JAMESTOWN POLICE DISPATCHER APPLICATION INSTRUCTIONS

- 1. Read the entire application form completely.
- 2. The application must be typed (type into the form fields where indicated).
- 3. Answer all the questions contained in the application truthfully. If a section does not pertain to you, put N/A (not applicable). Incomplete applications will be rejected.
- 4. You must submit a copy of the following documents with this application form:
 - a. Birth certificate **OR** naturalization papers.
 - b. High School Diploma
 - c. Military discharge papers (if applicable).

**The application must be completed, signed and notarized, and returned to the Jamestown Police Department, 250 Conanicus Avenue, Jamestown, RI, no later than midnight October 31, 2022. **

APPLICATION QUALIFICATION

- 1. US Citizen
- 2. Minimum age 18 years
- 3. No Criminal Convictions
- 4. High School Diploma

POLICE DISPATCHER INFORMATION

- Salary range: \$42,167 \$48,859
- Paid Holidays
- Medical, Dental, and Prescription coverage with a 20% employee co-pay
- Clothing replacement and maintenance allowances
- Longevity incentives
- Pension Plan (Rhode Island Municipal Employees Retirement System)
- Liability and Life Insurance

ADDITIONAL INFORMATION

The workweek consists of a rotating schedule of four days on and two days off. There are twelve paid holidays, five paid personal days, and vacation days as follows:

At least 6 months5	working days
At least 1 year but not less than 5 years11	working days
At least 5 years but less than 10 years13	working days
At least 10 years but less than 15 years	working days
At least 15 years but less than 20 years20	working days
At least 20 years but less than 25 years22	working days
At least 25 years	working days
26 years +	working days plus one
(1) additional working day for each	year beyond 26 years.



APPLICATION FOR EMPLOYMENT IN THE JAMESTOWN, RI POLICE DEPARTMENT

I,			, hereby make appl	ication
for appo	ointment as police dispatcher	in the Town of James	stown.	
I.	GENERAL DATA			
	*How did you learn of th	is application process	? (Be specific):	
	Name (Last, First, Middle	e):		
	Date of Birth:	Social Sec	urity Number:	
	Street Address:			
	City:	State:	Zip Code:	
	Mailing Address (if differ	rent from above):		
	Telephone Number:			
	Location of Birth (City/S	tate):		
	United States Citizen: Yo	es: No:		
	Motor Vehicle Operator I	License #:	State:	

Criminal History:

LIST ANY CIVIL OR CRIMINAL VIOLATION OF LAW YOU HAVE BEEN CHARGED WITH (FELONY, MISDEMEANOR, AND/OR ORDINANCE VIOLATION.

*Attention: Pursuant to Rhode Island General Law 12-1.3-4, Police applicants must disclose expunged records!

Charge	Date	City/	State	Disposition
EDUCATION				
High School – Name of In	stitution:			
City/State:				
Date of Diploma or GED:				
College – Name of Institut	tion:			
City/State:				
Course of Study:				
College Degree:				
Date of Degree:				
College – Name of Institut	tion:			
City/State:				
Course of Study:				
College Degree:				
Date of Degree:				

III. EMPLOYMENT DATA:

Military:		
Branch of Service:		
Enlist Date:	Rank:	
Discharge Date:	Rank:	
Dates of Service:		
Service Number:		
Disciplinary Action/Date:		
Dishonorable Discharge/Date:		
Reserve Status:	_ Fulfill Date:	
Current Application for Service? Yes	No 🗌	
Status:		
Occupation (last 5 years):		
1. Company Name:		
Address:		
City/State/Zip:		
Direct Supervisor:		
Dates of Employment:	TO	
Position Held:		
Passan for Lanving		

	Address:	
	City/State/Zip:	
	Direct Supervisor:	Contact #:
	Dates of Employment:	ТО
	Position Held:	
	Reason for Leaving:	
3.	Company Name:	
	Address:	
	City/State/Zip:	
	Direct Supervisor:	Contact #:
	Dates of Employment:	ТО
	Position Held:	
	Reason for Leaving:	
4.	Company Name:	
	Address:	
	City/State/Zip:	
	Direct Supervisor:	Contact #:
	Dates of Employment:	ТО
	Position Held:	
	Reason for Leaving:	
Have you eve	r been unemployed? Yes \(\square \) No \(\square \) If yes, from	i: to

2. Company Name: _____

IV. PERSONAL DATA

Residences:

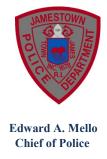
1.	Address:		
	City/State/Zip:		
	Dates of Residence:	TO	
	Name of Property Owner:		
	Tel. #:		
2.	Address:		
	City/State/Zip:		
	Dates of Residence:	TO	
	Name of Property Owner:		
	Tel. #:		
3.	Address:		
	City/State/Zip:		
	Dates of Residence:	TO	
	Name of Property Owner:		
	Tel. #:		
4.	Address:		
	City/State/Zip:		
	Dates of Residence:	TO	
	Name of Property Owner:		
	Tel. #:		

Civil: Have you ever been the subject of civil litigation? Yes No 🗌 If yes, detail: List all motor vehicle accidents in which you were involved: City/State: Date: City/State: _____ Date: ____ City/State: _____ Date: ____ City/State: _____ Date: _____ List any groups that you are a member of or are affiliated with: List any special skills or characteristics you possess that you feel would be to your benefit as a police dispatcher.

V. REFERENCES/ADDITIONAL INFORMATION

List three (3) non-relative references:

1.	Name:		
		Years known	
2.	Name:		
		Years known	
3.	Name:		
		Years known	



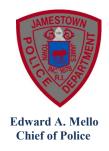
JAMESTOWN POLICE DEPARTMENT



250 Conanicus Avenue, Jamestown, RI 02835 Tel: (401) 423-1212 Fax: (401) 423-3710 www.jamestownri.gov

AFFIRMATION STATEMENT

I hereby affirm that all the preceding statements	shall be grounds for	my immediate app	lication
rejection, and if discovered after my appointment	nent, my immediate	dismissal from the	Jamestown
Police Department.			
Applicant's Signature			
State of Rhode Island, County of Newport, be	eing first duly sworn	or affirmed depose	es and says
that each of the several foregoing statements	subscribed by him or	her is true, except	such that
are made upon information and belief, and the	•	-	
Subscribed to and sworn before me, this	day of		_, 2015.
Notary Public			



JAMESTOWN POLICE DEPARTMENT

250 Conanicus Avenue, Jamestown, RI 02835 Tel: (401) 423-1212 Fax: (401) 423-3710 www.jamestownri.gov



AUTHORIZATION FOR RELEASE OF INFORMATION FOR APPLICANT BACKGROUND INVESTIGATION

l,	, have made applica	ation for employment with the
Town of Jamestown, and it is my understand	ling that a comprehensive inv	vestigation of my background
will be conducted in connection with my app	olication for employment. I u	inderstand that any history
which adversely reflects on my qualification	s for employment may be car	use for disqualification from
further consideration for employment.		
I hereby give the Jamestown Police comprehensive investigation of my backgrour records, alcohol and/or substance abuse treat background and a review with full disclosure whether such records and other information includes records maintained by past and prescompanies, health care providers, and other records and other information form is solely for the for the current recruit selection process of the	and including, but not limited tment records, oral interviews e of all juvenile and adult rec are public, private, privileged sent employers, law enforcem local, state, and federal agence purpose of conducting an ap	I to, medical records, psychiatric s with any person concerning my ords and other information, I, or confidential. This reviewment agencies, public utility cies. This <i>Authorization for</i> oplicant background investigation
To the current rectain selection process of the	e sumestown i once Bepartin	
To the custodian of the records discustive bearer of the <i>Authorization for Release of Information</i> form to be as valid original signature.	f Information form. I consid	er a copy of the Authorization
I hereby release to the Jamestown Poor oral information about me to the Jamestov which may occur as a result of the background associations, assigns and representatives.	wn Police Department from a	ny claims of liability or damages
Candidate Signature	Date of Birth	Social Security Number
Witness Signature		Date