



LAUREL POLICE DEPARTMENT

205 Mechanic St.
Laurel Delaware 19956
Phone: 302-875-2244 Fax: 302-875-7376

Website: www.townoflaurel.net

Law Enforcement

Civilian/ Support Staff: Position applied for: _____

Full Time

Part Time

INSTRUCTIONS

Application must be typed or printed legibly in ink. All questions must be answered. If spaced provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with the questions.

PERSONAL HISTORY

1. Full Name:

Last Name First Name Middle Name Nickname

Residence Address Apt No. Mailing Address

City County State Zip Code

Telephone Number (Home) Work/ Other

Email Address Cell Number

2. Social Security Number _____ License _____ State: _____

3. Place of Birth

City County State Country (If not the United States)

4. Other: List all other names you have used including circumstances and time periods you used them. For example: Former name(s), alias(es), and nickname(s)

Name	Circumstance	Dates from and to (Mo/Yr)

5. Have you ever filed an application with us before? Yes No. If yes, please give dates: _____

6. Have you ever been employed by us before? Yes No If yes, please list titles and dates of employment _____

7. Do you have any relatives working for us? Yes No If yes please list names: _____

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EDUCATION/ TRAINING

1.

High School Nam/Address	Dates Attended		Mo./Yr.	Years Completed	Did You Graduate	Type of Diploma
	From	To				

2.

College/ University Name Address	Dates Attended		Mo/ Yr.	Credits	Earned	Did You Graduate	Type of Degree
	From	To	Qtr.	Sem.			

Major _____

Minor _____

3. Other Schools (Trade, Vocational, Business, Police Academies or Military)

School Name/ Address	Dates Attended		Mo/ Yr.	Area of Study	Did you Graduate	Degree Type or Certificate
	From	To				

4. Are you law enforcement/ corrections certified within the State of Delaware? Yes No

5. Describe any awards, honors, citations, or other special recognition you received while attending school and positions held in school organizations: _____

6. Indicate any law enforcement education/ training (attach list if applicable): _____

7. Did you receive a certificate for this training? Yes No (Attach copy)

8. Indicate any special skills you possess and equipment you can use which may be related to the position for which you are applying for (i.e. breathalyzer, speed detection equipment, firearms and computers): _____

9. Computer skills: Work Excel Outlook PowerPoint

Other: _____

General Computer Knowledge: Basic Advanced

10. State approximate number of words per minute: Typing _____

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11. On what date are you available to work? _____

12. Are you available to work a rotating shift? Yes No

EMPLOYMENT HISTORY

1. List chronologically all employments for the last 10 years including current employment, summer and part-time employment while attending school. All time must be accounted for. Any length of time not employed, indicate dates of employment. Please attach a separate sheet of paper for additional employment history, if necessary.

1. Name of Present of last employer: _____
Address: _____
Your Job Title: _____ Phone Number: _____
From: _____ To: _____ Supervisor's Name: _____
Duties and Responsibilities: _____

Reason for Leaving _____

2. Name of Present of last employer: _____
Address: _____
Your Job Title: _____ Phone Number: _____
From: _____ To: _____ Supervisor's Name: _____
Duties and Responsibilities: _____

Reason for Leaving _____

3. Name of Present of last employer: _____
Address: _____
Your Job Title: _____ Phone Number: _____
From: _____ To: _____ Supervisor's Name: _____
Duties and Responsibilities: _____

Reason for Leaving _____

4. Name of Present of last employer: _____

Address: _____

Your Job Title: _____ Phone Number: _____

From: _____ To: _____ Supervisor's Name: _____

Duties and Responsibilities: _____

Reason for Leaving _____

5. Name of Present of last employer: _____

Address: _____

Your Job Title: _____ Phone Number: _____

From: _____ To: _____ Supervisor's Name: _____

Duties and Responsibilities: _____

Reason for Leaving _____

2. May we contact your present and previous employer? Yes No, please explain: _____

3. Have you ever been dismissed or asked to resign? Yes No, please explain: _____

4. Have you had any disciplinary action, to include verbal, written warnings, reprimands, suspensions and/ or counseling's taken against you for any employment or position you have held? Yes No. If yes, please provide details or documents: _____

5. Have you resigned, or left a job by mutual agreement for any reason? Yes No. If yes, please provide details: _____

6. Have you ever applied or worked with any law enforcement agencies? Yes No. If yes, please provide the following:

Agency and/ Department _____ Date Applied _____

Address(Street, City, State, Zip) _____

Position Applied for: _____ Status _____

ARREST HISTORY/ COURT DATA

1. Have you ever been arrested, charged or received a notice or summons to appear for any criminal violation?

Yes No

2. Have you ever been convicted or charged of a felony or misdemeanor? Yes No

3. To your knowledge, has any member of your family ever been arrested for a felony or misdemeanor? Yes No

4. If you answered yes to questions 1, 2, or 3, list all such matters even if not formally charged, or no court appearance, or found not guilty, or nolo contendere to any charges for which adjudication was withheld, or matter was settled by payment of fine or forfeiture of collateral (include you juvenile charges and charges which have been sealed, if any.)

Applicant or Relative Name (relationship)	Place/ Department	Charge	Court/ Plea	Date mm/yyyy	Disposition

5. Have you or your spouse ever been a plaintiff in a court action? Yes No

6. Have you ever been detained by any law enforcement officer for investigation purposes OR have you every been the subject of OR a suspect in any criminal investigation? Yes No

7. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.?) Yes No

If yes to questions 5 and/ or 6 please provide details. _____

CONTROLLED SUBSTANCES

Do you NOW or have you EVER tried, purchased, or sold any illegal drug(s) or controlled substances? (“Tried” includes smoking, inhaling, swallowing, placing/ rubbing on gums, lips, or tongue: injecting, or ingesting by any other means.)

Yes No

If you answered YES, please list below.

Name of Drug	Tried	Purchased	Sold	First Time (mm/yy)	Last Time (mm/yy)
Marijuana/ THC	Total Tried ___	Total Purchased ___	Total Sold ___		
Hashish	Total Tried ___	Total Purchased ___	Total Sold ___		

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PCP/ Angle Dust	Total Tried ___	Total Purchased ___	Total Sold ___		
STP/ Speed	Total Tried ___	Total Purchased ___	Total Sold ___		
Mushrooms/ Psilocybin	Total Tried ___	Total Purchased ___	Total Sold ___		
Heroin	Total Tried ___	Total Purchased ___	Total Sold ___		
Cocaine	Total Tried ___	Total Purchased ___	Total Sold ___		
Crack	Total Tried ___	Total Purchased ___	Total Sold ___		
Quaaludes	Total Tried ___	Total Purchased ___	Total Sold ___		
Opium	Total Tried ___	Total Purchased ___	Total Sold ___		
Uppers/ Downers	Total Tried ___	Total Purchased ___	Total Sold ___		
Steroids	Total Tried ___	Total Purchased ___	Total Sold ___		
Valium	Total Tried ___	Total Purchased ___	Total Sold ___		
Speedballs	Total Tried ___	Total Purchased ___	Total Sold ___		
Rohypnol (Ruffies)	Total Tried ___	Total Purchased ___	Total Sold ___		
Inhalants/ Whippets	Total Tried ___	Total Purchased ___	Total Sold ___		
LSD	Total Tried ___	Total Purchased ___	Total Sold ___		
GHB/ GBL	Total Tried ___	Total Purchased ___	Total Sold ___		
Other Named Drug	Total Tried ___	Total Purchased ___	Total Sold ___		

DRIVING HISTORY

1. Are you a licensed Delaware automobile operator? Yes No. If yes provide license number _____
 Date of Expiration _____ Restrictions _____ Endorsements _____

2. Do you hold, or have you ever held an operator or chauffeur license in any other State? Yes No. If yes, please provide the State(s), names used, driver's license number and approximate dates license(s) was/ were held if known _____

3. Have you ever received a ticket or been charged with a traffic violation? Yes No. If yes, please list the agency, charge, date and deposition

Agency	Charge	Date (mm/yy)	Deposition

4. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? Yes No
 If yes, please provide complete details, including reason. _____

5. Have you ever had automobile insurance refused, withdrawn, or revoked? Yes No. If yes, please provide complete details _____

MILITARY HISTORY

1. Have you ever served on active duty in the Armed Forces of the United States? Yes No

Service Branch	Highest Rank	From (mm/yy)	To (mm/yy)	Job Specialty	Service Number

2. Are you now or have you ever been a member of the Reserves or National Guard? Yes No

Service Branch	State	Unit/ Location	MOS Job Specialty	Active/ Retired or ETS

3. Was any type of disciplinary action taken against you while you were in the service? Yes No. If yes, please provide:

Date: _____

Place: _____

Nature of Offense _____

Action Taken: _____

4. **VETERENS PREFERENCE:** Documentation for eligibility of veteran's preference (DD Form 214, Certificate of Release or Discharge from Active Duty) will be required at the time of application if you are claiming veteran's preference under the following circumstances.

- 1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or Pension under public laws administered by the U.S. Veteran's Administration and the Department of Defense, or
- 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power or
- 3. A veteran of any war who has served on active duty for 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955 to October 15, 1976 and August 20, 1990 to January 2, 1992 and who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty for training, or
- 4. The unremarried widow or widower of a veteran who died of a service-connected disability.

Have you claimed and been employed using veterans' preference since October 1, 1987? Yes No. If yes, please give name of employer: _____

ORGANIZATION MEMBERSHIP

1. List all clubs and societies of which you are or have been a member of.

Name	Address	Former Member	Present Member List position held (activity)

2. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force of violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? Yes No

3. Have you ever made a financial or other material contribution to any organization of the type described in question #2? Yes No. If you answered yes to questions #2 or #3, answer questions #4 and #5 as well.

4. At the time of your membership, participation, or contribution, did you know of any unlawful aims to the organization? Yes No

5. Did you intend to promote any unlawful aims of the organization? Yes No. If yes to questions #2, #3, #4 or #5, explain including name of the organization and location. _____

BUSINESS INTERESTS & LICENSES

1. Do you or have you ever owned any stock or interest in any firm, partnership, or corporation dealing wholly or partly in the sale of or distribution of alcoholic beverages? Yes No

2. Are you now issued, or have you ever been issued a license to engage in a business or profession? Yes No

3. Was the license ever canceled, suspended, or revoked? Yes No

If yes, to questions #1, #2, or #3, please provide details including the type of license or certificates, the agency that issued the license, effective date of license and license number.

CREDIT DATA

1. Do you have any sources of income other than your salary or the salary of your spouse? Yes No
Specify each with an estimated annual amount.

2. Are you or your spouse indebted to anyone Yes No. If yes, please list all debts over \$500. Be sure to include student loans and charge accounts. Also list any debt where payment is **past due**, regardless of amount.

Creditor	Address	Amount	Loan or Account Number

3. Have you, your spouse, or a company controlled by you filed for bankruptcy Yes No, or declared bankruptcy Yes No, had a legal judgment rendered against you for debt Yes No or been subjected to a tax lien Yes No. If yes to any of these questions, please provide details. _____

PERSONAL REFERENCES & ACQUAINTANCES

1. Personal References: Give three (3) references (not relatives, former or present employer, fellow employees or school teachers) who are **responsible adults** of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. If retired, give former occupation. Provide complete mailing addresses and phone numbers.

Complete Name (relationship to the applicant)		Home Address:	_____
_____		City, State, Zip:	_____
(Last Name, First Name, MI)		Home Phone	_____
Yrs. Acq.	Occupation	Business Phone	_____
		Business Address	_____
		City, State, Zip	_____

Complete Name (relationship to the applicant)		Home Address:	_____
_____		City, State, Zip:	_____
(Last Name, First Name, MI)		Home Phone	_____
Yrs. Acq.	Occupation	Business Phone	_____
		Business Address	_____
		City, State, Zip	_____

Complete Name (relationship to the applicant)		Home Address:	_____
_____		City, State, Zip:	_____
(Last Name, First Name, MI)		Home Phone	_____
Yrs. Acq.	Occupation	Business Phone	_____
		Business Address	_____
		City, State, Zip	_____

CONFIDENTIAL EMPLOYEE HISTORY

1. Applicant's Current Address

Residence Address _____ Apt No. _____

City _____ County _____ State _____ Zip Code _____

Telephone Number _____

2. Applicant's Social Security Number: _____

3. Spouse's Name and Address (if different from above)

Name _____ Address _____

City _____ County _____ State _____ Zip Code _____

Telephone Number _____

4. Children's Name and Ages:

Name	Date of Birth	Address (if different than applicants)

5. Former Spouse(s) Name and Address:

Name _____ Address _____

City _____ County _____ State _____ Zip Code _____

Telephone Number (if known) _____

6. Are you now able to participate in defensive tactics, firearms, or physical training, operation of a motor vehicle, or otherwise perform the duties set forth in the job description or task analysis related to the position for which you applied?
 Yes No

7. This position may require a physical agility test, if such a test or examination is required, would you be able to take this test or examination? Yes No

8. Please provide name and address of next of kin or other person to be contacted in case of an emergency:

_____		_____	
Name		Address	

City	County	State	Zip Code

Telephone Number			

9. Please provide the name of address of your personal or family physician to be contacted in the case of an emergency:

_____		_____	
Name		Address	

City	County	State	Zip Code

Telephone Number			

I understand that the "Application Certification" applies in all respects to the responses provided in number 1-9 above in this "Confidential Employee History."

_____	_____
Signature of applicant as usually written	Date



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INSTRUCTIONS

1. Answers must be typed or handwritten legibly in blank ink.
2. Answer all questions completely and accurately. Incomplete booklets will not be accepted.
3. Answer each question thoroughly and honestly.
4. The following documents must be submitted with this Application:
 - Birth Certificate (Photocopy)
 - High School/ College Diploma (Photocopy)
 - Certified College Transcript
 - DD 214 (Military Personnel only)
 - Driver's License (Photo Copy)
 - Current Credit Report
5. If you have any contact of an investigative or prosecutable nature with any law enforcement agency during any phase of the selection process, immediately notify Sergeant Adam Coleman or Sergeant Adam Hitchens if you have not been assigned a background investigator.



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I _____, understand and acknowledge that all information and all entries made by me in response to the requested information contained within this questionnaire are true, complete, and correct to the best of my knowledge. I further understand that if at any time during the course of the background investigation or anytime during my employment with the Laurel Police Department, it is discovered that I have made untruthful statements, falsified my employment application form, falsified my confidential questionnaire, and for have given or provided misleading statements, it shall be caused for my immediate termination/discharge from the employment process and/or my employment with the Laurel Police Department.

Full Legal Signature of applicant

Date

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