

South Bethany Police



402 EVERGREEN ROAD, SOUTH BETHANY, DE 19930

302-539-3996

302-539-7545

This application must be completed and returned by the posted due date. Applications must be typewritten or printed in black ink. All questions must be answered. Any questions that do not apply to the applicant must be marked "N/A" as the response. Applications that are incomplete, inaccurate, or falsified will not be accepted.

This Short-Form Application may be used for part-time, seasonal, or volunteer employment and services.

PERSONAL INFORMATION

DATE OF BIRTH: ___/___/___

(LAST NAME, FIRST NAME, MIDDLE NAME)

ARE YOU OVER 18? [] YES [] NO

ARE ELIGIBLE TO WORK IN THE U.S.? [] YES [] NO

(ADDRESS)

(ADDRESS)

(HOME TELEPHONE #)

DRIVERS LICENSE #: _____ STATE: _____

PLACE OF BIRTH: _____

LIST ADDRESSES FOR THE PAST TEN YEARS:

PERSON TO CONTACT IN CASE OF EMERGENCY:

(NAME AND RELATIONSHIP)

(PHONE NUMBER)

(ADDRESS)

WORK HISTORY:

MOST RECENT

(EMPLOYER) _____ TO _____
(DATE START) (DATE FINISHED)

(ADDRESS) _____ (SUPERVISOR NAME & PHONE)

(ADDRESS) _____ (POSITION)

(REASON FOR LEAVING)

MAY WE CONTACT THIS EMPLOYER? YES NO (CIRCLE ONE)

CURRENT EMPLOYER? YES NO (CIRCLE ONE)

(EMPLOYER) _____ TO _____
(DATE START) (DATE FINISHED)

(ADDRESS) _____ (SUPERVISOR NAME & PHONE)

(ADDRESS) _____ (POSITION)

(REASON FOR LEAVING)

MAY WE CONTACT THIS EMPLOYER? YES NO (CIRCLE ONE)

CURRENT EMPLOYER? YES NO (CIRCLE ONE)

(EMPLOYER) _____ TO _____
(DATE START) (DATE FINISHED)

(ADDRESS) _____ (SUPERVISOR NAME & PHONE)

(ADDRESS) _____ (POSITION)

(REASON FOR LEAVING)

MAY WE CONTACT THIS EMPLOYER? YES NO (CIRCLE ONE)

CURRENT EMPLOYER? YES NO (CIRCLE ONE)

(EMPLOYER) _____ TO _____
(DATE START) (DATE FINISHED)

(ADDRESS) _____ (SUPERVISOR NAME & PHONE)

(ADDRESS)

(POSITION)

(REASON FOR LEAVING)

MAY WE CONTACT THIS EMPLOYER? YES NO (CIRCLE ONE)

CURRENT EMPLOYER? YES NO (CIRCLE ONE)

EDUCATION:

(COLLEGE OR UNIVERSITY)

(MAJOR)

(DEGREE/DATE)

(HIGH SCHOOL NAME AND ADDRESS)

DID YOU GRADUATE? YES NO (CIRCLE ONE) DATE GRADUATED: _____

SPECIAL TRAINING:

REFERENCES- NON RELATIVES

(NAME, ADDRESS, TELEPHONE #)

(NAME, ADDRESS, TELEPHONE #)

(NAME, ADDRESS, TELEPHONE #)

MILITARY:

(BRANCH OF SERVICE, DATE OF DISCHARGE)

HAVE YOU EVER BEEN CHARGED WITH A CRIMINAL OFFENSE (OTHER THAN TRAFFIC)? [] YES [] NO

IF YES, SPECIFY:

(CHARGE, DATE OF ARREST, ARRESTING AGENCY, DISPOSITION)

(CHARGE, DATE OF ARREST, ARRESTING AGENCY, DISPOSITION)

(CHARGE, DATE OF ARREST, ARRESTING AGENCY, DISPOSITION)

CAN YOU OPERATE: RADIO TRANSMITTER TYPEWRITER
 FIREARMS PERSONAL COMPUTER
 CELLUAR TELEPHONE

WHAT DATE WILL YOU BE AVAILABLE TO START WORK? _____

IT IS UNDERSTOOD THAT SEASONAL (SUMMER) EMPLOYMENT REQUIRES ME TO WORK THROUGH LABOR DAY WEEKEND: YES NO

DO YOU HAVE ANY MILITARY OBLIGATIONS FROM MAY 15 TO SEPTEMBER 15?
 YES NO IF YES, SPECIFY:

ARE YOU NOW, OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, GROUP OR COMBINATION OF PERSONS WHICH HAS ADOPTED A POLICY OF RESISTANCE, OR NON-COMPLIANCE, WITH ANY GOVERNMENT AUTHORITY? YES NO IF YES, SPECIFY:

WILL YOU VOLUNTARILY SUBMIT TO A POLYGRAPH EXAMINATION UPON REQUEST FOR EMPLOYMENT? YES NO

WHAT SPECIAL INTEREST DO YOU HAVE IN LAW ENFORCEMENT?

HAVE YOU EVER WORKED FOR A LAW ENFORCEMENT AGENCY IN THE PAST? YES NO
IF YES:

_____	_____	_____
NAME IF AGENCY	PHONE	SUPERVISOR
_____	_____	_____
ADDRESS	TO	DATES WORKED

ALL APPLICANTS MUST SIGN THE FOLLOWING WAIVER:

I hereby certify, under penalty of perjury, that there are no misrepresentations or false statements made to the questions contained within this application. I am aware that a complete investigation of my personal background will be conducted as a requirement to obtain a position with this law enforcement agency. I am also aware that should an investigation reveal any information that will prohibit me from employment with this law enforcement agency, my application will be rejected.

(SIGNATURE OF APPLICANT)

(DATE)

APPLICANT MUST ATTACH A RECENT PHOTOGRAPH IDENTIFICATION TO APPLICATION

APPLICANT- DO NOT WRITE BELOW THIS LINE:

TEST DATE: _____

SCORE: _____

REVIEW DATE: _____

REVIEWING OFFICER: _____

INTERVIEW DATE: _____

INTERVIEWING OFFICER: _____

HIRE DATE: _____

DATE OF REJECTION: _____



AUTHORIZATION TO RELEASE INFORMATION

THIS IS TO CERTIFY THAT I, _____, AM AN APPLICANT FOR THE POSITION OF _____ WITH THE SOUTH BETHANY POLICE DEPARTMENT, STATE OF DELAWARE, AND THAT I DO HEREBY AUTHORIZE THE RELEASE OF ANY AND ALL INFORMATION TO THE SOUTH BETHANY POLICE DEPARTMENT THAT THEY MAY REQUEST, FROM WHOMEVER THEY DEEM IT NECESSARY TO MAKE SUCH A REQUEST FROM ANY OF MY RECORD OR FILES. SUCH INFORMATION WILL INCLUDE, BUT WILL NOT BE LIMITED TO: HOSPITAL RECORDS, MEDICAL RECORDS, MILITARY RECORDS, POLICE RECORDS, ARREST RECORDS, COURT RECORDS, POLICE REPORTS INCLUDING JUVENILE RECORDS, POLICE POLYGRAPH EXAMINATION REPORTS, CREDIT RECORDS, BACKGROUND INVESTIGATIVE MATERIAL AND REPORTS, EMPLOYMENT RECORDS, ATTENDANCE RECORDS, TRAFFIC RECORDS, CONFIDENTIAL RECORDS, EDUCATIONAL TRANSCRIPTS AND RECORDS, ETC. I ALSO RELEASE ALL PERSONS FROM ANY LIABILITY WHICH COULD RESULT FROM FURNISHING SAID RECORDS AND/OR INFORMATION TO THE SOUTH BETHANY POLICE DEPARTMENT. FURTHER, I AUTHORIZE THE SOUTH BETHANY POLICE DEPARTMENT TO COPY OR OTHERWISE REPRODUCE THIS ORIGINAL DOCUMENT, AND TO LET SUCH COPIED OR OTHERWISE REPRODUCED COPY ACT AS THE ORIGINAL INSTRUMENT. THE ORIGINAL DOCUMENT IS TO REMAIN ON FILE WITH THE SOUTH BETHANY POLICE DEPARTMENT. I FURTHER UNDERSTAND THAT IN THE EVENT MY APPLICATION IS DISAPPROVED, THE SOURCES OF CONFIDENTIAL INFORMATION CANNOT BE REVEALED TO ME.

DATE

SIGNATURE

WITNESS:

SIGNATURE

DATE

PLEASE RETURN THIS FORM TO:
SOUTH BETHANY POLICE
402 EVERGREEN ROAD
SOUTH BETHANY, DE 19930
PHONE: (302) 539-3996
FAX: (302) 539-7545

TROY M. CROWSON