

DAGSBORO POLICE DEPARTMENT

Chief of Police
Steven Flood
P.O. Box 420
Dagsboro, DE 19939

Application Packet

Applications must be typed or hand written legibly using black or blue ink.

Applications are maintained on record for 1 year.

PERSONAL HISTORY STATEMENT

Check List of Documents:

You are responsible for showing these documents to the investigator / interviewer and also for providing a photocopy of each original document. The investigator will review the documents with you at the time of the interview. Failure to produce the requested documents will result in a delay of processing your application or possible rejection from the process.

CERTIFICATE OF BIRTH

HIGH SCHOOL DIPLOMA

COLLEGE DIPLOMA (IF APPLICABLE)

OFFICIAL TRANSCRIPTS – HIGH SCHOOL AND/OR COLLEGE

DD214 FOR EACH PERIOD OF MILITARY SERVICE

NATURALIZATION CERTIFICATE

ANY COURT ORDERS: DIVORCE, BANKRUPTCY, CHILD SUPPORT, NAME CHANGE, ORDER OF JUDGEMENT, LEGAL SEPARATION, ETC.

DRIVER'S LICENSE

SOCIAL SECURITY CARD

PERSONAL HISTORY STATEMENT

Full Name: _____

Aliases, Maiden Name, and/or Nicknames(specify which): _____

Date of Birth: _____ **Place of Birth** _____

Height: _____ **Weight:** _____ **Hair Color:** _____ **Eye Color:** _____

Identifying Marks: _____

Social Security Number: _____

CITIZENSHIP

U.S. Citizen _____ **By Birth** _____ **Alien Registration No.** _____
Alien _____ **Naturalization** _____

Date, Place, Court: _____ **Cert. No.:** _____ **Petition No.** _____

ADDRESS

Present Address: _____

Legal Residence: _____

Home Telephone: _____ **Work Phone:** _____

Current Marital Status: _____

Full Name of Spouse: _____

Marriage Data: (List Present and All Former Marriages)
Date **Place of Marriage (City & State)**

A. _____

B. _____

C. _____

Personal History Statement

Spouse Employment: _____

Date of Legal Separation: _____

Date of Final Divorce Decree: _____

Do You Object to us Contacting Your Spouse or Former Spouse: _____

List Below the Name(s) of Each of Your Children, and Name of Parent or Guardian
Which the Child Resides if Other Than You:

	Name	Date of Birth	Current Residence
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____

Do You Have Any Dependents Other Than The Ones Listed Above? _____

A. _____
B. _____
C. _____

Are You Receiving and/or Responsible for Paying Any Court Ordered Child
Support? _____ If yes, answer the following.

	To Whom	Amount	Frequency
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____

PARENTAL INFORMATION

Name of
Father: _____ Address _____

Telephone Number : () _____

Name of Mother: _____
Address _____

Telephone Number () _____

PERSONAL HISTORY STATEMENT

Name of Person Who Reared You If Different From Parental Information

Name: _____

Address: _____

Telephone Number (____) _____

MILITARY SERVICE

Branch of Service: _____

Date of Active Duty: _____

Reserve Service: _____ Date Began: _____ Ended: _____

National Guard Member: _____ Date Began: _____ Ended: _____

Type of Discharge: _____

Rank at Discharge: _____

Highest Rank Attained: _____

If You Have an Obligation, Designate the Type of Service Obligation and Date
Obligation is Scheduled to Terminate.

PERSONAL HISTORY STATEMENT

Financial Data

If you answer yes to any of the next 8 questions below, add a continuation sheet and list year and amount of obligation, and when it was, or is to be satisfied.

Do you have (or have you ever had) any wage garnishments on your salary?
Yes _____ No _____

Do you have (or have you ever had) any wage assignments of your salary?
Yes _____ No _____

Have you ever had a Court ordered Financial Judgement Against You?
Yes _____ No _____

Do you presently have a Financial Judgement pending in Court?
Yes _____ No _____

Have you ever filed for or declared Bankruptcy, or Utilized a Wage Earner's Plan?
Yes _____ No _____

Do you have other sources of income other than current Full-Time employment?
Yes _____ No _____

Have you ever been found delinquent of Income or Other Tax Payments?
Yes _____ No _____

Have you ever had any Real or Personal Property Repossessed?
Yes _____ No _____

Do you have a:
Savings Account _____
Stocks & Bonds _____

Checking Account _____
Life Insurance _____

Own Real Estate _____
Own a Vehicle _____

PERSONAL HISTORY STATEMENT

Residence Data

Provide the information requested below on **Your Residences** for the last 10 years.

Current Residence: _____
Date of Residence/ From: _____ To: _____
Rental: _____ Own: _____ Name of Rental Co.: _____

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Rental: _____ Own: _____ Name of Rental Co.: _____

Add Continuation if More Space is Needed

PERSONAL HISTORY STATEMENT

Education

Provide the information requested below on all schools you have attended since the 9th grade, beginning with the most recent. Be sure to include Colleges, Universities, Business or Trade Schools, and if relevant to the position for which you are applying, Military Schools.

Name of School: _____
Address of School: _____
Highest Grade Completed: _____
Dates From: _____ To: _____ Did You Graduate: _____
Final # of Credits: _____ Did You Receive a Certificate: _____

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Add Continuation if more space is needed.

PERSONAL HISTORY STATEMENT

Education

Did you graduate from High School and Receive a Diploma? _____

Did you pass G.E.D. Testing? _____

Did you obtain your G.E.D. Certificate for the Armed Forces? _____

If you attended College, List your area of Concentration:

A. _____

B. _____

C. _____

If you attended College, but did not graduate, please provide a brief explanation

Have you ever been suspended, dismissed, or expelled from any School or College for any Academic or Disciplinary Reasons? _____

If yes,
explain. _____

EMPLOYMENT HISTORY

List below your **Complete** work History, starting with your present position. Be sure to list all periods of Active Military Duty (Including Active Duty for Training of more than 15 days) and all periods of unemployment, identifying as such. Also include all Part-time, temporary, and/or voluntary employment, identifying as such. Be sure to put the reason for leaving.

Start with present Employment and include all employment for last 10 years.

Employer: _____ Telephone: _____
Address: _____
Job Description: _____
Supervisor: _____
Status (Full-Time, Part-Time, ETC,) _____
Job Title: _____
Reason For Leaving: _____

Employer: _____ Telephone: _____
Address: _____
Job Description: _____
Status: _____
Job Title: _____
Reason For Leaving: _____

Employer: _____ Telephone: _____
Address: _____
Job Description: _____
Status: _____
Job Title: _____
Reason For Leaving: _____

Employer: _____ Telephone: _____
Address: _____
Job Description: _____
Status: _____
Job Title: _____
Reason For Leaving: _____

Add continuation if more space is needed

EMPLOYMENT

If you are currently or have ever been unemployed, did you receive, have applied for, or do now intend to apply for:

- | | | | |
|----|---------------------------|----------|---------|
| A. | Unemployment Compensation | Yes_____ | No_____ |
| B. | Welfare Payments | Yes_____ | No_____ |
| C. | Strike Benefits | Yes_____ | No_____ |
| D. | Other Sources of Income | Yes_____ | No_____ |

If you checked yes to any of the above, give details, including the name of the organization(s) providing the benefits or income. **Do not include Worker's Compensation Information.**

Attach separate page if additional room is needed.

Have you had any extended work absences for reasons other than earned vacations?

Yes_____ No_____

If yes,

Explain. _____

Have you Ever:

- A. Been Discharged from employment (fired) for any reason? Yes_____ No_____
- B. Resigned (Quit) after being informed that your employer intended to take any form of disciplinary action against you?
Yes: _____ No: _____
- C. Been disciplined in a job for any reason (Lateness, Poor Performance, ETC.)?
Yes: _____ No: _____

If You Answered Yes to Any of the Above Questions, Give Full Details on an Attached Sheet.

REFERENCES

Please list 3 references, non-family members or employers

1. Name: _____
Address: _____
Phone Number: _____
Relationship: _____

2. Name: _____
Address: _____
Phone Number: _____
Relationship: _____

3. Name: _____
Address: _____
Phone Number: _____
Relationship: _____

MISCELLANEOUS SECTION

1. Drivers License number _____ State _____ Expiration _____
2. List any and all experiences with use, possession, or observation of any illegal drugs. Add a continuation sheet if necessary. Include names of drugs.

3. Are you currently a certified police officer in this state or any other state? If yes
Give the state and date of certification. _____
4. List any skills including use of firearms that would help you as a police officer.

