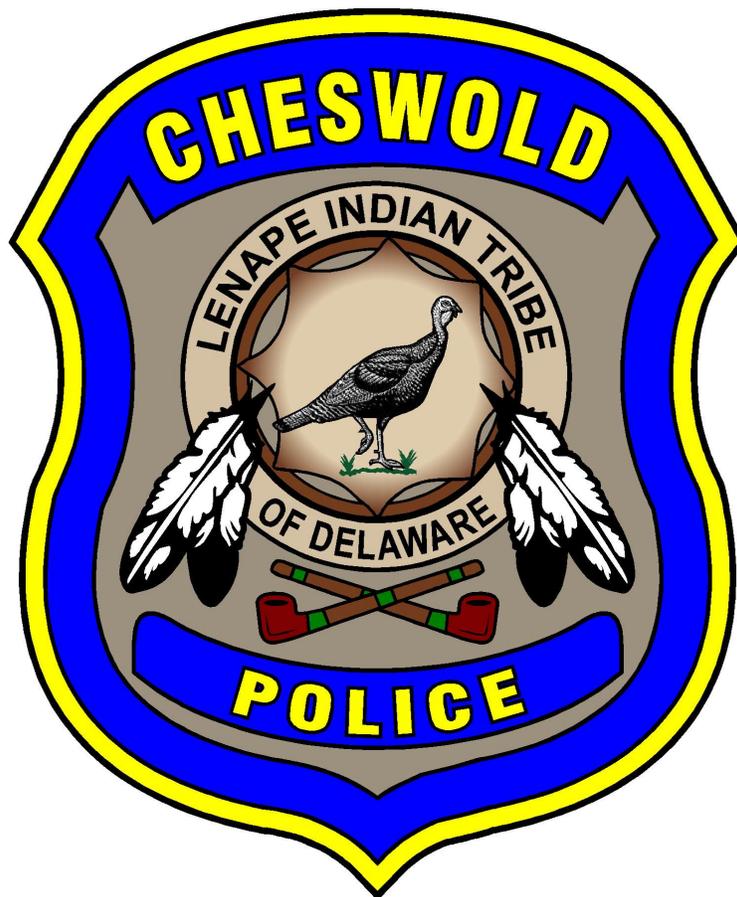


Cheswold Police Department
691 Main Street
Cheswold, Delaware 19936



Part Time POLICE OFFICER
EMPLOYMENT APPLICATION

*Cheswold Police Department
691 Main Street
Cheswold, Delaware 19936*

Tel. (302) 734-2202

Fax. (302) 734-1355

*Christopher Workman
Chief of Police*

EMPLOYMENT APPLICATION FORM

General Information and Instructions

The information you provide in this personal history statement will be used in the investigation to assist in determining your suitability for the position of Police Officer. Please fill out the application completely and accurately. Keep in mind that:

1. Delaware State law requires:

Prior to appointing any law enforcement official, the municipal officials shall conduct an investigation into the qualifications and background of any person being considered for appointment. This shall include investigation of the applicant's abilities, reputation for truthfulness, and respect for the law.

2. All statements are subject to verification.

3. All items on the applications must either be filled out or marked "N/A" meaning they do not apply. Deliberate inaccuracies or incomplete statements may result in automatic disqualification.

4. You should account for all time periods in your background.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence, and its degree of relevance to the job of Police Officer. For example, being fired from a job is not in itself grounds for disqualification. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made of the relevance of these facts to the requirements of the job.

Please print in ink or type your responses on this application. If you need more space to respond to a question, use the reverse side of the page and identify the question to which the additional information applies.

You may submit a resume to supplement the information requested on this application.

Please return the signed application with any supplemental material in person or by mail to the listed address.

Attach Copy of your Delaware COPT Certification and current CPR/AED Certification to this application.

The Town of Cheswold is an Equal Opportunity Employer

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Cheswold, Delaware 19936**

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Christopher Workman
Chief of Police

Name: _____
Last First Middle

Address: _____
No. Street Apt. City State Zip

Telephone: _____
Home Work Cell

Are you at least 21 years of age? Y N

Are you legally permitted or otherwise authorized to work in the United States? Y N

Have you ever been employed by the Town of Cheswold? Y N

If yes, give the department and dates: _____ From: _____ To: _____

Have you been employed by any other Police Departments? Y N

If yes, list agencies and dates: _____

If you are currently employed, may we contact your present employer? Y N

If yes, please provide the name and phone number of contact: _____

If hired, on what date would you be available to start working? _____

Have you served in the U.S. Armed Forces? Y N Branch of service: _____

Delaware Driver's License (Class) A B C License Number: _____

List other states where you have been licensed to operate a motor vehicle: _____

List all traffic citations you have received. Include the violation, date, and location (city).

List any accidents where you were involved as a driver. Include date and location.

Have you any criminal convictions for any violation of the law? Y N

Include any convictions now on appeal. Do not include any conviction occurring before your 18th birthday. Please include any court martials. If yes, please explain: _____

Do you have any physical or mental limitations that would prevent you from performing the essential functions of the position for which you are applying? If yes, please explain: _____

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EMPLOYMENT HISTORY

Starting with present or most recent, list your previous employers. Include self-employment, summer, and part-time jobs.

1.
Employer Address Telephone

Job Title Description of Duties

Dates Employed Supervisor Reason for leaving

2.
Employer Address Telephone

Job Title Description of Duties

Dates Employed Supervisor Reason for leaving

3.
Employer Address Telephone

Job Title Description of Duties

Dates Employed Supervisor Reason for leaving

4.
Employer Address Telephone

Job Title Description of Duties

Dates Employed Supervisor Reason for leaving

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EDUCATION AND TRAINING

Do you have a college degree? Y N If yes, list the college(s) and degree(s) attained. If not, list the classes/credits earned towards a degree and the institution where they were taken.

List schools attended starting with High School

School	Location	Degree or credits earned

List any additional skills, certifications, or licenses you possess that you believe are relevant to this position. _____

REFERENCES

Give the names of three persons not related to you, whom you have known at least one year.

Name	Address	Telephone

CERTIFICATION AND AGREEMENT

I hereby certify that the information set forth in the above employment application and the information on my resume is true and complete to the best of my knowledge. I understand that if employed, omissions or failed statements shall be sufficient cause for dismissal. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Date: _____ Signature of Applicant: _____

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