



West Warwick Police Department

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



Colonel Ernest Lavigne
Chief of Police

APPLICATION FOR LATERAL POLICE OFFICER

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 December 31, 2019?.....(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)

Are You a Current or Former Police Officer.....(Yes - No)

If so, With Which Department? _____

Is Your POST Certification still valid?.....(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: _____