

Tiverton Police Headquarters  
 20 Industrial Way  
 Tiverton, Rhode Island 02878

## PUBLIC SAFETY DISPATCHER APPLICATION FOR EMPLOYMENT

This application must be typed or clearly printed 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 Tiverton.

### SECTION I - PERSONAL HISTORY

NAME: Last		First	Middle	
PRESENT HOME ADDRESS		CITY	STATE	ZIP CODE
MAILING ADDRESS - If Different				
DATE OF BIRTH (MM/DD/YR)		SOCIAL SECURITY NUMBER		CONTACT TELEPHONE NUMBER
ARE YOU A RESIDENT OF R.I.? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF NO, THEN WHAT STATE?		ARE YOU A CITIZEN OF THE U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
DO YOU POSSESS A DRIVER'S LICENSE ? YES <input type="checkbox"/> NO <input type="checkbox"/>		OPERATOR LICENSE NUMBER		STATE
HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? IF YES, WHAT STATE AND REASON. YES <input type="checkbox"/> NO <input type="checkbox"/> STATE IF YES, LIST REASON _____				
HAVE YOU EVER SUBMITTED AN APPLICATION FOR EMPLOYMENT WITH THE TIVERTON POLICE DEPARTMENT? IF YES, LIST DATES. YES <input type="checkbox"/> NO <input type="checkbox"/> 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

DATES				SCHOOLS / COLLEGES			
FROM		TO					
MO.	YR.	MO.	YR.				
				HIGH SCHOOL	MAJOR	DIPLOMA OR DEGREE	
				ADDRESS	CITY / TOWN	STATE	
				COLLEGE OR UNIVERISTY	MAJOR	DIPLOMA OR DEGREE	
				ADDRESS	CITY / TOWN	STATE	
				COLLEGE OR UNIVERSITY	MAJOR	DIPLOMA OR DEGREE	
				ADDRESS	CITY / TOWN	STATE	
				OTHER EDUCATIONAL INSTITUTIONS	MAJOR	DIPLOMA OR DEGREE	
				ADDRESS	CITY / TOWN	STATE	

WERE YOU EVER SUSPENDED, DISMISSED, OR EXPELLED FROM ANY OF THE ABOVE SCHOOLS OR ANY OTHER EDUCATIONAL INSTITUTIONS, DURING YOUR SCHOLASTIC CAREER?

YES  NO  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.

### 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 ANOTHER SHEET OF PAPER IF NECESSARY.

DATES				STREET ADDRESS	CITY	STATE	ZIP
FROM		TO					
MO.	YR.	MO.	YR.				

### SECTION IV - MILITARY SERVICE RECORD

Read and Answer **ALL BOXES** within this section, if applicable.

HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED FORCES? YES <input type="checkbox"/> NO <input type="checkbox"/>	BRANCH OF MILITARY SERVICE	
HIGHEST RANK ATTAINED:	DATE COMMISSIONED (If applicable)	TYPE OF DISCHARGE BASIS OF DISCHARGE
SERIAL NUMBER	DATES OF ACTIVE DUTY (MM/DD/YY) FROM     /     /     TO     /     /	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, THEN WHAT BRANCH?	YES <input type="checkbox"/> NO <input type="checkbox"/>	BRANCH:
HAVE YOU OR ARE YOU NOW SERVING IN A NATIONAL GUARD UNIT? IF YES, THEN 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 TIME WHILE UNEMPLOYED, IF APPLICABLE. ALL TELEPHONE NUMBERS ARE MANDATORY

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

## SECTION V - EMPLOYMENT HISTORY (continued)

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

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

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

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

HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM A POSITION?

YES  NO

IF YES, GIVE NAME OF EMPLOYER \_\_\_\_\_

## SECTION VI - CHARACTER REFERENCES

LIST THREE REFERENCES, WHO ARE REPUTABLE CITIZENS OF THEIR COMMUNITIES, AND ARE WILLING TO ATTEST TO YOUR CHARACTER AND REPUTATION. LIST THOSE WHO HAVE KNOWN YOU FOR AT LEAST FIVE YEARS, PREFERABLY THE LAST FIVE YEARS.

COMPLETE NAME	OCCUPATION	NO. OF YEARS KNOWN	
RESIDENCE ADDRESS	CITY	STATE	TELEPHONE (    )
BUSINESS ADDRESS	CITY	STATE	TELEPHONE (    )

COMPLETE NAME	OCCUPATION	NO. OF YEARS KNOWN	
RESIDENCE ADDRESS	CITY	STATE	TELEPHONE (    )
BUSINESS ADDRESS	CITY	STATE	TELEPHONE (    )

COMPLETE NAME	OCCUPATION	NO. OF YEARS KNOWN	
RESIDENCE ADDRESS	CITY	STATE	TELEPHONE (    )
BUSINESS ADDRESS	CITY	STATE	TELEPHONE (    )

## SECTION VII – POLICE CONTACT

<b>HAVE YOU EVER BEEN ARRESTED, DETAINED, OR CHARGED BY ANY LAW ENFORCEMENT AGENCY?</b>			
YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, LIST ANY CONVICTIONS BELOW.			
DATE	PLACE AND DEPARTMENT	CHARGE (S)	FINAL DISPOSITION

## SECTION VIII - DRIVING RECORD

LIST ALL MOTOR VEHICLE VIOLATIONS YOU HAVE RECEIVED

DATE	VIOLATION	POLICE DEPARTMENT	DISPOSITION

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

DATE	TYPE	POLICE DEPARTMENT	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"/>

## PERSONAL QUESTIONNAIRE

LIST ANY SPECIAL SKILLS OR TRAINING YOU HAVE ACQUIRED THAT WOULD BE BENEFICIAL TO THE TIVERTON POLICE DEPARTMENT. (INCLUDE 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.

## PERSONAL QUESTIONNAIRE (continued)

IS THERE ANYTHING IN YOUR BACKGROUND OR PERSONAL HISTORY THAT WOULD ADVERSELY AFFECT YOUR ABILITY TO PERFORM THE DUTIES AND RESPONSIBILITIES OF A DISPATCHER? YES  NO  IF YES, EXPLAIN BELOW.

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 RECRUIT SELECTION PROCESS.

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_