

Application for Employment

Rehoboth Beach Police Department

229 Rehoboth Avenue
Rehoboth Beach, DE 19971

We consider applicants for all positions without regard for race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

PLEASE PRINT

Position(s) Applied For:	Date of Application:	
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address: <i>Number</i> <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>		
Telephone Number(s):	Social Security Number (voluntary)	

Best time to contact you at home is	_____ : _____ am/pm
If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever filed an application with us before?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, give date _____	
Have you ever been employed with us before?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, give date _____	
Do any of your friends or relatives, other than spouse work here?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you currently employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
May we contact your present employer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment ...</i>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
Date available for work: _____	

Describe any job-related training received in the United States Military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer		DATES EMPLOYED		WORK PERFORMED
Address		FROM	TO	
Telephone Number(s)		HOURLY RATE / SALARY		
Job Title	Supervisor	STARTING	FINAL	
Reason for Leaving				

Employer		DATES EMPLOYED		WORK PERFORMED
Address		FROM	TO	
Telephone Number(s)		HOURLY RATE / SALARY		
Job Title	Supervisor	STARTING	FINAL	
Reason for Leaving				

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Job Title	Supervisor	STARTING	FINAL	
Reason for Leaving				

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

<p>List professional, trade, business or civic activities and offices held. <i>You may exclude membership which could reveal gender, race, religion, national origin, age, ancestry, disability, other protected status:</i></p>

ADDITIONAL INFORMATION

<p><u>Other Qualifications</u> Summarize special job-related skills and qualifications acquired from employment or other experience.</p>

<p><u>Specialized Skills</u> Check Skills / Equipment Operated</p>																
<table border="0"> <tr> <td><input type="checkbox"/></td> <td>PC/Mac</td> <td><input type="checkbox"/></td> <td>Microsoft Works</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Windows 95/98/2000</td> <td><input type="checkbox"/></td> <td>Typewriter: WPM _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Word Processing: WPM _____</td> <td><input type="checkbox"/></td> <td>Shorthand</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Microsoft Word</td> <td><input type="checkbox"/></td> <td>Spreadsheet</td> </tr> </table>	<input type="checkbox"/>	PC/Mac	<input type="checkbox"/>	Microsoft Works	<input type="checkbox"/>	Windows 95/98/2000	<input type="checkbox"/>	Typewriter: WPM _____	<input type="checkbox"/>	Word Processing: WPM _____	<input type="checkbox"/>	Shorthand	<input type="checkbox"/>	Microsoft Word	<input type="checkbox"/>	Spreadsheet
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<input type="checkbox"/>	Microsoft Word	<input type="checkbox"/>	Spreadsheet													
Production/Mobile Machinery (list)																
Other (list)																

<p>State any additional information you feel may be helpful to us in considering your application</p>

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

YES NO

REFERENCES

Name		Telephone Number:	
Address:	<i>Street</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
Name		Telephone Number:	
Address:	<i>Street</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
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The City of Rehoboth Beach is an Equal Opportunity Employer

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: YES NO

Position(s) Considered For: _____

Date: _____



**CITY OF REHOBOTH BEACH
POLICE DEPARTMENT**

229 Rehoboth Avenue
Rehoboth Beach, DE 19971

Telephone: (302) 227-2577
Fax: (302) 227-6054

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: Any Doctor, Physician, Psychologist, Psychiatrist, Dentist, Hospital Nursing Home, or Medical Association;
The US Armed Forces, Maritime Service, Veteran's Administration, Selective Service Administration;
Any Academic Dean, Registrar, Principal, Guidance Counselor or authorized person at any School, College, University, Business School, Trade School, Elementary or High School;
Any local, State, or Federal Law Enforcement Agency; any past or present employer; any Credit Bureau or Retail Merchants Association; any insurance company.

I, _____ have applied for employment with the Rehoboth Beach Police Department. I am aware that my entire background will be thoroughly investigated and I hereby authorize and request the release of any and all information you may have that concerns me, including academic transcripts and disciplinary matters, to a representative of the Rehoboth Beach Police Department. This authorization or a reproduction thereof, shall be valid for one year from the date of execution of this document.

Date of Birth: _____ Place of Birth (City & State): _____

Social Security #: _____ Driver's Lic. #: _____ State: _____

List any other names you may have used: _____ Maiden Name: _____

State in which you have held a driver's license? _____

HAVE YOU EVEN BEEN ISSUED A TICKET OR SUMMONS FOR A TRAFFIC VIOLATION? ____ YES ____ NO

HAVE YOU EVER BEEN ISSUED A SUMMONS OR BEEN ARRESTED FOR A CRIMINAL VIOLATION? ____ YES ____ NO

Given under my hand, this _____ day of _____, 20____

Signature of Witness

Signature

Current Address

City, State, and Zip Code

Your E-mail Address