

# CITY OF DOVER POLICE DEPARTMENT APPLICATION FOR POLICE OFFICER

DO NOT WRITE IN THIS SPACE	TO BE TYPEWRITTEN, PRINTED, OR HANDWRITTEN LEGIBLY IN INK
DATE RECEIVED	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.
CJIS CHECK	

**How did you hear about us? (Please check box)** Recruiting Event(List Location Below)  
 Social Media     Dover Police Website     joindelaware.com     Dover PD Officer     Other

List Officer Name, Other Source, or Recruiting Event Location

**\*\*Please Note, Only one Officer's name may be listed\*\***

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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 Cell

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

E – Mail Address: \_\_\_\_\_

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

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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

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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 you reach the background phase of the hiring process, you must have a written slip from an optometrist or ophthalmologist giving your visual acuity within the last six months and meet the below standard. (Example: **Uncorrected 20/200, Corrected 20/20**)

**Eye Standard**

The applicant shall be examined by a licensed ophthalmologist or optometrist and shall possess acuity of vision of not more than 20/200 corrected to 20/20 in each eye. The applicant shall have the ability to distinguish between the colors of red, green, and amber, and shall have no pathology of the eyes. Applicant shall also possess acceptable depth perception.

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

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17. Have you ever been arrested or detained by the police?  
If yes, give the details of the incident below:

Yes  No

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 arrest? If yes, state details:

Yes  No

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19. Have you ever been placed on probation? If yes, explain

Yes  No

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20. Have you ever been required to pay a fine?  
If yes state the details:

Yes  No

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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

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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. Are you currently certified as a Police Officer in any jurisdiction?  Yes  No

If yes, what police agency? \_\_\_\_\_  
Dates of employment \_\_\_\_\_

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):

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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

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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. \_\_\_\_\_ Date Police Investigation?  Yes  No

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

B. \_\_\_\_\_ Date Police Investigation?  Yes  No

_____ 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.

# **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. These initial tests are typically held once a year, in the spring season.

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. Applicants will be notified by telephone of the date and time to report for an interview with the Chief of Police, who makes the final selection of those applicants recommended to be hired. 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 from the completion of the testing process.

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.

Note: The total duration of the hiring process for stages 1-4 of the hiring process is 3-5 months from the completion of the Physical and Written examinations. Applicants that are not selected for hire may re-apply for the next testing cycle unless they were permanently disqualified.