



RICHMOND POLICE DEPARTMENT
P.O. Box 203, Wyoming, RI 02898



PRELIMINARY APPLICATION FOR EMPLOYMENT

Application must be typed or clearly printed in ink. All items in the application must be filled in completely, correctly, and to the best of your knowledge be true. Applicant must sign application. Any applications that are incomplete and/or illegible can result in the rejection of the application by the Richmond Police Department. You have an affirmative obligation to notify the Richmond Police at the above address, in writing of any changes or additions to section I that occur **after the date the preliminary application** is filed.

Upon completion of the written test scoring, if you are eligible for further consideration in this or a subsequent recruit selection process, you will be requested to complete a Supplemental Application for Employment. Successful completion of a required background investigation and medical / psychological evaluation is required for continued consideration in the selection process.

SECTION I - PERSONAL HISTORY

| | | | | | | |
|---|--|---------------------------|------|---|-------------------------------|---------------------------------|
| LAST NAME | | FIRST NAME | | MIDDLE | MALE <input type="checkbox"/> | FEMALE <input type="checkbox"/> |
| IF YOU HAVE CHANGED YOUR NAME, GIVE DATE, PLACE AND REASON | | | | LIST ANY OR ALL NICKNAMES | | |
| PRESENT MAILING ADDRESS | | | CITY | STATE | ZIP CODE | |
| DATE OF BIRTH (MM/DD/YY) | | | AGE | SSN | | |
| ARE YOU A CITIZEN OF THE U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> | | PLACE OF BIRTH | | IF NATURALIZED, PLACE OF NATURALIZATION AND NATURALIZATION NUMBER | | |
| RESIDENCE TELEPHONE NUMBER () | | CELLULAR TELEPHONE NUMBER | | OTHER / E-MAIL ADDRESS | | |
| OPERATOR'S (DRIVER'S) LICENSE NUMBER | | | | STATE | | |
| HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED. IF YES, WHAT STATE(S) AND REASON FOR THE ACTION TAKEN. YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | |
| HAVE YOU EVER USED OR SOLD ILLEGAL NARCOTICS? IF YES, LIST THE TYPES USED OR SOLD AND INDICATE WHETHER YOU CURRENTLY USE ILLEGAL NARCOTICS. YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | |
| HAVE YOU EVER BEEN CONVICTED OF A FELONY? (YOU MUST DISCLOSE THE FACT OF A CONVICTION EVEN IF IT HAS BEEN EXPUNGED.) Please note that arrests and convictions are not an automatic bar to employment. Any impact will depend on the circumstances. YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | |
| HAVE YOU EVER SUBMITTED AN APPLICATION FOR EMPLOYMENT WITH ANY RHODE ISLAND POLICE DEPARTMENT? IF YES, LIST DATE(S). YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | |
| 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 APPLICATION(S). YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | |
| HAVE YOU EVER BEEN EMPLOYED FULL TIME AS A LAW ENFORCEMENT OFFICER? IF YES, LIST AGENCY AND CHECK THE APPROPRIATE BOX INDICATING THE NUMBER OF YEARS OF SERVICE. YES <input type="checkbox"/> NO <input type="checkbox"/> AGENCY/STATE _____ LESS THAN TWO YEARS <input type="checkbox"/> MORE THAN TWO YEARS <input type="checkbox"/> | | | | | | |

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Page 2

| | | | |
|--|--------------------------|-------------------|--------------------------------|
| EDUCATIONAL BACKGROUND (CHECK HIGHEST LEVEL ACHIEVED) | | | |
| HIGH SCHOOL | <input type="checkbox"/> | BACHELOR'S DEGREE | <input type="checkbox"/> |
| GED | <input type="checkbox"/> | MASTER'S DEGREE | <input type="checkbox"/> |
| LESS THAN 60 COLLEGE CREDITS | <input type="checkbox"/> | LAW DEGREE | <input type="checkbox"/> |
| 60 OR MORE COLLEGE CREDITS | <input type="checkbox"/> | OTHER | <input type="checkbox"/> |
| ASSOCIATE'S DEGREE | <input type="checkbox"/> | | |
| HAVE YOU EVER SERVED IN THE MILITARY, UNITED STATES OR FOREIGN? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| IF YES, SPECIFY BRANCH. (CHECK ALL THAT APPLY) | | | |
| MARINES | <input type="checkbox"/> | NAVY | <input type="checkbox"/> |
| ARMY | <input type="checkbox"/> | AIR FORCE | <input type="checkbox"/> |
| COAST GUARD | <input type="checkbox"/> | OTHER | <input type="checkbox"/> _____ |

The Richmond Police Department is an Equal Opportunity and Diversity Employer.

The information solicited in the Application for Employment, (preliminary and any subsequent phases) are necessary to complete your background investigation. In order for the Richmond Police Department to have sufficient information to complete this investigation, you must complete this application and any subsequent phases in its entirety. The information solicited herein and the results of the investigation that follow will be used to determine your suitability for employment with the Richmond Police Department. You should be aware that willfully making a false statement, omitting or concealing a material fact in your application or in connection with any other portion of the selection process of employment may result in your dismissal from the selection process or from the Richmond Police Department, if later discovered.

The Richmond Police Department maintains regularly scheduled night shifts, including 2nd shift from 3:00 PM – 11:00 PM, and 3rd shift from 11:00 PM – 7:00 AM. I am aware that if appointed as a member of the Richmond Police Department, I must establish and maintain Rhode Island residency, or reside within thirty (30) miles of the Richmond Town Hall at 5 Richmond Townhouse Road, Richmond, Rhode Island 02898. I understand that I must be available for such assignments as needs of the Richmond Police Department require. I further understand that any appointments tendered to me will be contingent upon the results of a complete character and fitness investigation. I am aware that willfully withholding information or making false statements, omitting or concealing a material fact on this application or on any required documents or verbal responses in the application process may result in my dismissal from the selection process, or from the Richmond Police Department, if discovered at a later time.

I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge and acknowledge that any other documents or verbal responses that are required to be completed or provided by me throughout the selection process are covered by these conditions as well.



SIGNATURE OF APPLICANT

SECTION II – AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby give the **Richmond Police Department** and its agents the authority to conduct a comprehensive investigation of my background including, but not limited to, oral discussions with any person concerning my background. I also authorize a review and full disclosure of all records and other information concerning myself whether such records and other information are public, private, privileged or confidential. This includes records maintained by past and present employers, law enforcement, public utility companies, state and federal agencies including but not limited to the Division of Taxation, the Internal Revenue Service, and any Health Care facility which dispenses care and treatment for social, mental or emotional difficulties.

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

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

Signature

Date

Witness Signature

Date

SECTION III – Fitness Test Medical Certificate

FITNESS TEST MEDICAL CERTIFICATE

Dear Physician:

The following named individual has submitted an application to become a Police Officer with the Richmond Police Department.

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

The Richmond 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 (next page).
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 Richmond Police Department and RIDPS/MPTA Physical Fitness Test.
(name of department)

Comments (if any): _____

Physician's Signature

(Please type or print:)

Physician's Name: _____

Address: _____

Telephone Number: _____

Effective January 1, 2013

**Physical Fitness Assessment
40th Percentile**

1 Minute Push-Up

| | 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-Aerobic Power

| | Age<20 | 20-29 | 30-39 | 40-49 | 50-59 |
|--------|--------|-------|-------|-------|-------|
| Male | 12:38 | 12:38 | 12:58 | 13:50 | 15:06 |
| Female | 14:50 | 14:50 | 15:43 | 16:31 | 18:18 |

1 Minute Sit-up test

| | 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 |

DAR Jan 2012