



University of Delaware Police Cadet Application
 University of Delaware Police Department
 413 Academy Street Newark, DE 19716



Position: University of Delaware Police Cadet

Cadet Program Coordinator: M/CPL Richard Mantici, 302-831-7205, Richard.Mantici@udel.edu

The purpose of the University of Delaware Police Cadet Program is to ensure the safety and welfare of the campus community, to serve the residents and visitors of the community, and to assist the Department's full-time and sworn officers.

The Cadet Program is also a crucial element to the department's overall goal of community policing and building trust with the University community. Cadets accomplish this by maintaining a visual presence about the campus and providing a wide range of services for the community.

Cadets are degree seeking students who are mature, ambitious, and organized. A University of Delaware Police Cadet is one who is able to, at all times, perform their duties with the upmost degree of integrity, independence, and considerable discretion.

Cadets are part-time employees who are compensated at a rate of \$11.50 an hour.

Applicants must be available to work nights and weekends.

Applicants must possess a valid U.S. Driver's License.

Applicants will be required to submit to fingerprinting.

Applicants will be subjected to a background check prior to hiring. A background check includes but is not limited to driving and criminal history, employment references, and character references.

Directions: Complete and return the application in person or by U.S. mail to M/CPL Mantici at above address. Do not leave any field blank. If a field does not apply to you, type or write "N/A". Please type entries if possible. Only use the most up to date application form which can be found at: www.udel.edu/police/cadet/application

Full Name: _____	Date of Birth: _____	Gender: M F
Permanent Address: _____	Perm. Phone: _____	
_____	Local Phone: _____	
Local Address: _____	Cell Phone: _____	
_____	Email Address: _____	

United States Citizen: Yes No If non-US citizen, Visa Type: _____

Valid Driver's License: Yes No DL State: _____ DL Number: _____

Applicant Name _____

Check Yes or No. If you answer yes to any of the first five questions, **provide complete details on page 5.** Complete details include, but are not limited to, dates, times, locations, and others involved. A conviction or judgment does not necessarily mean disqualification.

- | | | |
|--|------------|-----------|
| 1. Have you ever been involved in a traffic accident? | Yes | No |
| 2. Have you ever been arrested for a criminal offense? | Yes | No |
| 3. Have you ever been referred to the Office of Student Conduct? | Yes | No |
| 4. Have you ever consumed, possessed, or sold illegal drugs or controlled substances? | Yes | No |
| 5. Have you ever consumed prescription drugs that were not prescribed to you? | Yes | No |
| 6. Do you have any other employment obligations? | Yes | No |
| 7. May we contact your current employer? | Yes | No |
| 8. Are you now or have you ever been employed by the University of Delaware?
If yes, what department and dates? _____ | Yes | No |
| 9. Will you continue to work for that department if hired? | Yes | No |
| 10. Do you have any past or present military service or obligations?
(If yes, include DD Form 214) | Yes | No |

Education: List current and previous high schools, trade schools, and colleges. **Use page 5 if needed.**

1. Institution name: _____ Dates attended: _____
Concentration: _____
Address/Phone: _____
2. Institution name: _____ Dates attended: _____
Concentration: _____
Address/Phone: _____
2. Institution name: _____ Dates attended: _____
Concentration: _____
Address/Phone: _____

Applicant Name _____

Character References: List three references that are NOT previous employers or relatives.

1. Name: _____ Relation: _____

Address: _____ Phone: _____

2. Name: _____ Relation: _____

Address: _____ Phone: _____

3. Name: _____ Relation: _____

Address: _____ Phone: _____

Employment History: List all previous employers starting with the most recent. **Use page 5 if needed.**

1. Name of Company: _____ Dates Employed: _____

Address: _____

Supervisor's name: _____ Phone: _____

Describe Duties: _____

Reason for leaving: _____

2. Name of Company: _____ Dates Employed: _____

Address: _____

Supervisor's name: _____ Phone: _____

Describe Duties: _____

Reason for leaving: _____

Please provide additional information about your skills, qualifications, or any other information that may be useful to know when evaluating your application. **Use page 5 if needed.**

Applicant Name _____

How many times (including this form) have you applied for the Cadet Position? _____

Please list all approximate dates of application:

In 100 words or less, explain why you want to work for the University of Delaware Police Department:

Statement of Understanding:

By initialing below, I hereby certify that the answers given in this application are full and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts requested in this application, may be cause for rejection of my application or dismissal at any time during my employment. _____

Signature: _____

Date: _____

Applicant Name _____

Additional Space: Please use this space to provide additional information as directed above. Be sure to list each item separately and precisely indicate which section you are referencing.

UNIVERSITY OF DELAWARE
POLICE DEPARTMENT
413 ACADEMY STREET NEWARK,
DELAWARE 19716

AUTHORIZATION TO RELEASE INFORMATION

I,

Full name

of,

Address

do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by/ to any duly authorized agent or officer of the University of Delaware Police Department, whether said records are public or private, and including those which may be deemed to be of a privileged or confidential nature.

It is the intent of this authorization to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the University of Delaware Police Department to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however privileged and confidential it may appear.

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

I also consider this as an acknowledgement and permission for the University of Delaware Police Department to conduct a background investigation knowing that I will not be informed of any information developed by this investigation whether I am accepted or rejected for this position.

A photocopy of this release form will be valid as an original hereof, even though the said copy does not contain an original writing of my signature.

Print Name

Signature

Date

Date of Birth

Social Security Number

Witnessing Officer