

Delaware State Police Employment Application



Social Security #	Last Name	First Name	M.I.	<i>Personnel Use Only</i>
Mailing Address, City, State & Zip				MQ's: Yes <input type="checkbox"/> No <input type="checkbox"/>
County				Comments:
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Please note: Provide all information requested. If you attach resume, include all information requested but omitted from resume. </div>				V.P.
Home Phone ()	Cell Phone ()		Rater	
Work Phone ()		May we call you at work?	Date	
Driver's License (State)		Type/#	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Expiration Date				
Job Applied for (Title)				
Agency			Posting #	
Job location(s) applied for <input type="checkbox"/> New Castle <input type="checkbox"/> Kent <input type="checkbox"/> Sussex <input type="checkbox"/> City of Wilmington Will you accept <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time				
Education/training <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Vocational/Business School Type of Degree Received				
Name & Location of College/University		Dates Attended	Major/Minor	
Occupational Licenses				
Issued by/ #		Expiration Date		
Certificates (Types)				
Computer Skills				
Language(s) other than English			<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	

Employment History

Name on Employment/Educational Records if different from present name:

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

Employer: Address:	Supervisor: Phone: () Annual Salary: Start: (or \$ hourly) End: To:
Employed (month & year): From: <input type="checkbox"/> Full time <input type="checkbox"/> Part time Reason for leaving: Job title(s) & duties:	
Employer: Address:	Supervisor: Phone: () Annual Salary: Start: (or \$ hourly) End: To:
Employed (month & year): From: <input type="checkbox"/> Full time <input type="checkbox"/> Part time Reason for leaving: Job title(s) & duties:	
Employer: Address:	Supervisor: Phone: () Annual Salary: Start: (or \$ hourly) End: To:
Employed (month & year): From: <input type="checkbox"/> Full time <input type="checkbox"/> Part time Reason for leaving: Job title(s) & duties:	

Use Additional Pages if Needed

Employment History

Name on Employment/Educational Records if different from present name:

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

Employer: Address: Employed (month & year): From: <input type="checkbox"/> Full time <input type="checkbox"/> Part time Reason for leaving: Job title(s) & duties:	Supervisor: Phone: () Annual Salary: Start: (or \$ hourly) End: To:
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Employer: Address: Employed (month & year): From: <input type="checkbox"/> Full time <input type="checkbox"/> Part time Reason for leaving: Job title(s) & duties:	Supervisor: Phone: () Annual Salary: Start: (or \$ hourly) End: To:

Use Additional Pages if Needed

Minimum Qualifications

Please describe how your education, training and experience meet **each** Minimum Qualification and Additional Requirement described in the Job Announcement. Please *do not* submit copies of letters or training certificates, unless stated as a requirement.

Please remember to sign the back of this page. (Over)

Use additional pages if needed

Certification

Before signing, please read the following statement carefully:

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

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

I certify that if I am male, born after January 1, 1960, I have registered for Selective Service if required to register. I understand that I may be required to document registration.

If you are claiming preferences as a Veteran or the unmarried widow or widower of a deceased Veteran, attach a copy of your DD 214 form. If you are also claiming preference as a disabled veteran or unmarried widow or widower of a deceased disabled veteran, include your VA disability letter and claim number.

Have you ever been convicted of a felony or Class A Misdemeanor? Yes No
If yes, identify type of offense, date and location.

Present State of Delaware employee? Yes No Merit Other Seasonal
Past State of Delaware employee? Yes No Merit Other Seasonal

Any security clearance will be based on agency requirements.

Applicant Signature _____ Date _____

Please Note: Accommodations are available for applicants with disabilities in all phases of the application and employment process. Please call (302) 739-5458 to request an auxiliary aid or service. TDD users should call the Delaware Relay Service Number 1-800-232-5460 for assistance.

Direct deposit of paychecks is a condition of employment for all new employees hired after December 31, 1995.

Please return to the agency shown on job announcement/advertisement by the closing date.



An Equal Opportunity Employer

Voluntary Affirmative Action Statement

It is the policy of the State of Delaware to assure equal and fair treatment in all aspects of employment opportunity for minorities, women, Vietnam Era 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.

Job applied for (Title):	
Agency:	Posting #
How did you find out about this position?	
Social Security #	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:

Race/Ethnicity:

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