



# FOSTER POLICE DEPARTMENT

182 Howard Hill Rd  
Foster, Rhode Island 02825  
Ph# 401-397-3317 Fax# 401-397-8731  
Chief David Breit

## FULL-TIME DISPATCHER AND PART-TIME DISPATCHER APPLICATION FOR EMPLOYMENT

### THE FOLLOWING MUST BE INCLUDED WHEN SUBMITTING THE APPLICATION

- \* COPY OF DRIVER'S LICENSE
- \* AUTHORIZATION FOR RELEASE MUST BE NOTARIZED
- \* APPLICATION MUST BE RETURNED IN A MANILA ENVELOPE
- \* APPLICATION MUST BE SEALED IN THE ENVELOPE BEFORE SUBMITTING

### The FULL-TIME position is as follows:

- \* Monday - Friday. Shift to be determined; either
  - first shift (7am to 3pm)
  - second shift (3pm to 11pm)
  - third shift (11pm to 7am)
- \* Additional extra shifts as needed both during the week and on weekends

The pay schedule is determined by the Foster Emergency Services Local #3422 contract.

### The PART-TIME position is as follows:

- \* Saturday or Sunday (shift to be determined) and additional extra shifts as needed during the week.
- \* The extra shifts during the week could be
  - first shift (7am to 3 pm)
  - second shift (3pm to 11pm)
  - third shift (11pm to 7am)

The pay schedule is determined by the Town of Foster personnel policy.

# FULL-TIME DISPATCHER AND PART-TIME DISPATCHER APPLICATION FOR EMPLOYMENT

This application must be typed or printed clearly in ink. All items in this application must be filled in completely, correctly, and truthfully, to the best of your knowledge, and signed by the applicant. Any applications that are incomplete and/or illegible may be rejected by the Town of Foster.

## SECTION I - PERSONAL HISTORY

LAST NAME (ALSO MAIDEN NAME, IF APPLICABLE)	FIRST NAME	MIDDLE NAME
PRESENT HOME ADDRESS (#, STREET, CITY, STATE, ZIP CODE)		
MAILING ADDRESS - If Different (#, STREET, CITY, STATE, ZIP CODE)		
EMAIL ADDRESS	HOME TELEPHONE NUMBER	CELL PHONE NUMBER
DATE OF BIRTH	SOCIAL SECURITY NUMBER	
ARE YOU A CITIZEN OF THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>	ARE YOU A RESIDENT OF RHODE ISLAND? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF NO, THEN WHAT STATE?
ARE YOU A LICENSED AUTOMOBILE OPERATOR? YES <input type="checkbox"/> NO <input type="checkbox"/>	OPERATOR LICENSE NUMBER	STATE
HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? IF YES, IN WHICH STATE AND WHAT WAS THE REASON. YES <input type="checkbox"/> NO <input type="checkbox"/> STATE _____ REASON _____		
HAVE YOU EVER SUBMITTED AN APPLICATION FOR EMPLOYMENT WITH THE FOSTER POLICE DEPARTMENT? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, LIST DATES _____		
HAVE YOU EVER SUBMITTED AN APPLICATION WITH ANY OTHER LAW ENFORCEMENT AGENCY IN THE U.S.? IF YES, INDICATE THE AGENCY/S AND THE DATE/S OF THE APPLICATIONS.		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
AGENCY	DATE	

## SECTION II - EDUCATION

<b>HIGH SCHOOL</b>				HIGH SCHOOL ADDRESS			
FROM MO. YR.		TO MO. YR.		DIPLOMA/DEGREE		MAJOR	
<b>COLLEGE OR UNIVERSITY</b>				COLLEGE OR UNIVERSITY ADDRESS			
FROM MO. YR.		TO MO. YR.		DIPLOMA/DEGREE		MAJOR	
<b>COLLEGE OR UNIVERSITY</b>				COLLEGE OR UNIVERSITY ADDRESS			
FROM MO. YR.		TO MO. YR.		DIPLOMA/DEGREE		MAJOR	
<b>OTHER EDUCATIONAL INSTITUTION</b>				EDUCATIONAL INSTITUTIONAL ADDRESS			
FROM MO. YR.		TO MO. YR.		DIPLOMA/DEGREE		MAJOR	
WERE YOU EVER SUSPENDED, DISMISSED, OR EXPELLED FROM ANY OF THE ABOVE SCHOOLS OR ANY OTHER EDUCATIONAL INSTITUTIONS, DURING YOUR SCHOLASTIC CAREER?							
YES <input type="checkbox"/>		NO <input type="checkbox"/>		SCHOOL		DATE	TYPE OF ACTION
LIST ANY AWARDS, HONORS, CITATIONS, POSITIONS HELD IN SCHOOL ORGANIZATIONS, ATHLETIC ENDEAVORS, OR OTHER SPECIAL RECOGNITION YOU HAVE RECEIVED WHILE ATTENDING SCHOOL.							
1. _____							
2. _____							
3. _____							
4. _____							
5. _____							

### SECTION III - FORMER ADDRESSES

LIST CHRONOLOGICALLY ALL OF YOUR RESIDENCES IN THE PAST TEN YEARS, INCLUDING THOSE IN THE MILITARY (OFF BASE) AND THOSE WHILE AWAY FOR SCHOOL, IF APPLICABLE. PLEASE ACCOUNT FOR ALL TIME. USE ADDITIONAL SHEET OF PAPER IF NECESSARY.

FROM MO. YR.		TO MO. YR.		STREET ADDRESS, CITY, STATE, ZIP CODE

### SECTION IV - MILITARY SERVICE RECORD

HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED FORCES OF THE U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
BRANCH OF MILITARY SERVICE		SERIAL NUMBER	DATE OF ACTIVE DUTY FROM ____/____/____
DATE COMMISSIONED (if applicable)		HIGHEST RANK ATTAINED	
TYPE OF DISCHARGE		BASIS OF DISCHARGE	
WAS ANY TYPE OF DISCIPLINARY ACTION TAKEN AGAINST YOU WHILE IN THE SERVICE?			YES <input type="checkbox"/> NO <input type="checkbox"/>
ACTION:			
HAVE YOU OR ARE YOU NOW SERVING IN A MILITARY RESERVE UNIT? IF YES, WHAT BRANCH?			YES <input type="checkbox"/> NO <input type="checkbox"/>
HAVE YOU OR ARE YOU NOW SERVING IN A NATIONAL GUARD UNIT? IF YES, WHAT UNIT?			YES <input type="checkbox"/> NO <input type="checkbox"/>

## SECTION V - EMPLOYMENT HISTORY

LIST ALL EMPLOYMENT CHRONOLOGICALLY, INCLUDING SUMMER AND PART-TIME EMPLOYMENT FOR THE LAST FIVE YEARS. BE SURE TO ACCOUNT FOR THE TIME WHILE UNEMPLOYED, IF APPLICABLE. USE ADDITIONAL SHEET OF PAPER IF NECESSARY.  
ALL TELEPHONE NUMBERS ARE MANDATORY.

COMPANY NAME		ADDRESS	
NAME OF SUPERVISOR			TELEPHONE (     )
STARTING DATE	ENDING DATE	REASON FOR LEAVING	
SALARY/WAGES	POSITION	TYPE OF WORK	

  

COMPANY NAME		ADDRESS	
NAME OF SUPERVISOR			TELEPHONE (     )
STARTING DATE	ENDING DATE	REASON FOR LEAVING	
SALARY/WAGES	POSITION	TYPE OF WORK	

  

COMPANY NAME		ADDRESS	
NAME OF SUPERVISOR			TELEPHONE (     )
STARTING DATE	ENDING DATE	REASON FOR LEAVING	
SALARY/WAGES	POSITION	TYPE OF WORK	

  

COMPANY NAME		ADDRESS	
NAME OF SUPERVISOR			TELEPHONE (     )
STARTING DATE	ENDING DATE	REASON FOR LEAVING	
SALARY/WAGES	POSITION	TYPE OF WORK	

  

HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM A POSITION?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, GIVE NAME OF EMPLOYER				

## SECTION VI - COURT RECORD

HAVE YOU EVER PLED GUILTY, NOLO CONTENDRE, OR BEEN CONVICTED OF ANY MISDEMEANOR OR FELONY OFFENSE?

YES ☐ NO ☐ IF YES, LIST ANY CONVICTIONS BELOW

DATE	PLACE AND DEPARTMENT	CHARGE(S)	FINAL DISPOSITION

## SECTION VII - DRIVING RECORD

LIST ALL MOTOR VEHICLE VIOLATIONS YOU HAVE RECEIVED OVER THE LAST TEN YEARS  
USE ADDITIONAL SHEET OF PAPER IF NECESSARY.

DATE	POLICE DEPARTMENT	VIOLATION	FINAL DISPOSITION

LIST ALL ACCIDENTS YOU HAVE BEEN INVOLVED IN WHILE OPERATING A MOTOR VEHICLE OVER THE LAST TEN YEARS

DATE	POLICE DEPARTMENT	TYPE	WERE YOU INJURED	WERE YOU FOUND AT FAULT?
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

# SECTION VIII - PERSONAL QUESTIONNAIRE

LIST ANY SPECIAL SKILLS OR TRAINING YOU HAVE ACQUIRED THAT WOULD BE BENEFICIAL TO THE FOSTER POLICE DEPARTMENT. (INLCUDE ANY LANGUAGE SKILLS, FIREARMS TRAINING, COMPUTER SKILLS, ETC)


LIST ANY AWARDS, CERTIFICATES, OR HONORS RECEIVED, OTHER THAN THOSE LISTED UNDER "SECTION II - EDUCATION" OF THIS APPLICATION


LIST ANY PUBLIC SERVICE OR COMMUNITY ACTIVITIES IN WHICH YOU ARE CURRENTLY INVOLVED OR HAVE BEEN INVOLVED IN PAST YEARS.


IS THERE ANYTHING IN YOUR BACKGROUND OR PERSONAL HISTORY THAT WOULD ADVERSELY AFFECT YOUR ABILITY TO PERFORM THE DUTIES AND RESPONSIBILITIES OF A POLICE / EMERGENCY SERVICES DISPATCHER?

YES ☐

NO ☐

IF YES, EXPLAIN BELOW


## SECTION IX - CHARACTER REFERENCES

COMPLETE NAME	OCCUPATION	NO. OF YEARS KNOWN
RESIDENCE ADDRESS		TELEPHONE
BUSINESS ADDRESS		TELEPHONE
COMPLETE NAME	OCCUPATION	NO. OF YEARS KNOWN
RESIDENCE ADDRESS		TELEPHONE
BUSINESS ADDRESS		TELEPHONE
COMPLETE NAME	OCCUPATION	NO. OF YEARS KNOWN
RESIDENCE ADDRESS		TELEPHONE
BUSINESS ADDRESS		TELEPHONE

I HAVE READ THIS APPLICATION AND THE ENTRIES MADE HEREIN, AND HEREBY STATE THAT ALL SUCH STATEMENTS MADE BY ME ARE TRUE. I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION GIVEN IN THIS APPLICATION MAY SERVE AS THE BASIS FOR DISMISSAL FROM THE SELECTON PROCESS.

I AGREE TO THESE CONDITIONS, AND HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ME ON THIS APPLICATION ARE COMPLETE, CORRECT, AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE





## FOSTER POLICE DEPARTMENT

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Chief David Breit

### AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, have made application for employment with the Foster Police Department, and it is my understanding that a comprehensive investigation of my background will be conducted in connection with my application. I understand that any history which adversely reflects on my qualifications for employment may be cause for disqualification from further consideration for employment.

I hereby give the Foster Police Department and its agents the authority to conduct a comprehensive investigation of my background including, but not limited to, oral interviews with any person concerning my background and a review with full disclosure of all juvenile and adult records and other information, whether such records and other information are public, private, privileged, or confidential. This review includes records maintained by past and present employers, law enforcement agencies, public utility companies, and other local, state, and federal agencies. This *Authorization for Release of Information* form is solely for the purpose of conducting an applicant background investigation for the current Police Dispatcher candidate selection process of the Foster Police Department.

To the custodian of the records discussed herein, I hereby authorize you to release information to the bearer of the *Authorization for Release of Information* form. I consider a copy of the *Authorization for Release of Information* form to be valid as the original, even though a copy does not have my original signature.

I hereby release to the Foster Police Department and its agents and anyone who gives written or oral information about me to the Foster Police Department from any claims of liability or damages which may occur as a result of the background investigation. This release also extends to my heirs, associations, assigns and representatives.

\_\_\_\_\_  
Candidates Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

\_\_\_\_\_  
Commission Expiration

(affix seal here)

## **FOSTER POLICE DEPARTMENT DISPATCHER JOB DESCRIPTION**

### **GENERAL SUMMARY:**

Under the general supervision of the respective Shift Commander, the Dispatcher receives citizens' requests for assistance, provides radio dispatching services for the Foster Police Department, Foster Fire and Rescue Departments, and Foster Animal Control, including the initial deployment of public safety personnel and equipment, and performs record-keeping duties related to the position.

### **ESSENTIAL FUNCTIONS:**

1. Answer all incoming emergency and non-emergency telephone calls.
2. Dispatch police, fire, rescue, Animal Control, Department of Public Works, via radio, to calls for service. Record and log all calls and times for responding units.
3. Record incoming complaint information through the Department's Records Management Systems.
4. Operate the National Crime Information Center (NCIC) and R.I. Law Enforcement Telecommunications System (RILETS).
5. Make telephone and radio calls for police requested support services such as: Fire/EMS requests, towing requests, Emergency Management Agency (EMA) requests, Utilities requests and other police department requests for assistance.
6. Operate a multi-line phone system that consists of multiple incoming lines, 9-1-1 emergency lines, and multiple extensions throughout the department.
7. Operate the *ACORN* telephone digital recordingsystem.
8. Operate all radio systems a that may be operated on two radio channels or simultaneously with other channels. Follow Federal Communications Commission (FCC) and Foster Police Department Rules and Regulations regarding radio procedures.
9. Acquire thorough knowledge of the location and layout of roads, town buildings, and other significant areas of the community. Maintain the site information for all town residents.
10. Monitor security cameras of cellblocks and building interior/exterior and report any unusual activity to the officer-in-charge.
11. Disseminate information via e-mail, telephone and CAD systems, when required.
12. Keep the OIC and Supervisors informed of officer activity and calls for service, including proper recording of in-coming requests for special details.
13. Prepare Uniform Crime Reporting statistics as required by NCIC and DOJ.
14. Perform BIC, fingerprints, gun checks, games of checks, vehicle identification checks, and other miscellaneous applications submitted.
13. Perform other tasks as the OIC/Supervisor deems necessary for the efficient operation of the Department.

### **JOB REQUIREMENTS EDUCATION/TRAINING:**

1. High school graduate or general equivalency diploma
2. Computer literate
3. Clerical and typing experience or proof of training preferred
4. Must be able to complete an on-the-job training period
5. Possess excellent verbal and written communication skills
6. Ability to multi-task.

### **PHYSICAL REQUIREMENTS:**

1. Ability to work well under stressful conditions, handling a variety of duties simultaneously.
2. Must be able to sit for long periods of time with the potential to work without scheduled break times.

### **WORKING CONDITIONS:**

1. Exclusively in an office environment.
2. Ability to work all shifts, including overnight shifts.
3. Ability to report to work in all weather conditions.
4. Available to work overtime in emergency conditions.