



STATE OF DELAWARE
DIVISION OF ALCOHOL AND TOBACCO ENFORCEMENT
34 Starlifter Avenue | Dover, DE 19904
(302) 741-2721

TOBACCO COOPERATING UNDERAGE WITNESS PROGRAM

Thank you for your interest in the Cooperating Underage Witness (CUW) program! The Tobacco CUW program was designed by the Division of Alcohol and Tobacco Enforcement (DATE) to help ensure all tobacco retailers are in compliance with state and federal laws prohibiting the sale of tobacco products and tobacco substitutes to minors.

Tobacco Compliance Checks are conducted **each year between May – September**. Tobacco CUW's are paid an hourly wage and there is no minimum or maximum number of hours CUW's work during the season. The amount of work hours will depend on the availability of the CUW, number of locations assigned to Agents and the Agents availability. The safety and welfare of CUWs is a primary concern of DATE. Alcohol & Tobacco Enforcement Agents are certified police officers in the State of Delaware and every CUW will be accompanied by an Agent at all times.

Visit us online at www.date.delaware.gov for more information about the CUW program and our agency, or call us at (302) 741-2721 if you have any questions.

2018 Tobacco CUW Program Qualifications

- Tobacco CUW's must be 16 – 17 years old during the compliance check program year. CUW's have to be 16 prior to February 1, 2018 and they cannot turn 18 until after November 1, 2018.
- Must have parent/guardian permission to participate.
- 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. If your application is accepted, you will receive a letter in the mail with additional pre-employment paperwork to complete and bring to training.

How To Apply

The following documents must be properly 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.*

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

Applications will not be accepted after November 1, 2017

Application and documents should be mailed to: Division of Alcohol & Tobacco Enforcement, 34 Starlifter Avenue, Dover, DE 19901. ATTN: Tobacco CUW Program.



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TOBACCO COOPERATING UNDERAGE WITNESS PROGRAM
Application for Participation

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? _____

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

Parent/Guardian Permission - Please read carefully. A parent/guardian must complete and sign below.

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.

Parent Name: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Signature of Parent/Guardian: _____ **Date:** _____

Printed Name: _____ **Relationship to minor:** _____

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:** _____

The State of Delaware is an Equal Opportunity/Affirmative Action Employer.



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TOBACCO COOPERATING UNDERAGE WITNESS PROGRAM
Pre-Employment Criminal Background Release

Name of Minor: _____

As a parent of the above-referenced minor, I understand the purpose of these pre-employment checks and that the minor child shall be required to undergo a criminal background check conducted by the Division, prior to their participation in the Tobacco CUW program. **I hereby provide my consent for the background check and 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 Tobacco CUW Program, not to exceed three (3) years from the date of execution of this document.

Parent Signature: _____

Print Name: _____

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

Witness Signature: _____ **Date:** _____

Division use only:

Date of check: _____ Performed by: _____ Result: Pass Fail

Date of check: _____ Performed by: _____ Result: Pass Fail

Date of check: _____ Performed by: _____ Result: Pass Fail