



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 Phone	
Street Address		City	State	
Social Security Number	Marital Status <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> D <input type="checkbox"/> Sep.		Sex Assigned at Birth <input type="checkbox"/> M <input type="checkbox"/> F	
Emergency Contact Name	Phone Number		Relationship	
Specify any medical conditions and/or allergies:				
EDUCATION				
Level of Education (Select One)				
High School <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED				
College <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate				
Name of High School			Dates Attended	
Name of High School			Dates Attended	
Name of College/University			Dates Attended	
Name of College/University			Dates Attended	
Name of College/University			Dates Attended	





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 <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal
Are you currently employed as a police officer? <input type="checkbox"/> Yes <input type="checkbox"/> 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		Date of Separation
Reason for Separation		
Name of Department		
Date of Hire		Date of Separation
Reason for Separation		





Name of Department	
Date of Hire	Date of Separation
Reason for Separation	
Total Number of Years Police Experience _____	
Have you ever obtained a training or certificate by fraud or deceit?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
APPLICATION CERTIFICATION	





I fully understand that should I make a false statement of any material fact or practice or attempt to practice any deception or fraud in my application, examination or any of the procedures connected with my possible entry into any State of Delaware law enforcement agency, I will not be accepted. I fully understand also that if I am accepted into any State of Delaware law enforcement agency or if then or thereafter there is found any illegality, irregularity, or fraud in my application, examination, or in any of the procedures connected with my acceptance, such acceptance may be revoked, and I may be dismissed.

Name – Applicant

Signature – Applicant

Date

I hereby acknowledge that the above information is true and correct.

NAME – Chief of Police, Department Head, or Government
Head (For Chief of Police Applicants)

Signature –Chief of Police, Department Head, or
Government Head (For Chief of Police Applicants)

Date

