

East Providence Police Applications and Information Packets



Return completed paperwork to
East Providence City Hall, Human Resources,
by June 22, 2016



City of East Providence

2016 POLICE OFFICER RECRUITMENT

Christopher Parella, Chief of Police

Dear Applicant,

Welcome, and thank you for participating in the City of East Providence's 2016 Police Officer recruitment drive. Please review this letter to ensure that your qualifications are in line with the minimum requirements for application. Included with this letter you should find the following documents:

1. A "Police Officer Applicant Documentation Requirements" form for your reference.
2. A "Preliminary Application Form" which must be completed and returned no later than 3:30 pm on June 22, 2016.
3. A copy of a voluntary EEO survey, which will assist us in future recruitments of Police Officers for the City of East Providence.
4. An "Agility Test Medical Release Form" which must be signed by a physician who has examined you within six (6) months of the end of the application period. This form must be submitted with the Preliminary Application Form.
5. A "Waiver of Liability and Hold Harmless Agreement" to participate in the testing process. This form must be submitted with the Preliminary Application Form.
6. A description of the Rhode Island Municipal Police Academy Physical Fitness Standards.

Police Officers perform general police work protecting life and property, enforcing criminal and traffic laws and local ordinances, conducting investigations, and performing related work as required.



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Police Officer Documentation Requirements Form

All applicants must meet the following minimum requirements:

- One or more of the following:
 - An education at least equal to the completion of an associate degree (60 credit hours), from an accredited college or university
 - OR**
 - Two years of honorable active military service or four years of honorable military reserve or National Guard service
 - OR**
 - Certification from the RI Municipal Police Academy as a municipal police officer
 - OR**
 - Three years of satisfactory employment as a correctional officer.

- Must be at least 21 years of age by June 22, 2016.
- Must possess a valid driver's license.
- Must be a United States citizen.
- Must have the ability to speak, read, and write the English language.
- Must have the ability to pass a physical examination given by a physician, a physical fitness/agility examination, a written examination, an oral examination, a swim proficiency test, a drug screen, a psychological examination given by a psychological test center, and a comprehensive background investigation.

Reasons for disqualification (removal from further consideration-not limited):

- Untruthfulness or the omission of information on any application, during any examination or interview, or on any paperwork associated with the process.
- Dishonorable discharge from any military service (less than honorable discharges will be reviewed on a case-by-case basis).
- Incarceration for the conviction of a misdemeanor offense.
- A conviction of any of the following:



City of East Providence

2016 POLICE OFFICER RECRUITMENT

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- Any felony or crime of moral turpitude.
- A domestic violence related offense including any misdemeanor offense against a domestic partner, spouse, child, or parent.
- Driving while under the influence of alcohol or drugs, eluding police, drag racing or reckless driving, or criminally leaving the scene of an accident, within the last five years.
- The sale, distribution, or possession of illegal drugs.

The following items **MUST** be brought in and submitted with your Preliminary Application:

1. A copy of your birth certificate
2. A copy of your Driver's License
3. A copy of High School Diploma
4. One of the following: College Degree, College Transcript, DD-214, or your RIMPA or DOC Academy certificate

The Physical Agility Test will be administered for eligible applicants at Pierce Memorial Field, 201 Mercer St., East Providence RI, 02914, at 9:00 am on Sunday June 26, 2016.

A written exam will take place at East Providence Senior High School, 2000 Pawtucket Ave., East Providence RI, 02914, in early to mid-July. A date will be confirmed to those who pass the agility test.

A \$30.00 nonrefundable application fee shall apply to candidates proceeding to the written examination. This fee may be paid only by **cashier check or money order** and must be made payable to the City of East Providence. **This will be collected at the written exam.**

Good luck, and thank you for your interest in employment with the City of East Providence Police Department.

CITY OF EAST PROVIDENCE 2016 POLICE OFFICER RECRUITMENT

PRELIMINARY APPLICATION FORM

(please print)

NAME:	LAST	FIRST	M.I	DATE OF BIRTH	AGE
ADDRESS				HOME TELEPHONE NUMBER: ()	
CITY	STATE	ZIP		CELLULAR TELEPHONE NUMBER: ()	
EMAIL ADDRESS(required):				SIGNATURE	

You are required to notify the City of East Providence of a change in address by submitting a new preliminary application.

HOW DID YOU HEAR ABOUT US?

<input type="checkbox"/> EPPD employee referral, name: _____ <input type="checkbox"/> Publication, name: _____ <input type="checkbox"/> RI Dept. of Labor & Training <input type="checkbox"/> Internet website: _____ <input type="checkbox"/> College list serve: _____	<input type="checkbox"/> Job fair, where: _____ <input type="checkbox"/> Radio, station: _____ <input type="checkbox"/> Television, channel: _____ <input type="checkbox"/> Friend or family member _____ <input type="checkbox"/> Other: _____
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MINIMUM QUALIFICATIONS: (please check all that apply)

- I have a valid drivers license
- I am a US citizen
- I am able to speak, read, and write the English language
- I have never been convicted of a felony or a crime of moral turpitude
- I will be over the age of 21 as of June 22, 2016
- I meet at least one of the qualifications listed below (please circle all that apply)
 - An education at least equal to the completion of an associate degree (60 credit hours) from an accredited college or university.
 - Two years of honorable active military service or four years of honorable military reserve or National Guard service may be substituted for the education requirements.
 - Certification from the RI Municipal Academy as a municipal police officer (may be substituted for the education requirements).
 - Three years of satisfactory employment as a correctional officer may be substituted for the education requirements.
 - I attest that all information I have provided is accurate, and any false statements are grounds for immediate dismissal from this recruitment process.

All preliminary applications must be delivered in person, no later than 3:30 pm on June 22, 2016 to:

East Providence City Hall
145 Taunton Ave., Human Resources Department
East Providence, Rhode Island 02914

Applications will only be accepted Monday- Friday from 8:30 am- 3:30 pm

The City of East Providence is an equal opportunity employer. Qualified applicants are considered for employment without regard to race, color, gender, national origin, disability or veteran status, or any other legally protected status.

Internal Use Only Below This Line

Application received by:	Date received	Applicant Number:
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CITY OF EAST PROVIDENCE VOLUNTARY SURVEY

The following is an invitation to self-identify. Your participation is strictly voluntary, but extremely helpful. This form does not affect the status of your application. The data requested is used solely by the City of East Providence Equal Employment/Affirmative Action Office to evaluate our efforts in recruiting and maintaining a diverse workforce. Information collected will be kept confidential and refusal to provide it will not subject the applicant to any adverse treatment in accordance with EEO and ADA. Thank you for participating in this survey!

Last Name _____ First Name _____ M.I. _____

Street Address _____

City _____ State _____ Zip Code _____

Position Applied For _____ Gender: Male Female

Veteran Status: Veteran Post 9/11 Veteran Disabled Veteran

Age 40 or Over: YES NO

Please Check Below Any That Apply (*See below for race and ethnicity category definitions*):

Hispanic or Latino _____ White _____ Black or African American _____

Native Hawaiian or Other Pacific Islander _____ Asian _____

American Indian or Alaska Native _____ Two or More Races _____

Race and ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. Definitions of the race and ethnicity categories are as follows:

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.

The City of East Providence does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

Equal Employment Opportunity /Affirmative Action Employer



City of East Providence

2016 POLICE OFFICER RECRUITMENT

Agility Test Medical Release Form

This form must be submitted with the Preliminary Application Form by June 22, 2016. No applicant will be allowed to take the agility test without completion of this form.

Applicant Name

Date of medical examination: _____

I have reviewed the provided physical fitness/agility test standards, and after examining this applicant, I believe that he/she is physically and medically able to perform the physical agility tests as described without restrictions. (Examination must have been within the past six months of the end of the examination period).

Examining Doctor's Name (printed)

Doctor's License Number

Signature

Address

Telephone



City of East Providence

2016 POLICE OFFICER RECRUITMENT

Waiver of Liability and Hold Harmless Agreement

To the best of my knowledge, I am in good physical condition and fully able to participate in this course. I am fully aware of the risks and hazards connected with the participation in this event, including physical injury or even death, and hereby elect to voluntarily participate in said event, knowing that the associated physical activity may be hazardous to me and to my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or loss or damage to property owned by me, as a result of participation in this course.

I hereby RELEASE, WAIVE, DISCHARGE, AND COVENEANT NOT TO SUE the **City of East Providence, the East Providence Police Department, or any and all of their representatives, successors or assigns**, from any and all liability, claims, demands, action and causes of actions whatsoever arising of or related to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in physical activity, or while on or upon the premises where the event is being conducted.

It is my expressed intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, and COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be constructed in accordance with the laws of the **State of Rhode Island**.

In signing this release, I acknowledge and represent that I HAVE READ THE FORGOING Waiver of Liability and Hold Harmless Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made and I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

Signature _____ Witness Signature _____

Print name _____ Witness Name (print) _____

Date _____ Date _____

Effective January 1, 2013

Physical Fitness Assessment 40th Percentile

1 Minute Push-Up

	Age<20	20-29	30-39	40-49	50-59
Male	29.0	24.0	18.0	13.0	10.0
Female	15.0	15.0	11.0	9.0	n/d

1.5 Mile Run-Aerobic Power

	Age<20	20-29	30-39	40-49	50-59
Male	12:38	12:38	12:58	13:50	15:06
Female	14:50	14:50	15:43	16:31	18:18

1 Minute Sit-up test

	Age<20	20-29	30-39	40-49	50-59
Male	41.0	38.0	35.0	29.0	24.0
Female	32.0	32.0	25.0	20.0	14.0

300 Meter Run

	Age<20	20-29	30-39	40-49	50-59
Male	59.0	59.0	58.9	72.0	83.2
Female	71.0	71.0	79.0	94.0	n/d