

Bridgeville Police Department

APPLICATION INSTRUCTIONS

1. Answers must be typed, or handwritten legibly in black ink
2. Answer all questions completely and accurately. Incomplete applications 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 Diploma(photocopy)
 - College Transcripts
 - Driver's License(photocopy)
 - Signed Social Security Card(photocopy)
 - Military discharge papers(photocopy)
 - Certified copy of driving record
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 contact the Chief of Police or senior officer on duty.



BRIDGEVILLE POLICE DEPARTMENT

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT CLEARLY)

To Applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualification and may assist us in possible future upgrading.

PERSONAL INFORMATION

Name: _____ Date of Birth: _____
Last First Middle

Social Security No: _____ Driver's License No: _____ State: _____

Present Address: _____
No. Street City State Zip

Telephone No: _____

Position(s) applied for: _____ Rate of pay expected \$ _____ per week

Do you have any physical condition, which may limit your ability to perform the particular job for which you are applying? _____ If yes, describe such condition: _____

What method of transportation will you use to get to work? _____

Would you work full-time? _____ Part-time? _____ If part time, specify what days and hours: _____

Were you previously employed by us? _____ If yes, when? _____

List any friends or relatives working for us: _____
Name(s)

If your application is considered favorably, on what date will you be available for work? _____

EMPLOYMENT CONTINUATION

Name, Address and Phone Number of Company and Type of Business	From		To		Describe the work you did	Starting Weekly Salary	Ending Weekly Salary	Name of Supervisor	Reason for Leaving
	Mo.	Yr.	Mo.	Yr.					
Phone #									
Type of business:									

Name, Address and Phone Number of Company and Type of Business	From		To		Describe the work you did	Starting Weekly Salary	Ending Weekly Salary	Name of Supervisor	Reason for Leaving
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	Mo.	Yr.	Mo.	Yr.					
Phone #									
Type of business:									

EDUCATION

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
			5	6	7	8		
ELEMENTARY								
HIGH SCHOOL								
COLLEGE								
OTHER (SPECIFY)								
OTHER (SPECIFY)								

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with our organization? _____

PERSONAL REFERENCES

(Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number(s)

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

In making this application for employment, I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

DATE _____ APPLICANT'S SIGNATURE _____

Confidential Employee History

1. Applicant's Current Address:

Address _____

City _____ County _____ DE _____ Zip _____

Phone Number(____) _____

2. Applicant's Social Security Number _____ - _____ - _____

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

Name _____

Address _____

City _____ County _____ DE _____ Zip _____

Phone Number(____) _____

4. Children's Name and Ages:

Name	Date of Birth	Address (if Different than applicant)

Former Spouse(s) Name and Address

Name _____

Address _____

City _____ County _____ DE _____ Zip _____

Phone Number(____) _____

Controlled Substances / Drug Use

Name of Drug	Tried	Purchased	Sold	First Time (mm/yy)	Last Time (mm/yy)
Marijuana/THC	# of times ___	#of times ___	#of times ___		
Hashish	# of times ___	#of times ___	#of times ___		
PCP/Angle Dust	# of times ___	#of times ___	#of times ___		
STP/Speed	# of times ___	#of times ___	#of times ___		
Mushrooms/ Psilocybin	# of times ___	#of times ___	#of times ___		
Heroin	# of times ___	#of times ___	#of times ___		
Cocaine	# of times ___	#of times ___	#of times ___		
Crack	# of times ___	#of times ___	#of times ___		
Quaaludes	# of times ___	#of times ___	#of times ___		
Opium	# of times ___	#of times ___	#of times ___		
Uppers/ Downers	# of times ___	#of times ___	#of times ___		
Valium	# of times ___	#of times ___	#of times ___		
Speedballs	# of times ___	#of times ___	#of times ___		
Rohypnol	# of times ___	#of times ___	#of times ___		
Inhalants/ Whippets	# of times ___	#of times ___	#of times ___		
LSD	# of times ___	#of times ___	#of times ___		
GHB/GBL	# of times ___	#of times ___	#of times ___		
Steroids	# of times ___	#of times ___	#of times ___		
Other Drugs Name: _____	# of times ___	#of times ___	#of times ___		

Residences

Actual places of residence for the past 10 years - list chronologically all address, including residences while attending school and in the military. Attach a separate sheet of paper for additional residences if necessary.

From: mo/ yr	To: mo/ yr	Street Address	City	County	State	Zip

Arrest History/Court Data

1. Have you ever been arrested, charged or received a notice or summons to
Appear for any criminal violations ___Yes ___No
2. Have you ever been convicted or charged with any felony
or misdemeanor ___Yes ___No
3. To your Knowledge, have any of your family members been arrested for a
felony or misdemeanor ___Yes ___No
4. If you answered yes to questions 1, 2, or 3, please explain in detail on separate
piece of paper.