



STATE OF DELAWARE
Department of Safety & Homeland Security
DIVISION OF ALCOHOL & TOBACCO ENFORCEMENT
34 STARLIFTER AVENUE
DOVER, DE 19901

TELEPHONE: (302) 741-2721
FAX: (302) 739-4770

Thank you for your interest in the 2021 Tobacco Cooperating Underage Witness (CUW) program.

The Tobacco CUW program was designed by the Division of Alcohol and Tobacco Enforcement (DATE) to ensure all tobacco retailers are in compliance with state and federal laws prohibiting the sale of tobacco products and tobacco substitutes to those who are underage. Tobacco Compliance checks are **conducted in Delaware each year from May to September**.

CUW's assist our officers with compliance checks and are paid an hourly wage. There is no minimum or maximum number of hours that a CUW will work during the compliance season. The amount of work hours will depend on the availability of the CUW, number of locations assigned to officers and the availability of our officers.

The safety and welfare of CUWs is a primary concern at DATE. Officers with the Division are certified police officers in the State of Delaware. Every CUW will always be accompanied by an officer. For more information about our agency and the CUW program, visit us online at www.date.delaware.gov or call (302) 741-2715 if you have any questions.

2021 PROGRAM QUALIFICATIONS:

- must be 17 by February 1, 2021 and cannot turn 21 prior to November 15, 2021". Submit a completed application along with all required documentation.
- Must be mature, honest, and demonstrate responsible behavior at all times.
- Successfully pass a background screening.
- Attend a mandatory (paid) training upon acceptance of your application.

HOW TO APPLY:

The following must be completed and returned by the deadline. Incomplete applications will hinder our process and may disqualify your participation in the program. All paperwork and copies should be clear, legible and printed in blue or black ink.

- ☐ Application for Participation and Pre-Employment Criminal Background Release
- ☐ Copy of Birth Certificate
- ☐ Copy of Social Security Card
- ☐ Copy of School ID, State-issued ID or Military ID

Application and documents can be mailed to: Division of Alcohol & Tobacco Enforcement, 34 Starlifter Avenue, Dover, DE 19901. ATTN: Tobacco CUW Program or **emailed to** Loretta.Simpson@delaware.gov.

STATE OF DELAWARE
DIVISION OF ALCOHOL AND TOBACCO ENFORCEMENT
TOBACCO COOPERATING UNDERAGE WITNESS PROGRAM
Application for Participation 2021

Name: _____ Date of Birth: _____

Street Address: _____

City/Town: _____ State: _____ Zip Code: _____

Cell Phone Number: _____ Home Phone Number: _____

Email Address: _____

School: _____ Gender: ☐ Male ☐ Female

How did you hear about the CUW Program? _____

Why do you want to join the CUW Program? _____

Do you or your parent/guardian have 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 you answered yes, please provide the person's name, their relationship to you, the name and location of the company they are affiliated with: _____

Employment History

Are you currently employed? ☐ YES ☐ NO

1. Employment Date(s): _____ Job Title: _____

Employer: _____ Location: _____

Name & Title of Supervisor: _____ Supervisor Phone #: _____

Reason for Leaving: _____ Duties: _____

2. Employment Date(s): _____ Job Title: _____

Employer: _____ Location: _____

Name & Title of Supervisor: _____ Supervisor Phone #: _____

Reason for Leaving: _____ Duties: _____

The following information will be used for Affirmative Action/EEOC purposes only:

- Have you been involuntarily discharged or forced to resign from state employment in the last 3 years?

☐ YES ☐ NO

- Are you lawfully permitted to work in the United States? ☐ YES ☐ NO

- Are you a U.S. Citizen? ☐ YES ☐ NO

- Persons with Disabilities? ☐ YES ☐ NO

Permission to Participate – **MINORS ONLY**

I give my child permission 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 my 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 my child may receive.

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Relationship to Minor: _____

Parent/Guardian Contact Information – **MINORS ONLY**

Parent/Guardian Name: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Parent/Guardian Name: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Applicant Release of Employment Information - *Please read carefully and sign below*

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

Employee Signature: _____ Date: _____

STATE OF DELAWARE
DIVISION OF ALCOHOL AND TOBACCO ENFORCEMENT
TOBACCO COOPERATING UNDERAGE WITNESS PROGRAM
Pre-Employment Criminal Background Release

This form must be completed by the applicant. If the applicant is under the age of 18, a parent/guardian must acknowledge and sign.

NAME OF APPLICANT: _____ **DATE OF BIRTH:** _____

I, the above-named applicant, understand the purpose of this pre-employment background check and that I am required to undergo a criminal background check conducted by the Division of Alcohol and Tobacco Enforcement to participant in the Tobacco CUW program. **I hereby provide consent for the background check and I understand that the Division may disqualify me from participating in the program if negative police contact or criminal history information is discovered.** This authorization, or a reproduction thereof, shall be valid for the duration of my assignment to the Tobacco CUW Program and shall not exceed four (4) years from the date of execution of this document.

Applicant Signature: _____ **Date:** _____

UNDER 18 YEARS OLD:

As a parent of the above-referenced applicant, I understand the purpose of this pre-employment background check and that my child, named herein, is required to undergo a criminal background check conducted by the Division of Alcohol and Tobacco Enforcement to participant in the Tobacco CUW program. **I hereby provide consent for the background check and I understand that the Division may disqualify my 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 Tobacco CUW Program, not to exceed four (4) years from the date of execution of this document.

Parent Signature: _____

Print Name: _____

Relationship to Minor: _____ **Date:** _____

Division use only:

Date of check:	Performed by:	Result:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Date of check:	Performed by:	Result:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Date of check:	Performed by:	Result:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Date of check:	Performed by:	Result:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail