

Dewey Beach Police Department



Seasonal Police Officer

Employment Application and Background Investigation Supplement

All applicants for Seasonal Employment Must pass a Drug-Screening Test before employment can occur, and are subject to random testing during employment. All applicants must submit to a background investigation.

Reasons for Disqualifications

IF YOU:

1. Are not 18 years of age.
2. Do not have a valid driver's license.
3. Are not a citizen of the United States.
4. Do not possess a minimum of a high school diploma or GED certificate recognized by Delaware.
5. Have abused drugs, including prescription drugs at any time or used marijuana within the last two (2) years.

Authorization for release of personal information

I _____, hereby authorize a review and disclosure of all records, or any part thereof, relating to me to an authorized agent of the Dewey Beach Police Department, whether the records are of a public, private or confidential nature, and even if the information released is derogatory in nature.

The intent of this authorization is to give my consent for a full and complete disclosure of all records of educational institutions; financial or credit institutions, including records of deposits, withdrawals, and balances of checking and savings accounts, and loans, and the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records; including background reports and polygraph examination results, efficiency ratings, complaints or grievances filed by or against me, internal affairs investigation reports, and salary records; real and personal property records, and other financial statements and records wherever filed; records of complaints, arrest, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records; records of complaints of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether by representing me or another person in any case in which I presently have, or have had, an interest.

I emphasize the intent of this authorization is to provide full and free access to my personal life for the specific purpose of a background investigation to provide pertinent data for the Dewey Beach Police Department to determine my suitability for employment by the department. It is my specific intent to provide access to personal information, or copies of information, however personal or confidential they may appear to be, as well as the sources of that information identified there.

I understand any information obtained by a personal history background investigation developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Dewey Beach Police Department.

I agree to indemnify and hold harmless the person to whom this request is presented, and his agents and employees, from and against all claims, damage, loses, and expenses, including reasonable attorneys' fees, arising from or complying with this request.

I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me. A photocopy of this release will be as valid as an original, even though the photocopy does not contain an original writing of my signature. _____

Signature: _____ Date: _____

Address: _____
Street Number and Name (Apt. #) City County State Zip

Date of Birth: _____ SSN: _____

Witness: _____

Applicant Data Record

Applicants are considered for positions(s) applied for without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical conditional, handicap or disability.

As employers, we comply with government regulations and affirmative action responsibilities.

Completion of this form is strictly VOLUNTARY. Your cooperation in providing this information will help us comply with government record keeping, reporting and other legal requirements. - Thank you.

This data will be kept in a Confidential File separate from the Application for Employment.

(Please Print)

Date: ____ / ____ / ____

Name: _____
Last First Middle

Address Number Street City State Zip Code

Telephone: () ____ - ____

Email Address: _____

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnic, handicapped and veteran status of applicants. This data is for analysis and affirmative action only.

Check one: ☐ Male ☐ Female

Check appropriate box:

Race/Ethnic Group: ☐ White ☐ Black ☐ Hispanic
☐ American Indian/Alaskan Native
☐ Asian/Pacific Islander

Check if any of the following are applicable:

☐ Vietnam Era Veteran ☐ Disabled Veteran
☐ Handicapped Individual

Revised 2021

Veteran of Military Service? ☐ Yes ☐ No If Yes, Branch _____

*Special Employment Notice to Disabled Veterans.
Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps.*

The Rehabilitation Act of 1973 allows you to voluntarily and confidentially identify yourself as handicapped and to indicate the nature of such handicap.

Providing this information is voluntary and will not result in adverse treatment.

Handicapped? ☐ Yes ☐ No If so, nature of handicap _____

The Vietnam Era (8/64 - 1/73) Veterans Readjustment Assistance Act enables us to give special employment consideration to qualified veterans. Providing this information is voluntary and will not result in adverse treatment.

Are you a Vietnam Era Veteran? ☐ Yes ☐ No Date of Discharge: ____ / ____ / ____

Are you a disabled Vietnam Era Veteran? ☐ Yes ☐ No

Signed: _____

List professional, trade, business and civic activities and offices held.
(You may exclude those which indicate race, color, religion, sex or national origin):

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Employment Application *(Please Print)*

Date of Application: _____ / _____ / _____

Referral Source: ☐ Recruiting Team ☐ Former/Current Employee ☐ College Sources

□ Advertisements

☐ Walk-in

☐ Employment Agency

☐ Other: _____

Last

First

Middle

Number

Street

City

State

Zip Code

Are you at least 18 years of age? ☐ Yes ☐ No

Have you ever been employed by the Town of Dewey Beach before? ☐ Yes ☐ No

Date: - -

Are you employed now? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? ☐ Yes ☐ No *(Proof of citizenship, permanent resident status or immigration status entitling you to engage in employment in the U.S. will be required prior to employment.)*

The date you are available for work. / /

Available to work: ☐ Full Time ☐ Part-Time ☐ Seasonal Temporary ☐ All

Are you on a lay-off and subject to recall? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

(Conviction will not necessarily disqualify applicant from employment)

If Yes, please explain:

Equal Employment Opportunity/Affirmation Action Employer

(revised 2021)

Employment Experience

Start with your present or last job. Include military service assignment and volunteer activities

1	Employer: Address: Telephone #: Job Title: Supervisor: Contact Info: Reason For Leaving:	Dates Employed: From: ____ / ____ / ____ To: ____ / ____ / ____ Hourly Rate/Salary Starting: _____ Final: _____	Describe Work Performed
2	Employer: Address: Telephone #: Job Title: Supervisor: Contact Info: Reason For Leaving:	Dates Employed: From: ____ / ____ / ____ To: ____ / ____ / ____ Hourly Rate/Salary Starting: _____ Final: _____	Describe Work Performed
3	Employer: Address: Telephone #: Job Title: Supervisor: Contact Info: Reason For Leaving:	Dates Employed: From: ____ / ____ / ____ To: ____ / ____ / ____ Hourly Rate/Salary Starting: _____ Final: _____	Describe Work Performed

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

Special Skills and Qualifications

Summarize your special skills, qualifications or other experiences:

	Elementary School					High				College / University				Graduate / Professional			
School Name Address and Telephone#																	
Years Completed (Circle)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree																	
Describe Course of Study																	
Describe specialized training, apprenticeship, skills, and non-curricular activities:																	

Honors Received: _____

Provide any additional information you feel may be helpful to the evaluation of your application: _____

Applicant's Statement

I certify that answers given are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not a contract of employment.

If offered employment, I further understand that I may be required to pass a job-related physical examination.

Signature

Date

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

Signature

Date

Dewey Beach Police Department
105 Rodney Avenue
Dewey Beach, DE 19971

PERSONAL IDENTIFICATION INFORMATION

This information is required to conduct your background investigation. ALL questions must be answered completely. Please print.

Name: _____
LAST FIRST MIDDLE SUFFIX MAIDEN

Address: _____
NUMBER STREET NAME APARTMENT NUMBER

CITY COUNTY STATE ZIP CODE

Date of Birth: _____ Place of Birth: _____
MONTH DAY YEAR CITY STATE

Age: _____ Race: _____ Sex: _____ SSN: _____ / _____ / _____

Weight: _____ Height: _____ Hair: _____ Eye Color: _____
FEET INCHES

Driver's License: _____
NUMBER STATE

Classification: _____ Expiration: _____

Restrictions: _____

APPLICANT'S SIGNATURE STATE

CRIMINAL HISTORY INFORMATION

This information is required to conduct your background investigation. Information must be specific and complete. Incomplete or inaccurate information may be grounds for rejection.

Since you are applying for a public safety position, you **MUST** list all arrests, convictions and expungements, even though you may have been advised by your attorney, a judge, prosecutor or other official that there is no record.

1. Have you ever been:

- | | | | |
|----|--|-----|----|
| A. | Arrested? | YES | NO |
| B. | Charged or detained by any law enforcement authority? | YES | NO |
| C. | Convicted of any criminal offense? | YES | NO |
| D. | Subjected to forfeiture of collateral in connection with arrest? | YES | NO |
| E. | Placed on probation or parole? | YES | NO |
| F. | Required to appear before a juvenile court for an act which would have been a crime if committed by an adult? | YES | NO |
| G. | Detained by a law enforcement agency for investigative purposes or questioning? | YES | NO |
| H. | Received any citation other than motor vehicle which resulted in your paying a fine or an appearance in court? | YES | NO |
| I. | Received a summons and/or a subpoena requiring your appearance in court? | YES | NO |

If you answered **YES** to any of the above questions, complete the following: (All incidents must be included even though they were dismissed or you forfeited collateral. Exclude any traffic violations which were previously noted.)

Date of Incident: _____ / _____ / _____ Police Agency: _____

Charge(s): _____

Disposition(s): _____

Location of Court: _____

Date of Incident: _____ / _____ / _____ Police Agency: _____

Charge(s): _____

Disposition(s): _____

Location of Court: _____

2. Have you ever committed any crime for which you were not charged, including - but not limited to – consumption of alcohol underage, offenses involving the distribution, use, or possession of any illegal drug or prescription drug not prescribed to you? YES NO

If you answered YES, complete the following:

If you have answered YES to any of the above questions, complete the following:

Type of drug consumed (be specific): _____

No. of times consumed: _____ Approximate quantity: _____

Date: last consumed: _____ / _____ / _____

Alcohol Consumption (be specific): _____

No. of times consumed: _____

Date: last consumed: _____ / _____ / _____

Use separate sheets to provide additional information.

3. Other than what has been listed previously, have you ever committed any of the following offenses:

A.	Theft (excluding shoplifting and auto theft)	YES	NO
B.	Shoplifting	YES	NO
C.	Auto theft (excluding joyriding)	YES	NO
D.	Unauthorized use (including joyriding)	YES	NO
E.	Assault, battery, etc.	YES	NO
F.	Credit card misuses	YES	NO
G.	Bad checks	YES	NO
H.	Destruction of property	YES	NO
I.	Breaking & entering	YES	NO
J.	Any sex offenses	YES	NO
K.	Handgun violations	YES	NO

If you answered YES to any of the above questions, complete the following:

Crimes: _____
When: _____ No. of Times: _____
Location: _____

Crimes: _____
When: _____ No. of Times: _____
Location: _____

Have you ever committed any other criminal act not already listed above or on the previous pages? YES NO If YES, state the crime, number of times, when, and location on a separate sheet.

Driving Record

This information is required to conduct your background investigation. Information must be specific and complete. Incomplete or inaccurate information may be grounds for rejection.

1. Do you have a valid driver's license? YES NO
2. Driver's License State: _____
Driver's License Number: _____
3. When was it issued? _____ / _____ / _____
4. Indicate below all traffic violations or citations (including parking tickets) which you have received. Include in your response, but do not limit to, such violations as: speeding, reckless driving, improper lane change, defective equipment, stop sign and red light violations, driving under the influence or while intoxicated. For each incident give the following information:

Date: _____ / _____ / _____ Charging Police Agency: _____
Violation / Charge: _____ Location of Incident (City / Street) _____
Final Disposition: _____

Date: _____ / _____ / _____ Charging Police Agency: _____
Violation / Charge: _____ Location of Incident (City / Street) _____
Final Disposition: _____

Date: _____ / _____ / _____ Charging Police Agency: _____
Violation / Charge: _____ Location of Incident (City / Street) _____
Final Disposition: _____

Date: _____ / _____ / _____ Charging Police Agency: _____
Violation / Charge: _____ Location of Incident (City / Street) _____
Final Disposition: _____

Date: _____ / _____ / _____ Charging Police Agency: _____
Violation / Charge: _____ Location of Incident (City / Street) _____
Final Disposition: _____

Use continuation sheets to provide additional information if required.

5. Is your driver's license now or has it ever been:
- | | | | |
|----|---|-----|----|
| A. | Denied or refused? | YES | NO |
| B. | Suspended? | YES | NO |
| C. | Revoked? | YES | NO |
| D. | Subjected to any other similar penalty or action? | YES | NO |
| E. | Subject to any restrictions? | YES | NO |

If you answered YES to any of the above questions, explain in detail on a separate sheet.

MOTOR VEHICLE COLLISIONS

6. List all motor vehicle collisions in which you have been involved as the operator.

Date: _____ / _____ / _____ Police Agency: _____
 Location (City / State): _____
 Description of collision (include damages / injuries): _____

Where you charged: YES NO
 If YES, list charge: _____
 Final Disposition: _____

Date: _____ / _____ / _____ Police Agency: _____
 Location (City / State): _____
 Description of collision (include damages / injuries): _____

Where you charged: YES NO
 If YES, list charge: _____
 Final Disposition: _____

Use continuation sheets to provide additional information if required.

- Has your automobile insurance ever been cancelled for non-medical reasons? YES NO
 If YES, explain on separate sheet.
- | | | | |
|----|---|-----|----|
| A. | Denied or refused? | YES | NO |
| B. | Suspended? | YES | NO |
| C. | Revoked? | YES | NO |
| D. | Subjected to any other similar penalty or action? | YES | NO |

If you answered YES to any of the above questions, explain in detail on a separate sheet.