



West Warwick Police Department

1162 Main Street, West Warwick, RI 02893-4829

Phone: (401) 822-9234 Fax (401) 822-9267



Colonel Mark A. Knott
Chief of Police

APPLICATION INSTRUCTIONS

Enclosed is the preliminary application to start the testing process for employment as a West Warwick Police Dispatcher. Completed applications must be submitted no later than **Friday, February 14, 2020 at 12:30 p.m.** to the Police Department, 1162 Main Street, West Warwick, RI. to the attention of *Major Donald Archibald*. Faxed applications will not be accepted. The application must be printed or typed, and illegible applications will be rejected. The preliminary application **must** be accompanied by:

- 1) a photocopy of your driver's license and
- 2) a photocopy of your high school diploma or GED and
- 3) a check or money order for \$25.00 made payable to the Town of West Warwick for the testing fee.

Requirements

In order to be eligible for the testing process, applicants must:

- Be a United States Citizen
- Be at least 21 years of age by March 1, 2020
- Possess a high school diploma or have obtained a General Equivalency Diploma
- Be of good moral character.

THE PROCESS

The West Warwick Police Department's testing process will begin with the acceptance of these applications commencing January 10, 2020 and will conclude with the final eligibility list by the end of March 2020. The following steps will take place in the process:

The Written Examination

Applicants will report to a location to be determined. Applicants will be notified by telephone and/or email at least ten (10) days prior to the testing date.

“Courage ~ Sacrifice ~ Devotion”

Dispatch Application Instructions

January 2020

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The Interviews

The top scoring eligible applicants from the written test will move on to the interview phase. Those applicants will be notified by mail and telephone/email of their interview dates. Interviews are expected to take place by mid-March 2020 before a board of at least three officers and the Personnel Director or her designee. The Board will interview these candidates at the West Warwick Youth Drop-in Center, 40 Factory Street, West Warwick, RI. An eligibility list for future hiring will be completed after these interviews.

Background Investigation

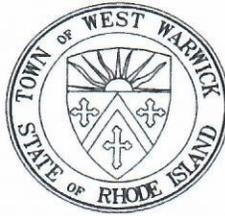
Those candidates placed on the eligibility list will be investigated thoroughly before and after a conditional offer of employment. This investigation will extend to family members, friends, employers, schools, and any other relevant person. Candidates found to be of poor moral character, or who have misstated or omitted information on their application will be removed from the process.

Further Testing

Prior to appointment, applicants must pass a URI psychological test and a medical screening. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Further Information

If you have any questions, they may be directed via e-mail to darchibald@westwarwickri.org. Any person with a disability who needs special accommodations may contact the Major Donald Archibald at least 48 hours prior to the event.



Town of West Warwick Application for Employment

The Town of West Warwick is an equal opportunity/affirmative action employer and does not discriminate against employees or applicants for employment on any legally-recognized basis including, but not limited to, age, race, color, religion, national origin, sex, marital status, pregnancy, sexual orientation, physical or mental disability, or ancestry, except where a bona fide occupational qualification exists. Reasonable accommodations will be made for qualified disabled persons to assist them in fulfilling the essential functions of a job, provided that such accommodations do not impose an undue hardship upon the Town.

PLEASE TYPE OR PRINT			Date
Name (Last)	(First)	(Middle)	Social Security Number
Mailing Address (Street)	(City)	(State)	(Zip Code)
Email Address (PLEASE PRINT CLEARLY)			Phone Number - Home
If you are under 18 years of age, can you provide required proof of your eligibility to work?			Yes No

TYPE OF POSITION DESIRED	
Position Applied For	
Full Time Part Time Temporary	Salary Expected
Have you ever worked for the Town of West Warwick?	If Yes, When and Where?
Have you ever applied to Town of West Warwick?	If Yes, When and Where?
How were you referred to the Town of West Warwick?	
Are you legally authorized to work in this country? Yes No	
<p>To comply with the Immigration Reform and Control Act of 1986, if you are hired you will be required to provide documents to establish your identity and your authorization to be employed in the United States. Such documents will be required within the first three (3) business days following your hire or upon your first day if your employment period will be less than three (3) days.</p>	

THE TOWN OF WEST WARWICK IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
 All positions will be filled without regard to race, color, religion, national origin, sex, age, veteran status, disability, or sexual orientation. In addition, all employees are subject to the provisions of the Workers' Compensation Act.

Record of Education							
Name and Address of School(s)		Dates Attended		Graduated		Type of degree/diploma received	Major/Minor Fields of Study
		From To		YES	NO		
		Mo./Yr.	Mo./Yr.				
High School (Last Attended)							
Colleges/ Universities							
Graduate School							
Other (Business, Technical, Secretarial)							

Please list any professional affiliations or accreditations, which have a direct bearing upon your qualifications for the job which you are seeking. (Indicate all licenses and certifications, which may relate to the job for which you are applying.)

Do you have any special skills or abilities, which directly relate to the job for which you are applying?

Do you possess a valid current driver's license (only for jobs where requiring driving a vehicle is an essential function)? Yes - No

Driver's License Number and State

Do you have a CDL? Yes No

Endorsements?

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Experience (Most Recent Experience First)				
1. Name and Address of Employer	Starting Position		Ending Position	
From Mo/Yr. To Mo/Yr.	Salary		Name and Title of Supervisor	Reason for Leaving
	Starting	Ending		
Phone Number				
2. Name and Address of Employer	Starting Position		Ending Position	
From Mo/Yr. to Mo/Yr.	Salary		Name and Title of Supervisor	Reason for Leaving
	Starting	Ending		
Phone Number				
3. Name and Address of Employer	Starting Position		Ending Position	
From Mo/Yr. to Mo/Yr.	Salary		Name and Title of Supervisor	Reason for Leaving
	Starting	Ending		
Phone Number				
<p>Please use this space to describe any previous work history and/or to detail particular responsibilities listed above. Include any additional information, which you feel may be relevant to the job for which you are applying.</p>				

This application shall be considered as active for the position indicated for a period not to exceed twelve (12) months. It is the responsibility of the applicant to indicate the specific position for which they would like to be considered. Should an applicant be interested in applying for a different position or re-applying for the same position in the future, a new application form must be submitted.

I hereby certify that all statements made in this application are true and complete. I understand that any misrepresentation or omission of facts in my application may be justification for refusal to hire, or termination of employment. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I give the Employer the right to investigate all references, to contact all prior employers and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause.

If I am offered and accept employment, I understand that any such offer is contingent upon my completion an 1-9 form (employment verification form) and a Bureau of Criminal Investigation background check.

I understand that I must meet all the physical standards established by Town to perform the essential functions of any job for which I am offered employment. I understand that, if offered employment, I might be required as a condition of employment to take a physical examination. I also understand that during employment I might from time to time be subjected to physical examinations and/or physical ability tests to demonstrate that I can perform the essential functions of my job. I understand that the Town may from time to time require that I take a drug and/or alcohol test as a condition of employment.

I understand that the Town reserves the right to conduct searches on company property of employees and their personal property for alcohol, drugs, or for property which might belong to the Town. A refusal to submit to a Town of West Warwick search can subject an employee to employment termination.

In signing this form, I certify that I understand all the questions and statements in this application.

Signature of Applicant

Date

For Administrative Use Only	
Date Application Received	Referral Source
Interviewed by	Department
Reference Check Completed (Date and by Whom)	

The Town considers all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

This form is to be completed by the applicant on a voluntary basis. It is not for interview purposes and will be filed separately from the application.

In an effort to comply with requirements regarding government record keeping, reporting, and other legal obligations that may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel action or decision. Your cooperation is appreciated.

Please be advised that this survey is not part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Please Print:

Position applied for: _____ Date: ___/___/___

Referral Source:

- Walk-in Government Employment Agency Private Employment Agency
- Employee Relative School
- Advertisement — Source _____ Other _____

Name of person who referred you (if applicable) _____

Applicant Information:

Name _____			Telephone # (____) _____		
Last	First	Middle			
Address					
Street _____					
City		State	Zip		
Male <input type="checkbox"/>			Female <input type="checkbox"/>		
Please check one of the following Equal Employment Opportunity Identification Groups:					
<input type="checkbox"/> American Indian / Alaskan Native		<input type="checkbox"/> Hispanic / Latino (White race only)		<input type="checkbox"/> White	
<input type="checkbox"/> Native Hawaiian / Other Pacific Islander		<input type="checkbox"/> Hispanic / Latino (all other races)		<input type="checkbox"/> Asian	
<input type="checkbox"/> Black / African American					

For Administrative Use Only:

Position applied for: Available Not Available Other

Other positions considered for: _____

Hired: Yes No Date of hire: _____

EEO job classification which best describes position filled:

Officials and Managers	E Sales Workers	Operatives (semi-skilled)
Professionals	E Office and Clerical Workers	Laborers (skilled)
Technicians	Craft Works (skilled)	Service Workers