



9. What are your hobbies, special skills, and abilities, including speaking foreign languages?

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Marital

10. Give the following information regarding marriage or marriages:

When	Where	By Whom	Wife's Maiden Name

11. If a marriage to which you were a part was dissolved, fill out the following:

	How	Who Initiated Action	Title, Location, or Court
Separated			
Divorced			
Annulled			

12. Give the following information concerning your parents and your spouse's parents:

	Name	Address	Living	Place of Birth
Father				
Mother (Maiden Name)				
Father In-Law				
Mother In-Law				

13. List below every child born to you:

Name	Date of Birth	Place of Birth	With Whom & Where Resides?



Acquaintances

16. Fill in below the names of three persons not related to you, and not former employers or references, who are friends, fellow students, or fellow workers. Names listed should be those of persons who have seen you frequently during the past year.

A. \_\_\_\_\_

Name	Years Known	Residence Phone
_____		
Home Address		
_____		
Occupation or Profession	Business Phone	
_____		
Business Address		
_____		
In what capacity is the above known to you? _____		
*****		

B. \_\_\_\_\_

Name	Years Known	Residence Phone
_____		
Home Address		
_____		
Occupation or Profession	Business Phone	
_____		
Business Address		
_____		
In what capacity is the above known to you? _____		
*****		

C. \_\_\_\_\_

Name	Years Known	Residence Phone
_____		
Home Address		
_____		
Occupation or Profession	Business Phone	
_____		
Business Address		
_____		
In what capacity is the above known to you? _____		
*****		

17. Steady girlfriend or boyfriend, whichever is applicable:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Residence Phone

\_\_\_\_\_  
Home Address

Family History

18. Give the names of every member of your immediate family who is still living, including father, mother, sister(s), brother(s):

Name	Relationship	Address	Telephone	Occupation

19. Has any member of your immediate family ever been arrested for or convicted of a felony offense?    Yes    No    If yes, give particulars below:

Name	Relationship	Offense	Place of Arrest



B. \_\_\_\_\_ \$ \_\_\_\_\_  
Name of Firm Type of Firm Amount

\_\_\_\_\_

Business Address

\_\_\_\_\_

\_\_\_\_\_

Date Opened Date Closed Purpose

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C. \_\_\_\_\_ \$ \_\_\_\_\_  
Name of Firm Type of Firm Amount

\_\_\_\_\_

Business Address

\_\_\_\_\_

\_\_\_\_\_

Date Opened Date Closed Purpose

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D. \_\_\_\_\_ \$ \_\_\_\_\_  
Name of Firm Type of Firm Amount

\_\_\_\_\_

Business Address

\_\_\_\_\_

\_\_\_\_\_

Date Opened Date Closed Purpose

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E. \_\_\_\_\_ \$ \_\_\_\_\_  
Name of Firm Type of Firm Amount

\_\_\_\_\_

Business Address

\_\_\_\_\_

\_\_\_\_\_

Date Opened Date Closed Purpose

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Work History

30. List all jobs you have held in the last ten years. Put your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time sequence and temporary part-time jobs.

A. \_\_\_\_\_  
 Name & Address of Employer \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Name & Title of Your Supervisor \_\_\_\_\_ Salary per Month  
 \_\_\_\_\_  
 Exact Title or Position \_\_\_\_\_ Your Duties \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_ Number Supervised \_\_\_\_\_  
 Month & Year Month & Year  
 \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
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B. \_\_\_\_\_  
 Name & Address of Employer \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Name & Title of Your Supervisor \_\_\_\_\_ Salary per Month  
 \_\_\_\_\_  
 Exact Title or Position \_\_\_\_\_ Your Duties \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_ Number Supervised \_\_\_\_\_  
 Month & Year Month & Year  
 \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
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C. \_\_\_\_\_  
 Name & Address of Employer \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Name & Title of Your Supervisor \_\_\_\_\_ Salary per Month  
 \_\_\_\_\_  
 Exact Title or Position \_\_\_\_\_ Your Duties \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_ Number Supervised \_\_\_\_\_  
 Month & Year Month & Year  
 \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
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D. \_\_\_\_\_  
Name & Address of Employer

\_\_\_\_\_ \$ \_\_\_\_\_  
Name & Title of Your Supervisor Salary per Month

\_\_\_\_\_ Your Duties  
Exact Title or Position

From \_\_\_\_\_ To \_\_\_\_\_ Number Supervised \_\_\_\_\_  
Month & Year Month & Year

\_\_\_\_\_ Reason for Leaving  
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E. \_\_\_\_\_  
Name & Address of Employer

\_\_\_\_\_ \$ \_\_\_\_\_  
Name & Title of Your Supervisor Salary per Month

\_\_\_\_\_ Your Duties  
Exact Title or Position

From \_\_\_\_\_ To \_\_\_\_\_ Number Supervised \_\_\_\_\_  
Month & Year Month & Year

\_\_\_\_\_ Reason for Leaving  
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F. \_\_\_\_\_  
Name & Address of Employer

\_\_\_\_\_ \$ \_\_\_\_\_  
Name & Title of Your Supervisor Salary per Month

\_\_\_\_\_ Your Duties  
Exact Title or Position

From \_\_\_\_\_ To \_\_\_\_\_ Number Supervised \_\_\_\_\_  
Month & Year Month & Year

\_\_\_\_\_ Reason for Leaving  
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31. Were you ever discharged or forced to resign because of misconduct or unsatisfactory service?    Yes    No    If yes, state details: \_\_\_\_\_

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

33. Do you object to working nights?    Yes    No

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

35. Have you ever filed a claim for workman's compensation?    Yes    No

If yes, state details: \_\_\_\_\_

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36. List below any extended absences from work you have had because of personal illness and describe the cause (s): \_\_\_\_\_

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37. List below every employment examination you have taken. If not, so state:

Agency	Approximate Date Of Examination	Position of List	Status

38. Have you previously submitted an application for employment with another police department?    Yes    No    If yes, what is the name of the police department(s) and date of application? \_\_\_\_\_

Military

39. Have you ever served in a military or naval organization of the United States? Yes No

40. Give branch of service: \_\_\_\_\_

	Company	
Regiment	Division	Ship

41. What is your Service Number? \_\_\_\_\_

42. Highest rank held: \_\_\_\_\_

43. How many periods of active military service have you had? \_\_\_\_\_

44. Give period or periods of active military service:

From _____	To _____	From _____	To _____
From _____	To _____	From _____	To _____
From _____	To _____	From _____	To _____

45. Give date & location of entrance of active duty: \_\_\_\_\_  
\_\_\_\_\_

46. List all medals and decorations awarded you as a member of the armed forces:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

47. What is the type of your discharge (honorable, dishonorable, medical, honorable conditions, etc.)? Be exact: \_\_\_\_\_

48. Give date & location of discharge: \_\_\_\_\_  
\_\_\_\_\_

49. If you have had no military service, give reason(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Education

Indicate below the schools you have attended and courses completed. If you cannot remember, say so. It is not necessary to write the school for information.

Name of School Address (City & State)	No. Of Full Years Work completed Courses Completed	<u>Dates Attended</u> <u>From - To (mo/yr)</u>	Graduate	Principal or Dean
Junior High School				
High School				
University or College				
Extension, Graduate, Correspondence Course				

56. Were you ever expelled or suspended from any school or were you ever disciplined by any school official?    Yes    No    If yes, give particulars below:

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Medical

57. List all physicians, surgeons, psychiatrists, or psychologist that you have been treated by or seen. Include their addresses and telephone numbers. Also state the reason for the examination/surgery. NOTE: Only areas that will affect your ability to perform police duties will be investigated in more detail. Other areas will be held in strict confidence.

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58. List all hospitals where you have been treated, reason for treatment, and date of treatment: \_\_\_\_\_

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59. Do you have any physical disabilities at this time or have you ever had any?

Yes      No      If yes, state details: \_\_\_\_\_

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60. Have you ever possessed and/or smoked marijuana, hashish, PCP, or any other illegal substance?      Yes      No      If yes, explain: \_\_\_\_\_

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

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62. Have you ever been treated for alcoholism or drug addiction or confined in any institution for either of these conditions?      Yes      No      If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Criminal / Traffic

Answer all of the following questions completely and accurately. Any falsification or misstatements of fact may be sufficient to disqualify you.

63. Have you ever been arrested or detained by police?      Yes      No      If yes, State details below:

A. \_\_\_\_\_  
 Crime Charged      Police Agency

\_\_\_\_\_

Date      Disposition of Case

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B. \_\_\_\_\_  
 Crime Charged      Police Agency

\_\_\_\_\_

Date      Disposition of Case

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64. Have you ever had criminal complaint filed against you which did not involve police arrest or involvement?      Yes      No      If yes, state details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

65. Have you ever been placed on probation?      Yes      No      If yes, state details:

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

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67. Have you ever been reported as a missing person or a runaway?      Yes      No  
 If yes, state complete details, including jurisdiction, dates, and outcome: \_\_\_\_\_

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68. If you 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. and other agencies:

Agency	Date	Purpose
Agency	Date	Purpose
Agency	Date	Purpose

69. Can you operate a motor vehicle?      Yes      No

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

Operator's License Number: \_\_\_\_\_ Year Issued: \_\_\_\_\_

71. Did you ever possess an operator's license issued by any state other than Delaware?  
 Yes      No      If yes, give state and number: \_\_\_\_\_

72. Was your license ever suspended or revoked?      Yes      No      If yes, state which and give reason(s): \_\_\_\_\_

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73. Was your license ever restored?    Yes    No    When? \_\_\_\_\_

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

75. 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

\_\_\_\_\_ Cause of Accident

\_\_\_\_\_ Injury or Non-Injury

\_\_\_\_\_ Who was legally at fault?  
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B. \_\_\_\_\_ Police Investigation    Yes    No  
Date

\_\_\_\_\_ Location

\_\_\_\_\_ Cause of Accident

\_\_\_\_\_ Injury or Non-Injury

\_\_\_\_\_ Who was legally at fault?  
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C. \_\_\_\_\_ Police Investigation    Yes    No  
Date

\_\_\_\_\_ Location

\_\_\_\_\_ Cause of Accident

\_\_\_\_\_ Injury or Non-Injury

\_\_\_\_\_ Who was legally at fault?  
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76. List below all traffic citations you have received, exclude parking:

Location (City & State)	Approximate Date	Nature of Violation	Penalty or Disposition

77. 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Miscellaneous

78. Are you proficient in typing and basic computer skills?      Yes      No

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

\_\_\_\_\_  
Signature in Full

\_\_\_\_\_  
Date Completed

## Authorization To Release Information

As an applicant for a position with the Felton Police Department, I am required to furnish information for use in determining my moral, physical and mental qualifications. In this connection I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature.

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the information requested.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_