

JAMESTOWN POLICE DEPARTMENT

APPLICATION INSTRUCTIONS

1. Read the entire application form completely.
2. This application must be typed (download and type into the fields, then print).
3. This application must be signed and notarized.
4. Answer all the questions contained in the application truthfully. If a section does not pertain to you, type N/A (not applicable). Incomplete applications will be rejected.
5. You must submit a copy of the following documents with this application form:
 - a. Birth certificate OR naturalization papers.
 - b. Copy of Driver's License

Retain this form for your records. When making an inquiry regarding your application, contact Captain Angela M. Deneault between 7 AM and 3 PM, Monday-Friday at (401) 423-1212.

The Jamestown Police Department is an equal opportunity employer.

****THE APPLICATION MUST BE COMPLETED AND RETURNED TO
THE JAMESTOWN POLICE DEPARTMENT, 250 CONANICUS
AVENUE, JAMESTOWN, RI.**

APPLICATION QUALIFICATION

1. US Citizen
2. Minimum age 18 years
3. No Criminal Convictions
4. Must possess a valid driver's license

APPLICATION PROCEDURES

1. Written application submission
2. Oral interview
3. Conditional offer of employment
4. Background investigation
5. Medical Exam and Drug Screen
6. Appointment



APPLICATION FOR EMPLOYMENT IN THE JAMESTOWN, RI POLICE DEPARTMENT



I, _____, hereby make application
for Public Safety Clerk Dispatcher in the Town of Jamestown.

I. GENERAL DATA

*How did you learn of this application process? (Be specific): _____

Name (Last, First, Middle): _____

Date of Birth: _____ Social Security Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Mailing Address (if different from above): _____

Telephone Number(s): _____

Location of Birth (City/State): _____

United States Citizen: Yes: No:

Motor Vehicle Operator 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

II. EDUCATION

High School – Name of Institution: _____

City/State: _____

Course of Study: _____

Date of Diploma or GED: _____

College Degree: _____ OR # of credits: _____

College – Name of Institution: _____

City/State: _____

Course of Study: _____

Date of Degree: _____

College – Name of Institution: _____

City/State: _____

Course of Study: _____

Date of Degree: _____

III. EMPLOYMENT DATA:

Military:

Branch of Service: _____

Enlist Date: _____ Rank: _____

Discharge Date: _____ Rank: _____

Dates of Service: _____ TO _____

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: _____ Contact #: _____

Dates of Employment: _____ TO _____

Position Held: _____

Reason for Leaving: _____

2. Company Name: _____
Address: _____
City/State/Zip: _____
Direct Supervisor: _____ Contact #: _____
Dates of Employment: _____ TO _____
Position Held: _____
Reason for Leaving: _____

3. Company Name: _____
Address: _____
City/State/Zip: _____
Direct Supervisor: _____ Contact #: _____
Dates of Employment: _____ TO _____
Position Held: _____
Reason for Leaving: _____

4. Company Name: _____
Address: _____
City/State/Zip: _____
Direct Supervisor: _____ Contact #: _____
Dates of Employment: _____ TO _____
Position Held: _____
Reason for Leaving: _____

Have you ever been unemployed? Yes No If yes, from: _____ to _____

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:

V. REFERENCES

List three (3) non-relative references:

1. Name: _____

Address: _____

Tel. #: _____ Years known: _____

Relationship to you: _____

2. Name: _____

Address: _____

Tel. #: _____ Years known: _____

Relationship to you: _____

3. Name: _____

Address: _____

Tel. #: _____ Years known: _____

Relationship to you: _____



James P. Campbell
Chief of Police

JAMESTOWN POLICE DEPARTMENT

250 Conanicus Avenue, Jamestown, RI 02835

Tel: (401) 423-1212 Fax: (401) 423-3710

www.jamestownri.gov/police



AFFIRMATION STATEMENT

I hereby affirm that all the preceding statements are true to the best of my knowledge and belief. I further understand that any false statements shall be grounds for my immediate application rejection, and if discovered after my appointment, my immediate dismissal from the Jamestown Police Department.

Applicant's Signature

State of Rhode Island, County of Newport, being first duly sworn or affirmed deposes 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 that as to these, he or she believes the same to be true.

Subscribed to and sworn before me, this _____ day of _____, 20____.

Notary Public



James P. Campbell
Chief of Police

JAMESTOWN POLICE DEPARTMENT

250 Conanicus Avenue, Jamestown, RI 02835

Tel: (401) 423-1212 Fax: (401) 423-3710

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AUTHORIZATION FOR RELEASE OF INFORMATION FOR APPLICANT BACKGROUND INVESTIGATION

I, _____, have made application for employment with the Town of Jamestown, and it is my understanding that a comprehensive investigation of my background will be conducted in connection with my application for employment. I understand that any history which adversely reflects on my qualifications for employment may be cause for disqualification from further consideration for employment.

I hereby give the Jamestown Police Department and its agents the authority to conduct a comprehensive investigation of my background including, but not limited to, medical records, psychiatric records, alcohol and/or substance abuse treatment records, oral interviews with any person concerning my background and a review with full disclosure of all juvenile and adult records and other information, whether such records and other information are public, private, privileged, or confidential. This review includes records maintained by past and present employers, law enforcement agencies, public utility companies, health care providers, and other local, state, and federal agencies. This *Authorization for Release of Information* form is solely for the purpose of conducting an applicant background investigation for the current recruit selection process of the Jamestown Police Department.

To the custodian of the records discussed herein, I hereby authorize you to release information to the bearer of the *Authorization for Release of Information* form. I consider a copy of the *Authorization for Release of Information* form to be as valid as the original, even though a copy does not have my original signature.

I hereby release to the Jamestown Police Department and its agents and anyone who gives written or oral information about me to the Jamestown Police Department from any claims of liability or damages which may occur as a result of the background investigation. This release also extends to my heirs, associations, assigns and representatives.

Applicant Signature

Date of Birth

Social Security Number

Witness Signature

Date