



**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. SPONSORING CHIEF OF POLICE			9. PHONE NUMBER
10. PREVIOUS EMPLOYING AGENCY			11. CURRENT CHIEF
12. ARE YOU A CITIZEN OF THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		13. IF NATURALIZED DATE COURT	

**SECTION 2: TRAINING**

1. ARE YOU A GRADUATE OF THE RIMPTA <input type="checkbox"/> YES <input type="checkbox"/> NO		2. DATES ATTENDED FROM TO	
3. ORIGINAL SPONSORING AGENCY			

5. LIST ALL RELATIVE TRAINING

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



State of Rhode Island  
**PERSONAL INFORMATION – APPLICATION FOR LATERAL TRANSFER**

REVISED 5/21 – Page 2 of 5

Section 2: Education, continued

6. LIST EQUIVALENCY COURSES, CERTIFICATIONS, ETC. CERTIFIED BY THE RHODE ISLAND DEPARTMENT OF EDUCATION.  
 A COPY MUST ACCOMPANY THIS APPLICATION.

**SECTION 3: 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 4: WORK EXPERIENCE**

LIST EMPLOYMENT HISTORY RELATED TO LAW ENFORCEMENT

A). FROM	TO	EMPLOYER	PHONE ( ) -	POSITION HELD
CHOOSE A CATEGORY		STREET ADDRESS		REASON FOR LEAVING
<input type="checkbox"/> FULLTIME	<input type="checkbox"/> PART TIME	CITY	STATE ZIP	
<input type="checkbox"/> TEMP	<input type="checkbox"/> VOLUNTEER			
B). FROM	TO	EMPLOYER	PHONE ( ) -	POSITION HELD
CHOOSE A CATEGORY		STREET ADDRESS		REASON FOR LEAVING
<input type="checkbox"/> FULLTIME	<input type="checkbox"/> PART TIME	CITY	STATE ZIP	
<input type="checkbox"/> TEMP	<input type="checkbox"/> VOLUNTEER			



State of Rhode Island  
**PERSONAL INFORMATION – APPLICATION FOR LATERAL TRANSFER**

REVISED 5/21 – Page 3 of 5

Section 5: Work Experience, continued

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



State of Rhode Island  
**PERSONAL INFORMATION – APPLICATION FOR LATERAL TRANSFER**

REVISED 5/21 – Page 4 of 5

**SECTION 5: 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	DISPOSITION
B) APPROX DATE	LOCATION
OFFENSE	DISPOSITION
C) APPROX DATE	LOCATION
OFFENSE	DISPOSITION
D) APPROX DATE	LOCATION
OFFENSE	DISPOSITION

2. HAVE YOU EVER HAD AN ARREST EXPUNGED OR A MOTOR VEHICLE VIOLATION DISMISSED UNDER THE GOOD DRIVING RULE?

YES  NO IF YES, LIST DATE(S) AND NATURE OF OFFENSE(S):



State of Rhode Island  
**PERSONAL INFORMATION – APPLICATION FOR LATERAL TRANSFER**

REVISED 5/21 – Page 5 of 5

**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 certification by the Rhode Island Municipal Police Training Academy. 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.

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 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: