



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 INFORMATION

Name: _____
Last First Middle

Address: _____
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 No School Name and Location: _____ Course(s): _____

Language(s) other than English:
Speak Read Write

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:	
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Job Title:	Supervisor:	Phone #:
Employer:	Address:	City, State, Zip:
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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):		

**** PHOTOCOPY THIS PAGE IF ADDITIONAL PAGES ARE NEEDED ****