



CITY OF WOONSOCKET, RHODE ISLAND
DEPARTMENT OF PUBLIC SAFETY
POLICE DEPARTMENT

APPLICATION FOR EXTRA CREDIT POINTS
EDUCATIONAL

NAME: _____ DATE: _____

POSITION APPLIED FOR: POLICE OFFICER

() I HAVE ATTACHED A COPY OF:

() MY COLLEGE TRANSCRIPTS AND/OR DIPLOMA

() MY DIPLOMA FROM THE RHODE ISLAND MUNICIPAL POLICE ACADEMY

DEFINITION OF EDUCATIONAL CREDIT: There shall be added to the final ratings of examinees for police service, who have an Associate's Degree or sixty semester hours of College credits from an accredited college and educational credit of not more than two (2) points. If the candidate has a Bachelor's Degree from an accredited college, said educational credit will not be more than three (3) additional points. If the candidate has a Master's Degree or higher from an accredited college, said educational credit will be not more than five (5) additional points.

I UNDERSTAND THAT IF, UPON INVESTIGATION I SHALL BE FOUND TO HAVE MISREPRESENTED MY EDUCATION, MY NAME WILL BE REMOVED FROM THE ELIGIBILITY LIST.

FOR PERSONNEL OFFICE USE ONLY, DO NOT WRITE BELOW THIS LINE

APPROVED

DISAPPROVED

OF POINTS _____



CITY OF WOONSOCKET, RHODE ISLAND
DEPARTMENT OF PUBLIC SAFETY
POLICE DEPARTMENT

APPLICATION FOR EXTRA CREDIT POINTS
RESIDENCY

NAME: _____ DATE: _____

POSITION APPLIED FOR: POLICE OFFICER

() I AM SUBMITTING _____, AND _____

AS EVIDENCE OF MY RESIDENCY IN THE CITY OF WOONSOCKET, RHODE ISLAND FOR THE PRECEDING TWO (2) YEAR PERIOD.

() I HAVE ATTACHED A COPY OF MY RHODE ISLAND DRIVERS' LICENSE AND/OR A COPY OF A UTILITY BILL IN MY NAME TO DETERMINE RESIDENCY.

BY MY INITIALS _____, I SIGNIFY THAT I UNDERSTAND THAT MY NAME WILL BE DROPPED FROM THE ELIGIBILITY LIST IF ANY PART OF THIS APPLICATION IS FOUND TO BE UNTRUE OR MISREPRESENTED IN ANY WAY.

DEFINITION OF RESIDENCY CREDIT: There shall be added to the final ratings of examinees for police service **who are residents of the City of Woonsocket and have been for the preceding two (2) years as of the closing date for applications a credit of five (5) additional points.**

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APPROVED DISAPPROVED # OF POINTS _____



CITY OF WOONSOCKET, RHODE ISLAND
DEPARTMENT OF PUBLIC SAFETY
POLICE DEPARTMENT

APPLICATION FOR EXTRA CREDIT POINTS
VETERANS

NAME: _____ DATE: _____

POSITION APPLIED FOR: POLICE OFFICER

- () I HAVE ATTACHED A LETTER FROM THE DEPARTMENT OF VETERANS AFFAIRS AWARDING ME A RATING OF 0% OR HIGHER SERVICE CONNECTED DISABILITY. (____POINTS)
- () I HAVE ATTACHED A COPY OF MY DD 214. (____POINTS)

DEFINITION OF VETERANS CREDIT: There shall be added to the final ratings of examinees who are veterans in competitive tests for entrance into the classified service, but not for promotion in the service. Who receive at least the minimum required final rating as stated in the public notice, service credits amounting to five (5) points for veterans or service credits amounting to five (5) points for disabled veterans. Disabled veteran means any war time veteran who is an examinee and who is certified by the Veterans Administration to be physically disabled, as a result of a service connected disability, with a disability rating of zero percent (0%) or more. War veteran or veteran means any person, male or female, who was employed as an officer, member of the enlisted personnel otherwise in the active military or naval service of the United States or any auxiliary unit of such military or naval service, except civilian employment at some time during the periods outlined above.

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APPROVED DISAPPROVED # OF POINTS _____



CITY OF WOONSOCKET, RHODE ISLAND
DEPARTMENT OF PUBLIC SAFETY
POLICE DEPARTMENT

MEMORANDUM

TO: Chief Thomas F. Oates, III
FROM: _____, Police Entrance Candidate
DATE:
RE: Request for Credit for Experience as a Former Police Officer

I hereby apply for two (2) additional credit points for having been a Police Officer.

The following information is presented in support of this application:

Name: _____

Current Home Address: _____

Jurisdiction formerly employed as a Police Officer: _____

Date of Graduation from Rhode Island Municipal Police Training Academy is attached.

Name of the Academy/School: _____

Evidence of Graduation is attached.

I understand that if I misrepresent any information on this request for additional credit, my name will be removed from the list of those being considered for employment by the City of Woonsocket.

APPROVED FOR TWO (2) POINTS: _____

DISAPPROVED: _____