

TOWN OF MILTON, DELAWARE

APPLICATION FOR THE POSITION OF CHIEF OF POLICE

Return completed application to:

TOWN OF MILTON
Attn: Ms. Kristy Rogers, Town Clerk
115 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 sheets of paper if the allotted space is insufficient for a complete answer. Every question must be answered. If the question does not apply to you, please mark it as "N/A" (not applicable). Please do not use "Refer to Resume" as a response to any question. Any unanswered, incomplete or omitted question may result in rejection of your application. All applications must be returned with an original signature. No electronic signatures will be accepted. Completed applications must be received at the Town Clerk's office at Milton Town Hall, or be post marked no later than November 30, 2015.

The Town of Milton and the Milton Police Department are Equal Opportunity Employers.

Town of Milton
115 Federal Street, Milton, DE 19968
www.milton.delaware.gov

Date of Application: _____ / _____ / _____

PERSONAL INFORMATION

Name: _____
Last First Middle

Address: _____
Number Street City State Zip Code

Social Security Number: _____ - _____ - _____ Date of Birth _____ / _____ / _____

Home Telephone: () _____ - _____ Work Telephone: () _____ - _____ May we contact you at work? Yes No

Date you're available for work: _____ / _____ / _____

Driver License Number: _____ State Issued: _____

E-mail Address _____

EDUCATION INFORMATION

Circle Highest Grade Completed:

High School
9 10 11 12

College
1 2 3 4

Graduate

Do you have a high school equivalency certificate or G.E.D. Certificate? Yes No

	School Name and Location	Dates Attended From / To	Date Graduated	Degree Awarded (BA, MS, Ph.D) Major / Minor	Credit Hours Earned
High School or G.E.D.					
College Or University					
Graduate School					
Other Education/Training (Trade or Business))					

Are you taking courses now? ____ Yes ____ No	School Name and Location:	Course:

Describe any specialized training, apprenticeships, skills and extra-curricular activities you believe will enhance your chances of being selected.

MILITARY STATUS

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

Branch: _____

Dates (From – To) _____

While in the military service were you ever arrested for an offense which resulted in Non-Judicial Punishment, 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-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 _____

Describe any job-related training received in the US military or other place you believe will enhance your chances of being selected.

POLICE EXPERIENCE

Department: _____ Length of Employment _____ Highest Rank _____

Department: _____ Length of Employment _____ Highest Rank _____

Department: _____ Length of Employment _____ Highest Rank _____

Department: _____ Length of Employment _____ Highest Rank _____

Please use additional sheets if required to complete.

- Are you currently a certified police officer in good standing? Yes No
- Do you hold a current certification from the Delaware Council on Police Training? Yes No

ADDITIONAL PERSONAL INFORMATION

- Have you or any relative worked for the Town of Milton at any time? Yes No If yes, please provide appropriate details, e.g., who, when, etc.

- Please list any professional, trade, business or civic activities and offices held. (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)

- Please summarize any special job-related skills and qualifications you have acquired from previous employment or other experience.

EMPLOYMENT AND VOLUNTEER EXPERIENCE

Are you presently employed? Yes No May we contact your present employer? Yes No

Do you have any **pending** applications with any other police, fire, or protective agency? Yes No

If Yes, please supply agency name, date applied and status:

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: (Be Specific)		
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: (Be Specific)		
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 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: (Be Specific)		
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: (Be Specific)		
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:		

Please photo copy this page if additional pages are needed to complete your employment history.

ADDITIONAL BACKGROUND INFORMATION

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

Are you a citizen of the United States? Yes No If naturalized, please provide country of origin and date of naturalization.

Have you been convicted of DUI? Yes No If yes, please provide details, e.g., where, when, etc..

Has your driver's license been suspended or revoked? Yes No If yes, please provide details.

Have you ever been convicted of a felony? Yes No If yes, Please provide details.

Have you ever been convicted of a misdemeanor? Yes No If yes, please provide details.

Do you have any charges pending against you? Yes No If yes, please provide details.

Have you used an illegal drug, or taken a hallucinogenic drug? Yes No If yes, please provide details.

I have reviewed the Job Description for the position of Milton Chief of Police and certify that, to the best of my knowledge, I meet the requirements. ___Yes ___No

REFERENCES (Only names, addresses and contact information are required at this time.)

Name	Address	Telephone / E-mail

SALARY REQUEST

I believe my qualifications and experience qualify me for a starting annual salary of \$_____.

CERTIFICATION

I certify that, to the best of my knowledge, the answers given by me in this application, and the statements made by me, are 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 of any time during my employment.

Signature

Date