



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 the application
 - a. Birth Certificate (photocopy)
 - b. High School Diploma (photocopy)
 - c. College Transcripts
 - d. Driver's License (photocopy)
 - e. Signed Social Security Card (photocopy)
 - f. Military Discharge Papers (photocopy)
 - g. 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.

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: _____

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

Present Address: _____

Telephone No: _____

Spouse's Name and Address (if different): _____

Children's Name and Age:

Name	Date of Birth	Address (if different than applicant)

Former Spouse(s) Name and Address: _____

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: _____

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

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 <i>Month and Year</i>	To <i>Month and Year</i>	Address

ARREST HISTORY/COURT DATA

Have you ever been arrested, charged or received a notice or summons to appear for any criminal violations? _____

Have you ever been convicted or charged with any felony or misdemeanor? _____

To your knowledge, have any of your family members been arrested for a felony or misdemeanor? _____

If you answered yes to questions 1, 2, or 3, please explain in detail.

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/Angel 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		

EDUCATION

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
ELEMENTARY			5	6	7	8		
HIGH SCHOOL			9	10	11	12		
COLLEGE			1	2	3	4		
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 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 many such investigative report that is made.

APPLICANT'S SIGNATURE _____ DATE _____