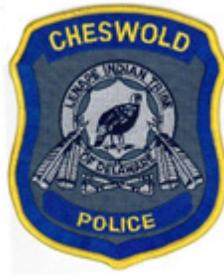


CHESWOLD POLICE DEPARTMENT

APPLICATION FOR THE POSITION OF POLICE OFFICER



*P.O. BOX 220 CHESWOLD, DE 19936
PHONE: (302) 734-2202
www.cheswold.delaware.gov*



TOWN OF CHESWOLD POLICE DEPARTMENT

Honesty Statement

PLEASE READ CAREFULLY: All statements are subject to verification and any incorrect statements or omissions may bar or remove you from employment with the Town of Cheswold or prohibit your certification as a law enforcement officer with the State of Delaware.

Truthful statements to any item requested will not necessarily exclude you from consideration. During the course of the hiring process, you will be asked to answer many questions and to provide much information about your life. We expect you to tell the truth at all times and we expect you to maintain a high level of integrity. If you lie, provide false information or engage in deception during any part of the application process, you will be eliminated from further consideration immediately.

Applicant
Signature: _____

Date: _____

APPLICATION PACKET CHECKLIST

REQUIRED DOCUMENTS

I have enclosed the completed documents for review by the Cheswold Police Department.

Applicant's name: _____ Date: _____

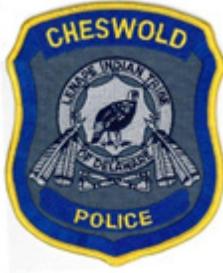
Mail to: Cheswold Police Department, Chief of Police P.O. Box 220 Cheswold, DE 19936

REQUIRED FORMS TO BE COMPLETED AND RETURNED TO OUR AGENCY		Are the following items complete and in the packet to be returned to the Cheswold Police Department?
1.	Authorization for Release of Personal Information to Law Enforcement Agencies for Certification/Employment Purposes (must be notarized)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Authorization for Credit Check	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Authorization for Drug screening	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Personal History Statement - (must be notarized) - Listing all employers for the past 15 years and listing at least 10 personal references with e-mail addresses if available.	<input type="checkbox"/> Yes <input type="checkbox"/> No
SUPPORTING DOCUMENTATION THAT NEEDS TO BE RETURNED WITH APPLICATION PACKET:		
8.	Color copy of valid Driver's License showing your current residence (valid means not expired)	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Color copy of Social Security Card	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Color copy of Original Birth Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Copy of High School Diploma/GED	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Official transcript of high school grades (sealed in original envelope) -This item can be mailed directly to our agency from the school	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If no, is the school mailing this document directly to our agency? _____</small>
13.	Copy of College Diploma from each college graduated	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
14.	Official transcript of college grades from each college you have attended (sealed in original envelope) - This item can be mailed directly to our agency from the school	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <small>If no, is the school(s) mailing this document directly to our agency? _____</small>
15.	Copy of Military Discharge Form: DD214 Member 4 Form (Long version)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
16.	Copy of Naturalization papers (if you are a Naturalized U.S. Citizen)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
17.	Certified court record of Criminal/Civil Check for all of the counties in each state/country of residence since the age of 16: (name of the counties) <i>NOTE: Some States have agencies that can run a statewide criminal/civil check while other States require the individual to make the request from each county they have resided in. Delaware Criminal Checks through SBI can be mailed directly to Cheswold PD. (Note on Application)</i> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>All of the criminal/civil checks must be enclosed in your packet before returning it to the Cheswold Police Department. (If mailed to applicant) If the criminal/civil check is being mailed directly to the Cheswold Police Department, note it on the application and send in the application.</small>
18.	Certified record of Driving Record for each State/Country of residence since the age of 16: (name of the States/Countries) 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>All of the driving record checks must be enclosed in your packet before returning it to the Cheswold Police Department. Unless being mailed directly to Cheswold PD.</small>
19.	Have you made a copy of this entire application packet and the checklist for your records before mailing it to the Cheswold Police Department?	<input type="checkbox"/> Yes <input type="checkbox"/> No

LATERAL REQUIREMENTS		Are the following items complete and in the packet to be returned to the Cheswold Police Department?
20.	Lateral Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.	Academy Course Curriculums - On agency's letterhead listing the courses and the hours completed for each course if Certified in another State (other than Delaware)	<input type="checkbox"/> Yes <input type="checkbox"/> No
22.	In-service Training Records - On agency's letterhead listing the courses and the hours completed for each course	<input type="checkbox"/> Yes <input type="checkbox"/> No
23.	Copy of Delaware COPT Certification (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No
24.	Certificates and/or awards	<input type="checkbox"/> Yes <input type="checkbox"/> No
25.	Supporting Documentation	<input type="checkbox"/> Yes <input type="checkbox"/> No
26.	Copy of last two Performance Evaluations	<input type="checkbox"/> Yes <input type="checkbox"/> No
27.	The following item can be requested in the final stages of the employment process but is needed prior to being hired by our agency: Employment verification on law enforcement agency(s) letterhead listing: - the date the letter was written - the officer's full name - start date of employment - end date of employment or the statement "currently employed" - years of service - the following statement "the applicant is a full-time sworn officer" - the name and number of a contact person if we have any questions	<input type="checkbox"/> Yes <input type="checkbox"/> No
28.	Miscellaneous paperwork:	

Internal use only:

Name of reviewer:	Date received:
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TOWN OF CHESWOLD POLICE DEPARTMENT

Authorization for Release of Personal Information to Law Enforcement Agencies for Certification/Employment Purposes

To Whom It May Concern:

I am an applicant for a position with the Cheswold Police Department. In order to determine my suitability for employment, I understand that the Cheswold Police Department, Town of Cheswold, Delaware must make a thorough investigation of my personal records and personal background. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

Therefore, I, _____, DOB, _____, Operator's License # _____, do hereby request and authorize any bank, credit union, lending or financial institution, credit bureau, consumer report agency, retail business establishment, former and present employer, educational institution, doctor or other health care professional including mental health, alcohol treatment center, hospital or other repository of medical records, insurance company, governmental agency, criminal and civil courts, certification/licensing commission, military organization, and any other individual agency to produce and provide copies of any and all information to the authorized agent of the Cheswold Police Department, Town of Cheswold, Delaware regarding me whether of a privileged or confidential nature.

Moreover, I hereby release the Chesowld Police Department, Town of Cheswold, Delaware from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my employment with the Town of Cheswold. And, I hereby release the issuing agency and its agents and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization and request.

I further waive all right to inspect or review any information compiled in reference to my application for employment as allowed by law. I do further authorize the Cheswold

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Police Department, its agents and employees, to release copies of any and all information to any agency or entity regulating the certification, authority or conduct of law enforcement officers. This is to include, but no limited to: State of Delaware Council on Police Training, State of Delaware Attorney General's Office, agencies of other states and the federal government, and the applicant's/officer's employing agency.

I hereby acknowledge that this authorization is valid for one (1) year or until the employment application or investigative process has been completed, whichever is later.

I do do not give consent for the Cheswold Police Department to contact my present employer prior to a conditional offer of employment being tendered (sworn personnel only). I understand that information obtained from my current employer could result in the conditional offer being rescinded.

A copy of this document is considered valid, just as the original.

I have read and fully understand the above statements.

(Applicant/Officer Signature)

(Printed Name)

Address: _____

Phone Number: _____

STATE OF _____
COUNTY OF _____

Subscribed and sworn to before me.
This the _____ day of _____, 20____.

Notary Public (Official Seal)

My Commission Expires:

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TOWN OF CHESWOLD POLICE DEPARTMENT

NOTE: This form is a part of your application for employment, promotion or lateral transfer with the Town of Cheswold. It must be signed and dated in order for your application to be processed.

AUTHORIZATION FOR CREDIT CHECK

As a part of the normal hiring process for applicants to the Cheswold Police Department, a consumer credit report will be obtained on each applicant. The Consumer Credit Reporting Act of 1996 (CCRA) requires that the applicant/employee be notified in a document consisting solely of the notice that a consumer report may be used, and the applicant/employee must authorize this use in writing before the consumer report is obtained.

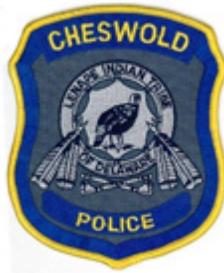
Your signature on this form indicates that you are aware of our policy, which follows the guidelines set forth in the Consumer Credit Reporting Act of 1996 (CCRA), concerning credit checks and that you consent to our obtaining information about your credit history as part of the selection process.

Your signature also indicates that you are aware that confirmed negative results of your credit history can be cause for your disqualification from the application process. However, if a negative consumer credit report is the sole reason for an applicant being eliminated from the selection process for employment, promotion, or lateral transfer, then, according to the Consumer Credit Reporting Act of 1996 (CCRA), the applicant must be provided with a copy of the credit report and a copy of their rights under the Fair Credit Reporting Act (FCRA).

Date

Signature

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TOWN OF CHESWOLD POLICE DEPARTMENT

NOTE: This form is a part of your application for employment, promotion or lateral transfer with the Town of Cheswold. It must be signed and dated in order for your application to be processed.

AUTHORIZATION FOR DRUG SCREENING

It is the policy of the Town of Cheswold to maintain a workforce that is free of drug and alcohol abuse that may impair judgment and result in an accident or injury to one's self, other employees, or the general public.

Your signature on this form indicates that you are aware of our policy concerning drug screening and that you consent to a drug screening as a part of the selection process.

Your signature also indicates that you are aware that confirmed positive drug test results that cannot be substantiated by medical evidence of legitimate prescribed drug use will be cause for disqualification, or other actions prescribed in the Substance Abuse Policy, if already employed.

Date

Signature

EDUCATIONAL

10. Indicate below the schools you have attended. (Include incomplete courses)

Name Address (City & State)	No. Full Yrs Work Completed	When Attended	Graduated (Yes/No)	Degree Awarded	Major Field
High Schools					
Universities or Colleges					
Extension or Correspondence Courses					

11. If you did not graduate from high school, have you passed the General Educational Development (GED) Test?
 Yes No If yes, when and where did you complete the GED?

NOTE: Questions included in the next section are intended to assist in the conducting of a background investigation and are not intended for use by the employing agency as disqualifying factors for employment as a criminal justice officer.

MARITAL

12. Marital Status (check one) Single Married Divorced
 Engaged Separated Widowed

13. Name of Spouse: _____

14. List all of your children, including any adopted or stepchildren.

Name	Birth Date	Relationship	With Whom Resides	Phone Number
(1).				
(2).				
(3).				
(4).				
(5).				
(6).				

FAMILY HISTORY

15. Are you related by blood or marriage to any person(s) now employed by this agency? Yes No
If yes, give name(s) and details:

16. Is any member(s) of your immediate family now in prison or on either probation or parole? Yes No
If yes, give name(s) and details:

RESIDENCES

17. List addresses for past 10 years starting with present address at top:

From Mo/Yr	To Mo/Yr	Address of Residence	City & State	Landlord

FINANCIAL

18. What income other than salary do you have at present? _____

19. Are you now supporting all children born to you, adopted by you and stepchildren?
 Yes No If not, give details: _____

20. Are there persons, other than your spouse and listed children, who are presently dependent upon you for support? Yes No If yes, give name and details: _____

21. Have you ever been sued with a civil judgment being rendered against you?

Yes

No

If yes, give details: _____

22. What is the total amount of all your debts at present? \$ _____

23. What is the average monthly total of all of your bills, payments, and current living expenses? \$ _____

24. List credit references, including businesses to which you make monthly payments:

A. _____ Amount Owing \$ _____
Name of Business

Street Address

City and State

B. _____ Amount Owing \$ _____
Name of Business

Street Address

City and State

C. _____ Amount Owing \$ _____
Name of Business

Street Address

City and State

D. _____ Amount Owing \$ _____
Name of Business

Street Address

City and State

E. _____ Amount Owing \$ _____
Name of Business

Street Address

City and State

F. _____ Amount Owing \$ _____
Name of Business

Street Address

City and State

31. List all the jobs you have held in the last ten years. Put your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time sequence and temporary part-time jobs.

A. Title of present or last position _____

Employer Address and Phone Number _____

Name		Phone Number	
Street	City	State	Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

Full Time ___ Yrs ___ Mos Part Time ___ Yrs ___ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties: _____

Reason for leaving: _____

B. Title of present or last position _____

Employer Address and Phone Number _____

Name		Phone Number	
Street	City	State	Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

Full Time ___ Yrs ___ Mos Part Time ___ Yrs ___ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties: _____

Reason for leaving: _____

C. Title of present or last position _____

Employer Address and Phone Number _____

Name

Phone Number

Street

City

State

Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

Full Time ___ Yrs ___ Mos Part Time ___ Yrs ___ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties: _____

Reason for leaving: _____

D. Title of present or last position _____

Employer Address and Phone Number _____

Name

Phone Number

Street

City

State

Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

Full Time ___ Yrs ___ Mos Part Time ___ Yrs ___ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties: _____

Reason for leaving: _____

E. Title of present or last position _____

Employer Address and Phone Number _____

Name

Phone Number

Street

City

State

Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

Full Time ___ Yrs ___ Mos Part Time ___ Yrs ___ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties: _____

Reason for leaving: _____

F. Title of present or last position _____

Employer Address and Phone Number _____

Name

Phone Number

Street

City

State

Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

Full Time ___ Yrs ___ Mos Part Time ___ Yrs ___ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties: _____

Reason for leaving: _____

G. Explain Periods of unemployment of three months or more. _____

MILITARY SERVICE

32. Were you ever in the U.S. Military Service or any other military organization? Yes No

QUESTIONS 33 THROUGH 41 ARE APPLICABLE ONLY TO VETERANS

33. What is your service number? _____

34. What was the highest rank that you held? _____

35. What was the date and location of your first entrance into active duty? Date: _____

Location: _____

36. What were your unit assignments in the service? _____

Branch	Unit (Company or Ship)	Location	From Mo./Yr.	To Mo./Yr.

37. What was the date and location of your last discharge from active duty? Date: _____

Location: _____

38. Was your last discharge honorable? Yes No

If no, was it characterized as bad conduct or dishonorable? Yes No

39. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast or company punishment, **or any other disciplinary action** while a member of the armed forces?

Yes No If yes, explain: _____

40. List any disciplinary action taken against you in the National Guard or other reserve unit: _____

41. List all medals and decorations awarded you during your military service: _____

42. If you are presently a member of the National Guard or any military reserve, give the unit, location, and describe your obligation:

USE OF ALCOHOL OR DRUGS

NOTE: In questions 43, 44, 45 and 46, the words drink or used mean “one time or more, including experimentation.” If any answer is yes, give full and complete details. (Attach extra sheets if necessary.)

43. Do you drink alcoholic beverages? Yes No If yes, to what degree? _____

44. Have you ever used marijuana? Yes No If yes, what were the circumstances?

When was the last time? _____

45. Have you ever used any illegal drugs including but not limited to, opiates, pills, heroin, cocaine, crack, LSD, etc.? Yes No If yes, under what circumstances?

When was the last time? _____

46. Have you ever-used prescription drugs other than under the supervision of, or as prescribed by, a physician? Yes No If yes, please explain the circumstances:

CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTIONS

NOTE: Include all offenses other than minor traffic offenses. The following are not minor traffic offenses and **must** be listed below: DWI, DUI (alcohol or drugs), failure to stop in the event of an accident, driving while license permanently revoked, and speeding to elude arrest.

Answer all of the following questions completely and accurately. Any falsifications or misstatements of fact may be sufficient to disqualify you. If any doubt exists in your mind as to whether or not you were arrested or charged with a criminal offense at some point in your life or whether an offense remains on your record, you should answer “Yes.” You should answer “No” **only** if you have never been arrested or charged, or your record was expunged by a judge’s court order.

47. Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense? (The term “charged” as used in this question includes being issued a criminal citation or summons.) Yes No If yes, give details below:

- A. Offense Charged _____ Law Enforcement Agency _____
Date _____ Disposition of Case _____
- B. Offense Charged _____ Law Enforcement Agency _____
Date _____ Disposition of Case _____
- C. Offense Charged _____ Law Enforcement Agency _____
Date _____ Disposition of Case _____

(ATTACH EXTRA SHEETS, IF NECESSARY)

48. Have you ever had a Domestic Violence Protection Order issued against you?
(Include both ex-parte Domestic Violence Protective Orders and those entered subsequent to a hearing.)
 Yes No

Date of Issuance: _____

County of Issuance: _____

Name of Plaintiff: _____

Date of expiration: _____

49. Under federal law you may be disqualified to receive or possess a firearm if you meet any of the following conditions:
- (a) Currently under Indictment or Information in any court for a crime punishable by imprisonment for a term exceeding one year.
 - (b) Have been convicted in any court of a crime punishable by imprisonment for a term exceeding one year. A person would not be ineligible under this criteria if the person has been pardoned for the crime or conviction, the crime or conviction has been expunged or set aside, or the person has had his/her civil rights restored, and under law where the conviction occurred the person is not prohibited from receiving or possessing any firearm.
 - (c) Are a fugitive from justice.
 - (d) Are an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance.
 - (e) Have been adjudicated mentally defective or have been involuntarily committed to a mental institution.
 - (f) Have been discharged from the Armed Forces under dishonorable conditions.
 - (g) Are illegally in the United States.
 - (h) Have renounced his/her citizenship, having previously been a citizen of the United States.

NOTE: A “crime punishable by imprisonment for a term exceeding one year” as discussed in (a) and (b) above is defined in federal law so as to exclude most misdemeanors in Delaware.

Based upon the above information are you disqualified to receive or possess firearms under any of the above provisions of federal law? Yes No If yes, explain: _____

50. Have you been convicted of a misdemeanor under federal or state law which has, as an element, the use or attempted use of physical force or threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian or by a person similarly situated to a spouse, parent, or guardian of the victim (Domestic Violence Offense)?
 Yes No

Offense Charged: _____

Law Enforcement Agency _____

Date: _____

Disposition _____

51. Have you ever been charged with a felony? Yes No If yes, give details:

52. Have you ever been placed on probation? Yes No If yes, give details:

53. Have you ever been required to pay a fine in excess of \$50.00 (this does not include court costs)?
 Yes No If yes, give details:

54. Can you operate a motor vehicle? Yes No

55. Do you possess a valid driver's license from the State of Delaware? Yes No
Driver's License Number _____ Year Issued _____

56. Do you possess a driver's license issued by any state other than Delaware? Yes No
If yes, give state and number _____

57. Was your license ever suspended or revoked? Yes No If yes, state which and give reasons:

58. Was your license ever restored? Yes No When? _____

59. Have your driving privileges ever been restricted? Yes No If yes, give details:

CAREER OBJECTIVES

60. Briefly explain your reasons for applying for this position:

61. List special skills, training, fields of work for which you are licensed, registered, or certified, and hobbies which may be useful in the performance of the duties of the position for which you have applied:

62. What are your feelings about the use of deadly force if it became necessary in the performance of official duties?

REFERENCES

63. Give the names of five responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality, and other qualities.

Name	Address	Telephone
A.		
B.		
C.		
D.		
E.		

STATE OF DELAWARE

COUNTY OF

I hereby certify that each and every statement made on this form is true and complete and understand that any misstatement or omission of information will subject me to disqualification or dismissal. I also acknowledge that I have a continuing duty to update all information contained in this document. I will report to the employing agency any additional information which occurs after the signing of this document.

This the _____ day of _____, 20 ____ _____
(Signature in Full)

Subscribed and sworn before me,

this the _____ day of _____, 20 ____

Notary Public (Official Seal)

My Commission Expires: _____, 20 ____

REFERENCES

Name:	
Address:	
Work Phone:	
Home Phone:	
Cell Phone:	
E-Mail Address:	

Name:	
Address:	
Work Phone:	
Home Phone:	
Cell Phone:	
E-Mail Address:	

Name:	
Address:	
Work Phone:	
Home Phone:	
Cell Phone:	
E-Mail Address:	

Name:	
Address:	
Work Phone:	
Home Phone:	
Cell Phone:	
E-Mail Address:	

Name:	
Address:	
Work Phone:	
Home Phone:	
Cell Phone:	
E-Mail Address:	

REFERENCES

Name:	
Address:	
Work Phone:	
Home Phone:	
Cell Phone:	
E-Mail Address:	

Name:	
Address:	
Work Phone:	
Home Phone:	
Cell Phone:	
E-Mail Address:	

Name:	
Address:	
Work Phone:	
Home Phone:	
Cell Phone:	
E-Mail Address:	

Name:	
Address:	
Work Phone:	
Home Phone:	
Cell Phone:	
E-Mail Address:	

Name:	
Address:	
Work Phone:	
Home Phone:	
Cell Phone:	
E-Mail Address:	