

# NEWINGTON POLICE CERTIFIED POLICE OFFICER EMPLOYMENT APPLICATION

THIS APPLICATION **MUST** BE POSTMARKED NO LATER THAN April 9, 2010.  
LATE APPLICATIONS WILL **NOT** BE ACCEPTED.

**NOTE:** Discrimination because of race, color, sex or sexual orientation, religion, age, national origin, disability or veteran's status is prohibited by law.

**IMPORTANT:** This application is considered part of the examination process, and **MUST** be fully completed. **DO NOT ENCLOSE A RESUME.** Incomplete applications may be rejected. Be brief, but you should include all important information related to your qualifications for this position. All statements are subject to investigation and any facts found to be false, exaggerated or misleading may result in your disqualification.

**There is a non-refundable application fee of twenty-five (\$25) dollars to participate in this process.** The \$25 fee **MUST** be enclosed with this application. You will also be required to have a current and valid CHIP card showing you have taken and passed the CHIP Physical Ability Assessment by May 15, 2010 at the latest. If you do not have a current CHIP card, you should apply for one at the earliest possible date.

## PERSONAL INFORMATION

DATE \_\_\_\_\_ SOCIAL SECURITY # -  
Month Day Year Please write one number in each box

NAME \_\_\_\_\_  
Last First Middle

CURRENT ADDRESS \_\_\_\_\_  
Number and Street City State Zip

DAY PHONE # ( ) \_\_\_\_\_ EVENING PHONE # ( ) \_\_\_\_\_

What Connecticut Law Enforcement agency(s) Have you been employed by: \_\_\_\_\_

What is your Connecticut POST ID#? POST ID# \_\_\_\_\_

Are you a citizen or naturalized citizen of the U.S.A.? Yes  No

DRIVERS LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_ TYPE \_\_\_\_\_

## ARMED FORCES INFORMATION

If you have been in the armed forces, please complete the following:

Branch of Service \_\_\_\_\_ Service Number \_\_\_\_\_ From: (M/D/Y) \_\_\_\_\_ To: (M/D/Y) \_\_\_\_\_

Type of separation \_\_\_\_\_

While in the service, did you receive any police-related training (such as military police)? Yes  No

EXPLAIN: \_\_\_\_\_

# EDUCATION

For each category below, circle the highest educational level you have completed.

**High School** \_\_\_\_\_  
School name, city and state

9 10 11 12  
Circle highest year completed

Did you graduate?  
 Yes  No

**College** \_\_\_\_\_  
College name, city and state

1 2 3 4  
Circle highest year completed

Did you graduate?  
 Yes  No

**Other** \_\_\_\_\_  
School name, city and state

1 2 3 4  
Circle highest year completed

Did you graduate?  
 Yes  No

If you attended college, what was your: \_\_\_\_\_  
Major Minor Highest degree earned

High School Equivalency Diploma (GED)? \_\_\_\_\_ Date of diploma (M/D/Y) \_\_\_\_\_ Number \_\_\_\_\_

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**EXPERIENCE: In the space provided below, give a complete record of your employment, beginning with your present or most recent job. Account for all periods, including self-employment and unemployment. Use extra paper if necessary.**

Employer: \_\_\_\_\_  
Company name Company address Company Phone #

Your Job Title \_\_\_\_\_ Dates \_\_\_\_\_ Annual Salary \_\_\_\_\_  
From (M/D/Y) To (M/D/Y) Starting Ending

Supervisor and Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

DUTIES \_\_\_\_\_  
\_\_\_\_\_

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Employer: \_\_\_\_\_  
Company name Company address Company Phone #

Your Job Title \_\_\_\_\_ Dates \_\_\_\_\_ Annual Salary \_\_\_\_\_  
From (M/D/Y) To (M/D/Y) Starting Ending

Supervisor and Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

DUTIES \_\_\_\_\_  
\_\_\_\_\_

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Employer: \_\_\_\_\_  
Company name Company address Company Phone #

Your Job Title \_\_\_\_\_ Dates \_\_\_\_\_ Annual Salary \_\_\_\_\_  
From (M/D/Y) To (M/D/Y) Starting Ending

Supervisor and Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

DUTIES \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_  
Company name Company address Company Phone #

Your Job Title \_\_\_\_\_ Dates \_\_\_\_\_ Annual Salary \_\_\_\_\_  
From (M/D/Y) To (M/D/Y) Starting Ending

Supervisor and Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

DUTIES \_\_\_\_\_

Have you ever been fired or asked to resign from a job? Yes  No

If YES, please explain here: \_\_\_\_\_

Are there any other experiences, skills or qualifications which will be of benefit in the job of police officer (such as CPR, firearms training, etc.)? If so, please explain below.

Where did you first hear about this testing process? (Please check one)

- |  |   |
|--|---|
| a <input type="checkbox"/> Newspaper ad (which paper?) _____ | f <input type="checkbox"/> State Employment Service       |
| b <input type="checkbox"/> Communication from us             | g <input type="checkbox"/> A police employment newsletter |
| c <input type="checkbox"/> A police department (name) _____  | h <input type="checkbox"/> A community agency _____       |
| d <input type="checkbox"/> College (name) _____              | i <input type="checkbox"/> Internet website _____         |
| e <input type="checkbox"/> Friend or relative                | j <input type="checkbox"/> Other _____                    |

### VOLUNTARY COMPLIANCE INFORMATION

The following information is needed for compliance with government selection requirements and for Equal Employment Opportunity reports. It will not be sent to the participating departments and will not affect your standing in the testing process.

Your Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month / Day / Year

Sex (please check one) Male  Female

Describe yourself in terms of ONE of the following groups. (Please check one)

- |   |   |
|---|---|
| a <input type="checkbox"/> American Indian        | d <input type="checkbox"/> Hispanic/Latino              |
| b <input type="checkbox"/> Asian American         | e <input type="checkbox"/> White/Caucasian              |
| c <input type="checkbox"/> Black/African American | f <input type="checkbox"/> Other (please specify) _____ |

Do you require any special physical accommodations to compete on the required tests? Yes  No

If YES, please explain here: \_\_\_\_\_

**IMPORTANT – READ THE INFORMATION BELOW AND SIGN YOUR APPLICATION**

Do you understand that as part of the testing process you will be required to submit to a polygraph examination, a thorough background investigation, a psychological examination and fingerprinting as well as a physical fitness test, a physical examination and drug testing?

Yes  No

My signature below certifies that the information provided in this application is correct and truthful. I realize that falsifying any information submitted may be grounds for rejection of this application or termination of employment. I also give consent to the participating towns to check previous employers, educational records, and references and release you from any liability that might arise from such disclosures. I further understand the acceptance of this application does not constitute an employment agreement. Failure to completely fill out this application may result in my disqualification from any further consideration for employment. **I ACKNOWLEDGE THAT I HAVE READ THIS INFORMATION AND THAT I UNDERSTAND THE REQUIREMENTS FOR EMPLOYMENT.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOLLOW THESE INSTRUCTIONS FOR RETURNING YOUR APPLICATION:**

MAIL YOUR COMPLETED APPLICATION DIRECTLY TO:

**POLICE TEST  
NEWINGTON POLICE DEPARTMENT  
131 CEDAR STREET  
NEWINGTON, CT 06111**

. YOU MUST MAIL YOUR APPLICATION TO THE ADDRESS ABOVE AND IT MUST BE POSTMARKED NO LATER THAN **April 9, 2010.**

**LATE APPLICATIONS WILL NOT BE ACCEPTED.**

**IF YOU HAVE ANY QUESTIONS ABOUT THE APPLICATION PROCESS, CALL (860)594-6201**

**-THE PHYSICAL ABILITY ASSESSMENT, CALL COMPLETE HEALTH AND INJURY PREVENTION (CHIP) AT 203-235-5865 OR VISIT THEIR WEB SITE AT [WWW.POLICEAPP.COM](http://WWW.POLICEAPP.COM)**

**THE TOWN OF NEWINGTON IS AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER**