A close up of a logo

Description automatically generatedA close up of a logo

Description automatically generated*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 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: Do you have a high school equivalency certificate of G.E.D.

High School College Graduate certificate? Yes No

9 10 11 12 1 2 3 4 1 2 3 4

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 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: |  | | # Supervised by You: |
| Hours per Week: \_\_\_\_\_\_\_\_ Full-Time Part-Time Volunteer | | 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 Part-Time Volunteer | | 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 Part-Time Volunteer | | Reason for Leaving: | |
| Special Skills: | | | |