



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

7. SPONSORING POLICE DEPARTMENT

8. EMERGENCY CONTACT PERSON

LAST FIRST

9. EMERGENCY CONTACT NUMBER

() -

10. SPOUSE'S NAME

LAST FIRST

11. SPOUS'S EMERGENCY NUMBER

() -

12. ARE YOU A CITIZEN OF THE UNITED STATES? YES NO

13. IF NATURALIZED, DATE OF NATURALIZATION AND COURT

SECTION 2: EDUCATION

NOTE: Please attach school diploma or GED satisfaction.

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



HEALTH INSURANCE INFORMATION

Insurance Plan Name: _____
 Group/Policy Number: _____
 Expiration Date: _____
 Policy Holder's Name: _____
 Policy Holder's Employer: _____
 Relationship: _____

Please note: Applicant must provide proof of health insurance prior to enrollment in the Rhode Island Municipal Police Academy.

SECTION 4: MILITARY SERVICE

NOTE: PLEASE ATTACH A COPY OF DD214

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 FOR THE LAST FIVE YEARS

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

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



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 FROM THE RHODE ISLAND MUNICIPAL POLICE TRAINING ACADEMY.

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)

A) APPROX DATE	LOCATION
OFFENSE	DISPOSTION
B) APPROX DATE	LOCATION
OFFENSE	DISPOSTION
C) APPROX DATE	LOCATION
OFFENSE	DISPOSTION
D) APPROX DATE	LOCATION
OFFENSE	DISPOSTION

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):



SECTION 7. TO BE COMPLETED AND SIGNED BY THE CHIEF OF POLICE OR APPOINTING AUTHORITY

To: Police Officer's Commission on Standards and Training

The application of _____ for enrollment in the Rhode Island Municipal Police Training Academy with the agreement by him/her to abide by the rules and regulations established for the conduct of Rhode Island Municipal Police Training Academy trainees is hereby forwarded with my approval. I further certify that I have reviewed the above information, find that the information is correct and acceptable and the applicant has prospects of an appointment to the _____ Police Department within the reasonable future, is, or has been a member of the _____ Police Department, and all parties agree that the applicant, while attending the Rhode Island Municipal Police Training Academy, for all intent and purposes is a member of that department.

SIGNATURE	TITLE	DATE
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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.

I hereby agree that if this application is accepted and I am enrolled in the Rhode Island Municipal Police Training Academy, I will abide by the rules and regulations established for the conduct of Rhode Island Municipal Police Training Academy trainees, and I am aware that any violation thereof may be cause for my dismissal from the Rhode Island Municipal Police Training Academy. It is further understood that the undersigned participates in this training at his/her own risk and that the State of Rhode Island and/or the POST Commission members or instructors shall not be responsible for any injury, or loss, or damage which the undersigned may suffer while/he is attending the Rhode Island Municipal Police Training Academy.

It is the intention of both the Indemnitor (recruit) and the Indemnitee (Academy), its officers, agents, and employees shall not be held liable or in any way responsible for damage, loss, or expense resulting to the Indemnitor due to any accident, mishap, or injury while attending the Rhode Island Municipal Police Training Academy.

If so, Indemnitor waives all rights to make claims or file suit against the Indemnitee for, and relieves the Indemnitee from all liability or responsibility of any kind arising from any accident, mishap or injury.

I certify that the information provided in or attached to this application is complete, accurate and up-to-date on the date specified below. I further certify that there are no willful misrepresentations of the above statements and answers to questions herein, and that I have made no omissions of material fact with respect to any of my answers to the questions presented. I understand that if an investigation should disclose such misrepresentations or omissions, my application may be rejected. Finally, I understand that if I should be enrolled at the time of such investigation and disclosure, my attendance at the Rhode Island Municipal Police Training Academy may be immediately terminated.

SIGNATURE OF APPLICANT	CITY/TOWN	DATE
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NOTARY PUBLIC: