

APPLICATION FOR EMPLOYMENT IN THE JAMESTOWN, RI POLICE DEPARTMENT

I,			, hereby make application		
for appo	pintment as a civilian community	service officer 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 Sec	urity Number:		
	Street Address:				
	City:	State:	Zip Code:		
	Mailing Address (if different from above):				
			Evening:		
	Email Address:				
	Location of Birth (City/State):				
	United States Citizen: Yes:] No: □			
	Motor Vehicle Operator Licen	ıse #:	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 C	GED:		
College Degree:		<i>OR</i> # of cre	edits:
College – Name of In	stitution:		
City/State:			
Course of Study:			
Date of Degree:			
College – Name of In	stitution:		
City/State:			
Course of Study:			
Data of Dagrass			

III. EMPLOYMENT DATA:

Military: Branch of Service: Rank: _____ Enlist Date: 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:	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 ever	r been unemployed? Yes \(\square \) No \(\square \) If yes, from	: to	

IV. PERSONAL DATA

Residences:

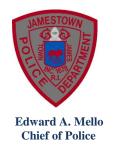
1.	Address:		
	City/State/Zip:		
	Dates of Residence:	TO	
	Name of Property Owner:		
	Tel. #:		
2.	Address:		
	City/State/Zip:		
	Dates of Residence:	TO	
	Name of Property Owner:		
	Tel. #:		
3.	Address:		
	City/State/Zip:		
	Dates of Residence:	TO	
	Name of Property Owner:		
	Tel. #:		
4.			
	City/State/Zip: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

Civil: Yes \square No \square Have you ever been the subject of civil litigation? 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 clubs or groups that you are a member of or are affiliated with: List all email addresses you currently use and have used in the past. List any special skills or characteristics you possess that you feel would be to your benefit as a community service officer.

REFERENCES/ADDITIONAL INFORMATION

List three (3) non-relative references:

1.	Name:	
	Tel. #:	Years known, what capacity:
2.	Name:	
	Address:	
	Tel. #:	Years known, what capacity:
3.	Name:	
	Address:	
	Tel. #:	Years known, what capacity:



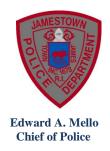
JAMESTOWN POLICE DEPARTMENT





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.
Amalicant's Signature
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



JAMESTOWN POLICE DEPARTMENT

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

I, ______, have made application for employment with the

Town of Jamestown, and it is my understanding will be conducted in connection with my applic which adversely reflects on my qualifications for the consideration for employment.	eation for employment. I u	nderstand that any history
I hereby give the Jamestown Police Decomprehensive investigation of my background records, alcohol and/or substance abuse treatmed background and a review with full disclosure of whether such records and other information are includes records maintained by past and present companies, health care providers, and other local Release of Information form is solely for the pufor the current recruit selection process of the James and the second s	I including, but not limited ent records, oral interviews f all juvenile and adult reco public, private, privileged t employers, law enforcem al, state, and federal agenc prose of conducting an ap-	to, medical records, psychiatric with any person concerning my ords and other information, , or confidential. This review ent agencies, public utility ies. This <i>Authorization for</i> plicant background investigation
To the custodian of the records discussed the bearer of the <i>Authorization for Release of Information</i> form to be as valid a original signature.	nformation form. I conside	er a copy of the Authorization
I hereby release to the Jamestown Police or oral information about me to the Jamestown which may occur as a result of the background associations, assigns and representatives.	Police Department from a	ny claims of liability or damages
Applicant Signature	Date of Birth	Social Security Number
Witness Signature		Date