

# Central Falls Police Department



## Police Recruit Application Packet

**RETURN COMPLETED APPLICATION TO:**

**City of Central Falls  
Human Resources  
580 Broad Street Central  
Falls, RI 02863**

**02/2016**

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**CENTRAL FALLS POLICE DEPARTMENT  
EMPLOYMENT APPLICATION  
PERSONAL HISTORY**

\_\_\_\_\_  
Last Name      First      Middle/Maiden      / / /      Age      Social Security No.  
D.O.B.

\_\_\_\_\_  
Address      Apartment #      City      State      Zip      (\_\_\_\_) \_\_\_\_\_  
Telephone Number

Additional Telephone Numbers were you can be reached      (\_\_\_\_) \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Place of Birth      City & State      Driver's License Number      State Expiration Date

Are you a citizen of the United States? \_\_\_\_ If not, what country are you a citizen of? \_\_\_\_\_

\_\_\_\_\_  
Height      Weight      Eye Color      Hair Color      Sex      Ethnic Origin

Marital Status \_\_\_\_\_  
Single      Married      Engaged      Separated      Divorced      Widowed

Number of Children \_\_\_\_\_

Email Address \_\_\_\_\_ Resume Provided \_\_\_\_\_

Education: \_\_\_\_\_  
High School      City & State      Graduated      Year

\_\_\_\_\_  
College/Tech School      City & State      Graduated      Year      Major  
Do you have an  Associates       Bachelor       Graduate       Other

Are you currently working on degree? Which type  Associates       Bachelor       Graduate       Other

How many credit hours do you currently have? \_\_\_\_\_ Total Years of School \_\_\_\_\_

Military Service \_\_\_\_\_  
Yes      No      / / /      / / /  
From      To

Branch: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Previous Police Experience? \_\_\_\_\_ What Department? \_\_\_\_\_

from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Have you ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_

Location/Department	Charge	Month/Year	Your Plea	Deposition

Presently Employed? Yes \_\_\_\_\_ No \_\_\_\_\_ Job Title \_\_\_\_\_

\_\_\_\_\_  
Company Name and Complete Address Telephone Number

List any special abilities/qualifications (Training, Language, Licenses, Computer Skills)

\_\_\_\_\_  
\_\_\_\_\_

Have you EVER applied for Central Falls Police before? Yes No When? \_\_\_\_\_

If you are fluent in a foreign language, indicate in each area your degree of fluency

Language	<u>Reading</u>	<u>Speaking</u>	<u>Understanding</u>	<u>Writing</u>
_____	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair
_____	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair

Notify in case of Emergency

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Where did you hear about this position? \_\_\_\_\_

### FAMILY INFORMATION

Marital Status:  Single  Married  Engaged  Separated  Divorced  Widowed

Spouse's Full Name: \_\_\_\_\_  
Last First Middle/Maiden

Spouse's Date of Birth \_\_\_\_\_ Occupation: \_\_\_\_\_

Spouse's Place of Employment \_\_\_\_\_ Address \_\_\_\_\_

Yes  No Do you have any previous marriages?  
 Please supply information below for previous spouse(s):

Previous Spouse Name	Address	Telephone	Date Married	Date Divorced

Number of Children: \_\_\_\_\_

List all of your children (Natural, Step-Children, Adopted, or Foster):

Child's Full Name	AGE	Home Address (if different from yours)	Relationship

With whom do you presently reside?

\_\_\_\_\_

Yes  No Has your spouse ever been arrested? Explain: \_\_\_\_\_

**Residences**

List Residences for the past ten (10) years: (Start with most recent)

Own    Rent    Family                      From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  
Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Local Police Department \_\_\_\_\_ Telephone No. \_\_\_\_\_

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Own    Rent    Family                      From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  
Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Local Police Department \_\_\_\_\_ Telephone No. \_\_\_\_\_

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Own    Rent    Family                      From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  
Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Local Police Department \_\_\_\_\_ Telephone No. \_\_\_\_\_

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Own    Rent    Family                      From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  
Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Local Police Department \_\_\_\_\_ Telephone No. \_\_\_\_\_

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Own    Rent    Family                      From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  
Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Local Police Department \_\_\_\_\_ Telephone No. \_\_\_\_\_

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Own    Rent    Family                      From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  
Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Local Police Department \_\_\_\_\_ Telephone No. \_\_\_\_\_

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Have you ever resided outside the State of Rhode Island or the U. S.? Yes   No   If 'yes' supply exact addresses: \_\_\_\_\_

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## EDUCATIONAL INFORMATION

### High School

List all high schools attended (Include copies of high school diploma or GED):

Name	Location	Dates Attended		Grade Level	Graduated
		From	To		
		Mo./Year	Mo./Year		Y / N
					Y / N
					Y / N

Date of Graduation: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo      Day      Year

### College and/or University

List all college/universities/community colleges, trade schools etc. schools attended

Name	Location	Dates Attended		Years Completed	G.P.A.	Graduated
		From	To			
		Mo./Year	Mo./Year			

Are you currently working toward a college degree?    Yes    No

If "Yes", which type?    Associates    Bachelor    Graduate    Other

When do you expect to receive it? \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_

Are you fluent in any other languages besides English?    Yes    No

If "Yes" please list: \_\_\_\_\_

Indicate special computer skills you possess (software programs): \_\_\_\_\_

Indicate special training/skill/qualifications you believe may be beneficial to this department?  
 (computers, scuba diving, firearms, tactical, photography, etc.)

Were you ever suspended, expelled, or asked to withdraw from any higher educational institutional system, including academic suspension?    Yes    No   If "Yes" explain, \_\_\_\_\_

**MILITARY HISTORY & VETERAN INFORMATION**

**(Include a copy of DD Form 214)**

Have you ever served in the military? Yes No From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you currently in the military? Yes No Highest Rank Attained: \_\_\_\_\_

If "Yes", Expected date of separation: \_\_\_\_\_

Last Duty Station: \_\_\_\_\_

Did you receive an Honorable Discharge? Yes No If "No" Explain: \_\_\_\_\_

\_\_\_\_\_

Current or Prior Service Army Air Force Coast Guard Marines Navy

Military Component: Active Duty National Guard Reserves

While enlisted in the armed forces, were you subjected to any disciplinary actions? Yes No

If "Yes", Please explain \_\_\_\_\_

\_\_\_\_\_

**VETERANS INFORMATION**

List all Medals and Decorations awarded to you as a member of the Armed Forces: \_\_\_\_\_

\_\_\_\_\_

Have you ever been rejected for enlistment, re-enlistment, or induction into any branch of the Armed Forces of the United States? Yes No

If "Yes", Please explain and give branch of service and date(s) \_\_\_\_\_

\_\_\_\_\_

Are you now or have you ever been a deserter from any branch of the Armed Forces of the United States? Yes No If "Yes", Please explain: \_\_\_\_\_

\_\_\_\_\_

While in the service, were you ever incarcerated (brig time)? Yes No If "Yes" Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## LAW ENFORCEMENT

Are you a current or past POST certified law enforcement officer? Yes No

Academy Attended\_\_\_\_\_ Date Attended\_\_\_\_\_

What state did you obtain your POST certification in? \_\_\_\_\_ Certificate No.\_\_\_\_\_

Have you ever been employed by a law enforcement agency in a full time capacity? Yes No

If "Yes", list Agency and address: \_\_\_\_\_

Have you ever been a reserve/auxiliary officer in a law enforcement agency? Yes No

If "Yes", list Agency and address: \_\_\_\_\_

If you have law enforcement experience, have you ever been or are you currently under internal investigation? Yes No If "Yes", list employer, each incident and outcome. \_\_\_\_\_

\_\_\_\_\_

Yes No Did you successfully complete the training academy **AND** FTO phases?

Yes No Do you have patrol experience? Time: \_\_\_\_\_

Yes No Do you have investigations experience? Time: \_\_\_\_\_

Yes No Do you have supervisory experience? Time: \_\_\_\_\_

**List ALL Law Enforcement agencies you have EVER applied to  
(Attach additional sheets if needed)**

Agency	Date Applied	Why not employed

## EMPLOYMENT HISTORY

\*Begin with Present Employment. Include all employment during the past 10 years. Please include your entire work history. **Attach additional sheets if needed.**

Full-Time    Part-Time    Seasonal    Internship   Your job title: \_\_\_\_\_

Company Name: \_\_\_\_\_ From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  
Mo.   Yr.   Mo.   Yr.

Complete Mailing Address: \_\_\_\_\_  
City   State   Zip

Supervisor's Name: \_\_\_\_\_ Telephone \_\_\_\_\_ Salary Per Mo. \_\_\_\_\_

Did you give notice:  Yes    No   Are you eligible for re-hire?  Yes    No

Job Duties: \_\_\_\_\_

Any Supervisory Experience?  Yes    No   Explain: \_\_\_\_\_

Did you quit in lieu of being fired?  Yes    No   Explain: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Full-Time    Part-Time    Seasonal    Internship   Your job title: \_\_\_\_\_

Company Name: \_\_\_\_\_ From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  
Mo.   Yr.   Mo.   Yr.

Complete Mailing Address: \_\_\_\_\_  
City   State   Zip

Supervisor's Name: \_\_\_\_\_ Telephone \_\_\_\_\_ Salary Per Mo. \_\_\_\_\_

Did you give notice:  Yes    No   Are you eligible for re-hire?  Yes    No

Job Duties: \_\_\_\_\_

Any Supervisory Experience?  Yes    No   Explain: \_\_\_\_\_

Did you quit in lieu of being fired?  Yes    No   Explain: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**EMPLOYMENT HISTORY (Continued)**

Full-Time    Part-Time    Seasonal    Internship   Your job title: \_\_\_\_\_

Company Name: \_\_\_\_\_ From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  
Mo.   Yr.   Mo.   Yr.

Complete Mailing Address: \_\_\_\_\_  
City   State   Zip

Supervisor's Name: \_\_\_\_\_ Telephone \_\_\_\_\_ Salary Per Mo. \_\_\_\_\_

Did you give notice:  Yes    No   Are you eligible for re-hire?  Yes    No

Job Duties: \_\_\_\_\_

Any Supervisory Experience?  Yes    No   Explain: \_\_\_\_\_

Did you quit in lieu of being fired?  Yes    No   Explain: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Full-Time    Part-Time    Seasonal    Internship   Your job title: \_\_\_\_\_

Company Name: \_\_\_\_\_ From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  
Mo.   Yr.   Mo.   Yr.

Complete Mailing Address: \_\_\_\_\_  
City   State   Zip

Supervisor's Name: \_\_\_\_\_ Telephone \_\_\_\_\_ Salary Per Mo. \_\_\_\_\_

Did you give notice:  Yes    No   Are you eligible for re-hire?  Yes    No

Job Duties: \_\_\_\_\_

Any Supervisory Experience?  Yes    No   Explain: \_\_\_\_\_

Did you quit in lieu of being fired?  Yes    No   Explain: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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**EMPLOYMENT HISTORY (Continued)**

Full-Time    Part-Time    Seasonal    Internship   Your job title: \_\_\_\_\_

Company Name: \_\_\_\_\_ From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  
Mo. Yr. Mo. Yr.

Complete Mailing Address: \_\_\_\_\_  
City State Zip

Supervisor's Name: \_\_\_\_\_ Telephone \_\_\_\_\_ Salary Per Mo. \_\_\_\_\_

Did you give notice:  Yes    No   Are you eligible for re-hire?  Yes    No

Job Duties: \_\_\_\_\_

Any Supervisory Experience?  Yes    No   Explain: \_\_\_\_\_

Did you quit in lieu of being fired?  Yes    No   Explain: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Full-Time    Part-Time    Seasonal    Internship   Your job title: \_\_\_\_\_

Company Name: \_\_\_\_\_ From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  
Mo. Yr. Mo. Yr.

Complete Mailing Address: \_\_\_\_\_  
City State Zip

Supervisor's Name: \_\_\_\_\_ Telephone \_\_\_\_\_ Salary Per Mo. \_\_\_\_\_

Did you give notice:  Yes    No   Are you eligible for re-hire?  Yes    No

Job Duties: \_\_\_\_\_

Any Supervisory Experience?  Yes    No   Explain: \_\_\_\_\_

Did you quit in lieu of being fired?  Yes    No   Explain: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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**EMPLOYMENT HISTORY (Continued)**

Full-Time    Part-Time    Seasonal    Internship   Your job title: \_\_\_\_\_

Company Name: \_\_\_\_\_ From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  
Mo. Yr. Mo. Yr.

Complete Mailing Address: \_\_\_\_\_  
City State Zip

Supervisor's Name: \_\_\_\_\_ Telephone \_\_\_\_\_ Salary Per Mo. \_\_\_\_\_

Did you give notice?  Yes  No      Are you eligible for re-hire?  Yes  No

Job Duties: \_\_\_\_\_

Any Supervisory Experience?  Yes  No      Explain: \_\_\_\_\_

Did you quit in lieu of being fired?  Yes  No      Explain: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**DISCIPLINARY ACTION**

Were you ever subject to any disciplinary action or proceeding in connection with any employment?  
 Yes  No      If "Yes" please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been dismissed from any employment?  Yes  No      If "Yes", please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CRIMINAL HISTORY

Yes No Have you ever been arrested, charged, convicted or received a summons by any law enforcement agency as a Juvenile and/or Adult? This includes sealed and expunged records. Include charges refused, nolo contendere, dismissed, and convictions.

If "Yes", explain nolle pros in this section. Use additional sheets if needed.

Mo./Year	Charge/Violation	Police Agency	City	State	Disposition	Name of Court

Yes No Have you ever been involved in a traffic accident? How many? \_\_\_\_\_

Yes No If "Yes", were you issued a traffic citation?

Indicate below all traffic accidents and traffic citations you have received.

Mo./Year	Charge/Violation	Police Agency	City	State	Disposition

If you answer "Yes" to any of the following, you must provide an explanation on a separate sheet of paper and attach it to the application.

- Yes No Have you ever had a criminal record expunged?
- Yes No Have you ever been on probation and/or parole?
- Yes No Have you ever been fingerprinted for any reason? (arrest, military, employment, etc.)
- Yes No Do you have any pending charges (felony, misdemeanor, traffic)?
- Yes No Have you or your spouse been a plaintiff or defendant in a criminal court action?
- Yes No Have you committed a crime for which you were never arrested?
- Yes No Have you ever committed or been accused of committing an act of domestic violence?
- Yes No Is any member of your family on probation and/or parole?

**CRIMINAL HISTORY (Continue)**

Yes No Has any member of your family been arrested within past (10) years? List below:

Name and Relationship	Address	Date	Location/Department	State	Disposition

***All Comments or facts pertaining to arrest(s) and/or convictions must be explained on a separate sheet and attached to application.***

List name(s), address(es), approximate date(s), and disposition(s) of any incidents involving neighbors with who you have had difficulty with the past ten (10) years:

Name	Address	Date	Disposition
Name	Address	Date	Disposition
Name	Address	Date	Disposition

## REFERENCES

### C.F.P.D. References

Give name(s) of friend(s) and/or relative(s) who are presently employed by the Central Falls Police Department:

Name	Assignment	Rank	Relationship	Years Known

### Personal References

Give name(s) of friend(s) and/or relatives. Do **NOT** list individuals listed above.

Name and Relationship	Address City, State, Zip	Occupation	Phone Numbers	Years Known



**DRIVER'S LICENSE AND VEHICLE INFORMATION**

Do you possess a valid Driver's License? Yes No

License State	Number	Endorsements	Expiration Date

Has any driver's license you possessed ever been denied, suspended or revoked? Yes No

If "Yes", please explain \_\_\_\_\_

How many vehicles do you currently own and/or lease, including joint ownership? \_\_\_\_\_

Make:\_\_\_\_\_ Model: \_\_\_\_\_ Color:\_\_\_\_\_ Doors:\_\_\_\_\_ Own  Lease

Registered Owner:\_\_\_\_\_ Lien Holder:\_\_\_\_\_

Amount Owed:\_\_\_\_\_ Insurance Company Policy:\_\_\_\_\_

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Make:\_\_\_\_\_ Model: \_\_\_\_\_ Color:\_\_\_\_\_ Doors:\_\_\_\_\_ Own  Lease

Registered Owner:\_\_\_\_\_ Lien Holder:\_\_\_\_\_

Amount Owed:\_\_\_\_\_ Insurance Company Policy:\_\_\_\_\_

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Make:\_\_\_\_\_ Model: \_\_\_\_\_ Color:\_\_\_\_\_ Doors:\_\_\_\_\_ Own  Lease

Registered Owner:\_\_\_\_\_ Lien Holder:\_\_\_\_\_

Amount Owed:\_\_\_\_\_ Insurance Company Policy:\_\_\_\_\_

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Make:\_\_\_\_\_ Model: \_\_\_\_\_ Color:\_\_\_\_\_ Doors:\_\_\_\_\_ Own  Lease

Registered Owner:\_\_\_\_\_ Lien Holder:\_\_\_\_\_

Amount Owed:\_\_\_\_\_ Insurance Company Policy:\_\_\_\_\_

**FINANCIAL AND LEGAL INFORMATION**

Have there ever been any law suit(s) against you and/or Civil Judgment(s) against you?

Yes No If "Yes", explain and provide copies: \_\_\_\_\_

\_\_\_\_\_

Yes No Have you ever filed any civil suit(s)? If "Yes", explain and provide copies: \_\_\_\_\_

\_\_\_\_\_

Yes No Have you ever filed for bankruptcy(s)? If "Yes", explain and provide copies: \_\_\_\_\_

\_\_\_\_\_

Yes No Do you currently have student loans? How much and Status: \_\_\_\_\_

\_\_\_\_\_

**LEGAL INFORMATION**

Yes No Were you ever summoned or subpoenaed to any court of law in a civil or criminal action as a defendant or a witness? If "Yes", explain and provide date and location: \_\_\_\_\_

\_\_\_\_\_

Yes No Are you currently paying alimony and/or child support? If "Yes", explain in full stating whether you are paying both alimony and child support or just one of the two. Also include your monthly payment.

\_\_\_\_\_

Yes No If the above answer is "Yes", please state whether you are delinquent in any of these payments. If "Yes", state how many months delinquent, total amount delinquent, and reason for delinquency. : \_\_\_\_\_

\_\_\_\_\_

Yes No Are you an owner, co-owner, partner, and/or investor in any corporation? Explain:

\_\_\_\_\_

\_\_\_\_\_

## MISCELLANEOUS INFORMATION

List all organizations, fraternities, clubs, and/or affiliations and explain:

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Yes No Is there anything in your personal life that could embarrass *you* or the Central Falls Police Department? If "Yes" Please explain: \_\_\_\_\_

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Yes No Do you now or have you ever associated with known criminals? If "Yes", explain:

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Yes No Did you ever steal or take anything of value? Why? And specify Amount?

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Yes No Have you ever committed the act of shoplifting? If "Yes", explain:

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Yes No Did you ever buy, sell, or do you now have stolen merchandise or property in your possession? If "Yes", explain:

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Yes No Have you ever used or tried cocaine? If "Yes" explain and include how often.

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Yes No Have you ever used or tried marijuana? If "Yes" explain and include how often.

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Yes No Have you ever taken a prescription drug not prescribed to you by a licensed physician? If "Yes" explain and include how often.

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Yes No Have you ever been involved in the use, purchase, possession, or sale of any harmful or habit-forming drug(s) and/or chemical(s), except as prescribed by a licensed physician? If "Yes" explain and include how often. \_\_\_\_\_

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Yes No Has your use of alcoholic beverages (such as liquor, beer, and/or wine) ever resulted in the loss of a job or arrest by police? If "Yes" explain:

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**MISCELLANEOUS INFORMATION (Continue)**

- Yes No Are you willing to work nights?
- Yes No Are you willing to work weekends?
- Yes No Are you willing to stay and work in the event of a Hurricane, Snow Storm or major event?
- Yes No Are you willing to work holidays?

**HOMELAND SECURITY INFORMATION**

**A. Do you now have, or ever have had knowing membership with the specific intent of furthering the aims or adherences to and active participation in any foreign or domestic organization, association, movement, group, or combination of persons (hereinafter referred to as organizations) which unlawfully advocates or practices the commission of acts of force and/or violence to prevent others from exercising their rights under the Constitution of Laws of the United States or subdivision thereof by lawful and/or unlawful means?**

Yes No If "Yes", give names of the organization(s) and inclusive dates (month and year) of membership. Describe the nature of your activities as a member of the organization(s) below.

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## OATH

On this \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_,  
I have read and completed the foregoing personal history statement and understand the contents. The information given is true and correct to the best of my knowledge and belief and does not knowingly contain any misrepresentation of facts. Additionally, any misrepresentation of facts by me in this form or in any subsequent interview pertaining to my employment may result in my rejection by, or dismissal from the Central Falls Police Department.

If there is any change in the contents of the application, I understand that this must be reported to my investigator within one week of the change.

If during the investigative process, I am determined to be ineligible for employment with the Central Falls Police Department, I understand that no specific reasons(s) for the decision will be provided.

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Signature

**An equal opportunity employer**