



West Warwick Police Department

1162 Main Street
West Warwick, RI 02893-4829
Phone: (401) 821-4323 Fax (401) 822-9206



Colonel John Magiera
Chief of Police

APPLICATION FOR POLICE OFFICER – COVER PAGE

Applications must be typed or clearly printed in ink. Any applications that are incomplete or illegible may result in rejection of said application by the West Warwick Police Department.

Name _____ D.O.B. ____/____/____

Street Address _____

City: _____ State: _____ Zip: _____

Telephone Number(s): _____

E-Mail Address _____

Circle One Answer Per Question:

Are You A United States Citizen? (Yes - No)

Do You Possess a Valid Driver's License? (Yes - No)

Do You Possess a High School Diploma OR have you obtained a General Equivalency Diploma?..... (Yes - No)

Will you have earned sixty (60) college credits from an accredited institution recognized by the U.S. Dept of Education by July 31, 2012?....(Yes - No)

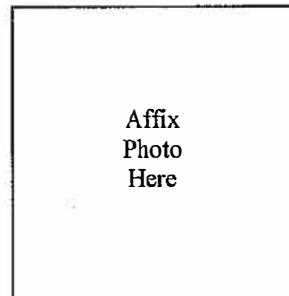
Do You Have 4 years continuous active U.S. military duty..... (Yes - No)

Do You Have 5 years continuous U.S. Military Reserve or National Guard Service?(Yes - No)

By signing below, I am certifying that I am aware that withholding information or making false statements on this application will be the basis of dismissal from the selection process, and/or, if later discovered, termination from employment with the West Warwick Police Department. With this understanding, I certify that the information provided above on this application is true and complete.

Signature

Date



"Courage ~ Sacrifice ~ Devotion"



PERSONAL INFORMATION – APPLICATION FOR ENROLLMENT- WEST WARWICK POLICE DEPARTMENT

SECTION 1: PERSONAL

1. YOUR FULL NAME
 LAST FIRST MIDDLE

2. CURRENT ADDRESS
 STREET APT/UNIT
 CITY STATE ZIP

3. CONTACT NUMBERS
 HOME () - CELL () - EMAIL

4. SOCIAL SECURITY NUMBER 5. BIRTHDATE 6. PLACE OF BIRTH

8. EMERGENCY CONTACT PERSON 9. EMERGENCY CONTACT NUMBER
 LAST FIRST () -

12. ARE YOU A CITIZEN OF THE UNITED STATES? YES NO 13. IF NATURALIZED, DATE OF NATURALIZATION AND COURT

SECTION 2: EDUCATION

1. HIGH SCHOOL 2. DATES ATTENDED
 FROM TO

3. ADDRESS
 CITY STATE

4. MAJOR COURSE OF STUDY

5. COLLEGE AND GRADUATE SCHOOL EDUCATION

List all schools attended

INSTITUTE	LOCATION	DATES ATTENDED		RECEIVED
		FROM	TO	
A) NAME	CITY/STATE			<input type="checkbox"/> DEGREE
	MAJOR	# OF CREDITS COMPLETED		<input type="checkbox"/> DIPLOMA <input type="checkbox"/> CERTIFICATE
B) NAME	CITY/STATE			<input type="checkbox"/> DEGREE
	MAJOR	# OF CREDITS COMPLETED		<input type="checkbox"/> DIPLOMA <input type="checkbox"/> CERTIFICATE
C) NAME	CITY/STATE			<input type="checkbox"/> DEGREE
	MAJOR	# OF CREDITS COMPLETED		<input type="checkbox"/> DIPLOMA <input type="checkbox"/> CERTIFICATE
D) NAME	CITY/STATE			<input type="checkbox"/> DEGREE
	MAJOR	# OF CREDITS COMPLETED		<input type="checkbox"/> DIPLOMA <input type="checkbox"/> CERTIFICATE
E) NAME	CITY/STATE			<input type="checkbox"/> DEGREE
	MAJOR	# OF CREDITS COMPLETED		<input type="checkbox"/> DIPLOMA <input type="checkbox"/> CERTIFICATE



PERSONAL INFORMATION – APPLICATION FOR ENROLLMENT

Section 2: Education, continued

6. LIST ANY EQUIVALENCY COURSES, CERTIFICATIONS, ETC.

SECTION 3: MISCELLANEOUS

1. PHYSICAL DESCRIPTION

HEIGHT WEIGHT LBS

5. DO YOU HAVE ALLERGIC REACTION THAT MAY OCCUR DURING PHYSICAL ACTIVITY? YES NO
IF SO, LIST THE ALLEGORIES:

9. DRIVER'S LICENSE DATE: STATE ISSUED DRIVER'S LICENSE NUMBER:

Please answer each of the following questions:

Y N

10. Can you swim?

11. Have you had firearms training?

12. CPR training?

13. Do you have specialized medical training?

If yes, list certifications



PERSONAL INFORMATION – APPLICATION FOR ENROLLMENT

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SECTION 4: MILITARY SERVICE

A). BRANCH OF SERVICE	DATES OF ENLISTMENT/DISCHARGE FROM TO	PROMOTIONS: DATE/RANK
RANK AT TIME OF DISCHARGE	REASON FOR DISCHARGE	TYPE OF DISCHARGE
B). BRANCH OF SERVICE	DATES OF ENLISTMENT/DISCHARGE FROM TO	PROMOTIONS: DATE/RANK
RANK AT TIME OF DISCHARGE	REASON FOR DISCHARGE	TYPE OF DISCHARGE
C). BRANCH OF SERVICE	DATES OF ENLISTMENT/DISCHARGE FROM TO	PROMOTIONS: DATE/RANK
RANK AT TIME OF DISCHARGE	REASON FOR DISCHARGE	TYPE OF DISCHARGE

SECTION 5: WORK EXPERIENCE

1. LIST EMPLOYMENT HISTORY

EMPLOYMENT HISTORY				
A) FROM	TO	EMPLOYER	PHONE () -	POSITION HELD
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	STREET ADDRESS	REASON FOR LEAVING	
<input type="checkbox"/> TEMP	<input type="checkbox"/> VOLUNTEER	CITY	STATE	ZIP
B) FROM	TO	EMPLOYER	PHONE () -	POSITION HELD
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	STREET ADDRESS	REASON FOR LEAVING	
<input type="checkbox"/> TEMP	<input type="checkbox"/> VOLUNTEER	CITY	STATE	ZIP
C) FROM	TO	EMPLOYER	PHONE () -	POSITION HELD
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	STREET ADDRESS	REASON FOR LEAVING	
<input type="checkbox"/> TEMP	<input type="checkbox"/> VOLUNTEER	CITY	STATE	ZIP



PERSONAL INFORMATION – APPLICATION FOR ENROLLMENT

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D) FROM	TO	EMPLOYER	PHONE () -	POSITION HELD
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	STREET ADDRESS		REASON FOR LEAVING
<input type="checkbox"/> TEMP	<input type="checkbox"/> VOLUNTEER	CITY	STATE ZIP	
E) FROM	TO	EMPLOYER	PHONE () -	POSITION HELD
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	STREET ADDRESS		REASON FOR LEAVING
<input type="checkbox"/> TEMP	<input type="checkbox"/> VOLUNTEER	CITY	STATE ZIP	
F) FROM	TO	EMPLOYER	PHONE () -	POSITION HELD
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	STREET ADDRESS		REASON FOR LEAVING
<input type="checkbox"/> TEMP	<input type="checkbox"/> VOLUNTEER	CITY	STATE ZIP	
G) FROM	TO	EMPLOYER	PHONE () -	POSITION HELD
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	STREET ADDRESS		REASON FOR LEAVING
<input type="checkbox"/> TEMP	<input type="checkbox"/> VOLUNTEER	CITY	STATE ZIP	
H) FROM	TO	EMPLOYER	PHONE () -	POSITION HELD
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	STREET ADDRESS		REASON FOR LEAVING
<input type="checkbox"/> TEMP	<input type="checkbox"/> VOLUNTEER	CITY	STATE ZIP	

Employment history should include all employers back to age 16. Please attach additional information if necessary.



PERSONAL INFORMATION – APPLICATION FOR ENROLLMENT

SECTION 6: CRIMINAL HISTORY

IF YOU HAVE EVER BEEN ARRESTED AND/OR CONVICTED OF A CRIME (FELONY OR MISDEMEANOR) OR HAD AN ARREST/CRIMINAL RECORD EXPUNGED BY A COURT OR BEEN CITED FOR A MOTOR VEHICLE VIOLATION, YOU MUST COMPLETE THE FOLLOWING SECTION, GIVING THE DATE, LOCATION, AND NATURE OF THE FELONY OR MISDEMEANOR ARREST AND/OR CONVICTION OR MOTOR VEHICLE VIOLATION.

IF YOU LEAVE THIS SPACE BLANK, YOU ARE CERTIFYING THAT YOU HAVE NO CURRENT RECORD OF ARREST AND/OR CONVICTION OR MOTOR VEHICLE VIOLATION. (PLEASE NOTE: ARREST AND/OR CONVICTION IS NOT AN AUTOMATIC DISQUALIFICATION FOR EMPLOYMENT. EACH CASE IS CONSIDERED INDIVIDUALLY.)

WILLFUL OMISSION OR MISREPRESENTATION OF REQUIRED INFORMATION WILL BE A BASIS FOR REJECTION OF YOUR APPLICATION OR DISMISSAL

1. HAVE YOU EVER BEEN ARRESTED AND/OR CONVICTED FOR ANY CRIMINAL OFFENSE OR MOTOR VEHICLE VIOLATION?
YES NO IF YES, PROVIDE THE FOLLOWING DATA:

ARRESTS / CONVICTIONS / MOTOR VEHICLE VIOLATIONS (ATTACH A SEPARATE SHEET WITH ADDITIONAL INFORMATION, IF NECESSARY)

Table with 4 main rows (A, B, C, D) and 2 columns: APPROX DATE and LOCATION. Sub-headers include OFFENSE and DISPOSITION.

2. HAVE YOU EVER HAD AN ARREST EXPUNGED OR A MOTOR VEHICLE VIOLATION DISMISSED UNDER THE GOOD DRIVING RULE?
YES NO IF SO, LIST DATE(S) AND NATURE OF OFFENSE(S):

Please ensure that the above section is completed in full. If you are not sure whether to include information, please attach an explanation of your concerns. Willful omissions shall result in disqualification.



THE SECTION BELOW AFFECTS YOUR LEGAL RIGHTS, READ CAREFULLY BEFORE SIGNING.

SECTION 8 THE FOLLOWING MUST BE COMPLETED BY THE APPLICANT

I understand that in order for my application to be considered, the Affirmation below must be completed.

My Participation in the West Warwick Police Department Recruitment process is voluntary. I know and am aware of all the dangers associated with participation in this activity. I understand that the process includes a physical agility test. Risks incumbent in such an undertaking include, but are not limited to, injury to person or property, death, disfigurement or other loss. I freely, voluntarily and with such knowledge assume any such risk while participating in the process.

I, my heirs, assigns, and/or successors hereby waive any cause of action against the Town of West Warwick, its agents, assigns, successors, employees, or any other person acting on its behalf in any event in connection with this process (hereinafter collectively known as "the Town") which may result in my death, injury, or any other damage to me. I further agree to indemnify the Town and hold the Town harmless from any cause of action that may arise from my actions.

I further state that I understand that my waiver and indemnification are contractual, that my ability to participate in the process is good and adequate consideration for such a contract, that this contract is not a mere recital, and that I sign this document of my own free and voluntary act.

I further consent to the release of this application and other documents that are submitted, collected, or produced by the Town in connection with this process to other law enforcement agencies that may request such information in connection with a background investigation, if I have or will apply to that other agency for employment.

I certify that the information provided in or attached to this application is complete, accurate, and up-to-date. I further certify that there have been no willful misrepresentations of the above statements and answers to the questions herein, and that I have made no omissions of material facts with respect to any of the answers to the questions presented. I understand that if an investigation should disclose any such omissions or misrepresentations, my application will be rejected, and/or my candidacy may be terminated, and/or my employment with the West Warwick Police Department may be terminated.

SIGNATURE OF APPLICANT	CITY/TOWN	DATE
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West Warwick Police Department

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Phone: (401) 821-4323 Fax (401) 822-9206



Colonel Richard G. Silva
Chief of Police

FITNESS TEST MEDICAL CERTIFICATE

Dear Physician:

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

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

The West Warwick 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 West Warwick 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

"Courage ~ Sacrifice ~ Devotion"

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