

MILFORD POLICE DEPARTMENT
PRELIMINARY APPLICATION

Minimum standards must be met in order to qualify for consideration for Entry-Level Police Services. Listed below are several questions which can be answered either "yes" or "no". If any of your answers are "no", you are not qualified and no further consideration will be given you, with the exception of questions #12 and #13, to which your answers must be "no".

Circle the appropriate answer. Respond to all questions. Fill in spaces at the bottom of the page with the information requested.

- | | | |
|--|-----|----|
| 1. Are you a native-born or naturalized citizen of the United States? | Yes | No |
| 2. Are you at least 21 years of age? | Yes | No |
| 3. Are you a high school graduate, or have an equivalent certification? | Yes | No |
| 4. Are you physically sound and in good general health? | Yes | No |
| 5. Is your visual acuity (eyesight) at least 20/100 in each eye, uncorrected? | Yes | No |
| 6. If deficient, is your visual acuity correctable to 20/20 in each eye? | Yes | No |
| 7. Can you perceive all the colors of the spectrum? | Yes | No |
| 8. Do you have normal hearing in both ears? | Yes | No |
| 9. Do you agree to submit to a polygraph (lie detector) examination as a part of the selection procedure? | Yes | No |
| 10. Do you agree to submit to a drug screen? | Yes | No |
| 11. Have you been a resident of the State of Delaware for at least a period of one year? | Yes | No |
| 12. Have you ever been convicted of a criminal offense? | Yes | No |
| 13. Is your driver's license presently either suspended or revoked in this or any other state; or has it been in the last three years? | Yes | No |

Name: _____
 Last First Middle

Date of Birth: _____

Address: _____

Telephone No. (Include Area Code):

_____ (Home)

_____ (Work)

If in the service, give military address:

Social Security No.:

School Attended	Name of School	Dates of Attendance	Courses Taken	Diplomas or Degrees Received
Grammar School				
High School				
University or College				
Extension Courses				
Other Training				

Graduation or G.E.D. Equivalence Certificate Serial Number: _____

Where Issued and Date: _____

_____ Color of Hair _____ Color of Eyes _____ Weight _____ Height

Driver's License Number: _____ State: _____

Type (Circle): Operator Chauffeur Permit

The foregoing are only basic, preliminary requirements. The Milford Police Department utilizes a multi-phases selection procedure which consists of:

- 1 - Written Testing
- 2 - Physical Agility Testing
- 3 - Personal Interview
- 4 - Background Examination
- 5 - Psychological Evaluation
- 6 - Drug Screen
- 7 - Medical Examination

Successful candidates must qualify at each step of the selection procedure.

Please forward application to: Office of the Chief of Police
 Milford Police Department
 400 N.E. Front Street
 Milford, DE 19963

CITY OF MILFORD

DELAWARE



"THE GARDEN CITY OF TWIN COUNTIES"

POLICE DEPARTMENT

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

AFFIRMATIVE ACTION FORM

Just as our applicants are given tests for employment, the City is periodically evaluated for compliance with Equal Employment Opportunity Regulations. In order to assist the City in monitoring its compliance with these regulations, all applicants are requested to complete this form voluntarily. You may refuse to provide any or all of the following information. This information will be kept completely separate from your application and will have absolutely no bearing on the status of your application. This information will be used solely for record keeping purposes.

Name: _____ Date: _____

Position(s) Applied For: _____

Birth Date: _____ Sex: Male _____ Female _____

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

Marital Status: Single _____ Married _____

Referral Source:

Walk-In _____	Newspaper _____
Community Agency _____	Name _____
Special Publication _____	City Employee _____
Name _____	State Employment Agency _____
Job Posting _____	Private Employment Agency _____
Other _____	

MPD FORM #84 (Revised 10/21/97)