CITY OF MILFORD

DELAWARE

"THE GARDEN CITY OF TWIN COUNTIES"

MILFORD POLICE DEPARTMENT

400 N.E. FRONT STREET
MILFORD, DE 19963
(302) 422-8081 FAX (302) 424-2330

MIFORD POLICE DEPARTMENT
SEASONAL OFFICER EMPLOYMENT APPLICATION
(Ages 18 – 20 only)

Position Applied For: **Seasonal Police Officer** Employment From: _____

PERSONAL INFORMATION:

Name: _____ SSN #: _____

Age: _____ Date of Birth: _____ US Citizen: ____Yes ____No

Address: _____

City, State, Zip: _____

Home Telephone #: _____ Cell: _____

Email Address: _____

Have you ever been convicted for a criminal Violation? ____YES ____No

If **YES**, please explain, noting date, place and nature of offense: _____

_____

_____

Are you currently employed? ____Yes ____No

If **NO**, Skip to next section.

Current Employer: _____

Supervisor Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____ May we call your employer? _____

What is the highest grade completed in school? _____ College: _____Yes ____No

Name and address of school: _____

_____

List any special training or skills which would be helpful to you in this position: _____

_____

_____

Military Experience: ____Yes ____No; If yes, list Branch: _____

Please list 3 personal reference. Include their address and telephone numbers:

1. _____

_____

_____

2. _____

_____

_____

3. _____

_____

_____

In the space below, please write a brief summary of your reasons for wanting to participate in the Milford Police Seasonal Officer Program. Be sure to include your plans for a future career.

_____

_____

_____

THE CITY OF MILFORD IS AN EQUAL OPPORTUNITY EMPLOYER. WE WELCOME YOU AS AN APPLICANT FOR THE EMPLOYMENT WITH OUR SEASONAL OFFICER PROGRAM. THE POLICY OF THE CITY OF MILFORD PROHIBITS DISCRIMINATION BECAUSE OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, MARITAL STATUS, PHYSICAL OR MENTAL HANDICAP, SEX, OR AGE (EXCEPT WHEN SEX, AGE, OR HANDICAP IS A BONA FIDE OCCUPATIONAL QUALIFICATION) IN ALL ASPECTS OF OUR PERSONAL POLICIES, PROGRAMS, PRACTICES, AND OPERATION.

THIS POLICY APPLIES TO ALL PHASES OF FULL, PART-TIME, TEMPORARY, AND SESONAL EMPLOYMENT.

ALL INFORMATION CONTAINED IN, OR CONNECTED WITH THIS APPLICATION WILL BE CONSIDERED PERSONAL AND CONFICENTIAL AND USED ONLY IN CONJUNCTION WITH YOUR POSSIBLE EMPLOYMENT WITH THE CITY OF MILFORD. PLEASE FURNISH US WITH COMPLETE INFORMATIONAS OUTLINED IN THIS APPLICATION. YOU ARE ENCOURAGED TO ATTACH ANY ADDITIONAL INFORMATION WHICH YOU BELIEVE QUALIFIES YOU FOR THE POSITION FOR WHICH YOU ARE APPLYING.

BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I AM 18 YEARS OF AGE OR OLDER, AND I AGREE TO THE USE OF THE INFORMATION PROVIDED HEREIN FOR THE PURPOSE(S) OF A CRIMINAL BACKGROUND CHECK. I UNDERSTAND THAT WITH MY SIGNATURE, I RELEASE THE CITY OF MILFORD AND/OR ITS AGENTS FROM LIABILITY OR HARM AND I AGREE THAT THIS DOCUMENT WILL SERVE AS MY PERMISSION FOR THE RELEASE OF INFORMATION NECESSARY OR DEEMED NECESSARY FOR THE PROCESSING OF THIS APPLICATION. I FURTHER UNDERSTAND THAT MY EMPLOYMENT AS A SEASONAL OFFICER, IF CHOSEN, CAN BE TERMINATED WITH OR WITHOUT CAUSE AT THE LEASURE OF THE CHIEF OF POLICE OR HIS/HER DESIGNEE AT ANYTIME DURING MY EMPLOYMENT PERIOD.

_____ _____

NAME DATE