



Town of
CUMBERLAND
R h o d e I s l a n d

MAYOR JEFFREY J. MUTTER

POLICE DEPARTMENT

CHIEF JOHN R. DESMARAIS



APPLICATION FOR EMPLOYMENT

A Nationally Accredited Agency



John R. Desmarais
Chief of Police

(401) 333-2500

TOWN OF CUMBERLAND
RHODE ISLAND
POLICE DEPARTMENT
1379 DIAMOND HILL ROAD
CUMBERLAND, RI 02864

THIS IS TO ADVISE YOU THAT THE INFORMATION SOLICITED IN THE ENCLOSED APPLICATION FORM FOR EMPLOYMENT IS NECESSARY TO COMPLETE THE BACKGROUND INVESTIGATION. IN ORDER THAT THE TOWN OF CUMBERLAND WILL HAVE ADEQUATE INFORMATION TO COMPLETE THIS INVESTIGATION IT IS NECESSARY THAT YOU COMPLETE THE APPLICATION IN ITS ENTIRETY. THE INFORMATION SOLICITED AND THE RESULTS OF THE INVESTIGATION THAT FOLLOWS WILL BE USED TO DETERMINE YOUR SUITABILITY FOR EMPLOYMENT WITH THE TOWN OF CUMBERLAND. YOU SHOULD BE AWARE THAT WILLFULLY MAKING A FALSE STATEMENT OR CONCEALING A MATERIAL FACT IN YOUR APPLICATION FOR EMPLOYMENT WILL BE THE BASIS FOR DISMISSAL.

Print Applicant Name

Signature of Applicant

Date

NOTICE: Applications must be clearly printed in applicant's handwriting in ink.
All questions MUST BE ANSWERED, if applicable. If not indicate
NA (not applicable).

EMPLOYMENT

List chronologically all employments, including summer & part time employment while attending school. All time must be accounted for. If unemployed for a period, indicate, setting forth date of employment.

EMPLOYER	DATE	POSITION
Name: _____; From _____ to _____; _____		
Address: _____; Supervisor _____		
City & State: _____; Reason for leaving _____		
Phone Number: _____		
Name: _____; From _____ to _____; _____		
Address: _____; Supervisor _____		
City & State: _____; Reason for leaving _____		
Phone Number: _____		
Name: _____; From _____ to _____; _____		
Address: _____; Supervisor _____		
City & State: _____; Reason for leaving _____		
Phone Number: _____		
Name: _____; From _____ to _____; _____		
Address: _____; Supervisor _____		
City & State: _____; Reason for leaving _____		
Phone Number: _____		

MILITARY SERVICE

In what branch of the service have you served? _____

Entered as _____ of _____
Rank Organization

Date of enlistment: _____ Date of Discharge _____

Reason for discharge: _____

REFERENCES

Give three references (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women including your physician, if you have one, who have known you well for at least five years, preferably those who have known you during the past five years. If retired, give former occupation.

Name: _____ Address: _____

Phone Number: _____ # of years acquainted: _____
Home Work

Business Address: _____ Occupation: _____

Name: _____ Address: _____

Phone Number: _____ # of years acquainted: _____
Home Work

Business Address: _____ Occupation: _____

Name: _____ Address: _____

Phone Number: _____ # of years acquainted: _____
Home Work

Business Address: _____ Occupation: _____

COURT RECORD

Have you ever been arrested or charged with any criminal violation including traffic, but not parking tickets? _____ No _____ Yes

List all such matters even if not formally charged, or not court appearance, or found not guilty or matter settled by payment of fine or forfeiture of collateral.

DATE: _____ DEPARTMENT _____ CHARGE: _____

FINAL DISPOSITION: _____ DETAILS _____

DATE: _____ DEPARTMENT _____ CHARGE: _____

FINAL DISPOSITION: _____ DETAILS _____

DATE: _____ DEPARTMENT _____ CHARGE: _____

FINAL DISPOSITION: _____ DETAILS _____

ORGANIZATION MEMBERSHIP

Are you now or have you ever been a member of any club (exclude race, religion, sex, color or national origin) or organization. IF YES, LIST BELOW:

Name: _____ City & State _____ Former: _____

Present: _____
(List position held and extent of activity)

Name: _____ City & State _____ Former: _____

Present: _____
(List position held and extent of activity)

Name: _____ City & State _____ Former _____

Present: _____
(List position held and extent of activity)

RELATIVES

Father:

Name: _____ Date of Birth: _____

Address: _____ City & State: _____

Mother:

Name: _____ Date of Birth: _____

Address: _____ City & State: _____

Children:

Name: _____ Date of Birth _____

Address: _____ City & State: _____

Name: _____ Date of Birth: _____

Address: _____ City & State: _____

I hereby certify that all statements and information made by me on this application are true and complete to the best of my knowledge.

It is also agreed that by affixing my signature on this application that any and all criminal records may be released by any agency to the Town of Cumberland and or its agents.

Signature of applicant _____ Date: _____

The Town of Cumberland is an equal opportunity/affirmative action employer. *All positions will be filled without regard to race, color, religion, national origin, sex, age, veteran status, or disability.*

