

*MILTON POLICE DEPARTMENT  
OFFICER APPLICATION PACKET*

Return completed application to:

Milton Police Department  
101 Federal Street  
Milton, DE 19968

**NOTICE:** Applications must be typewritten or clearly printed in ink. Applications which are not completed and legible will not be considered. Use additional sheet of paper if the allotted space is insufficient for a complete answer. If the question is not applicable, mark it "N/A".

*The Milton Police Department is an Equal Opportunity / Affirmative Action Employer*



**MILITARY STATUS**

Have you served in the United States Armed Forces:  Yes  No      Honorable Discharge:  Yes  No  N/A

Branch: \_\_\_\_\_ Dates (From – To) \_\_\_\_\_

Veteran of the United States Armed Forces:  Yes  No      If Yes, Branch: \_\_\_\_\_

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

Are you presently a member of 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: \_\_\_\_\_

**EMPLOYMENT AND VOLUNTEER EXPERIENCE**

Do you have any **pending** applications with any other police, fire, or protective agency?  Yes  No      If Yes, supply department name, date applied and status: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have any **pending** applications with any other employer?  Yes  No      If Yes, give details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**POLICE EXPERIENCE:**

Do you have police experience?  No  Full-time  Part-time  Seasonal  Military Police

Department: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Using a section for each position, describe **in detail** all work experience beginning with your most recent employment.

Job Title:	Supervisor:	Phone # ( )
Employer:	Address:	City, State, Zip
Dates Employed: (MO / YR) Begin:                      End:	Salary Begin: Salary End:	No. Supervised by You:
Hours per Week:    Full-Time _____ Part-Time _____ Volunteer _____		Reason for Leaving:
Special Skill:		
Job Duties: <b>(Be Specific)</b>		
Job Title:	Supervisor:	Phone # ( )
Employer:	Address:	City, State, Zip:
Dates Employed: (MO/YR) Begin:                      End:	Salary Begin: Salary End:	No. Supervised by You:
Hours per Week:    Full-Time _____ Part-Time _____ Volunteer _____		Reason for Leaving:
Special Skills:		
Job Duties: <b>(Be Specific)</b>		
Job Title:	Supervisor:	Phone # ( )
Employer:	Address	City, State, Zip:
Dates Employed: (MO/YR) Begin:                      End:	Salary Begin: Salary End:	No. Supervised by You:
Hours per Week:    Full-Time _____ Part-Time _____ Volunteer _____		Reason for Leaving:
Special Skills:		
Job Duties: <b>(Be Specific)</b>		

**\*\* Photo Copy This Page if Additional Pages are Needed \*\***

In order to determine if you satisfy the minimum qualifications for the position of Police Officer, please answer the following questions:

**Check One**

- I am a U.S. citizen – If naturalized: ( \_\_\_\_\_ )  
(Date) (Country of Origin)  TRUE  FALSE
- I have a high school diploma or GED  TRUE  FALSE
- I have a valid driver's license with at least one year of driving experience  TRUE  FALSE
- I have **not** had a DUI conviction within the past 5 years  TRUE  FALSE
- I have **not** had my driver's license suspended / revoked within the past 3 years  TRUE  FALSE
- I have **never** been convicted of a felony  TRUE  FALSE
- I have **not** used an illegal drug within the past 2 years  TRUE  FALSE
- I have **never** taken a hallucinogenic drug (E.g. LSD, mushrooms, PCP, ecstasy)  TRUE  FALSE
- I **understand** that all criminal arrest must be pardoned (if convicted) or expunged  
(if found not guilty, dismissed, or nolle pros) prior to submitting this application  TRUE  FALSE
- I have reviewed the minimum qualifications for the position of Milton Police Officer and certify that to the best of my knowledge I meet the requirements.**  TRUE  FALSE

**IN ORDER TO BE ELIGIBLE, ALL RESPONSES TO THE ABOVE QUESTIONS MUST BE TRUTHFULLY ANSWERED "YES" OR "TRUE"**



Milton Police Department  
Milton, Delaware

**AUTHORIZATION TO RELEASE INFORMATION**

**PLEASE READ CAREFULLY BEFORE SIGNING AND DATING BELOW**

I hereby certify that the answers given by me to the previous questions in this application, and the statements made by me, are in full and true to the best of my knowledge and belief. I understand that any **false information, omissions, or misrepresentation of facts** in this application or during the testing and selection process, may be cause for rejection of my application or discharge at any time during my employment.

Employment in the Milton Police Department is at the will of the employer. No offer of employment, benefit, or statement of work conditions, rules or regulations should be construed or otherwise interpreted as an implied contract for continuing employment.

I hereby authorize a review and disclosure of all records, or any part thereof, relating to me to an authorized agent of the Milton Police Department, whether the records are of a public, private or confidential nature, and even if the information released is derogatory in nature.

The intent of this authorization is to give my consent for full and complete disclosure of all records of educational institutions; financial or credit institutions, including records of deposit, withdrawals, and balances of checking and savings accounts, and loans, and the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records, including background reports and polygraph examination results, efficiency ratings, complaints or grievances filed by or against me, internal affairs investigations/reports, and salary records; real and personal property records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records: records of complaints of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case in which I presently have, or have had, an interest. In the event that I receive a conditional offer of employment, the above statement shall also pertain to matters including medical and psychological factors.

I emphasize the intent of this authorization is to provide full and free access to my personal life for the specific purpose of a background investigation to provide pertinent data for the Milton police Department to determine my suitability for employment by the Department. It is my specific intent to provide access to personal information, or copies of information, however personal or confidential they may appear to be, as well as the sources of that information identified therein.

I understand any information obtained by a personal history background investigation developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Milton Police Department.

I agree to indemnify and hold harmless the person, to whom this request is presented, and his agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees, arising from or complying with this request. I further authorize the Milton Police Department to utilize or release any information obtained during the employment process at its discretion, not only for employment purposes but also for normal police activity and operations including criminal investigation.

I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me. A photocopy of this release will be as valid as an original, even though the photocopy does not contain an original writing of my signature.

\_\_\_\_\_ (Please initial)

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

# APPLICATION DATA RECORD

Applicants are considered for position(s) applied for without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition, handicap or disability.

As employers, we comply with government regulations and affirmative action responsibilities.

Completion of this form is strictly VOLUNTARY. Your cooperation in providing this information will help us comply with government record keeping, reporting and other legal requirements. Thank you.

This data will be kept in a Confidential File separate from the Application for Employment.

Date: \_\_\_\_\_

(Please Print)

**Position Applied For:** \_\_\_\_\_

Referral Source:     Advertisement     Walk-In     Employment Agency     Internet     Job Fair  
 Radio     Newspaper     Television     Family / Friend     Recruitment Team  
 Officer \_\_\_\_\_     Other \_\_\_\_\_  
(Name, if known)

How did you obtain this application?

Department     Mail     Website  
 Job Fair    If so, location? \_\_\_\_\_  
 Other \_\_\_\_\_

Federal Equal Opportunity Guidelines authorizes asking candidates to **voluntarily** submit information on their ethnic background and gender. **This information will be used for statistical purposes only.**

Check one:     Male     Female

Check appropriate box:

Ethnic Group:     Caucasian     Black     Hispanic     Asian     Pacific Islander  
 Native American     Unknown     Other \_\_\_\_\_