

RETURN DOCUMENT CHECK LIST

Parents/Guardians, please be sure that the following documents are properly completed and returned.

All paperwork should be printed in blue or black ink

- Completed & Signed Cooperating Underage Witness (CUW) Application
- Signed Parental Permission & Agreement for Tobacco Compliance Checks
- Criminal Background Release Form (need parent signature)
- Clear** Copy of Birth Certificate
- Clear** Copy of Social Security Card
- Clear** Copy of School or State ID

*PLEASE NOTE: Required documents that are not properly completed, not returned, or returned incomplete will hinder our process and may disqualify your child's participation with the CUW program.

Please Return Checklist and Completed Forms

To:

Division of Alcohol & Tobacco Enforcement
34 Starlifter Avenue
Dover, DE 19901
Attn: Tobacco CUW Program

**** Application is due no later than December 1, 2016 ****



DIVISION OF ALCOHOL AND TOBACCO ENFORCEMENT

COOPERATING UNDERAGE WITNESS APPLICATION

NAME _____
(First) (Middle) (Last)

ADDRESS _____

HOME TELEPHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

PRIOR STATE OF DELAWARE EMPLOYMENT: YES NO

If yes, NAME OF AGENCY _____

DATES OF EMPLOYMENT _____ LOCATION _____

The following information will be used for Affirmative Action/EEOC purposes only (Circle One)

EMPLOYMENT DISMISSALS: HAVE YOU BEEN INVOLUNTARILY DISCHARGED OR FORCED TO RESIGN FROM STATE EMPLOYMENT IN THE LAST 3 YEARS?
 YES NO

THE STATE REQUIRES VERIFICATION OF IDENTITY AND ELIGIBILITY FOR EMPLOYMENT IN THE UNITED STATES. ARE YOU LAWFULLY PERMITTED TO WORK IN THIS COUNTRY? YES NO

U.S. CITIZEN: YES NO PERSONS WITH DISABILITIES: YES NO

DO YOU OR YOUR PARENT OR GUARDIAN HAVE A SIGNIFICANT FINANCIAL INTEREST SUCH AS OWNING STOCK IN, SERVING AS AN EMPLOYEE, TRUSTEE, OFFICER, OR DIRECTOR OF A COMPANY THAT IS LICENSED TO SELL TOBACCO IN THE STATE OF DELAWARE? YES NO

IF YES, PLEASE LIST BELOW THE PERSON, THEIR RELATIONSHIP TO YOU, AND THE NAME OF THE COMPANY THEY HAVE A SIGNIFICANT FINANCIAL INTEREST IN.



DIVISION OF ALCOHOL AND TOBACCO ENFORCEMENT
TOBACCO COOPERATING UNDERAGE WITNESS APPLICATION

EMPLOYMENT HISTORY

ARE YOU EMPLOYED NOW? YES NO

Beginning with your current or most recent position, state your employment history. A resume does not substitute for this section of the application.

| | |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Employed From: | Job Title: _____ Employer: _____ Location: _____ Name & Title of Supervisor: _____ Supervisor Phone # _____ Reason for Leaving: _____ |
| To: | Describe your duties: |

| | |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Employed From: | Job Title: _____ Employer: _____ Location: _____ Name & Title of Supervisor: _____ Supervisor Phone # _____ Reason for Leaving: _____ |
| To: | Describe your duties: |



**DIVISION OF ALCOHOL AND TOBACCO ENFORCEMENT
TOBACCO COOPERATING UNDERAGE WITNESS APPLICATION**

APPLICANT RELEASE OF EMPLOYMENT INFORMATION

READ THIS STATEMENT BEFORE SIGNING THIS APPLICATION:

Information provided on this application may be verified, including, but not limited to, contacting former employers. **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. If I am a current or former employee of the State of Delaware, I acknowledge that my personnel records shall be subject to review by the hiring agency.

By signing this application, I certify agreement with the terms given above for Applicant Release of Employment Information.

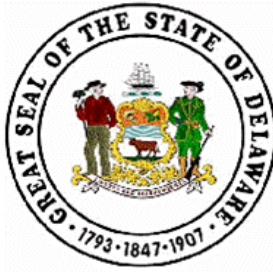
By signing this application, I certify that I have read and understand the conditions of employment as stated below. I also certify that this application was completed by me, that all entries on it are true, and that I seek employment under these conditions:

- **Direct Deposit: As a condition of employment, direct deposit of paychecks is required for all new employees.**
- **Immigration Law: At the time of hire, state employees must meet the documentation requirements of the Immigration Reform and Control Act of 1986.**

Signature

Date

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



State of Delaware
Department of Safety and Homeland Security
Division of Alcohol and Tobacco Enforcement

I, _____, give my son/daughter permission
(Name of Parent/Guardian: Please Print)

(Name of Youth: Please Print)

To participate in the Division of Alcohol and Tobacco Enforcement's Tobacco Cooperating Underage Witness (CUW) Program conducted by Delaware's Division of Alcohol and Tobacco Enforcement. My child may attend the training session and participate in the compliance check activities. I understand that the minor child may be required to offer testimony against violators in any court of law and/or in an administrative proceeding, that may result from their cooperation with the Division of Alcohol and Tobacco Enforcement. I agree to fully comply with any requirement and/or subpoena that I or the minor child may receive.

Name of child participating: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Gender: Male Female Birthday: _____ / _____ / _____

Parent/Guardian Phone: (Home) _____ (Work) _____

Parent/Guardian e-mail _____

Signature of parent/guardian

In witness thereof, I have hereunto set my signature this _____ day of _____
_____, 20_____

Witness signature

State of Delaware
Department of Safety and Homeland Security
Division of Alcohol and Tobacco Enforcement

Minor Tobacco CUW Pre-Employment Criminal Background Release Form

I _____
(print full legal name of parent/guardian)

Date of Birth _____ of, _____
(Print Complete Address, City, State, Zip)

am the parent/legal guardian of the following minor child in my custody:

_____ Date of Birth _____
(print full name of minor child)

I understand that the minor child named herein shall be required to undergo a criminal background check conducted by the Division, prior to their participation in the CUW program. **I understand that the Division may disqualify the minor child named herein if negative police contact or criminal history information is discovered.** This authorization, or a reproduction thereof, shall be valid for the duration of my child's assignment to the CUW Program, not to exceed three (3) years from the date of execution of this document.

In witness thereof, I have hereunto set my signature this ____ day of _____, 20__

Signature of parent/guardian

Witness signature

Witness signature

Division use only:

Criminal background check: Pass Fail

Date of check: _____ / _____ / 20_____ Performed by: _____

Criminal background check: Pass Fail

Date of check: _____ / _____ / 20_____ Performed by: _____

Criminal background check: Pass Fail

Date of check: _____ / _____ / 20_____ Performed by: _____