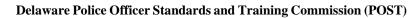


RE-EMPLOYMENT APPLICATION

(To be completed by applicant and reviewed by Chief of Police, Department Head, or Government Head)

BASIC DEMOGRAPHIC						
Last Name First	Middle		D.O.B.	Age		
Home Phone		Mobile P	hone			
C A 11	0.4		G			
Street Address	City		State			
Social Security Number	Marital Status		Sex Assigned at	Rirth		
Social Security Number		□ Sep.				
Emergency Contact Name	Phone Number		Relationship			
Specify any medical conditions and/or allergies:						
	EDUCATION					
Level of Education (Select One)						
High School □ High School Diploma □ GED						
College □ Associate □ Bachelor's □ Master's □ Doctorate						
		D. A.	1 1			
Name of High School		Dates Att	ended			
Name of High School		Dates Att	rended			
Traine of High School		Dates 11th	chided			
Name of College/University		Dates Att	ended			
·						
Name of College/University		Dates Att	ended			
Name of College/University		Dates Att	ended			

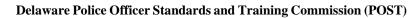






Name of College/University		Dates Attended				
EMPLOYMENT HISTORY						
Name of Department (Currently	Applied For)					
Department Address		Department Phone Number				
Date of Employment (Or Anticipated Date)		Employment Type □ Full Time □ Part Time □ Seasonal				
Are you currently employed as a police officer? ☐ Yes ☐ No	If yes, please provide the name of your current department:					
Date of Hire		Date of Separation				
Reason for Separation						
APPLICANT'S OTHER PRIOR POLICE EXPERIENCE (Most recent employment first)						
Name of Department						
Date of Hire	f Hire Date of Separation					
Reason for Separation						
Name of Department						
Date of Hire		Date of Hire				
Reason for Separation						

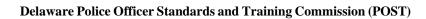






Name of Department				
Date of Hire	Date of Hire			
Reason for Separation				
Total Number of Years Police Experience				
Have you ever obtained a training or certificate by fraud or deceit?	□ YES □ NO			
Have you ever been convicted of a felony or of a misdemeanor or any local, state, or federal criminal offense involving but not limited to theft, fraud, drugs, domestic violence, and/or any violation of public trust?	□ YES □ NO			
Have you been examined by a licensed psychologist or psychiatrist to determine psychological and emotional fitness for duty and the ability to fully exercise the powers and authority of a police officer?	□ YES □ NO			
Have you been examined by a licensed physician to determine physical fitness for duty and the ability to fully exercise the powers and authority of a police officer?	□ YES □ NO			
Have you ever been discharged from employment with a law enforcement agency for a breach of internal discipline; or tendered resignation prior to the entry of findings of fact concerning an alleged breach of internal discipline and found by the commission to have engaged in conducted constituting a breach of internal discipline for which you could have been legitimately discharged had you not resigned from your position prior to an adverse finding of fact being entered on the issue by the employing agency?	□ YES □ NO			
APPLICATION CERTIFICATION				







☐ I fully understand that should I make a false statement any deception or fraud in my application, examination or ar into any State of Delaware law enforcement agency, I wil accepted into any State of Delaware law enforcement agencirregularity, or fraud in my application, examination, or in such acceptance may be revoked, and I may be dismissed.	ny of the procedures connected with my possible entry l not be accepted. I fully understand also that if I am cy or if then or thereafter there is found any illegality,
Name – Applicant	
Signature – Applicant	Date
\square I hereby acknowledge that the above information is true	e and correct.
NAME – Chief of Police, Department Head, or Governme	nt
Head (For Chief of Police Applicants)	
Signature – Chief of Police, Department Head, or Government Head (For Chief of Police Applicants)	Date

