

RECRUIT OFFICER INITIAL APPLICATION

PERSONAL DATA

Name:			
Last	First	Middle	Suffix
Alias/Nicknames/Maiden	Name		
Mailing Address:			
	Address		
City	State	Zip	(County if DE)
Residence Address: (If Diff	ferent)		
Home Phone:		_ Work Phone:	
Cell Phone:		_	
Email Address:		_ Date of Birth:/	
Social Security Number: _			
Driver's License Number:			
	State	Number	
Are you a U.S. Citizen:	_yesno	If Naturalized:	
Date:	Country of Origi	n	

YOU MUST BE A U.S. CITIZEN BETWEEN THE AGES OF 21-39 IN ORDER TO APPLY

Have you ever app	lied with our department before?	_yes no, if yes, Gi	ve date:
Have you ever bee	n employed with our department	yes no, if yes, Gi	ve date:
Do any of your frie	nds or relatives, other than spouse, w	ork here?yes	_no
Are you currently o	employed?yes no		
Are you prevented	from lawfully becoming employed in	this country yes	_no
Because of Visa or	immigration Status?		
Proof	of citizenship or immigration status v	vill be required upon e	mployment
	vork: W o work: Full time (Morning or Nigh		
•	on "lay-off" status and subject to reca	, 	iorning or Mignit Shirt)
Can you travel if a	•	yesno	
can you traver in a	job requires it:	yes110	
EDUCATION:			
	Name and address	Course of Study	Years completed & Diploma/Degree
Elementary			
School			
High School			
Undergraduate			
College			
Graduate			
Professional			
Other (Specify)			

Describe any specialize	ed training, apprentic	eship, skills, and extra-curric	cular activities:
Doscribo any joh rolato	od training received in	the United States Military:	
Describe any job-relate	tu training received in	the Officed States Willitary.	
_			
ctivities. You may exclu isabilities, or other prote	de organizations whic ected status.	job-related military service h include race, color, religio	n, gender, national origin,
Employer	Dates: From:	Employment: To:	Work Performed:
	Hourly/rate From:	Salary To:	
Telephone Number(s):		Supervisor:	
Γitle:			
Reason for Leaving:			

Employer	Dates:	Employment:	Work Performed:
	From:	То:	
1	Hourly/rate	Salary	
	From:	To:	
1			
Telephone Number(s):		Supervisor:	
Title:			
Reason for Leaving:			
Employer	Dates:	Employment:	Work Performed:
	From:	То:	
1	Hourly/rate	Salary	
	From:	То:	
1			
Telephone Number(s):		Supervisor:	
Title:			
Reason for Leaving:			

3					
2.					
1					
Substance Used		f Times Used	Date last used MM/	ΥY	
If you have answered yes to ar		-	ια, ρορ, σεσταση:	16	3 140
Have you ever taken a hal	-	.g. LSD. mushrooms, salvi	ia. ncn. ecstasy)?		s No
Have you ever used an ille	egal drug?			Yes	No
DRUG USAGE					
IF YOU HAVE ANSWERED YES T QUALIFICATIONS AD ARE NOT					
Have you had your license	e suspenaea or revo	oked withing the pas	ι 1 year?	Yes	No
Have you had a DUI convi	•	•	± 4	Yes	No
Do you have 10 or more p	•			Yes	No
Do you have less than 1 years	• •			Yes	No
DRIVING RECORD	6.1				
Branch	Lei	ngth of Service Com	oleted		
Reserves:					
Branch	Lei	ngth of Service Com	oleted		
Active Duty:	•				
Military Experience: (Milit Honorable Discharge: yes	•	required at a later 0	ate, piease na e tnem i	avaliable)	
Department:		Length of e	employment		
Police Experience: Yes / N	No Full-time	Part-Time	Seasonal	Military I	Police
Reason for Leaving:					
Title:					
Telephone Number(s):		Supervisor	:		
	From:	To:			
	Hourly/rate	Salary			
	From:	To:			
Employer	Dates:	Employme	ent: Work	Performed	d :

CRIMINAL RECORD		
Have you been convicted of a felony?	Yes	No
Have you ever been arrested?	Yes	No
If yes, Please Explain		
MISCELLANEOUS INFORMATION Have you ever previously applied for employment of the second of the seco	of last process:	
INFORMATION CERTIFICATION I hereby certify that the answers given by me to the Are full and true to the best of my knowledge and Or misrepresentation of facts in this application, or Rejection of my application or discharge at any time Department is at the will of the employer. No offer Rules or regulations should be construed or otherwemployment. I hereby authorize the release of any Blades Police Department and agree to hold harmle Faith, provides information including but not limite Activity, personality and character traits, financial Background. In the event that I receive a condition Pertain to matters including medical and psychological Department to utilize or release any information on Not only for employment purposes but also for no Investigation.	belief. I understand that any false in r during the testing and selection prone during my employment. Employment of employment, benefit or statements wise interpreted as an implied contrary information pertaining to potential less any individual, business or associated to matters concerning employment matters, associations and relationship all offer of employment, the above sigical factors. I further authorize the obtained during the employment products	formation, omissions, ocess, may be cause for the Blades Police ent of work conditions, oct for continuing employment by the diation who in good ent, education, criminal ips, and behavioral estatement shall also Blades Police cess at its discretions,
Date:	Signature of Applicant:	
For Official Use Only		
Minimum Qualification: Date Entered:		
Date critered:		