

**THIS SHEET MUST REMAIN ATTACHED TO THE FRONT OF ALL APPLICATIONS**

**Applicant Name:** \_\_\_\_\_

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*Office use Only:*

*Date Received:* \_\_\_\_\_

*Received by:* \_\_\_\_\_

*\$30.00 Processing Fee Received with Application: YES ( )*

*NO ( )*

**The Town of Warren, RI is an equal opportunity provider and employer.**

## WARREN POLICE DEPARTMENT APPLICATION CHECKLIST

PLEASE READ CAREFULLY BEFORE COMPLETING THE ATTACHED FORMS.

1. A PROCESSING FEE OF \$30.00 MUST ACCOMPANY COMPLETED APPLICATIONS.
2. FILL OUT APPLICATIONS COMPLETELY PRIOR TO SUBMISSION. SUBMIT TO THE TOWN CLERK, 514 MAIN ST., WARREN, RI 02885.

3. ATTACH PHOTOCOPIES OF:

YOUR DRIVER'S LICENSE  
BIRTH CERTIFICATE  
HIGH SCHOOL DIPLOMA OR G.E.D.  
COLLEGE DEGREE AND/OR TRANSCRIPT\*  
POLICE OFFICER CERTIFICATION\*  
MILITARY DISCHARGE\*

\*(IF APPLICABLE)

4. PLEASE BE SURE TO SIGN AND NOTARIZE WHERE REQUIRED.
5. **THE FOLLOWING FORMS MUST BE SUBMITTED PRIOR TO OR AT THE TIME OF ORIENTATION.**

PHYSICIAN'S STATEMENT/DOCTOR'S NOTE  
PERSONAL INQUIRY WAIVER  
RELEASE FORM

**The Town of Warren is an equal opportunity/affirmative action employer. *All Positions will be filled without regard to race, color, religion, national origin, Sex, age, veteran status, or disability.***

Peter T. Achilli  
Chief

(401) 245-1311

**TOWN OF WARREN  
RHODE ISLAND  
POLICE DEPARTMENT  
1 JOYCE STREET  
WARREN, RI 02885**

**THIS IS TO ADVISE YOU THAT THE INFORMATION SOLICITED IN THE ENCLOSED APPLICATION FORM FOR EMPLOYMENT IS NECESSARY TO COMPLETE THE BACKGROUND INVESTIGATION. IN ORDER THAT THE TOWN OF WARREN WILL HAVE ADEQUATE INFORMATION TO COMPLETE THIS INVESTIGATION, IT IS NECESSARY THAT YOU COMPLETE THE APPLICATION IN ITS ENTIRETY. THE INFORMATION SOLICITED AND THE RESULTS OF THE INVESTIGATION THAT FOLLOWS WILL BE USED TO DETERMINE YOUR SUITABILITY FOR EMPLOYMENT WITH THE TOWN OF WARREN. YOU SHOULD BE AWARE THAT WILLFULLY MAKING A FALSE STATEMENT OR CONCEALING A MATERIAL FACT IN YOUR APPLICATION FOR EMPLOYMENT WILL BE THE BASIS FOR DISMISSAL.**

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Signature of applicant

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Date



Probationary Patrol Officer Application

List chronologically ALL of your residences in the past 10 years (include addresses while attending school if away from home and all military addresses including any off military base).

DATES	STREET	CITY	STATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EDUCATION**

NAME OF SCHOOL      LOCATION      YEAR      COURSE      DEGREE

List in chronological order high school and colleges attended:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**NOTE: A COPY OF THE HIGHEST DEGREE EARNED AND/OR AN OFFICIAL TRANSCRIPT MUST BE SUBMITTED WITH THE APPLICATION.**

Were you ever dismissed or expelled from a school?

\_\_\_\_\_ Yes      \_\_\_\_\_ No      \_\_\_\_\_ School      \_\_\_\_\_ Date

Type of action taken: \_\_\_\_\_

List awards, honors, citations, positions, held in school organizations, athletic endeavors, and any other special recognition you received while attending school.

- 1.
- 2.
- 3.

Probationary Patrol Officer Application

4.

OTHER SCHOOLS ATTENDED: (trade, business, etc.) Attach photo-copies of all degrees, diplomas, or certificates. \_\_\_\_\_

DO YOU SPEAK A FOREIGN LANGUAGE FLUENTLY? (If so, list each) \_\_\_\_\_

**EMPLOYMENT**

List chronologically all employments, including summer & part time employment while attending school. All time must be accounted for. If unemployed for a period, indicate, setting forth date of employment.

EMPLOYER	DATE	POSITION
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Name: \_\_\_\_\_; From \_\_\_\_\_ to \_\_\_\_\_;

Address: \_\_\_\_\_; Supervisor \_\_\_\_\_

City & State: \_\_\_\_\_; Reason for leaving \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_; From \_\_\_\_\_ to \_\_\_\_\_;

Address: \_\_\_\_\_; Supervisor \_\_\_\_\_

City & State: \_\_\_\_\_; Reason for leaving \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_; From \_\_\_\_\_ to \_\_\_\_\_;

Address: \_\_\_\_\_; Supervisor \_\_\_\_\_

City & State: \_\_\_\_\_; Reason for leaving \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_; From \_\_\_\_\_ to \_\_\_\_\_;

Address: \_\_\_\_\_; Supervisor \_\_\_\_\_

City & State: \_\_\_\_\_; Reason for leaving \_\_\_\_\_

Phone Number: \_\_\_\_\_

Probationary Patrol Officer Application

**MILITARY SERVICE**

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Have you served in the U.S. Armed Forces?      Yes    ( )    No    ( )

Branch Enlisted: \_\_\_\_\_ Date of Enlistment: \_\_\_\_\_

Unit Designation: \_\_\_\_\_ Service Number: \_\_\_\_\_

Highest Rank Held: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Attach photo-copy of DD-214 if discharged

Were you ever disciplined while in the military service? (Include court martial, captain's masts, company punishment, etc..)      Yes    ( )    No    ( )

Do you receive or previously receive any government compensation for any disability related to military service?      Yes    ( )    No    ( )

If so, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COURT RECORD**

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Have you ever been arrested or charged with any criminal violation including traffic, but not parking tickets?      Yes    ( )    No    ( )

List all such matters even if not formally charged, or not court appearance, or found not guilty or matter settled by payment of fine or forfeiture of collateral.

DATE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_ CHARGE: \_\_\_\_\_

FINAL DISPOSITION: \_\_\_\_\_ DETAILS: \_\_\_\_\_

DATE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_ CHARGE: \_\_\_\_\_

FINAL DISPOSITION: \_\_\_\_\_ DETAILS: \_\_\_\_\_

DATE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_ CHARGE: \_\_\_\_\_

FINAL DISPOSITION: \_\_\_\_\_ DETAILS: \_\_\_\_\_

Probationary Patrol Officer Application

Have you ever had a criminal record or conviction of a misdemeanor or felony expunged?

Yes ( ) No ( )

If yes, complete the following:

CHARGE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

DATE EXPUNGED: \_\_\_\_\_ ORIGINAL CASE DISPOSITION: \_\_\_\_\_

CHARGE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

DATE EXPUNGED: \_\_\_\_\_ ORIGINAL CASE DISPOSITION: \_\_\_\_\_

**REFERENCES**

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Give three 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 including your physician, if you have one, who have known you well for at least five years, preferably those who have known you during the past five years. If retired, give former occupation.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ # of years acquainted: \_\_\_\_\_  
Home Work

Business Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ # of years acquainted: \_\_\_\_\_  
Home Work

Business Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ # of years acquainted: \_\_\_\_\_  
Home Work

Business Address: \_\_\_\_\_ Occupation: \_\_\_\_\_



**ORGANIZATION MEMBERSHIP**

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Are you now or have you ever been a member of any club (exclude race, religion, sex, color or national origin) or organization. If Yes, list the following information below:

Name: \_\_\_\_\_ City & State \_\_\_\_\_ Former: \_\_\_\_\_  
Present: \_\_\_\_\_

(List position held and extent of activity)

Name: \_\_\_\_\_ City & State \_\_\_\_\_ Former: \_\_\_\_\_  
Present: \_\_\_\_\_

(List position held and extent of activity)

Name: \_\_\_\_\_ City & State \_\_\_\_\_ Former: \_\_\_\_\_  
Present: \_\_\_\_\_

(List position held and extent of activity)

**MISCELLANEOUS**

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Have you ever held a firearms license? Yes ( ) No ( )  
If so, indicate State: \_\_\_\_\_ License #: \_\_\_\_\_

Can you swim? Yes ( ) No ( )

What is your present physical condition? \_\_\_\_\_

Please indicate if you have suffered from a serious illness or have had previous surgeries.

Date: \_\_\_\_\_ Nature: \_\_\_\_\_ Physician: \_\_\_\_\_

Date: \_\_\_\_\_ Nature: \_\_\_\_\_ Physician: \_\_\_\_\_

Are you now, or have you received a pension of any type? Yes ( ) No ( )  
If you answered yes, please explain fully: \_\_\_\_\_

Are you now, or have you ever been party to a civil or insurance litigation? Yes ( ) No ( )  
If you answered yes, please explain fully: \_\_\_\_\_

*I hereby certify that all statements and information made by me on this application are true and complete to the best of my knowledge. It is also agreed that by affixing my signature on this application that any and all criminal records may be released by any agency to the Town of Warren and or its agents.*

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_