrant, or indicted by a grand jury)? Yes ___ No ___ List ALL times you have been arrested or had a criminal charges place against you, including detailed explanation of the circumstances. You must list all charges even if they were dropped or did not result in a conviction and even if the public records of the arrest or charges were expunged and erased and even if you have been told that you do not have to admit to arrests or charges which have been expunged or erased. An independent investigation of your criminal history will be conducted and if arrests or charges are found which you did not report, your application can be rejected due to untruthfulness.

17. Drug History: Are you currently using any kinds of drugs or controlled substances not prescribed by physicians? ___ Yes ___ No If yes, explain: _____

Drug/Narcotic Information (Explain any “YES” answer in “Comments Section”)

- | YES | NO | |
|-------|-------|---|
| _____ | _____ | 1. Have you ever tried, used, puffed, experimented, taken orally or injected any drug or narcotic? |
| _____ | _____ | 2. Have you ever tried or used marijuana? If yes, how many times have you tried, puffed, or used marijuana. _____ |
| _____ | _____ | 3. Have you ever tried or used hashish? |
| _____ | _____ | 4. Have you ever tried or used heroin? |
| _____ | _____ | 5. Have you ever tried or used cocaine? |

- _____ 6. Have you ever tried or used LSD or any other hallucinogen?
- _____ 7. Have you ever tried or used speed, amphetamine, ecstasy, or methamphetamines?
- _____ 8. Have you ever tried or used downers, barbiturates, or mandrax?
- _____ 9. Have you ever used any prescription drugs not intended for you?
- _____ 10. Have you ever used anabolic steroids?
- _____ 11. Have you ever tried or used any other illegal drug or narcotic?
- _____ 12. Have you ever sold marijuana?
- _____ 13. Have you ever sold any illegal drugs or narcotics?
- _____ 14. Have you ever been present when others were using marijuana?
- _____ 15. Have you ever been present when others *were using* illegal drugs or narcotics?
- _____ 16. Have **you** ever altered a **prescription given to you** by a doctor?
- _____ 17. Have you ever taken a substance not knowing what it was?
- _____ 18. Have you ever inhaled paint, gases, glues, or other abusable chemicals?
- _____ 19. Have you ever obtained a drug from an altered prescription?

18. Character References

List only character references who have definite knowledge of your qualifications for the position of application. List three character references. (Do not list relatives or persons living outside the United States.)

Name	Address	Home Phone	Work Phone	Years Known

19. Miscellaneous:

- A. Based on your religion, are there any special considerations you might request as to the handling of a firearm or days off? Yes ___ No___
- B. List all relatives employed by the Town of South Bethany, including the South Bethany Police Department. _____

- C. Are you currently, or have you ever been, an employee of the Town of South Bethany or South Bethan Police Department? Yes ___ No___. If yes, list what agency, dates of employment, position and designate whether or not you were a permanent employee, temporary, reserve or volunteer.

I hereby certify that ALL statements made by me on this application are TRUE and COMPLETE to the best of my knowledge. I further certify that this application contains no willful misrepresentation or falsifications. I am aware that should any investigation at any time reveal or disclose any such misrepresentations or falsifications, my application may be rejected, and my name may be removed from the employment list and I may be disqualified from applying in the future for positions with the South Bethany Police Department or my employment with the Town of South Bethany may be terminated. If any information changes on your application, you MUST keep this office updated. This includes jobs, addresses, phone numbers, any contact with law enforcement officers and any other important information.

Date

Signature of Applicant

**SOUTH BETHANY POLICE DEPARTMENT EMPLOYMENT TEAM
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, _____ do hereby authorize of and **full disclosure** of all records concerning myself to any duly authorized agent of the South Bethany Police Department, whether the said records are public, private, or confidential in nature.

The intent of this authorization is to **give my consent for full and complete disclosure** of the records of educational institutions; medical and psychiatric treatment and/or consultation, including hospital, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records; complaints or grievances filed by or against me; the records and recollections of attorneys at law or of other counsel, whether representing me or another person in any case, whether criminal or civil, in which I presently have, or have had an interest. This waiver also gives authority to release law enforcement or criminal records or information from a law enforcement agency.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment of the South Bethany Police Department. I also certify that any person(s) who may provide such information concerning me shall not be held accountable for providing said information, and **I do hereby release said person(s) from any and all liability** which may be incurred as a result of providing such information.

A copy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature (include maiden name)

Address _____ City _____ State _____ Zip _____

Phone Number _____ Date of Birth _____ Social Security Number _____

****This form MUST BE NOTARIZED by a notary before your application will be accepted.
THIS FORM MUST BE SIGNED IN FRONT OF THE NOTARY.**

Sworn to and Subscribed before me this _____ day of _____, 20 _____

State of _____ County of _____

NOTARY _____ My Commission Expires: _____

PERSONAL HISTORY STATEMENT