



THE CITY OF SEAFORD POLICE DEPARTMENT EMPLOYMENT APPLICATION

TODAY'S DATE:					
POSITION APPLIED FOR (TITLE):					
Last Name	Maiden Name (If Married)	First Name	M.I.	D.O.B.	Social Security #
Mailing Address, City, State and Zip			Home Phone ()		
			Cell Phone ()		
			Work Phone ()		
May we call you at work? () Yes () No					
Driver's License (State)	Number	Type	Expiration Date		
Education/training	() High School Graduate/GED		() Vocational/Business School		
Name & Location of College/University	Dates Attended	Major/Minor	Type of Degree Received		
Language(s) other than English	() Speak	() Read	() Write		
Certificates (Types)					
Computer Skills					
Have you ever been convicted of a traffic offense other than a parking ticket or traffic violation for which you paid a fine of \$25.00 or more? () Yes () No					
If yes, identify type of offense, date, location and disposition.					
Have you ever been convicted of a felony or Class A Misdemeanor? () Yes () No					
If yes, identify type of offense, date, location and disposition.					
Are you a Veteran? () Yes () No			If yes, attach a copy of your DD 214 form.		

EMPLOYMENT HISTORY

Start with most recent employment. Are you employed now? Yes No

Employer:

Supervisor:

Address:

Phone ()

Employed (month & year):

From: _____ To: _____

Full time Part time

Reason for Leaving:

Job title(s) and Duties:

Employer:

Supervisor:

Address:

Phone ()

Employed (month & year):

From: _____ To: _____

Full time Part time

Reason for Leaving:

Job title(s) and Duties:

Employer:

Supervisor:

Address:

Phone ()

Employed (month & year):

From: _____ To: _____

Full time Part time

Reason for Leaving:

Job title(s) and Duties:

EMPLOYMENT HISTORY

Employer:

Supervisor:

Address:

Phone ()

Employed (month & year):

From: _____ To: _____

() Full time () Part time

Reason for Leaving:

Job title(s) and Duties:

Employer:

Supervisor:

Address:

Phone ()

Employed (month & year):

From: _____ To: _____

() Full time () Part time

Reason for Leaving:

Job title(s) and Duties:

Employer:

Supervisor:

Address:

Phone ()

Employed (month & year):

From: _____ To: _____

() Full time () Part time

Reason for Leaving:

Job title(s) and Duties:

CERTIFICATION

Before signing, please read the following statement carefully:

Any false or substantive omission may be cause for rejection, or dismissal if employed by the City of Seaford. I authorize the release of any information from previous employers or references.

I understand that if I am hired by the City of Seaford, the City shall require verification of identity and eligibility for employment in the United States.

Present City of Seaford Employee? Yes No Seasonal

Past City of Seaford Employee? Yes No No

Applicant Signature

Date

THE CITY OF SEAFORD IS AN EQUAL OPPORTUNITY EMPLOYER

Please return to the City of Seaford Police Department by the closing date and time mentioned in the position announcement.

Seaford Police Department
300 Virginia Avenue
Seaford, DE 19973
(302) 629-6644

VOLUNTARY AFFIRMATIVE ACTION STATEMENT

It is the policy of the City of Seaford to assure equal and fair treatment in all aspects of employment opportunity for minorities, women, Vietnam Veterans and disabled Veterans, people with physical or mental disabilities and persons above the age of forty. Please provide the following information to document and assess the effectiveness of our Affirmative Action Program. This page will be detached from your application and will not be used for employment decisions.

Position Applied for (Title):
How did you find out about this position?

Sex: Male Female

Race/Ethnicity:

- Alaskan Native
- American Indian
- Asian
- Black
- Hispanic
- Other
- Pacific Islander
- White