



Foster Police Department Police Officer Candidate

APPLICATION

Application Must Be in Your Own Handwriting and Legible – PRINT CLEARLY
All sections must be completed (List “n/a” if not applicable). DO NOT LEAVE BLANKS!

The Foster Police Department is an equal opportunity employer. Qualified applicants are considered for employment without regard to race, color, gender, national origin, disability, or veteran status, or any other legally protected status.

Personal Information:

Last:	First:	Middle:
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List your current address where you actually reside, not a mailing address or post office box:			
Number and Street:	City:	State:	Zip Code:

Please check one:

Rent	Own	Parents	Other	How long have you lived there?	Yrs.	Mo.
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If applicable, list your landlord and his/her phone number:

List your primary and any additional telephone numbers you have to include the area code:	
Primary Telephone:	Additional Telephone(s):

List your mailing address if different from your current address:			
Number and Street:	City:	State:	Zip Code:

Are you a citizen of the United States?	Yes_____	No_____
Place of Birth:	Birth Date:	

In accordance with the Federal Privacy Act of 1974, disclosure of your Social Security Number is voluntary. The SSN will be used for identification purposes to ensure proper records are obtained.	SSN:
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Provide the following for purposes of identification:			
Height:	Weight:	Hair:	Eyes:

List and describe all tattoos you have (also, indicate where they are located):

Print name _____

List all names, aliases, nicknames you have used or have been known by (include maiden name):			
Last:	First:	Middle:	Years used:

List all email and social networking account user names/accounts that you have used in the last ten (10) years:

Education:
List any and all college information in the area below. Include total credit hours as of 07/31/14 if no degree has been awarded.

College:	City and State:	Major:	Date Began:	Date Ended:	Credits:	Degree:

Have you ever attended a trade, vocational, or business school? Yes _____ No _____			
School:	Type of training:	Date attended:	Course Completed:
			Yes ___ No ___
			Yes ___ No ___

What High School did you attend (include an address):	Date Graduated: _____

Print name _____

Employment History:

BEGINNING WITH YOUR MOST CURRENT EMPLOYMENT, please list EVERY job, including military service, you have held in the last ten (10) years. All time periods must be accounted for. Jobs include self-employed, part time, temporary work, voluntary work, and internships. You must list all employment regardless of the length of employment. Addresses must be complete, current, and accurate. If you have had intervening periods of unemployment, please list those periods in sequence in the spaces provided.

Dates of Employment: From: _____ Month/Year To: _____ Month/Year _____/_____ _____/_____	Name and address of employer: 	Phone number with area code:
	Job title: 	Supervisor's name:
Describe your duties: 		
Reason for leaving, be specific: 		
Co-worker: 		Work or home number:

_____ Unemployed?	From _____ To _____
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Dates of Employment: From: _____ Month/Year To: _____ Month/Year _____/_____ _____/_____	Name and address of employer: 	Phone number with area code:
	Job title: 	Supervisor's name:
Describe your duties: 		
Reason for leaving, be specific: 		
Co-worker: 		Work or home number:

_____ Unemployed?	From _____ To _____
-------------------	---------------------

Print name _____

Dates of Employment: From: _____ To: _____ Month/Year Month/Year _____/_____ _____/_____	Name and address of employer:	Phone number with area code:
	Job title:	Supervisor's name:
		Length of employment:

Describe your duties:

Reason for leaving, be specific:

Co-worker: _____ **Work or home number:** _____

_____**Unemployed?** From _____ To _____

Dates of Employment: From: _____ To: _____ Month/Year Month/Year _____/_____ _____/_____	Name and address of employer:	Phone number with area code:
	Job title:	Supervisor's name:
		Length of employment:

Describe your duties:

Reason for leaving, be specific:

Co-worker: _____ **Work or home number:** _____

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Dates of Employment: From: _____ To: _____ Month/Year Month/Year _____/_____ _____/_____	Name and address of employer:	Phone number with area code:
	Job title:	Supervisor's name:
		Length of employment:

Describe your duties:

Reason for leaving, be specific:

Co-worker: _____ **Work or home number:** _____

_____**Unemployed?** From _____ To _____

Print name _____

Dates of Employment: From: Month/Year To: Month/Year _____/____/ _____/____/	Name and address of employer:	Phone number with area code:
	Job title:	Supervisor's name:
		Length of employment:

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Reason for leaving, be specific:

Co-worker: _____ **Work or home number:** _____

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	Job title:	Supervisor's name:
		Length of employment:

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Reason for leaving, be specific:

Co-worker: _____ **Work or home number:** _____

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Dates of Employment: From: Month/Year To: Month/Year _____/____/ _____/____/	Name and address of employer:	Phone number with area code:
	Job title:	Supervisor's name:
		Length of employment:

Describe your duties:

Reason for leaving, be specific:

Co-worker: _____ **Work or home number:** _____

_____ **Unemployed?** From _____ To _____

Print name _____

Dates of Employment: From: Month/Year To: Month/Year _____/____/____ ____/____/____	Name and address of employer:	Phone number with area code:
	Job title:	Supervisor's name:
		Length of employment:

Describe your duties:

Reason for leaving, be specific:

Co-worker: _____ Work or home number: _____

____ Unemployed? From _____ To _____

Dates of Employment: From: Month/Year To: Month/Year _____/____/____ ____/____/____	Name and address of employer:	Phone number with area code:
	Job title:	Supervisor's name:
		Length of employment:

Describe your duties:

Reason for leaving, be specific:

Co-worker: _____ Work or home number: _____

____ Unemployed? From _____ To _____

Dates of Employment: From: Month/Year To: Month/Year _____/____/____ ____/____/____	Name and address of employer:	Phone number with area code:
	Job title:	Supervisor's name:
		Length of employment:

Describe your duties:

Reason for leaving, be specific:

Co-worker: _____ Work or home number: _____

____ Unemployed? From _____ To _____

Print name _____

Prior Application with the Town of Foster Police Department:

Have you ever applied to the Foster Police Department before? Yes _____ No _____ If yes, provide the following information:

Date applied:

Position(s):

Applications With Other Law Enforcement Agencies:

Have you ever applied to any other law enforcement agency? Yes _____ No _____

If yes, list every agency starting with the most recent one that you have applied for a position with. Do not include this application.

Agency (including address/phone number):

Date applied:

Are you currently on this agency's eligibility list?

Yes _____ No _____

Explain:

Agency (including address/phone number):

Date applied:

Are you currently on this agency's eligibility list?

Yes _____ No _____

Explain:

Agency (including address/phone number):

Date applied:

Are you currently on this agency's eligibility list?

Yes _____ No _____

Explain:

Agency (including address/phone number):

Date applied:

Are you currently on this agency's eligibility list?

Yes _____ No _____

Explain:

Print name _____

Military Service:

Did you comply with the draft registration law? Yes ___ No ___ Provide your Selective Service Number:

Have you ever served in any of the Armed Forces, National Guard, or military reserves of the United States? Yes ___ No ___
If yes, what is your current status with the military? Active ___ Reserves ___ Inactive ___ Discharged ___

Branch:	Unit:	Enlistment date:	Discharge date:
Service number:	Highest rank:	Rank at discharge:	Type of discharge:
Separation code:	Re-enlistment code:	If active or current reserve, list your C.O.'s name:	

Did you serve on active duty at any time in the armed forces a period of MORE than 180 consecutive days, any part of which occurred on or after September 11, 2001, and have you received an honorable discharge or were you released from active duty under honorable conditions?
Yes ___ No ___

Were you ever investigated for any criminal activity while in the military, National Guard, or military reserves?
Yes ___ No ___ If yes, please explain below.

Were you ever subjected to commanding officer non-judicial punishment (Article 15)? Yes ___ No ___ If yes, please explain below.

Were you ever subjected to a court martial proceeding? Yes ___ No ___ If yes, please explain below.

Explanation(s) for above (go to page 17 if needed):

Have you ever been reduced in pay grade or been the subject of any disciplinary action (other than noted above) while in the military, National Guard, or military reserves?
Yes ___ No ___ If yes, list below and explain on page 17.

Date:	Violation:	Penalty:

Print name _____

Legal:

Have you ever been convicted of a criminal offense? Yes____ No____ If yes, explain on page 17.

Have you ever admitted (including a plea of NOLO) in any court of law to having committed a criminal offense? Yes____ No____

If yes, explain on page 17.

ATTENTION: Pursuant to Rhode Island General Law 12-1.3-4, Police applicants must disclose expunged records!

The following information must be provided if you have had any expungements:

Date:	Police Agency:	Charge:

Either as an adult or a juvenile, have you ever been arrested or charged with a criminal act? Yes____ No____
This includes charges that were dismissed, dropped, or reduced. If yes, provide the following information. Start with the most recent.

Date:	Charges:	Police Agency:	Results:
Circumstances:			

Date:	Charges:	Police Agency:	Results:
Circumstances:			

Date:	Charges:	Police Agency:	Results:
Circumstances:			

Date:	Charges:	Police Agency:	Results:
Circumstances:			

Print name _____

Have you ever applied for a permit to carry a concealed weapon? Yes ___ No ___ If yes, explain.		
Date applied:	Permit granted: Yes ___ No ___	Weapon:
Name of agency where applied:		
For what purpose?		Was it ever revoked?

Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? Yes ___ No ___		
Ever had a judgment rendered against you? Yes ___ No ___		
If yes to either question, provide the following:		
Date:	Court location:	Plaintiff ___ Defendant ___
Details:		
Date:	Court location:	Plaintiff ___ Defendant ___
Details:		

<h2>History of Alcohol / Drug</h2> <p>..</p>
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Have you ever taken any form of illegal drug, narcotic, or substance, including performance enhancing drugs?	Yes ___ No ___
Have you ever sold or supplied any form of illegal/legal drug, narcotic, or substance, including marijuana?	Yes ___ No ___
Have you ever manufactured any form of drug, narcotic, or controlled substance, including marijuana?	Yes ___ No ___
Have you ever used or taken any form of marijuana?	Yes ___ No ___
Have you ever cultivated, grown, or attempted to grow marijuana?	Yes ___ No ___
Have you ever remained at a private gathering or party where drugs or narcotics were being used?	Yes ___ No ___
Have you ever allowed someone to use drugs or narcotics, including marijuana, at your residence or in your vehicle?	Yes ___ No ___
Have you ever been involuntarily treated for alcohol or drug use, to include being admitted to a medical facility?	Yes ___ No ___
Have you ever had contact with a law enforcement officer when under the influence of alcoholic beverages/drugs?	Yes ___ No ___
Have you ever consumed alcoholic beverages as a minor?	Yes ___ No ___
Have you ever purchased alcoholic beverages as a minor?	Yes ___ No ___
Have you ever provided or purchased alcoholic beverages to a minor?	Yes ___ No ___
Have you ever possessed or used a falsified or altered ID?	Yes ___ No ___
Have you ever possessed or used another person's ID as your own?	Yes ___ No ___

NOTE: IF YOU ANSWERED YES TO ANY OF THE ABOVE, YOU MUST EXPLAIN ON PAGE 17.

Print name _____

Contact with Law Enforcement:

Have you ever had any contact with any law enforcement agency?

CONTACT, includes but is not limited to, being a suspect in an offense, a witness to an incident, a reporting person, and/or the victim of a crime. If your name appears in any police report, note that below. Also, list any traffic stop that did not result in the issuance of a summons or citation.

Month/Year:	Name of Agency or Department:	City/State:	Nature or Type of Contact:

Have you ever had a warrant issued for your arrest, or been issued a non-motor vehicle summons to appear in court? Yes _____
No _____

If yes, explain the circumstances:

Are you now or have you ever been a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?

Yes _____ No _____

If yes, explain the circumstances:

Print name _____

Traffic History / Motor Vehicle Operation:

Drivers license state and number:	Class or type:	Expiration Date:
Name in which license was granted:	Other names used (maiden name):	

List all states where you have ever held a driver's license:		
State:	Under what name:	Number:

Has your driver's license ever been suspended, cancelled, revoked, or placed on negligent operator's probation by any state? Yes___ No___ Explain.

Have you ever received a traffic summons or citation? Yes___ No___ If yes, list all in the last ten (10) years, most current first:			
Month/Year:	Violation:	City/State:	Resulting Action:

List all vehicles that you frequently use, own, and/or that are registered to you:				
Year:	Make/Model:	Color:	License number/State:	Currently registered?
				Yes___ No___

Print name _____

As a driver, have you ever been involved in a motor vehicle accident? Yes _____ No _____ If yes, provide the following information:			
Date:	City/State:	Were you considered at fault?.....	Yes ___ No ___ Unk_
		Was there a report taken?.....	Yes ___ No ___
		Were there any injuries reported?.....	Yes ___ No ___
		Was the accident a hit and run?.....	Yes ___ No ___
Police Department:		Were you cited or arrested?.....	Yes ___ No ___

Date:	City/State:	Were you considered at fault?.....	Yes ___ No ___ Unk_
		Was there a report taken?.....	Yes ___ No ___
		Were there any injuries reported?.....	Yes ___ No ___
		Was the accident a hit and run?.....	Yes ___ No ___
Police Department:		Were you cited or arrested?.....	Yes ___ No ___

Date:	City/State:	Were you considered at fault?.....	Yes ___ No ___ Unk_
		Was there a report taken?.....	Yes ___ No ___
		Were there any injuries reported?.....	Yes ___ No ___
		Was the accident a hit and run?.....	Yes ___ No ___
Police Department:		Were you cited or arrested?.....	Yes ___ No ___

Date:	City/State:	Were you considered at fault?.....	Yes ___ No ___ Unk_
		Was there a report taken?.....	Yes ___ No ___
		Were there any injuries reported?.....	Yes ___ No ___
		Was the accident a hit and run?.....	Yes ___ No ___
Police Department:		Were you cited or arrested?.....	Yes ___ No ___

Rhode Island Law requires that drivers and owners of vehicles be covered by automobile liability insurance. Please list your insurance data below:		
Company:	Telephone Number:	Policy Number/ Expiration Date:

Residences:

List all of your residences during the last ten (10) years. Begin with your most current residence and list only information after your 15th birthday:

Current address:	City/State:	Since:
With whom do you live:		
		Landlord:

Address, City, State:		
With whom did you live:	From:	To:
		Landlord:

Address, City, State:		
With whom did you live:	From:	To:
		Landlord:

Address, City, State:		
With whom did you live:	From:	To:
		Landlord:

Print name _____

Address, City, State:		
With whom did you live:	From:	To:
	Landlord:	

Address, City, State:		
With whom did you live:	From:	To:
	Landlord:	

Address, City, State:		
With whom did you live:	From:	To:
	Landlord:	

Address, City, State:		
With whom did you live:	From:	To:
	Landlord:	

References:

Please list as references three (3) individuals you have known for at least two (2) years who have knowledge of you and your qualifications. Examples can be personal friends, fiancé, boyfriend, girlfriend, friends of the family, roommates, teachers, neighbors, classmates, co-workers, past supervisors, military supervisors or acquaintances. DO NOT include relatives, family members, or any individual listed elsewhere on this application.

Name:	Address: Work____ Home____	Work Number:
Occupation:		Home Number:
Relationship:	How long have you known this person?	

Name:	Address: Work____ Home____	Work Number:
Occupation:		Home Number:
Relationship:	How long have you known this person?	

Name:	Address: Work____ Home____	Work Number:
Occupation:		Home Number:
Relationship:	How long have you known this person?	

Print Name _____

I understand that any conditional job offer or appointment tendered to me will be contingent upon the results of a thorough background investigation.

I further understand that during the application process and/or background investigation, I am required to report to the Foster Police Department any changes in my information covered in this application.

Prior to submitting my application, I have reviewed it carefully for its accuracy.

I hereby certify that all statements made in this application are true and complete. I understand that any discrepancies, misstatements, omissions, and/or falsifications will be cause for disqualification. I also acknowledge that any of the above will be cause for further review of my applicant status, for my name to be removed from the eligibility list, and/or for a dismissal as an employee if an appointment has already been made.

Date _____ Time _____

Full Signature _____

Application must be notarized prior to submission.

Subscribed and sworn before me on this _____ day of _____ in the year of _____

In the county of _____ in the state of _____.

Notary Signature

My commission expires on _____ / _____ / _____