# 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 <u>OR</u> 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	ation
for Publ	lic Safety Clerk Dispatcher in the	Town of Jamesto	own.	
I.	GENERAL DATA			
	*How did you learn of this application process? (Be specific):			
	Name (Last, First, Middle):			
	Date of Birth:	Social Sec	eurity 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 Lice	nse #:	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	Institution:		
City/State:			
Course of Study:			
Date of Diploma or GED	D:		
College Degree:		OR # of cred	lits:
College – Name of Instit	tution:		
City/State:			
Course of Study:			
Date of Degree:			
College – Name of Instit	tution:		
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:			
Paggar for Lagying			

2.	Company Name:	
	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:	TO
	Position Held:	
	Reason for Leaving:	
Have you even	r been unemployed? Yes \( \square \) No \( \square \) If yes, from	: to

## IV. PERSONAL DATA

#### **Residences:**

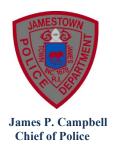
1.	Address:
	City/State/Zip:
	Dates of Residence: TO
	Name of Property Owner:
	Tel. #:
2.	Address:
	City/State/Zip:
	Dates of Residence: TO
	Name of Property Owner:
	Tel. #:
3.	Address:
	City/State/Zip:
	Dates of Residence: TO
	Name of Property Owner:
	Tel. #:
4.	Address:
	City/State/Zip:
	Dates of Residence: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



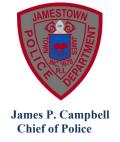
#### JAMESTOWN POLICE DEPARTMENT

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 Dhoda Island, County of Navymort, being first duly swarm or offirmed denouse and save
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.
are made upon information and benef, and that as to these, he of she beneves the same to be true.
Subscribed to and sworn before me, this day of, 20
Notary Public



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



## AUTHORIZATION FOR RELEASE OF INFORMATION FOR APPLICANT BACKGROUND INVESTIGATION

l,	, have made application	ation for employment with the
Town of Jamestown, and it is my understanding the	at a comprehensive inv	vestigation of my background
will be conducted in connection with my application	on for employment. I u	anderstand that any history
which adversely reflects on my qualifications for e	mployment may be car	use for disqualification from
further consideration for employment.		•
I hereby give the Jamestown Police Depart	ment and its agents the	e authority to conduct a
comprehensive investigation of my background in	•	
records, alcohol and/or substance abuse treatment	•	
background and a review with full disclosure of all		
whether such records and other information are pul	·	
includes records maintained by past and present en		
companies, health care providers, and other local, s		
Release of Information form is solely for the purpo		· ·
for the current recruit selection process of the James		-
process or the contract	one of the control of	
To the custodian of the records discussed h	nerein, I hereby authori	ze you to release information to
the bearer of the Authorization for Release of Infor	· · · · · · · · · · · · · · · · · · ·	*
for Release of Information form to be as valid as the		
original signature.		
I hereby release to the Jamestown Police D	Department and its agen	nts and anyone who gives written
or oral information about me to the Jamestown Pol	ice Department from a	ny claims of liability or damages
which may occur as a result of the background inve	estigation. This release	e also extends to my heirs,
associations, assigns and representatives.		
Applicant Signature	Date of Birth	Social Security Number
		•
Witness Signature		Date
withess Signature		Date