

CITY OF DOVER POLICE DEPARTMENT

APPLICATION FOR POLICE OFFICER

DO NOT WRITE IN THIS SPACE	TO BE TYPEWRITTEN, PRINTED, OR HANDWRITTEN LEGIBLY IN INK																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">DATE RECEIVED</td><td style="width: 100px;"></td></tr> <tr><td style="padding: 2px;">PHYSICAL ABILITY</td><td></td></tr> <tr><td style="padding: 2px;">WRITTEN EXAMINATION</td><td></td></tr> <tr><td style="padding: 2px;">ORAL INTERVIEW</td><td></td></tr> <tr><td style="padding: 2px;">BACKGROUND</td><td></td></tr> <tr><td style="padding: 2px;">MEDICAL EXAM</td><td></td></tr> <tr><td style="padding: 2px;">PSYCHOLOGICAL EXAM</td><td></td></tr> <tr><td style="padding: 2px;">DISQUALIFICATION LETTER</td><td></td></tr> </table>	DATE RECEIVED		PHYSICAL ABILITY		WRITTEN EXAMINATION		ORAL INTERVIEW		BACKGROUND		MEDICAL EXAM		PSYCHOLOGICAL EXAM		DISQUALIFICATION LETTER		<p>INSTRUCTIONS: Fill out this questionnaire completely and accurately. All statements in your questionnaire are subject to verification. Incorrect statements may bar or remove you from employment. If space provided is inadequate, add another page and identify additional information by item number.</p>
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PSYCHOLOGICAL EXAM																	
DISQUALIFICATION LETTER																	

1. Your full name: _____
First
Middle
Last

Give any other names you have used or been known by, and attach a statement giving reasons (if none, so state). _____

2. Your home address: _____
Number
Street

City State Zip Code

3. Your telephone number: () _____ () _____
Home
Business

4. Date of Birth: _____
Month
Day
Year
Where: City and State

5. Social Security Number: _____

6. Are you a citizen of the United States of America?

	Yes
	No
	Natural Born
	Naturalized Citizen

7. Have you ever been sued? (If yes, state full details) Yes No

8. Were you ever discharged or forced to resign from employment because of misconduct or unsatisfactory service? Yes No

9. Do you object to wearing a uniform? Yes No

10. Do you object to working nights? Yes No

11. Have you had experience with shift work? Yes No

12. Have you ever filed a claim for workman's compensation? (If yes give details) Yes No

13. Have you previously submitted an application for employment with another police department? Yes No

14. Do you wear eye glasses or contact lens? Yes No

If yes, your application must be accompanied by a written slip from an optometrist or ophthalmologist giving your visual acuity within the last six months. (Example: **Uncorrected 20/100, Corrected 20/20**)

15. Have you ever possessed and / or smoked marijuana, hashish, PCP, or any other illegal substance? Yes No

Explain: _____

16. Have you ever used any other illegal drugs, opiates, pills, etc.? If yes, what were the circumstances? Yes No

17. Have you ever been arrested or detained by the police? Yes No
If yes, give the details of the incident below:

A. _____
Crime Charged _____
Police Agency

_____ _____
Date of the Incident Disposition of the Case

B. _____
Crime Charged _____
Police Agency

_____ _____
Date of the Incident Disposition of the Case

18. Have you ever had criminal complaints filed against you which did not involve police arrest or involvement? Yes No
if yes, state details:

19. Have you ever been placed on probation? If yes, explain Yes No

20. Have you ever been required to pay a fine? Yes No
If yes state the details:

21. Have you ever been reported as a Missing Person or as a Runaway? If yes, state complete details including the jurisdiction, dates and the outcome of the incident. Yes No

22. Have ever been fingerprinted by a Police agency, other than for an arrest, give details below. Your answers will be checked with the F.B.I. an other agencies. Yes No

Agency	Date	Purpose
_____	_____	_____
Agency	Date	Purpose
_____	_____	_____
Agency	Date	Purpose
_____	_____	_____

23. Have you ever been certified as a Police Officer in any jurisdiction? Yes No

If yes, what police agency? _____
How long were you employed? _____

24. Can you operate a motor vehicle? Yes No

25. Do you possess a valid operator's license from Delaware? Yes No

Operator's License Number: _____ Year Issued: _____

26. Did you ever possess an operator's license issued by any state other than Delaware? Yes No

If yes, give state and license number: _____

27. Was your license ever suspended or revoked? Yes No

If yes, state which (suspended / revoked) and give reason(s):

28. Was your license ever restored? Yes No

When: _____

29. Have you ever been refused an operator's license by any state? If yes, state details: Yes No

30. Have you ever been involved in a Motor Vehicle Accident? Yes No

If yes, state complete details for each accident whether collision or non-collision:

A. _____ Police Investigation? Yes No
Date

Location of Accident

Cause of Accident

Injury or Non-Injury

Who was legally at fault?

B. _____ Police Investigation? Yes No
Date

Location of Accident

Cause of Accident

Injury or Non-Injury

Who was legally at fault?

30. C. _____ Police Investigation? Yes No
Date

Location of Accident	Cause of Accident
Injury or Non-Injury	Who was legally at fault?

31. List all traffic citations you have received (exclude parking tickets):

LOCATION (City & State)	APPROX. DATE	NATURE OF VIOLATION	PENALTY OR DISPOSITION

32. If it became necessary in the course of police duties to take a human life, would you have any reluctance to do so because of religious or other beliefs? Yes No

If yes, explain:

I hereby certify that all statements made in this questionnaire are true and complete. I understand that any misstatements of material facts will subject me to disqualification or dismissal.

Signature in Full

Date Completed

In order to assist the Dover Police Department to meet its Equal Employment Opportunity objectives and to comply with various government requirements, please mark the appropriate identification categories below. Providing this information will not adversely affect your application in any manner. This information will be used only in accordance with federal laws and regulations. Information concerning any handicap or disability will be kept confidential except as necessary for purposes of job assignment, accommodation, first aid, and safety. This form will be separated from your application prior to review and maintained in separate files.

Race: White _____ Black _____ Hispanic _____
 American Indian/Alaskan Native _____ Asian/Pacific Islander _____

Sex Male _____
 Female _____

Handicapped/Veteran: Handicapped _____
 Vietnam Era Veteran _____
 Disabled Veteran _____

APPLICANT EQUAL EMPLOYMENT OPPORTUNITY SURVEY IDENTIFICATION DESCRIPTIONS

Race

- White: European, North African, or Middle Eastern origin.
- Black: Of Black racial group origin.
- Hispanic: Mexican, Puerto Rican, Cuban, Central-South American origin, or any other Spanish culture regardless of race.
- American Indian/Alaskan Native: North American, but cultural identification maintained through tribal affiliation or community recognition.
- Asian/Pacific Islander: Far East, South East Asia, Pacific Island origin.

Handicapped

- Physical or mental impairment, which substantially limits one or more major life activities.
- A record of such an impairment or society perceives it as an impairment.

Vietnam Era Veteran

- Active military duty of more than 180 days, any part of which occurred between August 6, 1964 and May 7, 1975, and discharged or released from duty with an other than dishonorable discharge.

Disabled Veteran

- Disability rated by Veteran’s Administration at 30% or more, or
- Released or discharged from active duty for a disability incurred or aggravated in the line of duty.

How did you become aware of employment opportunities with the City of Dover Police Department?

Dover Police Department

Application Process

Upon receiving an application an initial review is completed to ensure there are no disqualifying factors. Once a testing date and location has been established qualified applicants are notified by mail. The City of Dover Police Department conducts a hiring process once a year which generally proceeds as follows:

1. Physical Ability and Written Examination

Both tests will be held on the same day. The physical ability test consists of sit ups, 300-meter run, push ups, and a 1 ½ mile run. The written examination tests critical elements such as judgment, ability to learn, observation and memory, and problem solving ability. Applicants must pass the physical ability test in order to proceed to the written examination. Applicants who fail either test may apply for the next testing process.

2. Oral Board Interview

Applicants that successfully complete the Physical Ability/ Written Examination phases of testing will be given written notification of the date and time of their Oral Board interview. Applicants should dress appropriately.

3. Background Investigation

Upon successfully completing the Oral Board interview applicants will enter into the Background Investigation phase of testing. An extensive investigation of each applicant's background will be conducted by a Dover Police Officer. The investigation normally takes six to eight weeks to complete.

4. Chief's Interview

Those applicants recommended for hire at the completion of the Background Investigation will be interviewed by the Chief of Police. This is the final selection phase of the testing process. All eligible candidates are placed on a hiring list which remains in effect until the completion of the next hiring process. This period of time is generally one year.

5. Psychological and Physical Examination

Applicants will be offered conditional employment when positions become vacant within the department. At this time applicants will be required to undergo a psychological and physical examination. If these last two tests are completed successfully applicants will be notified of the date and time to report to one of the accredited police academies.