



# 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, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws. 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 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 4Do 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):	
Language(s) other than English:					

Speak  Read  Write

List technical/professional licenses or certificates of training:

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

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## **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: \_\_\_\_\_

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

If Yes, give details: \_\_\_\_\_

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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:		# 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:		# 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:		# 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:		