Town of Blades
OFFICE OF MAYOR & COUNCIL
20 W Fourth Street
Blades, Delaware 19973-4122
(P) 302.629.7366 (F) 302.629.0199

Town of Blades: Certified Police Officer

Applications are being accepted for a Certified Police Officer. Interested candidates must be certified by the State of Delaware to be a Municipal Police Officer. Pay is negotiable. Benefits include: Health Insurance, State of Delaware County & Municipal Police defined pension plan, life insurance, sick time, personal days, holidays, and paid vacation. All applications can be found online at www.blades.delaware.gov and returned to the Town Administrator, Town of Blades, 20 W Fourth Street, Blades, DE 19973 or by email vikkiprettyman@bladesde.com. Call Vikki Prettyman at 302-629-7366. The Town of Blades is an Equal Opportunity Employer. Applications will continue to be received until the position has been filled.

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Dear Applicant:

Thank you for your interest in applying for Certified Police Officer with the Blades Police Department. The town is located on the southern banks of the Nanticoke River and the City of Seaford. We are seeking an energetic, self-driven and results-oriented municipal law enforcement professional. Attached you will find the qualifications for employment, employee benefits and the application package.

The application package includes a number of forms that you must complete and return with your application and resume. These forms will become a permanent part of your testing file folder and will be used as a tool by our investigators in conduction your background investigation. Please note that we require a copy of your birth certificate, high school diploma and college degree. These will NOT be returned to you, please make sure that they are COPIES and NOT ORIGINALS. In addition, we also require a certified copy of your driving record and a recent photograph.

Upon completion of the attached forms, please return them to Blades Town Hall, Attn: Town Administrator, 20 W Fourth Street, Blades, DE 19973, Monday through Friday, from 8:30 AM to 4:30 PM.

Sincerely,

Vikki Prettyman
Town Administrator

QUALIFICATIONS:

- Certified by the State of Delaware to be a Municipal Police Officer
- Delaware Council on Police Training certification
- Pass comprehensive background investigation, pre-employment drug test, physical and psychological exams

SEARCH COMMITTEE:

The Search Committee will review the applications and select the top 3 candidates. The top 3 candidates will advance to the next phase which includes the drug test, physical exam and psychological evaluation.

TESTING:

In addition, there will be three phases of testing that will be conducted once a conditional offer of employment has been made:

1. Physical/Optical Examination
2. Psychological Evaluation
3. Drug Testing

Physical Examinations:

All applicants offered conditional employment must be able to pass a medical examination, based on medical standards as determined by the departmentally approved physician. The medical examination will include, but not be limited to:

1. Eyesight, as determined by examining physician, natural or correctable to 20/20.
2. General condition of sound physical health.

Psychological Evaluation:

All applicants offered conditional employment must be able to pass a written psychological test. Such testing will be classified and withheld from public inspection. The test identifies abnormal personality traits which indicate maladjustments or mental illness. The tests results are analyzed by the Blades Police Department Psychologist. Based upon his/her analysis and written recommendations, an applicant may be rejected at this point.

BACKGROUND INVESTIGATION:

All applicants must submit to a personal investigation to verify his/her good character.

The name and fingerprint classification of all candidates must be searched through the records of Blades Police Department, the Delaware State Police, and the Federal Bureau of Investigation, and in other cities, including appropriate agencies located in states in which the candidate may have resided or worked.

Background investigations using the personal history statement will verify candidates qualifying credentials in such areas as resident checks, employment, education, military experience, arrests, civil actions and gross negligence, ON the application, the applicant is required to list three personal references, names of who cannot be former employers or relatives.

A. Failure to meet the following state mandated requirements will also result in disqualification:
    1. U.S. Citizen at time of appointment
    2. Eligibility for or possession of a valid Delaware Driver's License prior to appointment with THREE years of driving experience.
    3. Be of good moral character and reputation, as determined by a comprehensive background investigation which MUST, by state law, include:
        i. Fingerprint search of local, state, and federal criminal files.
        ii. Check of military records (where applied)
        iii. Credit agencies at places of residency over the past five (5) years
        iv. School records
        v. Personal references
        vi. Neighbors at places of residence over the past ten (10) years
        vii. Present and past employers and fellow employees

    **Conviction for ANY state of federal crime WILL be grounds for rejection of applicant by the Delaware Council of Police Training.

B. Background Investigation: The following will be cause for automatic disqualification of applicant.
    1. Military bad conduct or dishonorable discharge from any branch of the U.S. Military Service.
    2. Documented evidence of three (3) or more instances of misconduct or disciplinary action in the military service (regardless of the type of discharge).
    3. Discharge from employment on two (2) or more occasions within the past (5) years, or documented evidence of three (3) or more occasions.

INTERVIEW PANEL:

Applicants who successfully submit a complete application and meet all requirements will be invited to the oral interview panel. The interview panel consists of the Blades Town Council.

The Interview Panel will be asking a series of professional and personal interest questions.

The Interview Panel will be appraising such personal qualities as appearance, voice, ability to express himself/herself, ability to organize higher thoughts, poise, bearing and alertness.

Upon successful completion of the testing, the Interview Panel will make a recommendation for hire. Upon conditional acceptance of the offer, the Search Committee and the top candidate will negotiate a formal contract of employment.

Candidates determined to be not eligible for employment with the Town of Blades Police Department will be informed by the Town Administrator, in writing within thirty calendar days of such decision.

BENFITS:

1. Starting Salary: $38,000/Negotiable
2. All Uniforms and Equipment Issued (except socks and undergarments)
3. Medical Benefits: Health Plan available with employee's membership paid at 80% by the town.
4. State Retirement: The employee will be enrolled in the State of Delaware State Pension. The contribution is determined and governed by the State Pension office.
5. Holiday Leave/Annual Leave/Sick Leave:

4.3 HOLIDAYS

Full time employees are entitled to the following paid holidays, provided that the employee normally works on that day and provided that the employee works his or her assigned day preceding and following the holiday.
Some employees may be required to work on holidays. Employees who are required to work on a holiday will be paid at their normal rate plus the holiday pay.
If a holiday occurs during an employee's vacation leave, the employee is entitled to an additional day of leave.
Holidays: New Year's Day Martin Luther King, Jr. ***Adopted on January 9th, 2012*** Good Friday Memorial Day Independence Day Labor Day Election Day (Presidential, every 4 years) Thanksgiving Day Thanksgiving Friday Christmas Day *Holiday schedule shall be set by Town Council for the next year.

4.4 PERSONAL DAYS

All full time employees will be entitled to three (3) personal days per year. Personal days must be used within the vacation year. Personal days cannot be carried over to the following year. Employee must receive permission from your supervisor prior to using a personal day. ***Amend to read- Employees must receive permission from your supervisor at least 72 hours in advance. Personal days may not be taken in less than four (4) hour increments***

4.5 VACATION

The Town of Blades provides paid vacation as one of the many ways in which we show our appreciation for your loyalty and continued service.

Regular full-time employees are eligible for paid vacation. Part-time and temporary employees are not entitled to paid vacation time.

Vacation time is granted to eligible employees and if there is a break in service eligibility for vacation will be based on the employee's current hire date.

No part of an employee's scheduled vacation may be converted to sick leave. If illness or injury occurs during a vacation, sick leave benefits will not begin until the employee is scheduled to return to work.

Vacation pay for a full week will be paid at the normal straight time schedule hours; i.e., if someone normally is scheduled forty (40) hours per week, their vacation pay will be for forty (40) hours each full week requested, and anyone normally scheduled for thirty-five (35) hours will be paid thirty-five (35) hours for each full week requested.

Vacations should be scheduled with, and approved by, the employee's supervisor or Town Council at least thirty (30) days prior to the commencement of the vacation time.
Vacation is earned from the employee hire date and is accrued according to the following schedule. All active employees will have their earned vacation as carry over and begin accruing on the most recent anniversary date.

Hire Date to Five Years of Employment	**Accrue 6.66 hours per month**
In Sixth Year to Tenth Year of Employment	**Accrue 10 hours per month**
In Eleventh Year to End of Employment	**Accrue 13.33 hours per month**

You can begin requesting and taking vacation time after ninety (90) days of employment. Employees will be able to cash in one week of vacation at the approval of the Mayor and Commissioner. No more than five vacation days will be allowed to be carried over into the next anniversary year. Employees will forfeit all accrued, unused vacation time

if they are terminated for violation of the town's policies. Also, if you have been employed with the town for more than six months and you resign your position and fail to give the town a two week notice, you forfeit all accrued, unused vacation time. ***PASSED AND ADOPTED on February 15th, 2010. The above policy change replaces all policies in place prior to the date this policy was passed.***

4.6 SICK LEAVE

The Town of Blades provides sick days to all full-time employees. Employees will be paid at the normal straight time rate for the number of hours the employee was scheduled to work. Sick pay may not exceed the employee's regular workday and/or workweek hours.

Sick leave accrues at the rate of one half (½) day per month up to a maximum of sixty (60) days. Accrual commences on the date of hire, but cannot be taken during the first ninety days of employment.
Sick days are to be used for absences due to illness. The Town of Blades may require that you provide certification from a healthcare provider regarding the necessity for taking a sick day. Sick time taken without certification from a healthcare provider is defined as an undocumented occurrence. Employees who do not report to work due to illness must contact their Supervisor on a daily basis relative to the need for and status of their absences, unless otherwise d irected. Reporting of the absence to any employee other than the Supervisor will not be accepted as compliance with the daily reporting requirement. Employees who are absent from work due to illness for three consecutive work days may be required to obtain certification from their physicians that they are able to return to work. Employees who fail to report to work or call in to their Supervisor for three consecutive work days will be considered to have voluntarily resigned from their employment. Employees are allowed three undocumented occurrences within twelve (12) months, on the fourth undocumented occurrence the employee will be written up and time will be unpaid.

Sick days are available to be used for your immediate family members. Immediate family members are defined as spouse, children, step-children, parents, brothers, sisters, step-parents, step-brothers, step-sisters, mother-in-law, father-in-law, grandparents, and grandchildren of the employee. Employee will not be paid for earned, unused sick days upon separation from employment. ***Amended and Adopted July 13th, 2009.***

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To All Applicants:

1. Upon completion return:
    a. Completed Application and Personal History Statement
    b. Copies of Birth Certificate and Social Security Card
    c. Copies of High School Diploma and College Degrees(s)
    d. Signed and Notarized Forms including
        - ✓Release of Medical Records Authorization
        - ✓Release of Information
        - ✓Waiver of Liability for Physical Agility Test
        - ✓Statement of Truthfulness
2. In addition all applicant must provide:
    a. Recent photograph or applicant
    b. Certified copy of driving record (available form Motor Vehicle Admin. For a small fee)

*****INCOMPLETE APPLICATIONS MAY BE REJECTED*****

Application for position of:		Date:
General Instructions:	Print an answer to every question. If a question does not apply to you Then write N/A. If space available is insufficient, use a sheet and precede Each answer with the number of the reference block. Do not mistake or omit material facts, since the statements made herein are Subject to verification to determine your qualification for employment.	
1. Last Name	First Name	Middle Name
2. Alias (es)	Maiden Name, Other changes in Name	Social Security Number
3. Present Address	Street or RFD/City or P.O./State	Zip Code
4. Date of Birth (mo/day/yr.)	Place of Birth (city, county)	State
5. Phone Number	Home: Business:	

Height	Weight	Color of Eyes	Color of Hair	Scars & Marks
U.S. Citizen	Native Yes_____ No_____	Naturalized Certificate Number	If Derived, Parents' Certificate No.	Date, Place & Court

Marriage Status			
	Single _____	Engaged _____	Married _____
	Separated _____	Divorced _____	Widowed _____
Name of Fiancée' (if applicable)			
Information Concerning Marriages:			
When:	Where:	Who Officiated:	Spouse's Name

Names and Present Address of Spouse (s) if Divorced or Separated:	
Name:	Address:
Name:	Address:
Name:	Address:

9. Children and Dependents

List All of Your Children, Including Step-Children

Name	Birth Date	Birth Place	Address

10. Military Status
Have you served in the U.S. Armed Forces? Yes _____ No _____

Branch:	From:	To:

A. While in the military service, were you ever arrested for an offense which resulted in a trial by Deck Court or by Summary, Special, or General Court-Martial? Yes _____ No _____

If yes, give date, place, law enforcing authority or type of court or court-martial, charge and action taken for each incident, using a separate sheet to record this information.

B. Are you presently a member of the U.S. Reserve or National or State Guard organization?

Yes _____ NO _____ If yes, complete the following:

Grade and Service No.	Service and Component
Organization and station or unit and location:	Active _____ Inactive _____ Standby _____

Indicate Reserve Obligation, if any:

11. Vehicle Operator's License (Driver's, Chauffeur's, etc.)
Give the following information concerning any vehicle operator's license you have held or now Hold.

Class of License	Place of Issue	Date of Expiration	Restrictions

Have you ever been denied issuance or have you had a license suspended or revoked?

Yes _____ No _____

If yes, operator's License No._____ License State.

Explain Fully:

Have you ever had automobile insurance withdrawn or revoked or have you ever been refused automobile insurance? Yes _____ No _____

If yes, give details, including reasons, names of companies, date, etc.

Give name and address of the insurance company with whom you now have automobile insurance:

Policy coverage:

Policy Number:

12. Family

List in order given, showing relationship, parents, guardians, step-parents, foster parents, parents-in-law, brothers and sisters (even if deceased). Include any others you have resided with or with whom a close relationship existed or exists.

Relationship	Name	Present Address, if living
Father		
Mother-Maiden Name		

If any person listed above is not a U.S. Citizen by birth, give the date and place of his/her birth, the date and port of entry, alien registration number, naturalized certificate number, and place of issuance.

13. Have you ever been discharged, asked to resign, furloughed, or put on inactive status for a cause, Or subjected to disciplinary action while in any position (except military)?

Yes _____ No _____ if yes, state circumstances:

Have you ever resigned (quit) after being informed that your employer intended to discharge (fire) You for any reason? Yes _____ No _____

14. Arrest, detention, and litigation (show all arrests including juvenile delinquent and traffic).

Have you ever been arrested or detained by a law enforcement agency?

Yes _____ No _____

If the answer to any of the above questions is yes, list below the date, place, and full details of each incident:

15. Residence: List all residences for the past 10 years.

Month and Year

From	To	Street and Number	City	State and County

16. Subversive Organizations		
Yes	No	
		Are you now or have you ever been a member of the Communist Party U.S.A. or any communist organization (s) anywhere?
		Are you now or have you ever been a member of a Fascist Organization?
		Are you now or have you ever been a member of any organization, association, movement, group or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approaching the commission of acts of force or violence to deny other persons their rights under the constitution of the United States or which seeks to alter the form of government of the United States by unconstitutional means?
		Are you now or have you ever been affiliated or associated with any organization of the type described above?
		Are you now associating with, or have you associated with any individuals, including relatives, who you know or have reason to believe are or have been members of any of the organizations named above?
		Have you ever been engaged in any of the following activities of any organization of the type described above; contribution (s) to, attendance at or participation in any organizational, social, other activities of said organizations of any projects sponsored by them, the sale, gift, or distribution of any written, printed, or other matter, prepared, reproduced, or published by them or any of their agents or instrumentalities?

If you answered YES to any of the questions above, describe the circumstances. Attach additional sheets for a full detailed statement. If associated with any of these organizations, specify nature and extent of association with each, including office or position held, also include names, places and credentials now or formerly held. If associations have been with individuals who are members of these organizations then list the individuals and the organizations with which they were or are affiliated.

17. Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to take or which might require further Explanation? Yes _____ No _____
If yes, attached a separate sheet of paper(s).

18. Have you ever applied for a position with any other police, fire or protective agency?
Yes _____ No _____ if yes, give details:

19. Do you have an application pending with any other employment?
Yes _____ No _____ if yes, give details:

EDUCATION

It is necessary for YOU to submit, or arrange for submission, a transcript of all records from accredited high schools, colleges, military and technical schools you may have attended. Schools or colleges should forward transcripts to: Town Administrator Vikki Prettyman, Town of Blades, 20 W Fourth Street, Blades, DE 19973

1. High School:_____

2. Dates attended, from_____ to_____ Date of Graduation_____

3. Have you ever taken a High School Equivalency Test?_____
   Date and Certificate Number:_____

4. Certificates or Diplomas issued by the U.S. Armed Forces:_____

Name & Location of College(s) or Univ. (s)	Dates Attended From/To	Credits Accumulated	Degree Received/Year

5. Major and minor courses:_____

_____

6. List Graduate studies:_____

_____

7. List specialized schools and training. (Trade and Vocational, Business or Military). Give the name and location of school, dates attended, subjects studied, number of classroom hours, certificate received and other pertinent information.

_____

_____

_____

8. Special skills and qualifications – Indicate all types of special licenses such as pilot, Radio operator, etc. Show all licensing authority, where issued and date expiration. DO NOT list automobile operator's license here.

_____

_____

_____

EMPLOYMENT EXPERIENCE

Please list all your previous places of employment starting with your present or most recent employer and going backwards. If more space is needed then please continue on a separate sheet of paper.

1. Employer: _____ Telephone: _____

   Address: _____ Supervisor: _____

   Employed from _____ to _____

   Reason for Leaving: _____

   Job Description: _____

2. Employer: _____ Telephone: _____

   Address: _____ Supervisor: _____

   Employed from _____ to _____

   Reason for Leaving: _____

   Job Description: _____

3. Employer: _____ Telephone: _____

   Address: _____ Supervisor: _____

   Employed from _____ to _____

   Reason for Leaving: _____

   Job Description: _____

4. Employer: _____ Telephone: _____

   Address: _____ Supervisor: _____

   Employed from _____ to _____

   Reason for Leaving: _____

   Job Description: _____

Please list below any other law enforcement agencies to which you have applied:

_____

_____

_____

_____

_____

_____

_____

Please list three personal references, addresses and telephone numbers, none of which can be former employers or relatives:

1. _____

_____

2. _____

_____

3. _____

_____

APPLICANT DATA RECORD

Qualified applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sec, national origin, age, marital or veteran status, medical condition or handicap.

Solely to help us comply with government record keeping, reporting, and other legal requirements, please fill out the Data Record.

This Data Record is for periodic government reporting and will be kept in a confidential file separate from the application for employment.

Date of Application: _____

Position (s) applied for _____
(The designation of a specific position will not exclude you from being considered For any other position for which you are qualified.)

Name: _____
Last First Middle

Address: _____
Number Street City State Zip

Phone: (_____) _____ Social Security No. _____

Referral Source:
_____Advertisement
_____Employment Agency
_____Personal Contact
_____Other
_____State Employment Office
_____Walk-In
_____College Placement Service

Government Agencies require periodic reports on the sex, ethnicity, disability, and veteran status of applicants. This data is for analysis only. Submission of information about a disability is voluntary.

Check one: _____male _____female

Check one of the following: _____white _____Black _____Hispanic
_____American Indian/Alaskan Native
_____Asian/Pacific Islander _____Other

Check if applicable: _____Veteran _____Disabled Veteran _____Disabled Individual

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Authorization for Release of Medical Records

(Upon conditional offer of employment)

I, _____ do hereby authorize a review and full disclosure of all medical records or any part thereof, concerning myself, by and to a duly authorized agent of the Blades Police Department, whether the said records are of public, private, or confidential in nature.

Name: _____

Signature: _____

Date of Birth: _____

Social Security Number: _____

Subscribed and Sworn to Before Me This _____ day of _____, 20_____.

Notary Public: _____ Official seal must be affixed.

My Commission Expires: _____

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Authorization for Release of Information

I do hereby authorize a review and full disclosure for all records, or any part thereof, concerning myself by/to any duly authorized agent of the Blades Police Department, whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential in nature. The intent of this authorization is to provide pertinent information which will be utilized for investigative information.

I understand that this investigation will include, but not be limited to, records of educational institutions; financial or credit institutions along with records of commercial or retail mercantile establishments; all medical and psychiatric records of treatment or consultations; any and all work records including any previous background investigations, efficiency reports or evaluations, complaints or grievances filed by or against me; records of a civil nature involving complaints filed by or against me; and records of any violations of criminal or traffic laws.

I also authorize further investigation into my personal life in order to facilitate any decision regarding my suitability for the position of Police Officer with the Delmar Police Department.

A photocopy of this release form will be valid as an original hereof, even though through the photocopy does not contain an original writing of

_____ _____

Applicant's Signature/Date Applicant's SSN

_____ _____

Applicant's Printed Name Date of Birth

On this _____day of _____, 20 _____, before a Notary Public, the undersigned individual personally appeared, known to me (or satisfactorily proven) to be the person whose name is subscribed to herein and acknowledged that he/she executed the same in the capacity therein stated and for the purposes therein contained. In witness whereof, I here unto set my hand and official seal.

_____ Official Seal must be affixed

Signature of Notary Public

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Waiver of Liability

In consideration of being permitted to take the physical test for the positon of Police Officer, I agree that I shall not hold the Town of Blades or any of its employees or agents responsible for any injury or damage that I may receive or cause myself during or as a result of this physical agility test.

Signature: _____

Date: _____

Subscribed and sworn to Before Me This _____ day of _____, 20_____.

Notary Public: _____

My Commission expires on: _____

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Statement of Truthfulness

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by myself are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

I further agree and consent to being summarily discharged without cause or hearing if any of the above information contains any misrepresentation of falsification or if any material contains any information that has been omitted.

_____ _____

Name of Applicant Signature of Applicant

_____

Date

Subscribed and Sworn to Before Me This _____day of _____, 20____.

My Commission expires: _____

_____

Notary Public

Official Seal must be affixed