



# Wilmington Department of Police Application

*What we do every moment of everyday touches lives!*

Contact: **Sergeant Aaron M. Metzner (302) 576-3177**

Email: [Aaron.Metzner@cj.state.de.us](mailto:Aaron.Metzner@cj.state.de.us)

Completed Application may be mailed or delivered to:

**Louis L. Redding, City County Building**

**Human Resources Department, 4th Floor**

**800 North French Street. Wilmington, Delaware 19801**



*Nationally Accredited Police Department  
Equal Opportunity Employer*



**WILMINGTON DEPARTMENT OF POLICE**  
**WILMINGTON, DELAWARE**



Date Submitted: \_\_\_\_\_

Applications must be typed or clearly printed in ink. **All questions must be answered.** If the question does not apply to you, indicate such by marking "N/A" in the appropriate area. To furnish additional information, use a blank paper the same size as this application. Applicants must understand that all appointments are probationary for a period of eighteen (18) months, during which they must demonstrate their fitness for continued employment by the Department of Police. Applicant understands that this position includes working a rotating shift that encompasses nights, weekends, and holidays of which they must be available for such assignments. **In addition, they must be residents of the City of Wilmington within six (6) months from the date of hire.** Any employment is contingent upon the results of a complete character and fitness investigation, and they must be aware that **willfully withholding information or making false statements on this application will be the basis for dismissal** from the Department. All applicants must agree to these conditions and certify that all statements are true to the best of their knowledge. The signature of the applicant on this form indicates such agreement. Any doubts the applicant has concerning the meaning or applicability of the questions and statements forming this application are to be directed to the Human Resources Department prior to submitting the completed form.

**The following documents must be included in order for your application to be considered complete:**

- Copy of unexpired Driver's License
- Physical Agility Test Release Form **Notarized** (page 11)
- Physician Authorization Form **Completed by a physician** (page 14)
- Copy of Birth Certificate
- Copy of Diploma(s) or Transcripts for **ALL** education listed
- Copy of DD Form 214, if applicable
- All blanks in the application completed or marked N/A
- All pages initialed

**IMPORTANT NOTICE: If all documents are not received by the Human Resources Department, NO FURTHER CONSIDERATION WILL BE GIVEN TO YOUR APPLICATION.**

After carefully reading the above instructions, place your initials in the space provided.

**INITIALS:** \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT











**COURT RECORD (continued)**

Have you ever been committed to a mental institution?  Yes  No  
(If *yes*, please explain.)

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Have you ever used any illegal drugs or anabolic steroids?  Yes  No  
(If *yes*, please give dates of usage and amount of usage.)

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Have you ever had or currently have financial problems dealing with bad credit or bankruptcy?  Yes  No  
(If *yes*, please explain.)

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Have you ever been convicted of possession, use, or distribution of *any* illegal drugs?  Yes  No  
Or, misuse and/or abuse of a prescription drug?  Yes  No  
If you answered *yes to either*, please explain and give dates/city/state/police jurisdiction.

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Do you have any legal/criminal charges pending against you at this time?  Yes  No  
If you answered *yes*, please explain and what agency or court.

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Have you been or are you now on probation or a deferred sentence?  Yes  No  
If you answered *yes*, please explain and give jurisdiction.

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Have you been or are you now a party in a civil action?  Yes  No  
If you answered *yes*, please explain and give court and jurisdiction.

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**WAIVER: I HEREBY GIVE THE WILMINGTON DEPARTMENT OF POLICE PERMISSION TO CHECK ALL MY COURT RECORD(S) AND INTERVIEW WHOMEVER THEY WISH.**

**INITIALS:** \_\_\_\_\_







**MISCELLANEOUS**

1. Have you ever applied before to the Wilmington Department of Police?  Yes  No  
If **yes**, give date(s) and reason for rejection? \_\_\_\_\_  
\_\_\_\_\_
2. Have you ever worked for the Wilmington Department of Police?  Yes  No  
If **yes**, give dates, position, reason for leaving. \_\_\_\_\_  
\_\_\_\_\_
3. Have you ever been a member of any other police agency?  Yes  No  
If **yes**, give dates and agency. \_\_\_\_\_  
\_\_\_\_\_
4. Do you now have an active application, or have you ever applied, with another law enforcement agency for the purpose of seeking employment?  Yes  No  
If **yes**, to what agency and when did you apply? \_\_\_\_\_  
\_\_\_\_\_
5. Do you now have an active application(s) with any other entities for the purpose of seeking employment?  Yes  No  
If **yes**, to what company and when did you apply? \_\_\_\_\_  
\_\_\_\_\_
6. Explain your reasons for wanting to become a Police Officer. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Why have you selected the Wilmington Department of Police? \_\_\_\_\_  
\_\_\_\_\_
8. Do you intend to make this work your career?  Yes  No
9. If offered, would you attend college-level police courses?  Yes  No
10. Have you ever been dismissed from school for scholastic or disciplinary reasons?  Yes  No  
If **yes**, explain. \_\_\_\_\_  
\_\_\_\_\_
11. List awards, honors, citations, positions held in school, or any other recognition received.  
\_\_\_\_\_  
\_\_\_\_\_
12. List special abilities, interests, sports, hobbies, and proficiency in each.  
\_\_\_\_\_  
\_\_\_\_\_
13. List any foreign languages spoken or written and include your proficiency.  
\_\_\_\_\_  
\_\_\_\_\_

**INITIALS:** \_\_\_\_\_



WILMINGTON POLICE DEPARTMENT  
WILMINGTON, DELAWARE



# PHYSICAL ABILITY TEST RELEASE FORM

**THIS FORM MUST BE SIGNED AND NOTARIZED PRIOR TO REGISTRATION FOR THE WILMINGTON DEPARTMENT OF POLICE—PHYSICAL ABILITY EXAMINATION.**

I, \_\_\_\_\_,

hereby release the City of Wilmington, Department of Police, its agents, and its employees from any liability for any injury I may suffer in the process of assessing my physical fitness for the purpose of obtaining employment with Wilmington Department of Police. I understand that the job for which I have applied is physically demanding; I understand that this fitness examination is physically demanding. My participation in the physical fitness assessment is for my benefit in furtherance of my application for employment with the City of Wilmington. I understand that if I leave the examination prior to completion, I will fail the examination. I understand that I am not an employee of the City of Wilmington within the meaning of the Delaware Worker's Compensation Act at the time I take the physical fitness examination. I further understand that taking this physical fitness examination will not ensure my employment with the Wilmington Department of Police. I understand that I risk injuring myself or aggravating pre-existing conditions in the process of undergoing this physical fitness assessment.

Understanding the risks involved, I waive any claim I may have against the Wilmington Department of Police, the City of Wilmington, and its agents and employees for any injury or aggravation of a pre-existing condition that I may suffer as a result of my participation in the physical fitness assessment in furtherance of my application for employment with the City of Wilmington, Department of Police.

SIGNED: \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
by \_\_\_\_\_ WITNESS my hand and official seal.

My commission expires: \_\_\_\_\_



**WILMINGTON POLICE DEPARTMENT  
WILMINGTON, DELAWARE**



**PHYSICAL ABILITY TEST  
DESCRIPTION AND REQUIREMENTS**

The physical ability test is designed to assess an applicant's basic physical condition, as well as to assess his/her ability to meet or exceed minimal standards in all phases of police work. The test consists of three (3) muscular endurance components and one (1) aerobic endurance component. The applicant will be required to meet or exceed the below listed minimum standards for each component of the test; failure to meet the below listed minimum standard for any component of this test will result in the applicant's failure of the physical ability test, thus, he/she will be eliminated from the process.

**MUSCULAR ENDURANCE  
(PART 1)**

**PUSH-UP TEST**

The applicant will begin by having the body raised off the floor in the "up" position, arms straight and shoulder width apart, legs and back straight with feet together. A completed push-up will be executed by the applicant lowering him/herself from the "up" position until the elbows are locked. During the exercise, the applicant's body line (from head to ankles) will remain straight with both feet on the floor. The applicant will do as many push-ups as he/she can in one (1) minute. Resting is permitted in the "up" position. A full body push-up will be required for both men and women. The below chart lists the minimum number of push-ups an applicant must complete in one (1) minute to pass this component of the test.

Exercise	Male		Female	
	Age 20-29	Age 30-36	Age 20-29	Age 30-36
Push-ups	22	17	10	8

**SIT-UP TEST**

The applicant will begin by lying on his/her back with heels flat on the floor. With bent knees the applicant will raise to a sit-up position with arms crossed on his/her chest. The applicant's feet may be secured by a partner. A sit-up will be executed by raising the upper body until the elbows touch the knee; hands must maintain contact with the chest throughout the entire exercise. The applicant will then lower the upper body down until the small of the back touches the floor. The applicant will have one (1) minute to do as many sit-ups as possible. Resting is permitted in the "up" position. The below chart lists the minimum number of sit-ups an applicant must complete in one (1) minute to pass this component of the test.

Exercise	Male		Female	
	Age 20-29	Age 30-36	Age 20-29	Age 30-36
Sit-ups	33	30	24	20

**VERTICAL JUMP TEST**

This is a measure of jumping or explosive power. Using a yardstick taped to a smooth wall, the applicant will stand with one side toward the wall and reach as high as possible to mark his/her "standard reach." The applicant will then jump as high as possible marking the wall above his/her "standard reach" mark; this will be the applicant's "jump mark." Prior to the jump, one foot must remain stationary on the floor. The "score" is the distance between the standard reach mark and the top of the jump mark. The best of three (3) trials will be the applicant's "final score." The below chart lists the minimum final score the applicant must achieve to pass this component of the test.

Exercise	Male		Female	
	Age 20-29	Age 30-36	Age 20-29	Age 30-36
Vertical Jump	17.5"	16.5"	12.6"	11"

**AEROBIC ENDURANCE  
(PART 2)**

**1.5 MILE RUN TEST**

The applicant will run 1.5 miles as fast as possible. During the administration of the test, the applicant will be informed of his/her lap and finish times. Upon completion of the run, a mandatory "cool down" period will be enforced. The cool down period will require the applicant to walk slowly for a period of five (5) minutes immediately after the run. The below chart lists the maximum time (depicted as minutes: seconds) an applicant has to complete the 1.5 mile run to pass this component of the test.

Exercise	Male		Female	
	Age 20-29	Age 30-36	Age 20-29	Age 30-36
1.5 Mile Run	13:58	14:33	17:11	18:18



WILMINGTON POLICE DEPARTMENT  
WILMINGTON, DELAWARE



# PHYSICIAN AUTHORIZATION FORM

Applicant Name: \_\_\_\_\_ SS No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date Examined by Physician: \_\_\_\_\_

Purpose of Evaluation: **Applicant for Wilmington Department of Police Recruit Officer**

I have reviewed medical information and conducted a physical examination of the aforementioned applicant and I am rendering the following professional opinion:

I have determined that the above applicant is in proper physical condition to engage in ALL of the physical exercises of the Wilmington Department of Police Physical Fitness/Ability Assessments. (Additional comments to be attached to this form.)

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Full Name (PRINT)

\_\_\_\_\_  
Physician's Medical Degree

\_\_\_\_\_  
Physician's Specialty

\_\_\_\_\_  
State of License

\_\_\_\_\_  
Physician's Full Address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Telephone Number, including Area Code

\_\_\_\_\_  
Date of Completion of this Form



# CITY OF WILMINGTON DEPARTMENT OF POLICE



## AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

The City of Wilmington requires, as a condition of employment and/or continued employment, that all applicants consent to and authorize a verification of the information submitted on their application or résumé. Please read this statement carefully.

In consideration for employment and internships, all applicants must consent to and authorize a pre-employment verification of background information. Consideration for employment is contingent upon the results of this reference and background investigation, which may include verifications of education and/or employment history; credit history; motor vehicle records; a review of local, county, state, and federal government agencies and public court records; personal references; and/or other information as deemed necessary to fulfill the job requirements.

This Authorization and Consent for Release of Information gives my permission to the City of Wilmington and its designated agent(s), to the full extent permitted by law, to conduct a reference and background investigation. The City will utilize the results of this process to determine eligibility for employment under the City's employment policies. All information will be proprietary and kept as confidential as practicable. The information obtained by the City will not be provided to any parties other than the City.

I, the undersigned, do hereby certify that the information provided by me in my application for employment, résumé, or in verbal discussion relating to my consideration for employment or an internship is true and complete to the best of my knowledge and understand that omissions and misstatements may be cause for rejection of this application, removal of my name from eligible lists, or discharge from City employment. I hereby authorize the City of Wilmington or its designated agent to: (1) investigate the truthfulness of all my statements made on my application or résumé or verbal statements made by me in the interview process; (2) conduct any verification of my education, employment, personal and motor vehicles records, and to receive any criminal conviction history record information relating to me which may be on file with any local, state, or federal criminal justice agencies; and (3) disclose verbally or in writing the results of any investigation with authorized employees or agents of the City involved in the hiring process. I understand that if I am employed, any false statements will be considered as cause for possible dismissal.

Further, I authorize the procurement of any other information which relates to my background, character, and personal reputation, which may be deemed relevant to my employment in accordance with state and federal laws.

I have read and understand this Authorization and Consent for Release of Information form. The original or copy of this document serves as my valid authorization to any and all persons, educational institutions, past and/or current employers, organizations, law enforcement or criminal records agencies, and other agencies to release information about me to the City or its designated agent and hereby release and hold harmless all such persons, institutions, agencies, employers, and organizations providing such information from liability and any or all claims and damages connected with providing any requested information.

I further agree to indemnify, discharge, and forever hold harmless the City of Wilmington, its associates/employees, its designated agent, its directors, officers, or employees, to the full extent permitted by law, from any and all damages, claims, losses, liabilities, costs, and expenses (including but not limited to attorney's fees) incurred as a direct or indirect result of any lawsuit or administrative proceeding brought against the City of Wilmington, related directly or indirectly to the disclosure of any such information or so such investigation. I understand that my employment is conditioned upon a suitable background investigation.

I understand that I have the right to request in writing, within five (5) working days of the hiring decision notification, a complete and accurate disclosure of the nature and scope of any investigative report requested on me. If denied employment wholly or partly because of information contained in a consumer report from a consumer-reporting agency, I have the right to be advised and supplied with the name and address of the consumer-reporting agency making the report.

According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer, and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the investigative report. If I am a resident of Minnesota, California, or Oklahoma only and would like a copy of the investigative report, I will check here.



I understand that if I am permitted to begin my employment or assignment before the results of a medical examination, reference check, consumer report, or investigative report are complete my continued employment is contingent upon those results, as well as my ability to perform the duties of my position with or without reasonable accommodation.

Authorized by Candidate:

\_\_\_\_\_  
Print Name (Last, First, Middle) Maiden/Alias Name (if applicable)

\_\_\_\_\_  
Current Address (City, County, State, Zip) How long?

**(Please provide all requested information and provide addresses for the last seven years.)**

\_\_\_\_\_  
Previous Address (City, County, State, Zip) How long?

\_\_\_\_\_  
Previous Address (City, County, State, Zip) How long?

\_\_\_\_\_  
Previous Address (City, County, State, Zip) How long?

\_\_\_\_\_  
Previous Address (City, County, State, Zip) How long?

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security #

(\_\_\_\_) \_\_\_\_\_  
Home Phone (include area code)

(\_\_\_\_) \_\_\_\_\_  
Work Phone (include area code)

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
State / Expiration Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

My present employer may be contacted:  Yes  No

# TERMS AND CONDITIONS OF EMPLOYMENT

(Please read carefully before signing.)

Ownership of Work Product. I understand that except as is otherwise specified all copyrights, patents, trade secrets, or other intellectual property rights associated with any works of authorship, ideas, concepts, techniques, or inventions developed or created during the course of performing services (collectively, the "Work Product") shall belong exclusively to the City of Wilmington and shall, to the extent possible, be considered a work made for hire for the City of Wilmington within the meaning of Title 17 of the United States Code. All copyrights or other intellectual property rights pertaining thereto are automatically assigned without any requirement of further consideration to the City of Wilmington.

I understand that all City employees are required to be residents of the City and that if hired, I am required to obtain City residency within six (6) months of my date of hire and maintain residency for five (5) years of employment. It will be my responsibility to keep the Department of Human Resources advised of any changes of my address and telephone number.

I acknowledge and understand that medical certification is required for employment, per Section 40-54 of the Wilmington City Code. I understand that if I am selected for employment, I must pass a medical examination given by a physician designated by the Department of Human Resources. I understand that I will be required to sign a consent form for the drug screening urinalysis as part of the examination. I also understand that failure to pass either the medical certification or the drug screening urinalysis will result in my not being hired, or subsequently terminated.

I understand that if I am hired by the City of Wilmington, the City shall require verification of my identity and eligibility for employment in the United States.

I understand that I must successfully complete a probationary period before acquiring regular status.

I certify that if I am a male, born after January 1, 1960, and if required to register, I have registered for Selective Service. I understand that I may be required to document registration.

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**CITY OF WILMINGTON EQUAL OPPORTUNITY EMPLOYMENT PROGRAM**

It is the policy of the City of Wilmington to assure equal and fair treatment in all aspects of employment for minorities, women, Vietnam-era veterans and disabled veterans, people with physical or mental disabilities, and persons above the age of forty. All applicants, therefore, are requested to voluntarily provide the following information that is needed to document and assess the effectiveness of the City of Wilmington's Equal Opportunity Employment Program. This information will be detached and kept separately from your application and will not be used as a basis for employment decisions.

POSITION APPLIED FOR: \_\_\_\_\_ ANNOUNCEMENT # \_\_\_\_\_

HOW DID YOU FIND OUT ABOUT THIS POSITION? (Check one)

- TV/Channel                       Newspaper                       Walk-In                       Friend
- Agency \_\_\_\_\_                       Other \_\_\_\_\_
- Employee (Name) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

*Please check the appropriate area:*

- VIETNAM-ERA VETERAN                       DISABLED VETERAN                       DISABLED

SEX:                       MALE                       FEMALE

RACE/ETHNICITY:                       WHITE                       BLACK                       HISPANIC                       AMERICAN INDIAN  
 ALASKAN NATIVE                       ASIAN                       PACIFIC ISLANDER

Accommodations are available for applicants with disabilities in all phases of the application process. Please call 302-576-2460 to request assistance prior to the closing date of the job announcement. TDD users should call the DELAWARE RELAY SERVICE number at 1-800-232-5460 for assistance.

**PLEASE NOTE:** A person with a disability is one who has a verifiable physical or mental impairment, which substantially limits one or more major life activities, or has a record of such impairment, or is regarded as having such an impairment. Major life activities means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

## **EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT**

### **Basic Leave Entitlement**

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

### **Military Family Leave Entitlements**

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings. FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

### **Benefits and Protections**

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms. Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

### **Eligibility Requirements**

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

### **Definition of Serious Health Condition**

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities. Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

### **Use of Leave**

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

### **Substitution of Paid Leave for Unpaid Leave**

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

### **Employee Responsibilities**

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures. Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

### **Employer Responsibilities**

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility. Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

### **Unlawful Acts by Employers**

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

### **Enforcement**

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer. FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

**For additional information:** 1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627 [WWW.WAGEHOUR.DOL.GOV](http://WWW.WAGEHOUR.DOL.GOV)