

NEWINGTON POLICE DEPARTMENT CERTIFIED OFFICER APPLICATION

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.

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

HOME PHONE() _____ WORK PHONE() _____ CELL PHONE() _____

EMAIL ADDRESS _____

Are you now or have you ever been employed by a law enforcement agency in Connecticut? Yes No

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 dispatch-related training? Yes (if yes, be specific) No

EXPLAIN: _____

EDUCATION

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

High School _____ School name, city and state	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9 10 11 12 Check highest year completed	Did you graduate? <input type="checkbox"/> <input type="checkbox"/> Yes No
College _____ College name, city and state	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 Check highest year completed	Did you graduate? <input type="checkbox"/> <input type="checkbox"/> Yes No
Other _____ School name, city and state	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 Check highest year completed	Did you graduate? <input type="checkbox"/> <input type="checkbox"/> 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 _____

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 _____
From (M/D/Y) To (M/D/Y)

Supervisor and Title _____ Reason for Leaving _____

DUTIES _____

Employer: _____
Company name Company address Company Phone #

Your Job Title _____ Dates _____
From (M/D/Y) To (M/D/Y)

Supervisor and Title _____ Reason for Leaving _____

DUTIES _____

Employer: _____
Company name Company address Company Phone #

Your Job Title _____ Dates _____
From (M/D/Y) To (M/D/Y)

Supervisor and Title _____ Reason for Leaving _____

DUTIES _____

Employer: _____
Company name Company address Company Phone #

Your Job Title _____ Dates _____
From (M/D/Y) To (M/D/Y)

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 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 written or practical exam, criminal history check, educational background check, employment history review, other reviews as deemed necessary and interviews with Administrators.

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 town 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 WITH THE TOWN.**

Signature

Date

FOLLOW THESE INSTRUCTIONS FOR RETURNING YOUR APPLICATION:

MAIL YOUR COMPLETED APPLICATION DIRECTLY TO:
**NEWINGTON POLICE DEPARTMENT
131 CEDAR STREET
NEWINGTON, CT 06111**

Or email to lcruff@newingtonct.gov

IF YOU HAVE ANY QUESTIONS ABOUT THE APPLICATION PROCESS, CALL (860) 594-6201 OR EMAIL AT LCRUFF@NEWINGTONCT.GOV

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