

**Dagsboro Police Department**  
**Police Officer Application Packet**

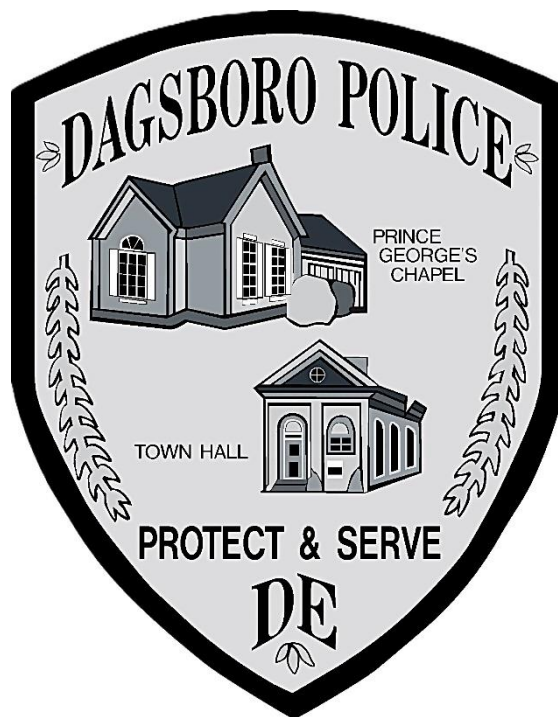
**Chief of Police**

**Nicholas Disciullo #942-1**

**33134 Main Street**

**P.O. Box 420**

**Dagsboro, DE 19939**



**Applications must be typed or handwritten with blue or black ink.**

**Applications are confidential and maintained on record for 1 year.**

**All Documents listed on next page must be submitted.**

**All lines of this application must be completed, if they do not apply, mark N/A. The back blank sides of this application packet may be used as continuation pages.**

### Checklist of Documents

You are responsible for providing photocopies of each original document. Failure to produce the requested documents will result in a delay or possible rejection of your application.

- **Certificate of Birth**
- **High School Diploma**
- **College Diploma (if applicable)**
- **Official Transcripts—High School and/or College**
- **DD214 for each period of military service (if applicable)**
- **Naturalization Certificate (if applicable)**
- **Any court orders: divorce, bankruptcy, child support, name change, order of judgement, legal separation, etc. (if applicable)**
- **Driver's License**
- **Social Security Card**

**Personal History Statement:**

**Personal Information:**

- Full Name: \_\_\_\_\_
- Aliases, Maiden Name, and/or Nicknames (specify which):  
\_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Place of Birth: \_\_\_\_\_
- Height: \_\_\_\_\_
- Weight: \_\_\_\_\_
- Hair Color: \_\_\_\_\_
- Eye Color: \_\_\_\_\_
- Identifying Marks/Tattoos:  
\_\_\_\_\_  
\_\_\_\_\_
- Social Security Number: \_\_\_\_\_

**Citizenship:**

- U.S. Citizen:  
 By Birth  Naturalization
- Alien:  Yes  No Alien Registration No.: \_\_\_\_\_
- Naturalization: Date, Place, Court: \_\_\_\_\_
- Cert. No.:
- Petition No.: \_\_\_\_\_

**Address:**

- **Present Address:** \_\_\_\_\_
- **Legal Residence (if different from above):**  
\_\_\_\_\_
- **Cell Phone:** \_\_\_\_\_
- **Alternative Phone:** \_\_\_\_\_

**Marital Status:**

- **Current Marital Status:** \_\_\_\_\_
- **Full Name and Birthdate of Spouse:** \_\_\_\_\_
- **Marriage Data (List Present and All Former Marriages):**
  - **Date:** \_\_\_\_\_ **Place of Marriage (City & State):**  
\_\_\_\_\_
  - **Date:** \_\_\_\_\_ **Place of Marriage (City & State):**  
\_\_\_\_\_
- **Spouse Employment:** \_\_\_\_\_
- **Date of Legal Separation:** \_\_\_\_\_
- **Date of Final Divorce Decree:** \_\_\_\_\_
- **Do You Object to Us Contacting Your Spouse or Former Spouse:**  Yes  No

**Children and Dependents:**

- **List Each of Your Children, and Name of Parent or Guardian with Whom the Child Resides (if other than you):**  
  
1) **Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Current Residence:** \_\_\_\_\_

2) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Current Residence: \_\_\_\_\_

3) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Current Residence: \_\_\_\_\_

• Do You Have Any Dependents Other Than The Ones Listed Above?:  Yes  No

• Are You Receiving and/or Responsible for Paying Any Court Ordered Child Support?:  Yes  No

○ To Whom: \_\_\_\_\_

Amount: \_\_\_\_\_

Frequency: \_\_\_\_\_

**Parental Information:**

• Name and birthdate of Father: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

• Name and birthdate of Mother: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

• Name of Person Who Reared You If Different From Parental Information:

○ Name and birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Military Service (if applicable):**

- **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:** \_\_\_\_\_

**Financial Data:**

If you check "Yes" to any of the questions below, add a continuation sheet and list the year and amount of the 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:**
  - **Savings Account**  Yes  No
  - **Checking Account**  Yes  No
  - **Own Real Estate**  Yes  No
  - **Stocks/Bonds/Cryptocurrency**  Yes  No
  - **Life Insurance**  Yes  No
  - **Own a Vehicle**  Yes  No

**Residence Data:**

**Provide information on your residences for the last 10 years. (Add a continuation sheet if more space is needed).**

- 1) **Residence:** \_\_\_\_\_
- **Date of Residence From:** \_\_\_\_\_  
**To:** \_\_\_\_\_
  - **Rental:**  **Own:**
  - **Name of Rental Co.:** \_\_\_\_\_

2) **Residence:** \_\_\_\_\_

○ **Date of Residence From:** \_\_\_\_\_

**To:** \_\_\_\_\_

○ **Rental:**  **Own:**

○ **Name of Rental Co.:** \_\_\_\_\_

3) **Residence:** \_\_\_\_\_

○ **Date of Residence From:** \_\_\_\_\_

**To:** \_\_\_\_\_

○ **Rental:**  **Own:**

○ **Name of Rental Co.:** \_\_\_\_\_

**Education:**

**Provide information on all schools you have attended since the 9th grade, beginning with the most recent. Include colleges, universities, business or trade schools, and relevant military schools. (Add a continuation sheet if more space is needed).**

1) **Name of School:** \_\_\_\_\_

**Address of School:** \_\_\_\_\_

○ **Highest Grade Completed:** \_\_\_\_\_

**Dates From:** \_\_\_\_\_

**To:** \_\_\_\_\_

○ **Final # of Credits:** \_\_\_\_\_

○ **Did You Graduate:**  **Yes**  **No**

**Did You Receive a Certificate:**  **Yes**  **No**



2) Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

○ Highest Grade Completed: \_\_\_\_\_

Dates From: \_\_\_\_\_

To: \_\_\_\_\_

○ Final # of Credits: \_\_\_\_\_

○ Did You Graduate:  Yes  No

Did You Receive a Certificate:  Yes  No

3) Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

○ Highest Grade Completed: \_\_\_\_\_

Dates From: \_\_\_\_\_

To: \_\_\_\_\_

○ Final # of Credits: \_\_\_\_\_

○ Did You Graduate:  Yes  No

Did You Receive a Certificate:  Yes  No

• Did you graduate from High School and Receive a Diploma?:

\_\_\_\_\_

• Did you pass G.E.D. Testing? (if applicable):

\_\_\_\_\_

• Did you obtain your G.E.D. Certificate for the Armed Forces? (if applicable):

\_\_\_\_\_

- **If you attended College, List your area of Concentration:**

\_\_\_\_\_

- **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 your complete work history, starting with your present position. Include all periods of Active Military Duty, periods of unemployment, and all Part-time, temporary, and/or voluntary employment. Be sure to put the reason for leaving. (Add a continuation sheet if more space is needed).

1) **Employer:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

○ **Address:** \_\_\_\_\_

○ **Job Title:** \_\_\_\_\_

○ **Status (Full-Time, Part-Time, etc.):** \_\_\_\_\_

○ **Job Description:** \_\_\_\_\_

○ **Reason For Leaving:** \_\_\_\_\_

2) Employer: \_\_\_\_\_

Telephone: \_\_\_\_\_

- Address: \_\_\_\_\_
- Job Title: \_\_\_\_\_
- Status (Full-Time, Part-Time, etc.): \_\_\_\_\_
- Job Description: \_\_\_\_\_
- Reason For Leaving: \_\_\_\_\_

2) Employer: \_\_\_\_\_

Telephone: \_\_\_\_\_

- Address: \_\_\_\_\_
- Job Title: \_\_\_\_\_
- Status (Full-Time, Part-Time, etc.): \_\_\_\_\_
- Job Description: \_\_\_\_\_
- Reason For Leaving: \_\_\_\_\_

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

- Unemployment Compensation:  Yes  No
- Welfare Payments:  Yes  No
- Strike Benefits:  Yes  No
- Other Sources of Income:  Yes  No

- **Have you had any extended work absences for reasons other than earned vacations? If yes, explain:**

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**Miscellaneous Section:**

- **Driver's License number:** \_\_\_\_\_
- **State:** \_\_\_\_\_ **Expiration:** \_\_\_\_\_

**List any and all experiences with use, possession, or observation of any illegal drugs. Add a continuation sheet if necessary. Include names of others involved.**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- **Are you currently a certified police officer in this state or any other state?**

**Yes**  **No**

- **If yes, give the state and date of certification:** \_\_\_\_\_

- **List any skills that would help you as a police officer:**

- 
- 
- 
- 
-

**References: List 3 references, non-family members and not from employment.**

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Applicant Certification:**

I, the undersigned, certify that all statements made in this application are true, complete, and correct to the best of my knowledge and belief. I understand that any false statements or misrepresentations on this form may be cause for rejection or dismissal.

- **Signature:** \_\_\_\_\_
- **Printed Name:** \_\_\_\_\_
- **Date:** \_\_\_\_\_

**For Official Use Only:**

I certify that I have reviewed this application and received all the required documents.

- **Receiving Officer's Signature:** \_\_\_\_\_
- **Printed Name:** \_\_\_\_\_
- **Badge Number:** \_\_\_\_\_
- **Date:** \_\_\_\_\_