



Georgetown Police Department

335 North Race Street
Georgetown, Delaware 19947

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Georgetown Police Department Application

1. Full legal name: _____
First Middle Last
2. Give any other names you have used or have been known by: _____

3. Address: _____

4. Do you own or rent? _____
5. Telephone No. (Work) _____ (Home) _____
6. Date of Birth: _____
7. Place of Birth: _____
8. Are you a citizen of the United States? _____ Natural Born? _____
Naturalized? (If so date and location) _____
9. Social Security Number: _____
10. Height: _____ Weight: _____ Hair Color: _____
Eye Color: _____ Blood Type: _____

11. Marital Status: (Married, Separated, Single or Divorced)_____

12. Spouses Full Name:_____

13. Do you have Children? _____

14. State all formal education you have had:

<u>School Name</u> <u>Address</u>	<u>Dates</u>	<u>Course of Study</u>	<u>Last Grade</u> <u>Completed</u>	<u>Degree</u>
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Elementary:_____

High School:_____

College:_____

Other:_____

15. Do you speak any foreign language?_____ If so what?_____

16. Provide the name and address of your bank(s)_____

17. Have you ever been sued? _____

If your answer is yes, state:

- (a) the date
- (b) the State and court
- (c) the circumstances of the suit

18. Have you previously submitted an application for employment with another police

department? _____ If yes, state: (a) the date
(b) the name and address of the department
(c) whether or not you were hired

19. Have you ever been certified as a police officer in any other jurisdiction? _____

If yes, state: (a) the date(s)
(b) the name and address of the police agencies

20. Have you ever been discharged, terminated from, or disciplined by, any police or military organization in which you have previously served? _____

If yes state: (a) the name and address of the police or military organization
(b) the date(s) of your service
(c) the date(s) of your disciplinary action and/or termination
(d) the circumstances surrounding your disciplinary action and/or termination

21. Do you possess a valid motor vehicle operator's license from Delaware? _____

License Number: _____

22. Do you possess a valid motor vehicle operator's license from any other state? _____

If so, fill in the state and license number: _____

23. Has your operator's license ever been suspended or revoked? _____

If yes, state: (a) the date(s) _____

(b) the jurisdiction _____

(c) the reason _____

(d) whether your license has been reinstated; if so,
when _____

24. Have you ever been involved in a motor vehicle accident? _____

- If yes, state:
- (a) the date(s)
 - (b) the jurisdiction
 - (c) the cause
 - (d) who was at fault
 - (e) whether anyone was injured

25. Do you wear eyeglasses or contact lenses? _____

If yes, your application must be accompanied by a written evaluation from your optometrist/ophthalmologist dated with the past six (6) months giving your visual acuity.

26. Do you have any physical disabilities or impairments that would interfere with or limit your ability to perform the duties of police officer, or strenuous physical exercise? _____

If yes, describe: _____

27. Have you ever filed a claim for workman's compensation? _____

- If yes, state:
- (a) the date(s)
 - (b) the name and address of the employer
 - (c) the nature of the injury
 - (d) the outcome of the claim
 - (e) whether or not you are still receiving benefits
 - (f) the date that benefits ceased

28. Have you ever received disability benefits? _____

- If yes, state:
- (a) the dates
 - (b) the name and address of the disability provider
 - (c) the nature of the disability
 - (d) whether or not you are still receiving benefits
 - (e) the date disability benefits ceased

29. Other than minor traffic violations, have you ever been arrested or detained by the police, or charged with any crime under the laws of the United States, State of Delaware, or any other state or territory of the United States? _____

If yes, as to ***each*** such incident state:

- (a) the date(s)
- (b) the place (city, county, state)
- (c) the name and address of the arresting or charging agency
- (d) the charge(s)
- (e) the final disposition

30. Have you ever been placed on probation? _____

- If yes, state
- (a) the date(s)
 - (b) the nature of probation
 - (c) the name and address of the probation agency/officer

31. Have you ever been arrested or convicted of a crime of domestic violence? _____

- If yes, state:
- (a) the date(s)
 - (b) the jurisdiction
 - (c) the arresting agency
 - (d) who the victim was
 - (e) the disposition of the case

32. Have you ever been required to pay a fine? _____

- If yes, state:
- (a) the date(s)
 - (b) the amount of the fine
 - (c) the name and address of the court or agency imposing the fine
 - (d) the reason the fine was imposed

33. Have you ever been reported as a missing person or runaway? _____

If yes, state: (a) the date(s)
(b) the jurisdiction

34. Have you ever been fingerprinted by any police agencies other than for an arrest?

If yes, state: (a) the date(s)
(b) the name and address of the police agencies

35. Within the past ten years, have you been arrested or charged with a violation of any motor vehicle laws of the State of Delaware or any political subdivision thereof, or of any other state or territory of the United States (or any political subdivision thereof)? {Exclude parking violations} _____

If yes, as to each such incident state:

- (a) the date
- (b) the place (city, county, state)
- (c) the name and address of the arresting or charging agency
- (d) the charges(s)
- (e) the final disposition of the charges(s)

36. Within the past ten years have you used or consumed any controlled substance (e.g. marijuana, hashish, PCP, cocaine, crack, heroin, opiates, methamphetamines) identified as such under the laws of the United States, the State of Delaware, or any other state or territory of the United States? _____

- If yes, state:
- (a) the substance used
 - (b) the dates or time frame
 - (c) whether such use was under a doctor's prescription

37. Within the past two years, have you used or consumed any prescription drugs? _____

- If yes, state:
- (a) the date(s)
 - (b) the drug(s)
 - (c) the reason(s)
 - (d) the name and address of the prescribing physician

38. Do you consume alcoholic beverages (i.e. beer, wine, liquor)? _____
If yes, state, for the past year the approximate amount of each type consumed by you on average expressed as "x" ounces per day, per week, or per month.

39. Have you ever received any counseling, treatment, therapy or other assistance from any substance abuse counselor, agency, or group (including “self-help” groups such as Alcoholic Anonymous)? _____

If yes, state: (a) the dates
(b) the name and address of the counselor, agency, or group
(c) the circumstances surrounding your counseling

40. Have you ever received any psychiatric treatment or counseling for any psychological, emotional or personality problems from any psychiatrist, psychologist, licensed social worker, or other counselor? _____

If yes, state: (a) the dates of such treatment or counseling
(b) the name and address of the counselor
(c) the nature of the problem for which counseling was sought

41. List all jobs that you have held over the past ten years, indicating as to each the

45. Have you had any experience working shift work? _____
46. If it became necessary in the course of police duties to take a human life, would you have any reluctance to do so because of religious or other beliefs? _____
47. Are any of your friends or relatives presently employed by the Town of Georgetown?

48. What is the salary range (per year) you are seeking? _____
49. If hired, would you be opposed to signing an employment contract? _____
50. If hired, when can you begin work? _____

I hereby certify that all statements made in this application are true and complete and I understand that any misstatements of material facts will subject me to disqualification or dismissal.

Signature in Full

Date Completed

AUTHORIZATION TO OBTAIN ADDITIONAL INFORMATION

The undersigned hereby grants to _____ permission and authority to contact any police or military organization, any present or former employer, and any doctor, psychiatrist, psychologist, licensed clinical social worker, or other licensed counselor to verify, clarify, or further explain any information contained herein. It is understood and agreed that all such information shall remain strictly confidential and may not be released, shared, disclosed, or discussed with any

person or entity not directly involved in the decision to hire me for the position I have applied for>

(Seal)

Applicant