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 <u>OR</u> 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 July 31, 2023. **

APPLICATION QUALIFICATION

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

POLICE DISPATCHER INFORMATION

- Salary range: \$43,447 \$51,846
- 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 months | |
|--|--------|
| At least 1 year but not less than 5 years | |
| At least 5 years but less than 10 years | |
| At least 10 years but less than 15 years | |
| At least 15 years but less than 20 years | |
| At least 20 years but less than 25 years | |
| At least 25 years | |
| 26 years + | us one |
| (1) additional working day for each year beyond 26 y | ears. |



APPLICATION FOR EMPLOYMENT IN THE JAMESTOWN, RI POLICE DEPARTMENT

| I, | | | , hereby make ap | plication |
|----------|------------------------------|-----------------------|------------------|-----------|
| for appo | pintment as police dispatche | r in the Town of Jame | stown. | |
| I. | GENERAL DATA | | | |
| | · | | ? (Be specific): | |
| | | | | |
| | Date of Birth: | Social Sec | curity Number: | |
| | Street Address: | | | |
| | City: | State: | Zip Code: | |
| | Mailing Address (if diff | erent from above): | | |
| | | | | |
| | Telephone Number: | | | |
| | Location of Birth (City/ | State): | | |
| | United States Citizen: Y | 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 |
|-----------------------|-----------------|-------|----------------|-------------|
| | | | | |
| | | | | |
| EDUCATION | | | | |
| High School – Name | of Institution: | | | |
| City/State: | | | | |
| Date of Diploma or G | ED: | | | |
| College – Name of Ins | stitution: | | | |
| City/State: | | | | |
| Course of Study: | | | | |
| College Degree: | | OR | # of credits:_ | |
| Date of Degree: | | | | |
| College – Name of Ins | stitution: | | | |
| City/State: | | | | |
| Course of Study: | | | | |
| College Degree: | | OR | # of credits:_ | |
| 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: _____ No 🔲 Current Application for Service? Yes Status: _____ Occupation (last 5 years): 1. Company Name: Address: ____ City/State/Zip: _____ Direct Supervisor: _____ Contact #: _____ Dates of Employment: ______ TO _____ Position Held: Reason for Leaving:

| | 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 eve | r been unemployed? Yes \(\square \) No \(\square \) If yes, from | :: to | |

2. Company Name:

IV. PERSONAL DATA

Residences:

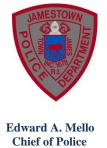
| 1. | 1. Address: | |
|----|-------------------------|----|
| | City/State/Zip: | |
| | Dates of Residence: | TO |
| | Name of Property Owner: | |
| | Tel. #: | |
| 2. | 2. Address: | |
| | City/State/Zip: | |
| | Dates of Residence: | TO |
| | Name of Property Owner: | |
| | Tel. #: | |
| 3. | 3. Address: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

Civil: Yes Have you ever been the subject of civil litigation? 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: | | |
|----|----------|--------------|---------------|
| | | | |
| | | | Relationship: |
| 2. | Name: | | |
| | Address: | | |
| | Tel. #: | _Years known | Relationship: |
| 3. | Name: | | |
| | Address: | | |
| | Tel. #: | _Years known | Relationship: |



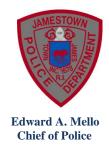
JAMESTOWN POLICE DEPARTMENT

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



AFFIRMATION STATEMENT

| hereby affirm that all the preceding statements are true to the best of my knowledge and belief, further understand that any false statements shall be grounds for my immediate application ejection, and if discovered after my appointment, my immediate dismissal from the Jamestown olice Department. | |
|---|--|
| pplicant's Signature | |
| tate of Rhode Island, County of Newport, being first duly sworn or affirmed deposes and says at each of the several foregoing statements subscribed by him or her is true, except such that re made upon information and belief, and that as to these, he or she believes the same to be true | |
| ubscribed to and sworn before me, this day of, 2015. | |
| otary 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

| I, | , have made applic | ation for employment with the |
|---|---|---|
| Town of Jamestown, and it is my understanding t | hat a comprehensive in | vestigation of my background |
| will be conducted in connection with my applicat | ion for employment. I | understand that any history |
| which adversely reflects on my qualifications for | employment may be ca | use for disqualification from |
| further consideration for employment. | | |
| I hereby give the Jamestown Police Depa comprehensive investigation of my background in records, alcohol and/or substance abuse treatment background and a review with full disclosure of a whether such records and other information are pro- | ncluding, but not limite records, oral interview Il juvenile and adult rec ublic, private, privilege | d to, medical records, psychiatric s with any person concerning my cords and other information, d, or confidential. This review |
| includes records maintained by past and present e | | |
| companies, health care providers, and other local, | | · · |
| Release of Information form is solely for the purp | | - |
| for the current recruit selection process of the Jan | estown Police Departn | nent. |
| To the custodian of the records discussed the bearer of the <i>Authorization for Release of Information</i> form to be as valid as toriginal signature. | ermation form. I consid | ler a copy of the Authorization |
| I hereby release to the Jamestown Police or oral information about me to the Jamestown Powhich may occur as a result of the background in associations, assigns and representatives. | olice Department from | any claims of liability or damages |
| Candidate Signature | Date of Birth | Social Security Number |
| | | |
| Witness Signature | | Date |
| | | |