



JOHNSTON POLICE DEPARTMENT

Chief of Police, Mark A. Vieira

INSTRUCTIONS TO THE APPLICANT

The information you provide in this personal history statement will be used in the investigation of your background to determine your suitability for the position of which you have applied. Please fill out the application completely and accurately.

Keep in mind that:

1. All statements are subject to verification.
2. **Deliberate inaccuracies or omissions will bar or remove you from further consideration for employment.**
3. **Failure to follow instructions or answer questions completely and accurately may bar or remove you from further consideration for employment.**
4. **All** time periods in your background **must** be accounted for.
5. You are responsible for updating this Personal History Statement in the event changes occur during the background investigation (e.g. change of address, arrests or legal actions, personal/family changes, telephone number changes, etc.). Notification of such changes must be submitted in writing to the Johnston Police Department to the attention of the Administrative Division.
6. If you have any questions regarding any section or part of this application, do not hesitate to contact this office at (401) 231-4210 for clarification. Our personnel will be glad to take time to explain any section or part of the application that you do not fully understand.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence and the degree of relevance to the position for which you have applied. During the investigation the investigator will inquire into the facts surrounding such an occurrence. Any evaluation will then be made of the relevance of these facts to the requirements of the job.

You may complete this packet electronically or if by hand, please **CLEARLY PRINT** your responses in **blue ink ONLY**. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your answer. If you need more space to respond to a question, attach a separate sheet of paper and refer to the section heading or number. We strongly recommend that you preview this form before submitting.



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Personal (If additional space is needed at any point in the application, attach typed/clearly written page(s) at the end of the packet, and be sure to reference the section and question being answered)

Name:	Last	First	Middle
Other Names you have used or have been known by: (including nicknames)			
Date of Birth:		Place of Birth:	
Social Security Number:		Blood Type:	

Phone/Contact		
Cellular:	Home:	Work:
E-mail Addresses:		
Social Media Account Names: Facebook, LinkedIn, Twitter, YouTube, Instagram, Google+, TikTok, WhatsApp, Pinterest, Snapchat, Tumblr, Flickr, etc.		

Description			
Height	Weight	Eye color	Hair Color
	lbs.		
List any scars, marks and/or tattoos (and location if visible)			
Dominate Hand:			

Residence			
Please list all residences since 16 years of age. Include all of those while in college and the Armed Forces. Begin with your most current residence. (Do NOT use PO BOXES)			
Address of Residence	City, State, & Zip	Dates (mm/yy)	
		From	To

The Town of Johnston is an Equal Opportunity Employer encouraging women, minorities and individuals with disabilities to apply. Applicants are considered for positions without regard to race, color, religion, sex, national origin, marital or veteran status.

Spouse/Dependents

Marital Status: Single Married Separated Divorced Widow

List information on your current spouse (include maiden name), all of your children, include step-children and adopted children. If engaged, list fiancé. If in a dating relationship, list partner.

Name	Address	Age	Relationship

If divorced or separated, list all previous spouses and dates of separation or divorce.

Current Name	Current Address	Phone Number	Date of Separation/Div. (mm/yy)

Provide the appropriate information pertaining to any individuals with whom you have resided with in the last three (3) years (excluding relatives listed above).

Name	Address of Residence	Phone #	Dates (mm/yy)

In the spaces below, list the requested information for your family members (even if deceased) to include mother, father, guardian, step-parents, parents-in-law, foster parents, brothers, sisters and step-siblings. Include their relationship to you and at least two (2) phone numbers.

Name/Relationship	Address	Phone	
		Home:	
		Cell:	
		Home:	
		Cell:	
		Home:	
		Cell:	
		Home:	
		Cell:	
		Home:	
		Cell:	
		Home:	
		Cell:	
		Home:	
		Cell:	

Education

Please indicate below all the schools you have attended beginning with high school.

Name of School	Location of School	Date Attended (mm/yy)		Did you Graduate? Please list any Degree earned
	(City and State)	From	To	
If you do not possess a college degree, how many college semester credits have you successfully completed/earned?				credits

Have you ever been suspended or expelled from any high school or post-secondary school? (Post-Secondary schools include colleges and universities, graduate schools and business/vocational schools or any formal education beyond the high school level.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If "Yes," please explain (include school, date and circumstances).

List any organizations, clubs, fraternities, sororities, civic groups and/or social clubs of which you are now or have ever been a member of or associate with. Indicate any office or position held.

Military

Have you ever served in the Armed Forces, National Guard and/or Military Reserves?	Yes <input type="checkbox"/> No <input type="checkbox"/>
------------------------------------------------------------------------------------	----------------------------------------------------------

If "Yes", please supply the following information:

Branch of Service	Service Number	Dates of Service (mm/yy)		Type of Discharge or Current Status
		From	To	

Are you currently participating in any military reserve or National Guard program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Military Continued

Did you receive any disciplinary actions while in the military? If "Yes," please explain.

Yes No

List your rank, Military occupation, Specialty (MOS) and describe your duties:

List all duty stations, including Basic Training and other schools:

Military Installation	City/State/Country (if applicable)	Assignment

Please list those individuals in the military who know you well enough to provide accurate information about you.

Name	Address	Phone		Years known (mm/yy)	
				From	To
		Home:			
		Work:			
		Home:			
		Work:			
		Home:			
		Work:			
		Home:			
		Work:			
		Home:			
		Work:			
		Home:			
		Work:			
		Home:			
		Work:			

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Financial

Please fill in the financial statement below. Be complete and accurate.

Current Gross Monthly Income		Current Monthly Expenditures	
Your current monthly salary:		Real Estate (mortgage) payment(s)/Rent (please specify):	Mortgage <input type="checkbox"/> Rent <input type="checkbox"/>
Spouses current monthly salary (if applicable):			
Other monthly income - describe:	(Enter info. below)	Other monthly payments - describe: <small>(Estimated monthly cost of living including utilities, food, gas, home/car maintenance, entertainment, etc. and any other obligations)</small>	(Enter info. below)
Total Monthly Income:		Total monthly expenditures:	

Savings Account(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Real Estate indebtedness?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Checking Account(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Long-term loans?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Real Estate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Charge Accounts?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Stocks/Bonds?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other Liabilities (list)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Autos?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Other Assets (list)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

Please supply more detailed information about your charge accounts, contracts, or other financial liabilities.

Name of Firm	Address

Financial Continued

Have you ever filed for or declared bankruptcy or filed for the Wage Earner's Plan? Yes No

If "Yes," please give details (include when, where, why). Include a copy of all court related papers.

Have any of your bills ever been turned over to a collection agency? Yes No

If "Yes," please give details (include when, firms involved, circumstances).

Have you ever had purchased goods repossessed (taken back)? Yes No

If "Yes," please give details (include when, firms involved, circumstances).

Have you ever had your wages garnished? Yes No

If "Yes," please give details (include when, where, and why).

Financial Continued

Have you ever been delinquent on income or other tax payments? Yes No

If "Yes", please give details (include when, where, and why)

Have you ever been delinquent on child support payments? Yes No N/A

If "Yes," please give details (include when, where, and why).

Legal

Have you ever been charged with a violation of law, arrested, or issued a defendants summons for any offense (excluding traffic citations)? Yes No

If "Yes", please give details (include when, where, and why)

Date	Police Agency	Charge	Type	Disposition
			Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/>	

Explanation:

Date	Police Agency	Charge	Type	Disposition
			Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/>	

Explanation:

Legal Continued

Date	Police Agency	Charge	Type	Disposition
			Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/>	
Explanation:				
Date	Police Agency	Charge	Type	Disposition
			Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/>	
Explanation:				
Have you ever committed an illegal act or done anything that would have been considered unlawful if caught?				Yes <input type="checkbox"/> No <input type="checkbox"/>

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Legal Continued

Have you ever been charged or convicted of a domestic assault type offense?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If “Yes,” please give details (include when, where and why).	
Have you or your spouse ever been involved as a plaintiff or defendant in any civil court action?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If “Yes,” please give details (include when, where, location of court and circumstances).	
Have you ever obtained a criminal warrant for any person?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If “Yes,” please give details (include when, where, name and location of court, and circumstances). Note: Do not include cases if you are/were a law enforcement officer.	
Are you now or have you ever been a member of any organization, group of individuals, movement or association that:	
Advocates denying other individuals their equal civil rights or liberties?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Advocates the overthrow of our constitutional form of government by force or violence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has conducted or been involved in any illegal activity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If “Yes” was given to any of the previous three (3) questions, please list the organization and details below.	

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Motor Vehicle

Driver's License Number	Name under which license was granted	Exp. Date (dd/mm/yy)	State		
Please list other states where you have been licensed to operate a motor vehicle and the name under which the license was issued	Name	Operators License #	State		
Have you ever been refused a driver's license by any state?			Yes <input type="checkbox"/> No <input type="checkbox"/>		
If "Yes," please give details (include when, where, why).					
Rhode Island law requires that operators and owners of motor vehicles be covered by automobile liability insurance. Please list the current liability insurance information for your vehicle(s):					
Make	Year (yy)	Insurance Company	Address	Policy Number	Exp. Date (mm/yy)
Have you ever been refused insurance for any reason other than failure to pay a premium?					Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes," please explain (include company name and address, date and reason).					
Have you ever been issued a traffic citation (excluding parking citations)?					Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
If "Yes," please list all traffic citations (exclude parking citations) you have received.					
Nature of violation	Location (City/State)	Date (mm/yy)	Disposition		
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/>		
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/>		
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/>		
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/>		
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/>		
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/>		
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/>		
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/>		

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Motor Vehicle Continued

Have you ever been involved as a driver in a motor vehicle accident? Yes No

If "Yes," give details for each accident.

Date (mm/yy)	Location (City/State)	Police Investigation	Police Department	Type
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Injury <input type="checkbox"/> Non-injury <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Injury <input type="checkbox"/> Non-injury <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Injury <input type="checkbox"/> Non-injury <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Injury <input type="checkbox"/> Non-injury <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Injury <input type="checkbox"/> Non-injury <input type="checkbox"/>

Has your license ever been suspended or revoked by Rhode Island or any other state? Yes No

If "Yes," please give details (include when, where, and why).

Have you ever been charged or convicted of a DUI related offense? Yes No

If "Yes," please give details (include when, where, and why).

General Info.

Are you a citizen of the United States? Yes No

Are you legally eligible to work in the United States? Yes No

If you are successful in gaining an appointment to this Department, do you expect to engage in any other gainful occupation? Yes No

If "Yes," please explain.

General Info. Continued

Are you currently using any illegal drugs, inclusive of marijuana?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If "Yes," please explain.

Have you ever used any illegal drugs, inclusive of marijuana?	Yes <input type="checkbox"/> No <input type="checkbox"/>
---------------------------------------------------------------	----------------------------------------------------------

If "Yes," please explain.

Have you ever purchased, transported, and/or sold any illegal drugs, inclusive of marijuana?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If "Yes," please explain.

Have you ever manufactured or stored any illegal drugs, inclusive of marijuana?	Yes <input type="checkbox"/> No <input type="checkbox"/>
---------------------------------------------------------------------------------	----------------------------------------------------------

If "Yes," please explain.

General Info. Continued

Have you ever applied for a permit to carry a concealed weapon? Yes No

If "Yes", please provide the following information:

Permit Granted?	Type of Weapon	Date (mm/yy)	Law Enforcement Agency
Yes <input type="checkbox"/> No <input type="checkbox"/>			
Purpose:			

Have you ever applied for employment with another law enforcement agency? Yes No

If "Yes", please provide the following information:

Agency Name (City and State)	Position	Date (mm/yy)	Disposition/Status

Have you ever applied for employment with this department? Yes No

If "Yes", list below:

Position	Date (mm/yy)	Disposition

Are you acquainted with any members of this Department? Yes No

If "Yes," please list.

Have you ever participated in an internship program with a Law Enforcement Agency? Yes No

If "Yes", please fill in.

College/University Affiliation	Law Enforcement Agency	Dates of participation (mm/yy)	
		To	From

Employment

Beginning with your most current employment, please list in descending order all jobs (including part-time, temporary, and voluntary positions) you have held. (For the purposes of this employment history report, voluntary work should be included as employment). Please indicate the nature of the activity, i.e., full-time, part-time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided.

Dates of Employment		Name and Address of Employer	Phone number	
From (mm/yy)	To (mm/yy)			
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary <input type="checkbox"/> Unemployed <input type="checkbox"/> Military <input type="checkbox"/>		Title	Name/Phone number of Supervisor	
Duties/Responsibilities		Names of Co-Workers		
Your Name if Different:		Salary:		
N/A <input type="checkbox"/>		Starting:	Ending:	
Termination Status				
Voluntary Resignation <input type="checkbox"/> Resigned in lieu of being fired <input type="checkbox"/> Fired <input type="checkbox"/> Position Eliminated <input type="checkbox"/>				
Explain:				

Dates of Employment		Name and Address of Employer	Phone number	
From (mm/yy)	To (mm/yy)			
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary <input type="checkbox"/> Unemployed <input type="checkbox"/> Military <input type="checkbox"/>		Title	Name/Phone number of Supervisor	
Duties/Responsibilities		Names of Co-Workers		
Your Name if Different:		Salary:		
N/A <input type="checkbox"/>		Starting:	Ending:	
Termination Status				
Voluntary Resignation <input type="checkbox"/> Resigned in lieu of being fired <input type="checkbox"/> Fired <input type="checkbox"/> Position Eliminated <input type="checkbox"/>				
Explain:				

Employment Continued

Dates of Employment		Name and Address of Employer	Phone number	
From (mm/yy)	To (mm/yy)			
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary <input type="checkbox"/> Unemployed <input type="checkbox"/> Military <input type="checkbox"/>		Title	Name/Phone number of Supervisor	
Duties/Responsibilities			Names of Co-Workers	
Your Name if Different:			Salary:	
N/A <input type="checkbox"/>			Starting:	Ending:
Termination Status				
Voluntary Resignation <input type="checkbox"/> Resigned in lieu of being fired <input type="checkbox"/> Fired <input type="checkbox"/> Position Eliminated <input type="checkbox"/>				
Explain:				

Dates of Employment		Name and Address of Employer	Phone number	
From (mm/yy)	To (mm/yy)			
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary <input type="checkbox"/> Unemployed <input type="checkbox"/> Military <input type="checkbox"/>		Title	Name/Phone number of Supervisor	
Duties/Responsibilities			Names of Co-Workers	
Your Name if Different:			Salary:	
N/A <input type="checkbox"/>			Starting:	Ending:
Termination Status				
Voluntary Resignation <input type="checkbox"/> Resigned in lieu of being fired <input type="checkbox"/> Fired <input type="checkbox"/> Position Eliminated <input type="checkbox"/>				
Explain:				

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Employment Continued

Dates of Employment		Name and Address of Employer	Phone number	
From (mm/yy)	To (mm/yy)			
		Title	Name/Phone number of Supervisor	
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary <input type="checkbox"/> Unemployed <input type="checkbox"/> Military <input type="checkbox"/>				
Duties/Responsibilities			Names of Co-Workers	
Your Name if Different:			Salary:	
N/A			Starting:	Ending:
<input type="checkbox"/>				
Termination Status				
Voluntary Resignation <input type="checkbox"/> Resigned in lieu of being fired <input type="checkbox"/> Fired <input type="checkbox"/> Position Eliminated <input type="checkbox"/>				
Explain:				

Dates of Employment		Name and Address of Employer	Phone number	
From (mm/yy)	To (mm/yy)			
		Title	Name/Phone number of Supervisor	
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary <input type="checkbox"/> Unemployed <input type="checkbox"/> Military <input type="checkbox"/>				
Duties/Responsibilities			Names of Co-Workers	
Your Name if Different:			Salary:	
N/A			Starting:	Ending:
<input type="checkbox"/>				
Termination Status				
Voluntary Resignation <input type="checkbox"/> Resigned in lieu of being fired <input type="checkbox"/> Fired <input type="checkbox"/> Position Eliminated <input type="checkbox"/>				
Explain:				

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Employment Continued

Dates of Employment		Name and Address of Employer	Phone number	
From (mm/yy)	To (mm/yy)			
		Title	Name/Phone number of Supervisor	
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary <input type="checkbox"/> Unemployed <input type="checkbox"/> Military <input type="checkbox"/>				
Duties/Responsibilities			Names of Co-Workers	
Your Name if Different:			Salary:	
N/A			Starting:	Ending:
<input type="checkbox"/>				
Termination Status				
Voluntary Resignation <input type="checkbox"/> Resigned in lieu of being fired <input type="checkbox"/> Fired <input type="checkbox"/> Position Eliminated <input type="checkbox"/>				
Explain:				

Dates of Employment		Name and Address of Employer	Phone number	
From (mm/yy)	To (mm/yy)			
		Title	Name/Phone number of Supervisor	
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary <input type="checkbox"/> Unemployed <input type="checkbox"/> Military <input type="checkbox"/>				
Duties/Responsibilities			Names of Co-Workers	
Your Name if Different:			Salary:	
N/A			Starting:	Ending:
<input type="checkbox"/>				
Termination Status				
Voluntary Resignation <input type="checkbox"/> Resigned in lieu of being fired <input type="checkbox"/> Fired <input type="checkbox"/> Position Eliminated <input type="checkbox"/>				
Explain:				

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Employment Continued

Would any problems result if your present employer were contacted during the course of the background investigation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes," please explain why.	
When should contact be made?	
If you have had no prior employment, please explain.	N/A <input type="checkbox"/>
Have you ever been disciplined, suspended, or otherwise received punitive actions at a current or former place of employment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes," please explain why.	
Are you willing to work any type of shift associated with the position for which you have applied?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "No," please explain why.	
Have you ever been fired, asked to resign, or resigned because you believed you would be fired from a job?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes," please give details (include when, where and circumstances).	

ReferencesPlease provide 3 professional references **NOT** related to you**Reference 1**

Name:			
	Last	First	
Address:			
	Street Address		
	City	State	Zip Code
Phone Number:			
E-Mail Address:			

Reference 2

Name:			
	Last	First	
Address:			
	Street Address		
	City	State	Zip Code
Phone Number:			
E-Mail Address:			

Reference 3

Name:			
	Last	First	
Address:			
	Street Address		
	City	State	Zip Code
Phone Number:			
E-Mail Address:			



JOHNSTON POLICE DEPARTMENT

Chief of Police, Mark A. Vieira

CONSENT TO RELEASE

The statements made by me in my application for employment with the Town of Johnston are true and complete to the best of my knowledge. I understand that any willful misstatements or material omissions in the aforementioned applications will be sufficient cause to disqualify me from employment consideration with the Town of Johnston. If such misstatements or omissions are found after employment, it will be considered grounds for dismissal. I understand that the completed application, background investigation pre-screening packet and any materials submitted with it are the property of the Town of Johnston and will not be returned regardless if I am offered employment. I understand that any offer of employment is contingent upon my ability to produce documentation required by the Immigration and Naturalization Service documenting eligibility, if necessary, for employment.

I authorize the release of any and all education and credit related information that the Town of Johnston may request or any records pertaining to past or present employment, which may now exist or exist in the future.

Signature

Date Signed