



PROVIDENCE POLICE DEPARTMENT

POLICE RECRUIT

APPLICATION FORM



APPLICATION AND RECRUITMENT

HOW TO APPLY TO THE PROVIDENCE POLICE DEPARTMENT

PART I

- 1. YOU MUST BE 21 YEARS OF AGE AT THE COMPLETION OF THE ACADEMY.**
- 2. YOU MUST HAVE A VALID DRIVER'S LICENSE.**
- 3. YOU MUST BE A HIGH SCHOOL GRADUATE OR HAVE A GED**
- 4. YOU MUST BE A U.S. CITIZEN.**
 - A. U.S. PASSPORT**
 - B. BIRTH CERTIFICATE**
 - C. NATURALIZATION PAPERS**

WE MUST SEE THE ORIGINALS OF YOUR HIGH SCHOOL DIPLOMA, OR EQUIVALENT, YOUR BIRTH CERTIFICATE, AND YOUR DRIVER'S LICENSE.

FILL OUT COMPLETED APPLICATION, MAKE SURE TO INCLUDE ALL PHONE NUMBERS, CORRECTLY SPELLED NAMES, AND INCLUDE ADDRESSES WITH THE CITY OR TOWN AND STATE.

MAIL COMPLETED FORMS TO:

**PROVIDENCE POLICE DEPARTMENT
HUMAN RESOURCES BUREAU
325 WASHINGTON STREET
PROVIDENCE, RI 02903
PHONE #: 401-243-6411
FAX #: 401-243-6442**

APPLICATION AND RECRUITMENT

PART II

A. PHYSICAL FITNESS ASSESSMENT:

- 1. THIS PORTION OF THE TESTING IS CONDUCTED BY CERTIFIED COOPER INSTITUTE INSTRUCTORS. ANY QUESTIONS SHOULD BE ADDRESSED THEM.**
- 2. HOW TO PREPARE -**
 - a. YOU SHOULD KNOW BEFORE YOUR PHYSICAL FITNESS ASSESSMENT DATE WHETHER YOU CAN PASS OR NOT.**
 - b. TEST YOURSELF BEFORE HAND, WHATEVER YOU CANNOT DO AT THAT TIME YOU WILL NEED TO WORK ON BEFORE YOU ATTEND THE TEST.**

B. WRITTEN TEST

- 1. THIS PORTION OF THE TEST IS GIVEN BY AN OUTSIDE AGENCY.**
- 2. THE STANDARDS THAT ARE TO BE USED ARE HIGH SCHOOL LEVEL.**

THE BEST WAY TO PREPARE FOR THIS TYPE OF TEST IS TO STUDY HOW TO TAKE A MULTIPLE CHOICE TEST. THERE ARE TEXTS AVAILABLE IN BOOK STORES AND LIBRARIES.



APPLICATION NUMBER: _____

**PROVIDENCE POLICE DEPARTMENT
RECRUIT APPLICATION FORM**

NAME: _____
(LAST) (FIRST) (MIDDLE)

RESIDENCE: _____
(NUMBER AND STREET) (CITY) (STATE) (ZIP)

MAILING ADDRESS: _____
(NO. & STREET OR P.O. BOX) (CITY) (STATE) (ZIP)

TELEPHONE: _____
(HOME) (BUSINESS) (PAGER)

EMAIL: _____

ARE YOU A UNITED STATES CITIZEN _____ YES _____ NO
(CHECK ONE) SOCIAL SECURITY # _____

DRIVER'S LICENSE NUMBER: _____ STATE ISSUED: _____

EDUCATION: (CIRCLE HIGHEST GRADE COMPLETED) CIRCLE FULL YEARS OF COLLEGE COMPLETED:
1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6

	NAME OF SCHOOL	CITY AND STATE	GRADUATE		HOURS	COURSE OF STUDY
			YES	NO	UNITS	
High School						
College						
University						
Professional Schools						
Special Courses						

FOR DEPARTMENT USE ONLY

BIRTH CERTIFICATE _____
DIPLOMA or EQUIVALENCY _____
DRIVER'S LICENSE _____
PROOF OF CITIZENSHIP _____

THE CITY OF PROVIDENCE IS AN EQUAL OPPORTUNITY EMPLOYER; ALL POSITIONS WILL BE FILLED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, OR VETERAN STATUS, OR ANY OTHER LEGALLY PROTECTED STATUS.

PROVIDENCE POLICE DEPARTMENT

AUTHORIZATION FOR RELEASE OF INFORMATION

I _____, hereby give the Providence 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 but is not limited to records maintained by past and present employers, law enforcement agencies, public utility companies, state and federal agencies, health care facilities; mental health or substance abuse treatment facilities, and state and federal income tax information.

To the custodian of the records discussed herein, I hereby authorize you to release information to the bearer of this Authorization of 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 the Providence Police Department and its agents and anyone who gives written or oral information about me to the Providence 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 of person about whom the information is requested

DATE:

WITNESS SIGNATURE

DATE:

**PROVIDENCE POLICE DEPARTMENT
HUMAN RESOURCE BUREAU**

RECRUIT NUMBER _____

DEAR APPLICANT:

THE PROVIDENCE POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER. QUALIFIED APPLICANTS ARE CONSIDERED FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY OR VETERAN STATUS, OR ANY OTHER LEGALLY PROTECTED STATUS.

TO ASSIST THIS DEPARTMENT IN COMPLYING WITH FEDERAL, STATE AND CITY EQUAL OPPORTUNITY RECORD KEEPING, AND TO ENABLE OUR DEPARTMENT TO ACHIEVE ITS AFFIRMATIVE ACTION GOALS, PLEASE ANSWER THE FOLLOWING QUESTIONS. THIS INFORMATION WILL BE KEPT IN A CONFIDENTIAL FILE AND WILL NOT BECOME PART OF YOUR APPLICATION FOR EMPLOYMENT.

THIS INFORMATION IS BEING PROVIDED VOLUNTARILY AND WILL NOT BE USED IN MAKING EMPLOYMENT DECISIONS.

NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____
(NUMBER AND STREET) (CITY) (STATE) (ZIP)

_____ MALE _____ FEMALE

RACE/ETHNIC GROUP **PLEASE CHECK ONLY ONE**
FOR ASSISTANCE IN PROVIDING THE
FOLLOWING INFORMATION, PLEASE REVIEW
ATTACHED SHEET, RACE/ETHNIC IDENTIFICATION

_____ AMERICAN INDIANS, INCLUDING ALASKAN NATIVES

_____ ASIANS

_____ PACIFIC ISLANDERS

_____ BLACKS

_____ HISPANICS, INCLUDING PERSONS OF MEXICAN,
PUERTO RICAN, CUBAN, CENTRAL OR SOUTH
AMERICAN, OR OTHER HISPANIC ORIGIN OR
CULTURE, REGARDLESS OF RACE

_____ WHITES (CAUCASIANS), OTHER THAN HISPANICS

RACE/ETHNIC IDENTIFICATION

MINORITY: The term “minority” means a person who is a citizen or lawful permanent resident of the United States and who can establish by information contained on his or her birth certificate, by tribal records, or by other reliable records that he/she is any of the following:

CATEGORY

****WHITE**: (Not of Hispanic origin). All persons having origins in any of the original people of Europe, North Africa, or in the Middle East.

BLACK: (Not of Hispanic origin). All persons having origins in any of the Black racial groups of Africa.

HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Hispanic culture or origin, regardless of race.

AMERICAN INDIAN or ALASKAN NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

ASIAN OR PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the *Indian Sub-continent, or the Pacific Islands. The area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

* Indian Sub-continent takes in the countries of India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim, and Bhutan. (Standards adopted by the Office of Federal Contract Compliance Program, October 1, 1978).

** White is not included in the minority category. It is listed for reporting purposes.

I, _____, the applicant named herein, do certify that the answers given herein are true and complete.

I hereby authorize and consent to the investigation of all statements contained in this application, my qualifications and my character as the Providence Police Department may deem necessary in arriving at an employment decision.

I understand and agree that if I otherwise qualify for admission to the Providence Police Training Academy, I will be required to submit to medical and psychological examinations, and that drug testing will be a part of my medical examination. I understand that drug testing results shall be used solely to determine my suitability for admission to the Providence Police Training Academy and/or to my employment as a Providence Police Officer; and that a positive drug test result shall not be used in any criminal prosecution or for any other purpose.

I hereby release the City of Providence, its agents and representatives from any liability or damages which may result from its investigation of my qualifications and character. In addition, I hereby waive any right to later seek the release of any such information gathered through investigation to me for any purpose.

I understand that the acceptance of my application by the City of Providence Police Department in no way signifies that I am qualified for admission to the Providence Police Academy. I further understand that although I may successfully complete all phases of the evaluation process and may be deemed qualified, I may not necessarily be admitted to the Providence Police Training Academy.

It is further understood that although I may be admitted as a trainee in the Providence Police Training Academy, I may not necessarily be appointed as a police officer of the Providence Police Department.

Should I be admitted to the Providence Training Academy as a trainee, I agree to freely and completely submit to the Rules and Regulations of the Providence Police Training Academy.

I have read this application and the entries made herein, and declare that such entries conform to my statements made in the process of making this application, and that all such statements made by me are true. I understand that false or misleading information given in my application or interview(s) may result in disqualification during the evaluation process or in discharge.

This shall also acknowledge that I am in receipt of the five (5) page INFORMATIONAL PACKAGE FOR APPLICANTS TO THE PROVIDENCE POLICE ACADEMY.

Signature of Applicant

Date Application Received

Signature of Receiving Officer

