

Probationary Patrol Officer Application

THIS SHEET MUST REMAIN ATTACHED TO THE FRONT OF ALL APPLICATIONS

Applicant Name: _____

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.

Signature of applicant

Date

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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.

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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: _____

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MILITARY SERVICE

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

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: _____

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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

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

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

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: _____



Town of Warren

POLICE DEPARTMENT
ONE JOYCE STREET
WARREN, RHODE ISLAND 02885-3232
(401) 245-1311 FAX (401) 247-0091



Peter T. Achilli
CHIEF OF POLICE

FITNESS TEST MEDICAL CERTIFICATE

Dear Physician:

The following named individual has submitted an application to become a Police Officer with the
Warren Police Department.
(name of department)

Candidate Name: _____	Date of Birth: _____
Address: _____	Town/City: _____ State: _____

The **Warren** Police Department and the Rhode Island Department of Public Safety/Municipal Police Training Academy (RIDPS/MPTA) requires each candidate to bring a completed Physical Fitness Test Certificate to the Physical Fitness Test before he/she will be allowed to participate in the test. A statement must be obtained from a licensed physician that the candidate is of sufficient physical conditioning to undergo a Physical Fitness test. The Fitness Test Medical Certificate must be completed within six (6) months of the Physical Fitness testing date.

Attached to this form is a listing of the minimum physical fitness standards a candidate must attain. We ask that your evaluation be based upon these criteria. Thank you for your assistance.

PHYSICIAN'S STATEMENT

I have examined the above-named individual on _____.
(Date)

After reviewing each of the four (4) events, I find him/her to be of sufficient physical conditioning to allow the candidate to participate in the **Warren** Police Department and RIDPS/MPTA Physical Fitness Test.

Comments (if any): _____

Physician's Signature

(Please type or print)

Physician's Name: _____

Address: _____

Telephone Number: _____

Revised 07/14

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(401) 245-1311 FAX (401) 247-0091



Peter T. Achilli
CHIEF OF POLICE

LIABILITY/RELEASE FORM

To Whom it May Concern,

I, _____, DOB: _____
(print full name)

Of _____
(complete address)

do hereby release and forever discharge the Town of Warren, its agents and servants, including all members of the Warren Police Department, their heirs, executors, and administrators from all claims, demands, actions, both in law and equity, or especially all claims of any physical or mental injury or discomfort or accidental death arising out of, participating in, taking part in, being allowed in, take the Warren Police Department Fitness Test. It is completely understood that I am taking the above mentioned action of my own free will.

(Signature)

Sworn and subscribed before me this _____ day of _____, _____
(month) (year)

in _____, Rhode Island.

Signature: _____
(Notary Public)

My Commission expires _____ / _____ / _____

(Raised seal or original stamp)

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CHIEF OF POLICE

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PERSONAL INQUIRY WAIVER

To Whom it May Concern,

I respectfully request and hereby authorize you to furnish the Warren Police Department any and all information or opinions as may be requested which you may have concerning me; including, but not limited to: my work record, my academic record, my reputation, my financial and credit status. Please include any and all medical, physical and mental records or reports, including all information of a confidential nature. This information is to be used to assist the department in determining my qualifications, suitability and fitness for the position which I am seeking.

NAME:

(PRINT OR TYPE)

SIGNATURE:

DATE:

WITNESS:

WITNESS SIGNATURE:

THIS FORM MUST BE SUBMITTED
PRIOR TO ORIENTATION OR AT THE TIME OR ORIENTATION

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G. PATROL OFFICER

JOB SUMMARY:

Serves as a Patrol Officer performing responsible law enforcement duties, including patrol, investigation, traffic control, and a variety of other duties designed to preserve peace and order and to protect life and property in the Town.

EXAMPLES OF DUTIES:

Patrols in an assigned area of the Town; checks overall security of vacant homes and buildings; periodically checks business establishments and public places for violations of the law and takes appropriate enforcement action; confronts suspicious person and situations and determines appropriate action.

Negotiates settlements between emotionally upset and often irrational persons involved in domestic disputes, drunkenness, break-ins, larcenies, vandalism, assaults, etc.

Receives dispatch orders and responds to calls for service, emergency situations and serious crimes; takes charge of crime scenes until relieved by higher authority; exercises knowledge of State laws, Federal laws, Supreme Court decisions, and Town ordinances in determining legal justification for arrest, search and seizure, protective custody, etc.

Directs activities at accidents and disaster areas rendering first aid and restoring traffic to normal; investigates traffic accidents to determine cause. Periodically directs traffic to assure steady flow. Stops motor vehicles, contacts drivers and issues citations for violations; makes physical arrests when laws have been violated; administers Intoxilyzer tests to determine the degree of blood alcohol in possible drunk driver situations.

Assists in the investigation of crimes and/or suspected criminal acts to identify, locate, apprehend and prepare prosecution of persons charged with committing crimes. Examines crime scenes to collect evidence; interviews and interrogates witnesses and suspected offenders; determines the extent of criminal activity and need for further police assistance.

Exercises considerable discretion in identifying police problems on the beat and working with private citizens and community groups to develop and implement innovative, non-traditional solutions, particularly to quality of life issues.

Completes and submits all required reports and records in conformance with department regulations and statutory requirements; conducts follow-up investigations on unsolved crimes.

Maintains weapons and equipment in accordance with department policy. Inspects assigned vehicles for defects, missing equipment, contraband and evidence; reports defects, damages or irregularities.

Assists citizens requesting assistance or information when appropriate.

Confers with department Prosecutor, testifies in court and at motor vehicle hearings, assists in the prosecution of cases as necessary.

Operates department equipment such as Intoxilyzer (when certified), traffic radar, cameras, etc.

Enforces municipal ordinances and State laws pertaining to the regulation and control of dogs and other animals through patrol and investigation of complaints. May have to perform these physical functions in the absence of an Animal Control Officer.

Performs other related duties as required.

PHYSICAL SKILLS REQUIRED:

Must be able to function as a working police officer, including the ability to make physical custody arrests of forcibly resisting persons, search and handcuff prisoners if required.

Must be able to qualify with service weapon and utilize baton and other self-defense equipment. This includes firing firearm from standing, crouched, kneeling and prone positions and from behind cover, clear weapon malfunctions, fire weapon in dark environment while using flashlight, discharge a shoulder weapon, and clear malfunctions in various firearms.

Must be able to operate a standard police vehicle under both emergency and non-emergency driving conditions. May be required to operate a police mountain bicycle or police motorcycle.

Must be able to use physical force to gain entry to premises and subdue or control persons, break up fights, disarm violent persons, etc.

Must be able to engage in foot pursuits of fleeing suspects, climb up and down stairs, over walls and fences, push motor vehicles and lift and carry heavy objects.

Must be able to hear well enough to distinguish direction and content of conversations in person and over the radio and telephone, even in the presence of background noise.

Must be able to administer first aid and cardiopulmonary resuscitation.

Must be able to see well enough to read and fill out forms in artificial lighting conditions, and able to aim and fire a weapon without corrective lenses in an emergency.

Must be able to stand or sit for protracted periods of time during surveillance situations, traffic duty, etc.

Must be able to speak English clearly and distinctly enough to use a police radio, speak to groups, or be overheard when giving commands during a crowd control situation.

Must be able to read, comprehend, analyze and explain complex written materials pertaining to law enforcement.

Ability to use a personal computer to produce reports with a word processing system, and to access the database to obtain information on wants and warrants, stolen vehicles, etc.

Must be able to maintain the physical standards required by the department.

Must be able to remain calm and think clearly in emergencies, and to adapt to both long-term and short-term stress.

OTHER KNOWLEDGES, SKILLS AND ABILITIES REQUIRED:

Knowledge of modern police practices, techniques, and methods; knowledge of controlling laws, ordinances and court decisions. Thorough knowledge of the geography of the Town, and the rules and regulations of the Department. Knowledge of crime scene interpretation, safeguarding and preserving of evidence; ability to obtain information through interview and interrogation; ability to analyze situations quickly and objectively and to determine proper courses of action. Ability to speak and write effectively. Ability to serve as a community or neighborhood catalyst for action and develop and maintain effective working relationships with residents, tourists, Town officials, and officers from other law enforcement agencies. Skill in the use of care of and the ability to utilize a firearm.

MINIMUM QUALIFICATIONS REQUIRED:

1. Must be a United States citizen
2. Must be at least 21 years old
3. Must possess a valid motor vehicle operator's license
4. Must possess at least 60 college credits matriculated in an accredited institution OR proof of two (2) years continuous active duty in United States Military in lieu of the 60 credits, (DD214 form is required) OR a graduate of the Rhode Island Municipal Police Academy OR of any other standardized law enforcement academy in good standing.
5. Cannot have been convicted of or otherwise admitted to having committed any felony in a court of law. A conviction or admission to a misdemeanor may be considered a disqualifying factor depending upon the totality of the circumstances.
6. Must be of good moral character and habits and successfully pass an oral interview, a written test administered by the Warren Police Department and background investigation.
7. Must be in good health and meet physical, medical, and psychological requirements for entry into the Rhode Island Municipal Police Academy. The Town Manager, upon recommendation of the Chief of Police, makes the appointment.
8. Must serve a probationary period of up to one (1) year.

PHYSICAL EXERTION/ENVIRONMENTAL CONDITIONS:

Physical effort involves standing and/or walking and occasional strenuous positions when apprehending law violators. Working conditions are disagreeable due to varying climatic conditions, emotional stress, and exposure to hazards, which could result in total disability or even death.



RHODE ISLAND MUNICIPAL POLICE TRAINING ACADEMY PHYSICAL FITNESS ASSESSMENT 40TH PERCENTILE



1 Minute Push-Ups

	Age<20	20-29	30-39	40-49	50-59
Male	29.0	29.0	24.0	18.0	13.0
Female	15.0	15.0	11.0	9.0	n/d

1.5 Mile Run

	Age<20	20-29	30-39	40-49	50-59
Male	12:38	12:38	13:04	13:49	15:03
Female	14:50	14:50	15:38	16:21	18:07

1 Minute Sit-Ups

	Age<20	20-29	30-39	40-49	50-59
Male	41.0	38.0	35.0	29.0	24.0
Female	32.0	32.0	25.0	20.0	14.0

300 Meter Run

	Age<20	20-29	30-39	40-49	50-59
Male	59.0	59.0	58.9	72.0	83.2
Female	71.0	71.0	79.0	94.0	n/d