

# **Dewey Beach Police Department**



**Seasonal Police Officer**

**Employment Application and Background  
Investigation Supplement**

# Dewey Beach Police Department



## Town of Dewey Beach

All applicants for Seasonal Employment Must pass a Drug-Screening Test before employment can occur, and are subject to random testing during employment.

## **Reasons for Disqualifications**

IF YOU:

1. Are not 18 years of age.
2. Do not have a valid driver's license.
3. Are not a citizen of the United States.
4. Do not possess a minimum of a high school diploma or GED certificate recognized by Delaware.
5. Have abused drugs, including prescription drugs at any time or used marijuana within the last two (2) years or a maximum of 20 lifetime uses.

IF ANY OF THE ABOVE APPLY TO YOU, YOU ARE NOT ELIGIBLE TO APPLY WITH THE DEWEY BEACH POLICE DEPARTMENT. THESE ITEMS WILL SURFACE DURING YOUR BACKGROUND INVESTIGATION OR POLYGRAPH EXAMINATION.

APPLICANTS MUST MEET THE FOLLOWING REQUIREMENTS IN ADDITION TO THOSE INDICATED ON THE APPLICATION FORM.

6. Present a copy of high school diploma or GED certification.
7. Present a copy of birth certificate for proof of age.
8. Successfully complete entrance exam. (If applicable)
9. Appear before an oral review board for interview. (If selected)
10. Submit to comprehensive background investigation.
11. Successfully complete the training academy that is required for seasonal employment by the Council on Police Training

Dewey Beach Police Department  
Dewey Beach, Delaware

Authorization for release of personal information

I \_\_\_\_\_, hereby authorize a review and disclosure of all records, or any part thereof, relating to me to an authorized agent of the Dewey Beach Police Department, whether the records are of a public, private or confidential nature, and even if the information released is derogatory in nature.

The intent of this authorization is to give my consent for a full and complete disclosure of all records of educational institutions; financial or credit institutions, including records of deposits, withdrawals, and balances of checking and savings accounts, and loans, and the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records; including background reports and polygraph examination results, efficiency ratings, complaints or grievances filed by or against me, internal affairs investigation reports, and salary records; real and personal property records, and other financial statements and records wherever filed; records of complaints, arrest, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records; records of complaints of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether by representing me or another person in any case in which I presently have, or have had, an interest.

I emphasize the intent of this authorization is to provide full and free access to my personal life for the specific purpose of a background investigation to provide pertinent data for the Dewey Beach Police Department to determine my suitability for employment by the department. It is my specific intent to provide access to personal information, or copies of information, however personal or confidential they may appear to be, as well as the sources of that information identified there.

I understand any information obtained by a personal history background investigation developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Dewey Beach Police Department.

I agree to indemnify and hold harmless the person to whom this request is presented, and his agents and employees, from and against all claims, damage, loses, and expenses, including reasonable attorneys' fees, arising from or complying with this request.

I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me. A photocopy of this release will be as valid as an original, even though the photocopy does not contain an original writing of my signature. \_\_\_\_\_

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

Address: \_\_\_\_\_  
*Street Number and Name (Apt. #) City County State Zip*

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Witness: \_\_\_\_\_



Veteran of Military Service?  Yes  No If Yes, Branch \_\_\_\_\_

*Special Employment Notice to Disabled Veterans.  
Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps.*

The Rehabilitation Act of 1973 allows you to voluntarily and confidentially identify yourself as handicapped and to indicate the nature of such handicap.

Providing this information is voluntary and will not result in adverse treatment.

Handicapped?  Yes  No If so, nature of handicap \_\_\_\_\_

The Vietnam Era (8/64 - 1/73) Veterans Readjustment Assistance Act enables us to give special employment consideration to qualified veterans. Providing this information is voluntary and will not result in adverse treatment.

Are you a Vietnam Era Veteran?  Yes  No Date of Discharge: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Are you a disabled Vietnam Era Veteran?  Yes  No

Signed: \_\_\_\_\_

List professional, trade, business and civic activities and offices held.  
(You may exclude those which indicate race, color, religion, sex or national origin):

---

---

---

Give name, address and telephone number of three references who are not related to you and are not previous employers.

---

---

---



# Employment Experience

---

Start with your present or last job. Include military service assignment and volunteer activities

<b>1</b>	Employer:	Dates Employed:	Describe Work Performed
	Address:	From: ____ / ____ / ____	
	Job Title:	To: ____ / ____ / ____	
	Supervisor:	Hourly Rate/Salary	
	Reason For Leaving:	Starting: _____	
		Final: _____	
<b>2</b>	Employer:	Dates Employed:	Describe Work Performed
	Address:	From: ____ / ____ / ____	
	Job Title:	To: ____ / ____ / ____	
	Supervisor:	Hourly Rate/Salary	
	Reason For Leaving:	Starting: _____	
		Final: _____	
<b>3</b>	Employer:	Dates Employed:	Describe Work Performed
	Address:	From: ____ / ____ / ____	
	Job Title:	To: ____ / ____ / ____	
	Supervisor:	Hourly Rate/Salary	
	Reason For Leaving:	Starting: _____	
		Final: _____	

If you need additional space, please continue on a separate sheet of paper.

---

## Special Skills and Qualifications

Summarize your special skills, qualifications or other experiences:

---



---



---



---



---



---



---

	Elementary School					High				College / University				Graduate / Professional			
School Name																	
Years Completed (Circle)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree																	
Describe Course of Study																	
Describe specialized training, apprenticeship, skills, and non-curricular activities:																	

Honors Received: \_\_\_\_\_

Provide any additional information you feel may be helpful to the evaluation of your application: \_\_\_\_\_

**Applicant's Statement**

I certify that answers given are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not a contract of employment.

If offered employment, I further understand that I may be required to pass a job-related physical examination.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLRESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Dewey Beach Police Department  
105 Rodney Avenue  
Dewey Beach, DE 19971

PERSONAL IDENTIFICATION INFORMATION

This information is required to conduct your background investigation. ALL questions must be answered completely. Please print.

Name: \_\_\_\_\_  
*LAST FIRST MIDDLE SUFFIX MAIDEN*

Address: \_\_\_\_\_  
*NUMBER STREET NAME APARTMENT NUMBER*

\_\_\_\_\_ *CITY COUNTY STATE ZIP CODE*

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
*MONTH DAY YEAR CITY STATE*

Age: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ SSN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Hair: \_\_\_\_\_ Eye Color: \_\_\_\_\_  
*FEET INCHES*

Driver's License: \_\_\_\_\_  
*NUMBER STATE*

Classification: \_\_\_\_\_ Expiration: \_\_\_\_\_

Restrictions: \_\_\_\_\_

\_\_\_\_\_ *APPLICANT'S SIGNATURE STATE*

## *CRIMINAL HISTORY INFORMATION*

This information is required to conduct your background investigation. Information must be specific and complete. Incomplete or inaccurate information may be grounds for rejection.

Since you are applying for a public safety position, you **MUST** list all arrests, convictions and expungements, even though you may have been advised by your attorney, a judge, prosecutor or other official that there is no record.

1. Have you ever been:
  - A. Arrested? YES NO
  - B. Charged or detained by any law enforcement authority? YES NO
  - C. Convicted of any criminal offense? YES NO
  - D. Subjected to forfeiture of collateral in connection with arrest? YES NO
  - E. Placed on probation or parole? YES NO
  - F. Required to appear before a juvenile court for an act which would have been a crime if committed by an adult? YES NO
  - G. Detained by a law enforcement agency for investigative purposes or questioning? YES NO
  - H. Received any citation other than motor vehicle which resulted in your paying a fine or an appearance in court? YES NO
  - I. Received a summons and/or a subpoena requiring your appearance in court? YES NO

If you answered **YES** to any of the above questions, complete the following: (All incidents must be included even though they were dismissed or you forfeited collateral. Exclude any traffic violations which were previously noted.)

Date of Incident: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Police Agency: \_\_\_\_\_

Charge(s): \_\_\_\_\_

Disposition(s): \_\_\_\_\_

Location of Court: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Police Agency: \_\_\_\_\_

Charge(s): \_\_\_\_\_

Disposition(s): \_\_\_\_\_

Location of Court: \_\_\_\_\_

2. Have you ever committed any crime for which you were not charged, including - but not limited to - offenses involving the distribution, use, or possession of any illegal drug or prescription drug not prescribed to you?      YES      NO

If you answered YES, complete the following:

If you have answered YES to any of the above questions, complete the following:

Type of drug sold (be specific): \_\_\_\_\_

No. of times sold: \_\_\_\_\_      Approximate quantity: \_\_\_\_\_

Date: last sold: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Type of drug sold (be specific): \_\_\_\_\_

No. of times sold: \_\_\_\_\_      Approximate quantity: \_\_\_\_\_

Date: last sold: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Use separate sheets to provide additional information.

3. Other than what has been listed previously, have you ever committed any of the following offenses:

- |    |  |     |    |
|----|--|-----|----|
| A. | Theft (excluding shoplifting and auto theft) | YES | NO |
| B. | Shoplifting                                  | YES | NO |
| C. | Auto theft (excluding joyriding)             | YES | NO |
| D. | Unauthorized use (including joyriding)       | YES | NO |
| E. | Assault, battery, etc.                       | YES | NO |
| F. | Credit card misuses                          | YES | NO |
| G. | Bad checks                                   | YES | NO |
| H. | Destruction of property                      | YES | NO |
| I. | Breaking & entering                          | YES | NO |
| J. | Any sex offenses                             | YES | NO |
| K. | Handgun violations                           | YES | NO |

If you answered YES to any of the above questions, complete the following:

Crimes: \_\_\_\_\_  
When: \_\_\_\_\_ No. of Times: \_\_\_\_\_  
Location: \_\_\_\_\_

Crimes: \_\_\_\_\_  
When: \_\_\_\_\_ No. of Times: \_\_\_\_\_  
Location: \_\_\_\_\_

Have you ever committed any other criminal act not already listed above or on the previous pages? YES NO If YES, state the crime, number of times, when, and location on a separate sheet.



5. Is your driver's license now or has it ever been:
- |    |   |     |    |
|----|---|-----|----|
| A. | Denied or refused?                                | YES | NO |
| B. | Suspended?  | YES | NO |
| C. | Revoked?  | YES | NO |
| D. | Subjected to any other similar penalty or action? | YES | NO |
| E. | Subject to any restrictions?                      | YES | NO |

If you answered YES to any of the above questions, explain in detail on a separate sheet.

MOTOR VEHICLE COLLISIONS

6. List all motor vehicle collisions in which you have been involved as the operator.

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Police Agency: \_\_\_\_\_  
 Location (City / State): \_\_\_\_\_  
 Description of collision (include damages / injuries): \_\_\_\_\_

Where you charged: YES NO  
 If YES, list charge: \_\_\_\_\_  
 Final Disposition: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Police Agency: \_\_\_\_\_  
 Location (City / State): \_\_\_\_\_  
 Description of collision (include damages / injuries): \_\_\_\_\_

Where you charged: YES NO  
 If YES, list charge: \_\_\_\_\_  
 Final Disposition: \_\_\_\_\_

Use continuation sheets to provide additional information if required.

- Has your automobile insurance ever been cancelled for non-medical reasons? YES NO  
 If YES, explain on separate sheet.
- |    |   |     |    |
|----|---|-----|----|
| A. | Denied or refused?                                | YES | NO |
| B. | Suspended?  | YES | NO |
| C. | Revoked?  | YES | NO |
| D. | Subjected to any other similar penalty or action? | YES | NO |

If you answered YES to any of the above questions, explain in detail on a separate sheet.