



Town of Fenwick Island

Fenwick Island Police Department
800 Coastal Highway
Fenwick island, DE 19944
302-539-2000 – 302-539-2519 (fax)

**Employment Application** (please print in black ink or type)

Applicants for all positions are considered without regard to race, color, sex, national origin, age, marital status, or the presence of disabilities. The Town of Fenwick Island is an Equal Opportunity Employer.

Date of Application: ____ / ____ / ____

Position Applied For: _____ Date you can begin work: ____ / ____ / ____

PERSONAL INFORMATIONName: _____
Last First MiddleAddress: _____
Number/Street City State Zip

Social Security Number: ____ - ____ - ____ Date of Birth: ____ / ____ / ____

Home #: () ____ - ____ Work #: () ____ - ____ Cell #: () ____ - ____

Driver's License Number: _____ State Issued: _____

EDUCATION INFORMATION

Circle Highest Grade Completed:

High School	College	Graduate
9 10 11 12	1 2 3 4	1 2 3 4

Do you have a high school equivalency certificate of G.E.D. certificate? Yes No

	School Name and Location	Dates Attended From / To	Date Graduated	Degrees Awarded (BA, MS, PhD) Major/Minor	Credit Hours Earned
High School or G.E.D.					
College or University					
Graduate School					
Other Education (Trade or Business)					

Are you taking courses now? Yes <input type="checkbox"/> No <input type="checkbox"/>	School Name and Location:	Course(s):
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Language(s) other than English: Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/>
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List technical/professional licenses or certificates of training:

List office machines, factory equipment, vehicles, and other machinery that you can operate:

MILITARY STATUS

Have you served in the United States Armed Forces? Yes No Honorable Discharge: Yes No N/A

Branch: _____ Dates (From – To) _____

Veteran of the United States Armed Forces: Yes No If Yes, Branch: _____

While in the military service, were you ever arrested for an offense which resulted in a trial by Deck Court or by Summary, Special or General Court Martial? Yes No If Yes (using a separate sheet to record this information) give date, place, law enforcing authority or type of court or court martial, charge, and action taken for each incident.

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

If Yes, complete the following:

Grade and Service No. _____ Service and Component: _____

Organization & Station or Unit & Location: _____

Active, Inactive, Standby: _____

Indicate Reserve Obligation, if any: _____

GENERAL BACKGROUND INFORMATION

Do you have any pending charges against you? Yes No If Yes, charges: _____

Felony _____ Misdemeanor _____

Have you ever been convicted of a misdemeanor or felony? Yes No

If Yes, give details: _____

EMPLOYMENT AND VOLUNTEER EXPERIENCE

Are you employed now? Yes No May we contact your present employer? Yes No

Do you have any pending applications with any other police, fire, or protective agency? Yes No

If Yes, supply department name, date applied, and status: _____

Do you have any pending applications with any other employer? Yes No

If Yes, give details: _____

Using a section for each position, describe in detail all work experience beginning with your most recent employment.

Job Title:	Supervisor:	Phone #:
Employer:	Address:	City, State, Zip:
Dates Employed (month/year) Begin: End:	Salary Begin: Salary End:	# Supervised by You:
Hours per Week: _____ Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/>	Reason for Leaving:	
Special Skills:		
Job Duties (be specific):		

Job Title:	Supervisor:	Phone #:
Employer:	Address:	City, State, Zip:
Dates Employed (month/year) Begin: End:	Salary Begin: Salary End:	# Supervised by You:
Hours per Week: _____ Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/>	Reason for Leaving:	
Special Skills:		
Job Duties (be specific):		

Job Title:	Supervisor:	Phone #:
Employer:	Address:	City, State, Zip:
Dates Employed (month/year) Begin: End:	Salary Begin: Salary End:	# Supervised by You:
Hours per Week: _____ Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/>	Reason for Leaving:	
Special Skills:		
Job Duties (be specific):		

Fenwick Island
Police Department



Fenwick Island
Delaware

I, _____, hereby authorize a review and disclosure of all records, or any part thereof, relating to me to an authorized agent of the Fenwick Island 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 full and complete disclosure of all records of educational institutions; financial or credit institutions, including records of deposit, 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 investigations/reports, and salary records); real and personal property records, and other financial statements and records wherever filed; records of complaint, 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 other counsel, whether 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 Fenwick Island 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 therein.

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 Fenwick Island 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, damages, losses, and expenses, including reasonably 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. _____ (please initial)

SIGNATURE: _____ DATE: _____

ADDRESS: _____
Number Street City State Zip

DATE OF BIRTH: _____ SSN: _____

WITNESS: _____



ATTENTION ALL APPLICANTS

All applicants for full-time and seasonal employment must pass a drug-screening test before employment can occur.

Fenwick Island Police Department

Fenwick Island, Delaware

EMPLOYMENT VERIFICATION

Name of Applicant: _____

SSN: _____ Date of Birth: _____

I have applied for a position with the Fenwick Island Police Department, and I ask information concerning my employment with your company be given to their investigators. This release authorizes you to provide any information for the purpose of my pre-employment investigation.

Applicant's Signature _____ Date _____

APPLICANT: DO NOT WRITE BELOW THIS LINE

Employer: _____

Employer Address: _____

Employee Address While Employed: _____
Number Street City State Zip

Positions Held: _____ Date Employed: _____ Date Terminated: _____

Duties: _____

Reason(s) for Leaving: _____

- | | | | |
|---|-------------------------------|-------------------------------|-------------------------------|
| Was the applicant considered a good worker? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Was the applicant's attendance satisfactory? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Did the applicant respect company property? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Did the applicant progress in his/her position? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Applicant's attitude toward fellow workers: | Poor <input type="checkbox"/> | Fair <input type="checkbox"/> | Good <input type="checkbox"/> |
| Applicant's attitude toward supervisors: | Poor <input type="checkbox"/> | Fair <input type="checkbox"/> | Good <input type="checkbox"/> |
| Would you consider the applicant eligible for rehire? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Would you recommend the applicant for a position with the Police Department? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Were there any disciplinary problems while employed? (If Yes, please explain) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |

Please detail any NO or POOR responses and/or any DISCIPLINARY PROBLEMS. Add any comments.

Name of person completing form: _____ Title: _____

Signature: _____ Date: _____

Fenwick Island
Police Department



Fenwick Island
Delaware

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 Apt. No. City State Zip

Date of Birth: _____ Place of Birth: _____
Month / Day / Year City State

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

Weight: _____ Height: _____ Hair Color: _____ Eye Color: _____
Feet Inches

Driver's License Information –

No.: _____ State: _____

Classification: _____ Expiration Date: _____

Restrictions: _____

Applicant's Signature

Date

PLEASE READ CAREFULLY BEFORE SIGNING AND DATING BELOW

I hereby certify that the answers given by me to the previous questions in this application, and the statements made by me, are in full and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts in this application or during the testing and selection process, may be cause for rejection of my application or discharge at any time during my employment.

Employment in the Fenwick Island Police Department is at the will of the employer. No offer of employment, benefit, or statement of work conditions, rules or regulations should be construed or otherwise interpreted as an implied contract for continuing employment.

I hereby authorize release of any information pertaining to potential employment as a Fenwick Island Police Officer and agree to hold harmless any individual, business, or association, who in good faith, provides information including but not limited to matters concerning employment, education, criminal activity, personality and character traits, financial matters, associations and relationships, and behavioral background. In the event that I receive a conditional offer of employment, the above statement shall also pertain to matters including medical and psychological factors.

SIGNATURE OF APPLICANT: _____ DATE: _____