

# POLICE OFFICER EMPLOYMENT APPLICATION

FRANKFORD POLICE DEPARTMENT

5 Main Street, P O Box 550

Frankford, Delaware 19945

302-732-6244

## IMPORTANT INSTRUCTIONS:

This application must be completely filled out and clearly printed in black ink. If extra space is needed for any section or answer please attach a separate sheet noting the section it pertains to. Your answer to any particular question may not necessarily eliminate you from consideration. Failure to complete this application form may result in disqualification of this application. If a question does not apply to you, write " N/A " in the space provided. The Frankford Police Department requests this information to complete the employment background verification. The information obtained is used exclusively for the purpose of employment consideration. Any falsification on this form WILL result in the disqualification of your application or if discovered after employment may be grounds for discharge. All applicants shall attach a separate sheet listing any use, experience or other contact with any type of illegal drugs , legal prescriptions and alcohol and what effects if any they have or had on applicant.

**Conviction of a crime, other than a felony, and use of any illegal or legal drugs , in and of itself is not an automatic bar to employment, but only in so far as it relates to fitness to perform a particular job. Age at time of the offense and rehabilitation will be taken into account when considering an applicant.**

Date of application \_\_\_\_\_ Position Desired \_\_\_\_\_

Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Resident Street Address AND Mailing Address if different:

County of Residence: \_\_\_\_\_ Are You a United States citizen ? \_\_Yes \_\_NO

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

List all names other than your present legal name(including nicknames and aliases) by which you have been known at any time:

## RESIDENCY HISTORY

List chronologically starting with the most recent address, all of your past residences during the past fifteen years. Include addresses while attending school if away from home and all military addresses. (Use additional sheets if necessary.)

Date (Month/Year)		Street Address (Apt. No.), City, State AND Zip Code	If Rented, give name, address and phone of person responsible for the collection of rent
From	To		

Is there a location in which you spend a regular part of your free time? (Example – parent’s residence, friends’ residence or home town. Any location where you would be well known other than listed above?) Please tell us that area.

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Do you have any special skills, abilities, experiences, hobbies, etc. which may enhance your qualifications for the position?

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# EMPLOYMENT HISTORY

LIST ALL EMPLOYERS BEGINNING WITH THE MOST RECENT AND WORK BACK. INCLUDE ALL PART-TIME EMPLOYERS. ACCOUNT FOR ALL TIME PERIODS. MAKE ADDITIONAL COPIES OF THIS PAGE IF NECESSARY.

Employer Name and Address (If unemployed indicate dates)	Date (Mo/Yr)		Position Held (PH) Duties (D) Reason for Leaving (RL)	Salary		Supervisor Name and Telephone	May we Contact (Y/N)
	From	To		Begin	End		
			PH: D: RL:				
			PH: D: RL:				
			PH: D: RL:				
			PH: D: RL:				
			PH: D: RL:				

Are you presently a permanent classified state civil service employee?  No  Yes If yes, complete the following:

Class Title: \_\_\_\_\_ Agency: \_\_\_\_\_  
 Pay Range: \_\_\_\_\_ Seniority Date: \_\_\_\_\_

Were you ever subjected to disciplinary action in connection with any employment?  No  Yes  
 If yes, give details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## PERSONAL INFORMATION

Please list the required information for your father, mother, step parent, guardian, sister(s), and brother(s).

Relationship	Name	Address	Occupation	Telephone

## REFERENCES

Give three social acquaintances, not in law enforcement:

Name AND Address	(Area Code) Home Phone	(Area Code) Work Phone	Best Time to Contact

List five law enforcement officers with whom you are acquainted, if any:

Name	Department	Address (If Known)	Telephone

List all professional or civic organizations that you are a member or have been a member of:

From: Month/Yr.	To: Month/Yr.	Name	Types

Have you been the subject of a background investigation by a law enforcement agency which was considering you for employment?  No  Yes If yes, complete the following:

Date	Agency

List all Law Enforcement intern programs you have been a part of (high school and college).

Date	School	Department Involved	Advisor and Telephone Number

## DRIVING HISTORY

No  Yes Do you have a valid Drivers License? Driver's License Number/State:

No  Yes Do you hold a valid Drivers License from other states than listed above? If yes, list the states:

No  Yes Have you ever had a Drivers License suspended, revoked or restricted: If yes, please explain:

## USE OF ALCOHOL OR DRUGS

No  Yes Have you ever consumed alcohol while working? If yes, explain when, how often, and circumstances:

No  Yes Do you use non-prescriptive illegal drugs, such as opiates, LSD, cocaine, etc? When was the last time you used them?

## JUDICIAL ACTION

**Note: Conviction of a crime, other than a felony, in and of itself is not an automatic bar to employment, but only in so far as it relates to fitness to perform a particular job. Age at time of the offense and rehabilitation will be taken into account when considering an applicant.**

No  Yes Have you ever been charged or convicted of ANY law violation including traffic law, other than parking tickets? If yes, complete the following:

Date (Mo/Day/yr)	Location	Charge/Violation	Final Disposition	Comments (Agency/Court)

No  Yes Are you now, or have you ever been, involved as a plaintiff, defendant, petitioner or respondent in any civil court action? If yes, explain. (Include when, where, name and location of court, circumstances, and disposition).

No  Yes Have you ever been fingerprinted? If yes, complete the following:

Date	Location	Reason for Fingerprinting

No  Yes Have you ever received a pardon for a crime? If yes, complete the following:

Date	State	County	Offense	Age Then	Police Agency Involved

No  Yes Have you ever had any contact with a police agency as a victim or witness? If yes, please list the following:

Date	Location	Circumstances	Police Agency Involved

### FINANCIAL HISTORY

Provide the names and addresses of the individuals, companies or others to whom you are indebted and the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, and any other debts and payments. Include account numbers where applicable.

Type of Account	Name and Address of Creditor	Account #	Total Balance	Monthly Payment

No  Yes Do you have a savings, checking or money market account? If yes, complete the following:

Name of Institution and Address	Type of Account

No  Yes Have you ever had any garnishment, wage attachment, or civil judgement pending against you? If yes, give details: \_\_\_\_\_

No  Yes Have you ever been declared delinquent in child support payments ordered by the court? If yes, give details: \_\_\_\_\_

## EDUCATION HISTORY

Highest level of education:

\_\_\_\_\_ College credit hours  Associate  Bachelor of Arts  Bachelor of Science  Master Degree \_\_\_\_\_

High School Name AND Address	Date (Mo/Yr)		Diploma Granted (Mo/Yr)	Credits Earned	
	From	To			
College/Universities Name AND Address	Date (Mo/Yr)		Major Field of Study	Degree Granted (Mo/Yr)	Credits Earned
	From	To			
Graduate School - Name AND Address	Date (Mo/Yr)		Major Field of Study	Degree Granted (Mo/Yr)	Credits Earned
	From	To			
Miscellaneous Name and Address	Dates (Mo/Yr)		Major Field of Study	Degree/Diploma Granted (Mo/Yr)	Credits Earned
	From	To			

Attach copies of all diplomas and transcripts.

List all awards received from high school and college:

No  Yes Has disciplinary action ever been taken against you in college? If yes, please explain:

## MILITARY SERVICE

No  Yes Have you served in the United States Armed Forces? If yes, complete the following:

Name Used During Service (Last, First and Middle)	Social Security Number	Date of Birth	Place of Birth

Active Service, Past and Present:

Branch of Service	Dates of Active Service		Check One		Service Number During this Period
	Date Entered	Date Released	Officer	Enlisted	

Reserve Services, Past or Present - If "none" check here

Branch	Dates of Membership		Check One		Service Number During Period
	From	To	Officer	Enlisted	

National Guard Membership (Check One)  Army  Air Force  None

Branch of Service	Dates of Membership		Check One		Service Number During this Period
	From	To	Officer	Enlisted	

How many discharges/separations from the service were given to you? Discharges: \_\_\_\_\_

Separations: \_\_\_\_\_

No  Yes Has your discharge or separation notice ever been corrected or changed? Explain:

List all medals and decorations awarded you as a member of the Armed Forces.

No  Yes Have you ever applied for Department of Defense Security Clearance? Date: \_\_\_\_\_

No  Yes Were you ever court-martialed, tried, or charged, or were you subject of punishment, or any other disciplinary action? If yes, how many times? \_\_\_\_\_ Give details of charges, agency concerned, dates, and dispositions. NOTE: Already included in Judicial Action Section.

## JOB PERFORMANCE

No  Yes Do you know of any reason why you would not be able to perform (with reasonable accommodation) any job related task or function as specified in the job description? If yes, please explain:

Prior to final appointment, all persons who receive a tentative offer of employment will be required to submit to physical/eyesight/hearing/medical/psychological and drug screen examination by a physician and psychologist of the City's choice at the City's expense.

No  Yes Will you consent to such examinations?

## CERTIFICATION

I certify to the best of my knowledge this application is true and complete. Misrepresentation of any material fact contained in the application shall be sufficient cause for excluding the applicant from the examination or for removing the applicant's name from the eligibility pool, or for the applicant's discharge, at any time, from the Department.

\_\_\_\_\_  
(Applicant Signature and Date)

List the required information for all children born to you. Please include adopted and/or step-children:

Name	Date of Birth	With Whom and Where Does Child Reside

Please list all persons who live in the same household with you (if not listed above or under references).

Name	Relationship	Occupation	Place of Employment

## **USE OR EXPERIMENTATION OF ILLEGAL OR LEGAL DRUGS/ALCOHOL**

Applicants should use this sheet for any documentation as requested on the first page of instructions:

## PERSONAL DATA SHEET

Applicants shall use this sheet to fill in personal data and attach a current photograph of applicant:

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_

If requested will you submit to a polygraph examination to verify all information contained in this application ?  YES  NO

I hereby certify that all information contained within this application is true and correct to the best of my knowledge. My signature below constitutes a yes answer to this statement

Signature: \_\_\_\_\_ Date: \_\_\_\_\_