

TOWN OF PORTSMOUTH POLICE OFFICER EMPLOYMENT APPLICATION

Original application MUST be submitted- NO replications will be accepted.

In compliance with Federal and State regulations, qualified applicants are considered for all positions without regard to race, color, religion, creed, national origin, age, gender, marital status, sexual orientation, veteran status or any other legally protected status or disabilities that do not interfere with job performance.

NOTICE: The following additional documents must be attached to this application:
 1 A certified copy of birth certificate
 2 A certified copy of high school diploma or approved G.E.D.

INSTRUCTIONS

This application constitutes part of the examination for the position which you are now applying. Please read the position examination announcement carefully and comply with all requirements. Complete the entire application. You may attach your personal resume (if available).

Application must be typewritten or printed legibly in ink. All questions must be answered. Applications which are not complete will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, please attach sheets of the same size as this application and number answers to correspond with the questions.

Have you ever filed an employment application with the Town? Yes If yes, give date: _____ No
 Have you ever been employed by the Town? Yes If yes, give date: _____ No

Name: _____

Last
First
Middle Initial

Address: _____

Number Street
City/Town
State
Zip Code

Number of years at this address: _____ Home Telephone Number: (____) _____
 Cellular Telephone Number: (____) _____ Daytime Telephone Number: (____) _____

RESIDENCES

Actual places of residence for past 10 years - list chronologically all addresses, including residences while at school and in military. For college on campus residences, give dormitory name, city and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city and state. If post office box, give location of post office.

Dates, Mo/Yr.		Apt No.	Street Address	City	County	State
From	To					

EMPLOYMENT HISTORY

1 List chronologically all employment beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

Name & Address of Employer	Dates Worked Mo./Yr.		Salary	Title or Position	Name Of Supervisor	Reason For Leaving
	From	To				
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						

2 Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or position you have held? Yes No

3 Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? Yes No
 If yes to question #2 or #3, please provide details.

4 Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer? Yes No
 If yes, please provide name of agency and date of application or service.

5 Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer? Yes No
 If yes, please provide name and address of business, corporation or organization and describe your relationship or position.

EDUCATION/TRAINING

1	High School Name/Address	Dates Attended		Mo./Yr.	Years	Did You Graduate?	Type of Diploma
		From	To	Completed			

2	*College/University Name/Address	Dates Attended		Mo/Yr	Credit Hrs Earned		Did You Graduate?	Type of Degree
		From	To	Qtr.	Sem.			

* Attach diploma or official transcript from last institution of higher education attended.

Major _____ Minor _____

3 Other Schools (Trade, Vocational, Business or Military)

Name/Address	Dates Attended		Mo/Yr	Credit Hrs Earned		Did You Graduate?	Type of Degree
	From	To	Qtr.	Sem.			

4 Describe any awards, honors, citations, positions held in school organizations, and any other special recognition you received while attending school.

5 Indicate any foreign languages you can

Speak:

Read:

Write:

Fluent	Good	Fair

6 Indicate any law enforcement education/training:

7 Did you receive a certificate for this training? Yes No Certificate Number: _____
(Copy of certificate needed)

8 Describe any special abilities, interests and hobbies including the degree of proficiency.

EDUCATION/TRAINING (cont'd)

9 Indicate any type of *special* license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires (list vehicle operator's license in Driving History below)

10 Indicate any special skills you possess and equipment you can use which may be related to law enforcement work. (For example, two-way radio communications, breathalyzer, speed detection equipment, firearms, computers):

DRIVING HISTORY

1 Are You a licensed Rhode Island automobile operator or chauffeur? Yes No

License No.: _____ Date of Expiration: _____ Restrictions: _____

2 Do you hold or have you ever held an operator or chauffeur license in another state? Yes No If yes, please provide state(s), name used and approximate dates license(s) was/were held.

3 Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? Yes No
If yes, please provide complete details including why license was revoked.

4 Have you ever had automobile insurance refused, withdrawn or revoked? Yes No If yes, please provide complete details; including why license was revoked.

PERSONAL REFERENCES & SOCIAL ACQUAINTANCES

1 Personal References: Give three (3) references (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. If retired, give former occupation.

Complete Name

(Last, First, Middle)		Home Address: _____
		City, State & Zip: _____
		Home Phone: () _____
Yrs. Acq.	Occupation	Business Address: _____
		City, State & Zip: _____
		Business Phone: () _____

PERSONAL REFERENCES & SOCIAL ACQUAINTANCES (cont'd)

Complete Name

_____		Home Address: _____
_____		City, State & Zip: _____
_____ (Last, First, Middle)		Home Phone: ()
Yrs. Acq.	Occupation	Business Address: _____
		City, State & Zip: _____
		Business Phone: ()

Complete Name

_____		Home Address: _____
_____		City, State & Zip: _____
_____ (Last, First, Middle)		Home Phone: ()
Yrs. Acq.	Occupation	Business Address: _____
		City, State & Zip: _____
		Business Phone: ()

2 Social Acquaintances: Give three (3) social acquaintances in your own age group (including both sexes) who have known you well for the past five (5) years.

Complete Name

_____		Home Address: _____
_____		City, State & Zip: _____
_____ (Last, First, Middle)		Home Phone: ()
Yrs. Acq.	Occupation	Business Address: _____
		City, State & Zip: _____
		Business Phone: ()

Complete Name

_____		Home Address: _____
_____		City, State & Zip: _____
_____ (Last, First, Middle)		Home Phone: ()
Yrs. Acq.	Occupation	Business Address: _____
		City, State & Zip: _____
		Business Phone: ()

Complete Name

_____		Home Address: _____
_____		City, State & Zip: _____
_____ (Last, First, Middle)		Home Phone: ()
Yrs. Acq.	Occupation	Business Address: _____
		City, State & Zip: _____
		Business Phone: ()

ORGANIZATION MEMBERSHIP

1 List all clubs or societies of which you are or have been a member.

Name	City & State	Former	Present (list position held & describe activity)

2 Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitution of the United States or which seeks to alter the form of government of the United States by unconstitutional means? Yes No

3 Have you ever made a financial or other material contribution to any organization of the type described in question #2 above? Yes No If yes to question #2 or #3, answer questions #4 and #5 also.

4 At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization? Yes No

5 Did you intend to promote any unlawful aims of the organization? Yes No
If yes to question #2, #3, #4, or #5, explain including name of organization and location.

MILITARY HISTORY

1 Are you registered for Selective Service? Yes No

If yes, provide your Selective Service Number: _____

Classification: _____ Date Of Classification: _____

Address of Local Board: _____

2 Have you ever served on active duty in the Armed Forces of the United States? Yes No

Branch of Service: _____ Highest Rank: _____

Serial #: _____ Duty Dates: From: _____ To: _____ From: _____ To: _____
From: _____ To: _____ From: _____ To: _____

3 Date and type of discharge: _____
(Insert attached copy of DD-Form 214)

4 Are you now or have ever been a member of a reserve unit or the National Guard? Yes No

5 If yes, state the branch of service, name and location of your unit and whether you attend drills, meetings, or camps:

6 Was any type of disciplinary action taken against you in the service? Yes No If yes, please provide:

Date: _____ Place: _____

Nature of Offense: _____

Action Taken: _____

7 Have you ever served in the Armed Forces of a foreign country? Yes No If yes, please specify countries and dates.

PERSONAL HISTORY

1 Other: List all other names you have used including circumstances and time periods you used them. (For example: maiden name(s), alias(es), or nickname(s).)

Name	Circumstance	Dates From Mo./Yr.	Dates To Mo./Yr.

2 Do you currently use any narcotic or controlled substance, such as cannabinoids, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturate, benzodiazepine, a synthetic narcotic, a designer drug or any drug of a similar nature? Yes No

3 Have you used such a narcotic or controlled substance within the last year? Yes No

4 Have you ever illegally experimented with or used any narcotic or controlled substance such as, but not limited to: cannabinoids, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturates, benzodiazepine, a synthetic narcotic, a designer drug or any drug of a similar nature? Yes No If yes, please complete the following:

- a. Drug: _____
- b. How taken: _____
- c. Last time illegally experimented with or used: _____

5 Do you now or have you ever illegally obtained, possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to: cannabinoids, PCP, hallucinogen, methaqualone, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturates, benzodiazepine, a synthetic narcotic, a designer drug or any drug of a similar nature? If yes, please complete the following:

- a. Drug: _____
- b. Circumstances: _____
- c. Number of times illegally obtained/possessed/supplied/sold: _____
- d. First time illegally obtained/possessed/supplied/sold: _____
- e. Last time illegally obtained/possessed/supplied/sold: _____

5 Do you now or have you within the last year, abused or illegally obtained, possessed or sold any prescription drug?
 Yes No If yes, provide details, including drug, date and circumstances.

BACKGROUND INFORMATION

THIS INFORMATION IF REQUIRED TO CONDUCT BACKGROUND INVESTIGATION ONLY

1 Date and Place of Birth:

Date of Birth	City	County	State	Country (If not U.S.)
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2 Are you a United States citizen? Yes No

If naturalized, please provide: _____
Date Place

_____ Court Naturalization No.

3 Marital Status: Married Divorced Separated Widowed Never Married

4 Do you have or have you ever applied for a passport? Yes No Passport No. _____

5 Height: _____ Weight: _____

ARREST HISTORY/COURT DATA

1 Have you ever been arrested, charged or received a notice or summons to appear, convicted, pled nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged? Yes No

2 Have you ever received a ticket or been charged with a traffic violation (exclude parking tickets)?
 Yes No

3 To your knowledge, has any member of your immediate family ever been arrested for other than traffic violations?
 Yes No If yes to question #1, #2 or #3, list all such matters even if not formally charged, or no court appearance, or found not guilty, or nolo contendere to any charge for which adjudication was withheld, or matter settled by payment of fine or forfeiture of collateral (include your juvenile records of your arrest(s) which has been sealed, if any.)

Date	Place & Department	Charge	Court & Place	Disposition
Relative's Name	Place & Department	Charge	Court & Place	Disposition

Provide details for each response to question #1, #2, or #3:

4 Have you or your spouse ever been a plaintiff or defendant in a court action? (Include any liens, lawsuits, bankruptcy, domestic violence injunctions, etc.) Yes No If you answered yes, give the date, place or court, case number, names of involved parties, nature of action and final disposition.

5 Have you ever been detained by any law enforcement officer for investigative purposes or to your knowledge have you ever been the subject of or a suspect in any criminal investigation? Yes No

6 Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? Yes No
 If yes to questions #5 or #6, please provide details.

PERSONAL INFORMATION

1 Applicant's Name:

2 Applicant's Social Security Number: _____ - _____ - _____

3 Spouse's Name and Address (if different):

Name

Address

City

County

State

Zip Code

4 Children's Names and Ages:

Name	Date of Birth	Address (if different than applicants)

5 Former Spouse(s) Name and Address:

Name

Address

City

County

State

Zip Code

6 Are you currently able to participate in defensive tactics, firearms or physical training, operation of a motor vehicle or otherwise perform the duties related to the position for which you are applying? Yes No

I certify that answers contained herein are true and complete to the best of my knowledge. A false statement or willful misrepresentation of facts may be cause for disqualification in examination, interview, eligibility listing and/or removal from public service, if appointed.

I understand that all statements contained in this application are confidential. I authorize the investigation and verification of all facts as may be necessary for the purpose of arriving at an employment decision.

I hereby release my former employers or staff from all liability, except for intentionally giving false information, in responding to inquiries in connection with this application for employment.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specially acknowledged in writing by an authorized executive of this organization.

Signature of the applicant as usually written

Date

Subscribed and sworn to before me on the _____ day of _____, 20_____.

My commission expires: _____

Notary Public

TOWN OF PORTSMOUTH

**2200 East Main Road
Portsmouth, RI 02871**

Authorization for Release of Personal Information

I, _____, do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to duly authorized agents of the Town of Portsmouth, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts and loans, and also the records of commercial or retail credit agencies, including credit reports and ratings, medical and psychiatric treatment and consultation including hospitals, clinics, private practitioners, the U.S. Veterans Administration, the United States military, public utility companies, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records, housing records, real and personal property tax statements and records, and other financial statements and records wherever filed, records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records, records of complaints of a civil nature made by recollections of attorney's at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had any interest.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent data for the Town of Portsmouth to consider in determining my suitability for employment with the Town of Portsmouth.

It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above are not intended to deny access to any records not specifically identified herein.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part; upon this release authorization will be considered in determining my suitability for employment with the Town of Portsmouth.

A photocopy of a facsimile (fax) or this release form will be valid as an original hereof, even though the said photocopy does not contain an original specimen of my signature.

Address: _____

Date of Birth: _____ Social Security Number: _____ Date: _____

Signature: _____

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

My commission expires: _____

Notary Public



Portsmouth Police Department

2270 East Main Rd. Portsmouth, RI 02871
(401) 683-0300



Recruitment Plan Survey

DATE _____

The purpose of this survey is for the department to analyze their recruitment plan for the position of police officer. You do not need to complete this survey. The department thanks you in advance if you so choose to complete.

Please tell us how you heard or read about becoming a Portsmouth Police Officer (Check all that apply):

- _____ Internet Ad
- _____ Facebook
- _____ Newspaper
- _____ Television/Radio
- _____ Friend/Relative
- _____ Portsmouth Police Department Employee

Race:

- _____ White
- _____ Black
- _____ Asian
- _____ American Indian

In addition to the race checked above are you Hispanic? _____ Yes _____ No

Are you male or female? _____ Male _____ Female

Please tell us what we could do to improve our recruitment strategies:
