



## Johnston Police Department

Town of Johnston Police  
1651 Atwood Avenue  
Johnston, Rhode Island 02919  
www.johnstonpd.com



“Working Together – Making a Difference”

Chief of Police  
Richard S. Tamburini

Telephone: (401) 231-4210  
Fax: (401) 233-3314

### **RECRUIT INFORMATIONAL PACKET**

**Completed Applications are to be submitted IN PERSON by the applicant at the Johnston Police Department and are ONLY being accepted during the open application submission dates and times listed below:**

**Tuesday, September 5, 2017, thru Saturday, September 16, 2017 (excluding Sundays)  
Between the hours of: 8:00 am thru 7:00 pm, Monday – Friday &  
8:00 am thru 12:00 pm on Saturdays**

Applicants must:

- be a US Citizen APPLICATION REQUIREMENTS
- be a minimum of 18 years of age
- complete and pass all test requirements
- possess a valid driver’s license
- submit a complete application with required documents by prescribed deadline\*.

\*(Incomplete or partially completed applications will not be accepted)

#### **DOCUMENTS NEEDED**

- Copy of birth certificate or citizenship papers, if you are a naturalized US citizen.
- Copy of your high school diploma or equivalency (GED) **and** college transcript/military papers/law enforcement experience paperwork, if applicable
- Photocopy of valid driver’s license
- Passport size photo affixed where applicable on the application
- Prior to taking any physical test, a physician’s release (no more than 6 months before date of pre-academy physical agility- June 2, 2017 is the oldest acceptable physical release exam date), must be submitted

## APPLICATION AND SELECTION PROCESS

- Written application with required documents
- Orientation
- Written examination
- Johnston Police Department pre-screen physical agility test
- Oral Board
- Background investigation
- Chief's Oral Board
- State of Rhode Island Municipal Police Training Academy physical agility test
- Medical examination
- Psychological examination
- A pool of all qualified applicants will be developed, from which conditional offers of employment will be made

Before any offer of employment is made or being placed on an eligibility list for employment, **the applicant must complete and pass all requirements**

## ELIGIBILITY LIST

Eligibility lists resulting from this selection process will be in effect for 2 years from the date of the orientation, unless exhausted sooner.

Appointments are made conditional upon successful completion of the Rhode Island Municipal Police Training Academy. Successful applicants shall be classified as probationary members effective upon their date of appointment to the department. They shall remain on probation for one (1) year after the date of appointment to the Johnston Police Department.

## WAGES

The following wages are as of July 1, 2017. (The current contract expires on June 30, 2022)

- Patrolmen 3<sup>rd</sup> Class July 1, 2017- June 30, 2018 – an annual salary of \$45,723.10
- Patrolmen 2<sup>nd</sup> Class July 1, 2018- June 30, 2019– an annual salary of \$55,217.81
- Patrolmen 1<sup>st</sup> Class July 1, 2019- June 30, 2020 – an annual salary of \$59,966.59

\*This rate is based on current CBA.

## BENEFITS

- Health Insurance
- Dental Insurance
- Life Insurance
- Retirement (MERS)
- Paid Vacation/Personal Leave
- Education reimbursement (up to and including your Master's Degree)
- Chance for Overtime earnings
- Longevity bonus
- Accreditation bonus
- Professional Development training opportunities
- Sick Leave

... and more.

## ESSENTIAL JOB FUNCTIONS

The duties and responsibilities of a patrol officer on the Johnston Police Department are both diverse and challenging. They consist of serving the community in many ways, with the goal of improving the quality of life for its residents. A patrol officer will be required to prevent crime and apprehend violators of law. In addition to these two basic law enforcement objectives, a patrol officer on the Johnston Police Department will be required to be a problem – solving oriented person, to reduce and eliminate the causes of crime.

A Patrol Officer shall be expected to:

- Enforce State Laws, Local Laws, the Town of Johnston Charter and the Town of Johnston Ordinances
- Identify criminal offenders and criminal activity and, where appropriate, apprehend offenders and participate in subsequent court proceedings
- Reduce the opportunities for the commission of crime through preventive patrol and other measures
- Aid individuals who are in danger of physical harm
- Facilitate the movement of vehicular and pedestrian traffic
- Identify problems that are potentially serious law enforcement or governmental problems
- Create and maintain a feeling of security in the community
- Promote and preserve the peace
- Provide other services on an emergency basis
- Any other duties that may be assigned by the Chief of Police

## CAREER SERVICE

Appointment as a police officer in Johnston offers able and ambitious men and women an exciting opportunity for a career in Law Enforcement.

Officers are trained by the department to perform all phases of police work, such as traffic enforcement, accident investigation, patrol methods, criminal investigations, juvenile operations, and community policing. The training offered by this department is of the highest standards and it continues throughout the officer's career.

Promotions are determined by written and oral examinations, along with other contractual agreements. Promotions are made from within the department.

The members of the Johnston Police Department are represented by the International Brotherhood of Police Officers, Local #307 and have their wages, benefits and conditions of employment specified in their collective bargaining agreement with the Town of Johnston. The current CBA is in effect through June 30, 2022.

### TENTATIVE RECRUIT PROCESS TIMELINE

(This is a tentative timeline and is subject to change. ALWAYS refer to correspondence given to you and the completion of each phase)

(Note: At the noted times for all phases, the doors to the facility will close. Any late arrivals will be grounds for elimination from the hiring process)

#### Recruit Orientation

Saturday, September 23, 2017 at 0900am at the Johnston Senior High School (345 Cherry Hill Rd., Johnston, RI 02919) in the auditorium (western-most entrance in the front of the building). A POSITIVE PHOTO ID WILL BE REQUIRED FOR ENTRY.

#### Written Examination

Saturday, September 30, 2017 at 0900am at the Johnston Senior High School (345 Cherry Hill Rd., Johnston, RI 02919). Check-in will be at the auditorium entrance (western-most entrance in the front of the building). A POSITIVE PHOTO ID WILL BE REQUIRED FOR ENTRY.

Exam will consist of 100 multiple choice questions

#### Written Exam Scores

Scores will be posted by application number on Wednesday, October 4, 2017 at [www.JohnstonPD.com](http://www.JohnstonPD.com) and in the Foyer at Johnston PD headquarters

If you earn a 70% or better on the written exam, you will be considered "Pass" and will advance to the next phase. If you earn less than a 70% score, you will receive notice advising that you have been eliminated.

### JPD Physical Agility

Saturday, October 7, 2017 at 1200 hrs at the Rhode Island College gymnasium. After successfully completing all of the fitness battery testing, you will receive correspondence advising that you may continue to the next phase. If not, then you will receive correspondence advising that you have been eliminated. A POSITIVE PHOTO ID WILL BE REQUIRED FOR ENTRY.

### Oral Boards

Tentatively, the Oral Boards have been scheduled for the week of October 10-13, 2017. Depending on the size of the applicant pool, this timeframe may be adjusted. A POSITIVE PHOTO ID WILL BE REQUIRED FOR ENTRY.

### Background check

The backgrounds will commence during the week of October 20, 2017.

### Chief's Oral Board

The Top 10 will be selected to be part of the Chief's Oral Board, tentatively scheduled for Tuesday through Thursday, October 17-19, 2017 at headquarters. Times TBD. A POSITIVE PHOTO ID WILL BE REQUIRED FOR ENTRY.

### RIMPTA Physical Agility

If there is a possibility that a candidate may be sent to the Municipal Police Academy, they must attend the RI Municipal Police Training Academy Orientation and Physical Agility Test. The academy physical agility is scheduled for Saturday, December 2, 2017 at the CCRI Flanagan Campus (Lincoln) Field House. A POSITIVE PHOTO ID WILL BE REQUIRED FOR ENTRY.

You will also be required to attend a Rhode Island Municipal Police Academy orientation scheduled for the week of November 14, 2017, day, time and location TBD. A POSITIVE PHOTO ID WILL BE REQUIRED FOR ENTRY.

Final Phase Dates are as needed and yet to be determined

## Physical Fitness Assessment 40th Percentile

### 1 Minute Push-Up

	Age<20	20-29	30-39	40-49	50-59
Male	29.0	29.0	24.0	18.0	13.0
Female	15.0	15.0	11.0	9.0	n/d

### 1.5 Mile Run-Aerobic Power

	Age<20	20-29	30-39	40-49	50-59
Male	12:38	12:38	12:58	13:50	15:06
Female	14:50	14:50	15:43	16:31	18:07

### 1 Minute Sit-up test

	Age<20	20-29	30-39	40-49	50-59
Male	41.0	38.0	35.0	29.0	24.0
Female	32.0	32.0	25.0	20.0	14.0

### 300 Meter Run

	Age<20	20-29	30-39	40-49	50-59
Male	59.0	59.0	58.9	72.0	83.2
Female	71.0	71.0	79.0	94.0	n/d



CHIEF OF POLICE  
RICHARD S. TAMBURINI

JOHNSTON POLICE DEPARTMENT  
1651 ATWOOD AVENUE  
JOHNSTON, RHODE ISLAND 02919  
“WORKING TOGETHER – MAKING A DIFFERENCE”

TELEPHONE NO. – (401) 231-4210  
FAX NO. – (401) 233-3314



MAYOR  
JOSEPH M. POLISENA

### **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 Operations and Training 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.

Applications may be completed digitally or by hand.

- If completing this application digitally it must be signed in **BLUE INK ONLY**.
- If completing this application by hand, please **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.

#### **Copies of the following are to be attached at the time of submission:**

- Copy of Birth Certificate or U.S. Citizenship papers
- Copy of valid driver’s license
- Copy of high school diploma or equivalent
- Prior to taking any physical testing, a physician’s release (found in this document) dated 06/02/2017 or newer



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MAYOR  
 JOSEPH M. POLISENA

**Application for Employment to the Johnston Police Department**

-For Official Use ONLY-

ID/Application # **17-**\_\_\_\_\_

AFFIX  
 Mandatory Passport  
 Photo  
 HERE

Note: Read carefully before signing. If application is completed by hand, please print your responses in **BLUE INK ONLY**.

I, \_\_\_\_\_, hereby make application for the appointment as a Patrol Officer on the Police Department of the Town of Johnston and for proof of my qualifications, I am supplying the following information. I will answer the questions without aid or assistance, and to the best of my knowledge and ability. I am aware that a false statement, evasion or deception in answering any of the questions will be grounds for rejection of my application, and if discovered after appointment, dismissal from the force. Providing false documents to a public official is a misdemeanor in Rhode Island. I understand also that if I am accepted to attend the Rhode Island Municipal Police Training Academy, and successfully pass the tests, physical and written, and I am appointed to the force, that I will serve one (1) year of probation before being sworn in as a permanent member.

I hereby acknowledge that the acceptance of this application by the Johnston Police Department is not an offer for employment, nor does it constitute a guarantee of employment with the Johnston Police Department.

\_\_\_\_\_  
 Signature in full of Applicant

\_\_\_\_\_  
 Date



# Personal History Statement

## Sex/Racial Designation

In order to evaluate the Johnston Police Department's Equal Opportunity Employment Plan, applicants are requested to indicate the following Sex, Race and Ethnic Designations.

The completion of this information will not be used as part of the selection process and will not have any bearing as to your success as a candidate for employment. This information shall be retained solely for record requirements.

1. Sex (check one)      Male:       Female:

2. Race/Ethnic Identification (check one)

- WHITE: (not of Hispanic origin) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- BLACK: (not of Hispanic origin) – All persons having origin in any of the Black racial groups of Africa.
- HISPANIC: All persons having origins in any of the Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ASIAN or PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands.
- AMERICAN INDIAN or ALASKAN NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.



# JOHNSTON POLICE DEPARTMENT

## CHIEF RICHARD S. TAMBURINI

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### SECTION 1: PERSONAL

1. YOUR FULL NAME

LAST FIRST MIDDLE

2. CURRENT ADDRESS

STREET APT/UNIT

CITY STATE ZIP

3. CONTACT NUMBERS

HOME ( ) - CELL ( ) - EMAIL

4. SOCIAL SECURITY NUMBER

- -

5. BIRTHDATE

6. PLACE OF BIRTH

7. SPONSORING POLICE DEPARTMENT

**Johnston Police Department**

8. EMERGENCY CONTACT PERSON

LAST FIRST

9. EMERGENCY CONTACT NUMBER

( ) -

10. SPOUSE'S NAME

LAST FIRST

11. SPOUSE'S EMERGENCY NUMBER

( ) -

12. ARE YOU A CITIZEN OF THE UNITED STATES?  YES  NO

13. IF NATURALIZED, DATE OF NATURALIZATION AND COURT

### SECTION 2: EDUCATION

**NOTE:** Please attach school diploma or GED satisfaction.

1. HIGH SCHOOL

2. DATES ATTENDED

FROM TO

3. ADDRESS

CITY STATE

4. MAJOR COURSE OF STUDY

5. COLLEGE AND GRADUATE SCHOOL EDUCATION

*List all schools attended*

INSTITUTE	LOCATION	DATES ATTENDED		RECEIVED
A) NAME	CITY/STATE	FROM	TO	<input type="checkbox"/> DEGREE
	MAJOR	# OF CREDITS COMPLETED		<input type="checkbox"/> DIPLOMA <input type="checkbox"/> CERTIFICATE
B) NAME	CITY/STATE	FROM	TO	<input type="checkbox"/> DEGREE
	MAJOR	# OF CREDITS COMPLETED		<input type="checkbox"/> DIPLOMA <input type="checkbox"/> CERTIFICATE
C) NAME	CITY/STATE	FROM	TO	<input type="checkbox"/> DEGREE
	MAJOR	# OF CREDITS COMPLETED		<input type="checkbox"/> DIPLOMA <input type="checkbox"/> CERTIFICATE
D) NAME	CITY/STATE	FROM	TO	<input type="checkbox"/> DEGREE
	MAJOR	# OF CREDITS COMPLETED		<input type="checkbox"/> DIPLOMA <input type="checkbox"/> CERTIFICATE
E) NAME	CITY/STATE	FROM	TO	<input type="checkbox"/> DEGREE
	MAJOR	# OF CREDITS COMPLETED		<input type="checkbox"/> DIPLOMA <input type="checkbox"/> CERTIFICATE



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*Section 2: Education, continued*

6. LIST ANY EQUIVALENCY COURSES, CERTIFICATIONS, ETC. CERTIFIED BY THE RHODE ISLAND DEPARTMENT OF EDUCATION. COPY MUST ACCOMPANY THIS APPLICATION.

**SECTION 3: MISCELLANEOUS**

1. PHYSICAL DESCRIPTION			2. BLOOD TYPE (MANDATORY)		
HEIGHT	WEIGHT	LBS			
3. NAME OF FAMILY DOCTOR					4. DOCTOR CONTACT NUMBER
LAST		FIRST		(    )    -	
5. DO YOU HAVE ALLERGIC REACTION THAT MAY OCCUR DURING PHYSICAL ACTIVITY? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF SO, LIST THE ALLEGERIES:					

6. ARE YOU TAKING ANY MEDICATIONS?		YES	NO
IF SO, LIST THE MEDICATIONS:			

7. ARE YOU A RESIDENT OF RHODE ISLAND?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	8. IF SO, HOW LONG?
--	--	------------------------------	-----------------------------	---------------------

9. DRIVER'S LICENSE DATE: STATE ISSUED	DRIVER'S LICENSE NUMBER:
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Please answer each of the following questions:

**Y    N**

<input type="checkbox"/>	<input type="checkbox"/>	10. Can you swim?
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<input type="checkbox"/>	<input type="checkbox"/>	11. Have you had firearms training?
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<input type="checkbox"/>	<input type="checkbox"/>	12. CPR training?
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13. Do you have specialized medical training?	
If yes, list certifications	



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Insurance Plan Name: \_\_\_\_\_

Group/Policy Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Policy Holder's Employer: \_\_\_\_\_

Relationship: \_\_\_\_\_

Please note: Applicant must provide proof of health insurance prior to enrollment in the Rhode Island Municipal Police Academy.

### SECTION 4: MILITARY SERVICE

**NOTE: PLEASE ATTACH A COPY OF DD214**

A). BRANCH OF SERVICE	DATES OF ENLISTMENT/DISCHARGE FROM                      TO	PROMOTIONS: DATE/RANK
RANK AT TIME OF DISCHARGE	REASON FOR DISCHARGE	TYPE OF DISCHARGE
B). BRANCH OF SERVICE	DATES OF ENLISTMENT/DISCHARGE FROM                      TO	PROMOTIONS: DATE/RANK
RANK AT TIME OF DISCHARGE	REASON FOR DISCHARGE	TYPE OF DISCHARGE
C). BRANCH OF SERVICE	DATES OF ENLISTMENT/DISCHARGE FROM                      TO	PROMOTIONS: DATE/RANK
RANK AT TIME OF DISCHARGE	REASON FOR DISCHARGE	TYPE OF DISCHARGE

### SECTION 5: WORK EXPERIENCE

1. LIST EMPLOYMENT HISTORY FOR THE LAST FIVE YEARS

#### EMPLOYMENT HISTORY

A) FROM	TO	EMPLOYER	PHONE (    )    -	POSITION HELD
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	STREET ADDRESS	REASON FOR LEAVING	
<input type="checkbox"/> TEMP	<input type="checkbox"/> VOLUNTEER	CITY	STATE    ZIP	
B) FROM	TO	EMPLOYER	PHONE (    )    -	POSITION HELD
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	STREET ADDRESS	REASON FOR LEAVING	
<input type="checkbox"/> TEMP	<input type="checkbox"/> VOLUNTEER	CITY	STATE    ZIP	
C) FROM	TO	EMPLOYER	PHONE (    )    -	POSITION HELD
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	STREET ADDRESS	REASON FOR LEAVING	
<input type="checkbox"/> TEMP	<input type="checkbox"/> VOLUNTEER	CITY	STATE    ZIP	



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D)	FROM	TO	EMPLOYER	PHONE (    ) -	POSITION HELD
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMP <input type="checkbox"/> VOLUNTEER		STREET ADDRESS		REASON FOR LEAVING	
		CITY	STATE	ZIP	
E)	FROM	TO	EMPLOYER	PHONE (    ) -	POSITION HELD
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMP <input type="checkbox"/> VOLUNTEER		STREET ADDRESS		REASON FOR LEAVING	
		CITY	STATE	ZIP	
F)	FROM	TO	EMPLOYER	PHONE (    ) -	POSITION HELD
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMP <input type="checkbox"/> VOLUNTEER		STREET ADDRESS		REASON FOR LEAVING	
		CITY	STATE	ZIP	
G)	FROM	TO	EMPLOYER	PHONE (    ) -	POSITION HELD
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMP <input type="checkbox"/> VOLUNTEER		STREET ADDRESS		REASON FOR LEAVING	
		CITY	STATE	ZIP	
H)	FROM	TO	EMPLOYER	PHONE (    ) -	POSITION HELD
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMP <input type="checkbox"/> VOLUNTEER		STREET ADDRESS		REASON FOR LEAVING	
		CITY	STATE	ZIP	



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**SECTION 6: CRIMINAL HISTORY**

IF YOU HAVE EVER BEEN ARRESTED AND/OR CONVICTED OF A CRIME (FELONY OR MISDEMEANOR) OR HAD AN ARREST/CRIMINAL RECORD EXPUNGED BY A COURT OR BEEN CITED FOR A MOTOR VEHICLE VIOLATION, YOU **MUST COMPLETE THE FOLLOWING SECTION, GIVING THE DATE, LOCATION, AND NATURE OF THE FELONY OR MISDEMEANOR ARREST AND/OR CONVICTION OR MOTOR VEHICLE VIOLATION.**

**IF YOU LEAVE THIS SPACE BLANK, YOU ARE CERTIFYING THAT YOU HAVE NO CURRENT RECORD OF ARREST AND/OR CONVICTION OR MOTOR VEHICLE VIOLATION.** (PLEASE NOTE: ARREST AND/OR CONVICTION IS NOT AN AUTOMATIC DISQUALIFICATION FOR EMPLOYMENT. EACH CASE IS CONSIDERED INDIVIDUALLY.)

**WILLFUL OMISSION OR MISREPRESENTATION OF REQUIRED INFORMATION WILL BE A BASIS FOR REJECTION OF YOUR APPLICATION OR DISMISSAL FROM THE RHODE ISLAND MUNICIPAL POLICE TRAINING ACADEMY.**

1. HAVE YOU EVER BEEN ARRESTED AND/OR CONVICTED FOR ANY CRIMINAL OFFENSE OR MOTOR VEHICLE VIOLATION?

YES  NO IF YES, PROVIDE THE FOLLOWING DATA:

**ARRESTS / CONVICTIONS / MOTOR VEHICLE VIOLATIONS (ATTACH A SEPARATE SHEET WITH ADDITIONAL INFORMATION, IF NECESSARY)**

A) APPROX DATE	LOCATION
OFFENSE	DISPOSTION
B) APPROX DATE	LOCATION
OFFENSE	DISPOSTION
C) APPROX DATE	LOCATION
OFFENSE	DISPOSTION
D) APPROX DATE	LOCATION
OFFENSE	DISPOSTION

2. HAVE YOU EVER HAD AN ARREST EXPUNGED OR A MOTOR VEHICLE VIOLATION DISMISSED UNDER THE GOOD DRIVING RULE?

YES  NO IF SO, LIST DATE(S) AND NATURE OF OFFENSE(S):



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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).

NAME	ADDRESS OF RESIDENCE	PHONE #	DATES (MM/YY)

**5- REFERENCES**

IN THE SPACES BELOW, PLEASE LIST AT LEAST THREE (3) PEOPLE AS REFERENCES WHO HAVE KNOWLEDGE OF YOU AND YOUR QUALIFICATIONS. **EXCLUDE RELATIVES IN THIS SECTION.** PLEASE PROVIDE AT LEAST TWO (2) PHONE NUMBERS FOR EACH REFERENCE.

NAME	RELATION TO YOU	COMPLETE ADDRESS	PHONE	
			HOME:	WORK:
			CELL:	
			EMAIL:	
			HOME:	
			WORK:	
			CELL:	
			EMAIL:	
			HOME:	
			WORK:	
			CELL:	
			EMAIL:	
			HOME:	
			WORK:	
			CELL:	
			EMAIL:	
			HOME:	
			WORK:	



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**General Authorization for Release of Information**

I, \_\_\_\_\_, do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to duly authorized agents of the Johnston Police Department and the Rhode Island Municipal Police Academy, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of Casino Gaming records; records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies, including credit reports and ratings; medical and psychiatric treatment and consultation, including hospitals, clinics, private practitioners; the U.S. Veteran's Administration; the United States military; public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; housing records; real and personal property tax statements and records; other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records; records of complaints in any civil proceeding made in any case in which I presently have, or have had any interest.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent data and/or information for the Johnston Police Department and the Rhode Island Municipal Police Academy to consider in determining my suitability for employment by that department.

It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above is not intended to deny access to any records not specifically identified herein.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part pursuant to this release authorization will be considered in determining my suitability for employment by the Johnston Police Department and the Rhode Island Municipal Police Academy. I have had explained to me, and I fully understand that refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application.

To the custodian of the records discussed herein, I hereby authorize you to release information to the bearer of this *Authorization for Release of Information*. I consider a copy of the *Authorization for Release of Information* to be as valid as the original even though a copy does not have my original signature.

I hereby release to the Johnston Police Department and the Rhode Island Municipal Police Academy and its agents and anyone who gives written or oral information about me to the Johnston Police Department from any claims of liability or damages which may occur as a result of the background investigation. This release of liability also extends to my heirs, executors, assigns and representatives.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Soc. Sec. Number: \_\_\_\_\_

Witness: \_\_\_\_\_





**Mental Health**

**Authorization for Release of Information**

I, \_\_\_\_\_, do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to duly authorized agents of the Johnston Police Department, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records from \_\_\_\_\_ (name of institution) regarding medical and psychiatric treatment and consultation, including records of hospitals, clinics and private practitioners operating within or in association with said \_\_\_\_\_ (name of institution).

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent data and/or information for the Johnston Police Department to consider in determining my suitability for employment by that department.

It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above is not intended to deny access to any records not specifically identified herein.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, pursuant to this release authorization will be considered in determining my suitability for employment by the Johnston Police Department. I have had explained to me, and I fully understand, that refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application.

To the custodian of the records discussed herein, I hereby authorize you to release information to the bearer of this *Authorization for Release of Information*. I consider a copy of the *Authorization for Release of Information* to be as valid as the original even though a copy does not have my original signature.

I hereby release to the Johnston Police Department and its agents and anyone who gives written or oral information about me to the Johnston Police Department from any claims of liability or damages which may occur as a result of the background investigation. This release of liability also extends to my heirs, executors, assigns and representatives.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Soc. Sec. Number: \_\_\_\_\_

Witness: \_\_\_\_\_



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**FITNESS TEST MEDICAL CERTIFICATE**

Dear Physician:

The following named individual has submitted an application to become a Police Officer with the  
**JOHNSTON POLICE DEPARTMENT.**

<b>Candidate Name:</b> _____ <b>Date of Birth:</b> _____
<b>Address:</b> _____ <b>Town/City:</b> _____ <b>State:</b> _____

The **Johnston** Police Department and the Rhode Island Department of Public Safety/Municipal Police Training Academy (RIDPS/MPTA) requires each candidate to bring a completed Physical Fitness Test Certificate to the Physical Fitness Test before he/she will be allowed to participate in the test. A statement must be obtained from a licensed physician that the candidate is of sufficient physical conditioning to undergo a Physical Fitness test. The Fitness Test Medical Certificate **must** be completed within six (6) months of the Physical Fitness testing date.

Attached to this form is a listing of the minimum physical fitness standards a candidate must attain. We ask that your evaluation be based upon these criteria. Thank you for your assistance.

**PHYSICIAN'S STATEMENT**

I have examined the above-named individual on \_\_\_\_\_.  
(Date)

After reviewing each of the four (4) events, I find him/her to be of sufficient physical conditioning to allow the candidate to participate in the **Johnston** Police Department and RIDPS/MPTA Physical Fitness Test.

Comments (if any): \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

(Please type or print:)

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Revised 07/14



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**MEDICAL HISTORY STATEMENT**

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**INSTRUCTIONS**

To be completed by applicant for admission to the Rhode Island Municipal Police Training Academy prior to the physical examination and presented to the examining physician at the time of examination. All questions must be answered completely and accurately. The original or a copy must be retained in personnel filed by the appointing agency.

**SECTION 1: CANDIDATE IDENTIFICATION**

DATE \_\_\_\_\_

NAME (Last, First, Middle)		BIRTHDATE (MM/DD/YYYY)	
ADDRESS	CITY	STATE	ZIP
PHONE NUMBERS WHERE YOU CAN BE REACHED DAY ( ) - EXT		SOCIAL SECURITY NUMBER - -	
EVENING ( ) -			

**SECTION 2: CURRENT MEDICATIONS**

PRESCRIPTION MEDICATIONS: (INCLUDE PAIN RELIEVERS, BIRTH CONTROL PILLS, ETC.)

OVER THE COUNTER MEDICATIONS: (INCLUDE ALL COLD ALLERGY, HEADACHE, VITAMINS, ETC.)

**SECTION 3: ALLERGIES**

DRUG ALLERGIES: (INCLUDE YOUR REACTION TO THE MEDICATION)

ALL OTHER ALLERGIES: FOOD, INSECTS, SEASONS, ANIMALS, MATERIALS, ETC (INCLUDE REACTION)



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### SECTION 4: PAST MEDICAL HISTORY

LIST ALL HOSPITALIZATIONS AND OPERATIONS SINCE CHILDHOOD: (INCLUDE TYPE OF SURGERY, DATE OF SURGERY, ANY COMPLICATIONS OR OTHER SIGNIFICANT INFORMATION) May use additional sheets of paper, write name, SS#, sign and date.

Have you EVER, in your life, had any of the following types of medical problems? (check all that apply to you)

Y	N	?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. <b>CANCER:</b> any type of cancer including skin cancer, breast cancer, and leukemia?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. <b>MAJOR INFECTIONS DISEASE:</b> such as tuberculosis, hepatitis, HIV/AIDS, Rheumatic fever and others?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. <b>NEUROLOGICAL PROBLEMS:</b> such as seizure disorder, stroke, concussion, severe headache, skull fracture, recurrent vertigo, balance problems, encephalitis, meningitis, tremors, multiple sclerosis, Huntington's chorea, peripheral neuropathy and others?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. <b>PSYCHOLOGICAL PROBLEMS:</b> such as depression, manic episodes, psychotic episodes, post traumatic stress disorder and others?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. <b>EYE PROBLEMS:</b> such as eye injury, color blindness, poor night vision (night blindness), glaucoma, blindness in one or both eyes, very poor vision when not corrected and others?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. <b>EAR PROBLEMS:</b> such as ear injury, chronic ringing (tinnitus), chronic or long lasting ear infection, Meniere's disease, moderate to severe hearing loss in one or both ears and others?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. <b>NOSE PROBLEMS:</b> such as nose injury, allergies, nasal bleeding, loss of sense of smell, chronic or long lasting infections, and others?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. <b>MOUTH OR THROAT PROBLEMS:</b> such as injury, major dental work, any kind of speech defect, chronic or long lasting infections, abnormality of nose, mouth or throat that would interfere with wearing a respirator and others?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. <b>LUNG PROBLEMS:</b> such as asthma, emphysema, chronic or recurrent bronchitis, pneumonia, tuberculosis or lung abscess and others?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. <b>HEART AND CIRULATION PROBLEMS:</b> such as heart murmur, heart disease, heart attack, irregular rhythm, valve abnormalities, varicose veins, phlebitis, peripheral vascular disease, Raynaud's disease and others?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. <b>DIGESTIVE SYSTEM PROBLEMS:</b> such as any kind of ulcer disease, hepatitis or liver disorder, any kind of colitis, Crohn's disease, ulcerative colitis, irritable bowel syndrome, esophageal disorders, pancreatitis, gall stones, stomach or intestinal bleeding and others?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. <b>HORMONE OR ENDOCRINE PROBLEMS:</b> such as diabetes, thyroid disease, parathyroid or adrenal problems or others?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. <b>URINARY TRACT PROBLEMS:</b> such as kidney stones, pyelonephritis (kidney infection), nephrosil, single functioning kidney, polycystic kidney disease, repeated bladder infections and others?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. <b>HERNIA:</b> such as inguinal, umbilical, ventral, femoral, hiatal or incisional hernias?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. <b>MUSCLE, BONE AND JOINT PROBLEMS:</b> such as chronic back or neck pain, fibromyalgia, back or neck disc disease, osteomyelitis (bone infection), muscular dystrophy, arthritis, spinal curvature, loss of a finger or toe or others?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. <b>BLOOD SYSTEM PROBLEMS:</b> such as anemia, hemophilia or bleeding disorder, white blood cell abnormality and others?



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### MALES ONLY:

Y   N   ?

17. Prostate problems such as enlargement or prostatitis?

18. Genital problems such as epididymitis or testicular injury?

### FEMALES ONLY:

Y   N   ?

19. Currently pregnant?

20. History of endometriosis, pelvic inflammatory disease, abnormal PAP smear, PMS or other problems with your menstrual cycle?

## SECTION 5: IMMUNIZATIONS

Y   N   ?

21. Have you ever had a positive TB test?

22. Have you ever received Hepatitis B vaccinations?

23. When did you receive your last tetanus (lockjaw) immunization?

## SECTION 6: OCCUPATIONAL HISTORY

Y   N   ?

24. Repetitive Loud Noises (including guns, jet engines, loud machinery)?

25. Chemical exposure to skin or lungs?

26. Dusty conditions (sandblasting, grinding, mining or drilling or rock, coal, silica or asbestos)?

Check all that apply

Y   N   ?

27. Have you every sustained an injury while at work that necessitated extended care by a health care provider?

28. Have you every had a motor vehicle accident causing back or neck pain?

29. Are you limited or unable to perform any physical activity because of muscle or joint discomfort?

30. Do you have any missing limbs or non-functional joints?

31. Have you ever been advised by a physician to avoid lifting above a certain weight limit?

32. Have you every been advised by a physician to avoid sitting or standing over a certain time?

33. Have you ever worked in law enforcement?

33a. If yes, have you ever missed more than three consecutive days of service for any medical or psychological problem?



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Y   N   ?

    

34. Have you ever served in any of the armed forces?

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34a. If yes, have you ever missed more than three consecutive days of service for any medical or psychological problem?

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35. Do you have any difficulty in properly holding, aiming or firing a handgun, rifle or shotgun?

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36. Do you have any difficulty driving at high speeds in a motorized vehicle?

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37. Have you ever had an automobile accident while driving over sixty (60) miles per hour?

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38. Have you ever had any automobile accidents as a result of losing control of your vehicle?

---

    

39. Do you have any difficulty driving for three (3) consecutive hours without stopping?

---

    

40. Do you have any difficulty running for five (5) consecutive minutes without stopping?

---

    

41. Have you ever passed out, temporarily lost control of any part of your body, or had blackout spells (episodes you do not remember)?

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**EXPLANATION OF ANY YES ANSWERS: (IDENTIFY BY NUMBER)**

All "YES" answers **MUST** be explained. You may use additional sheets of paper, write name, SS#, sign and date.

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**SECTION 7: PENALTY**

Any falsification, withholding or failure to answer all questions completely and accurately may disqualify you from receiving or retaining employment or certification as a criminal justice officer.

**SECTION 8: CERTIFICATION**

I hereby certify that there are no willful misrepresentations, omission or falsification in the foregoing statements and answers to questions and that all statements and answers are true and correct to the best of my knowledge and belief.

SIGNATURE OF APPLICANT (INK)	DATE SIGNED
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**PHYSICIAN REVIEW:**

SIGNATURE OF PHYSICIAN (INK)	DATE REVIEWED
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**PRINTED NAME AND ADDRESS OF PHYSICIAN COMPLETING REVIEW:**

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This information is for official use only and will not be released to unauthorized persons.

**INSTRUCTIONS**

To be completed by either a Physician/Physician's Assistant/Nurse Practitioner or Surgeon licensed to practice medicine in Rhode Island or by a Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulation of the U.S. Armed Forces following an actual physical examination. The original or a copy of this report must be retained in personnel file by the appointing agency and the Rhode Island Municipal Police Training Academy.

**TO BE COMPLETED BY LICENSED EXAMINING PHYSICIAN**

NAME (Last, First, Middle)				DATE
DATE OF BIRTH	HEIGHT (without shoes):	FT	INCHES	WEIGHT (without shoes and coat):
				LBS
				<input type="checkbox"/> WELL NOURISHED <input type="checkbox"/> OBESSE <input type="checkbox"/> MUSCULAR

**Part A: Vision Results**

Visual Acuity: If applicant wears glasses or contacts, test and record acuity with and without glasses.

Without glasses	R-20/	L-20/	Both-20/
With glasses	R-20/	L-20/	Both-20/

CHECKLIST	N	A	DESCRIPTION OF ABNORMAL FINDING AND/OR SUPPLEMENTAL TEST
<b>EYES</b>			
Depth Perception	<input type="checkbox"/>	<input type="checkbox"/>	
Color Perception	<input type="checkbox"/>	<input type="checkbox"/>	
Peripheral Vision	<input type="checkbox"/>	<input type="checkbox"/>	

**Part B: Hearing Results**

Hearing Acuity:     Audiogram - or -     15' whispered conversation ( check one)

CHECKLIST	N	A	DESCRIPTION OF ABNORMAL FINDING AND/OR SUPPLEMENTAL TEST
<b>HEARING</b>			
Right ear	<input type="checkbox"/>	<input type="checkbox"/>	
Left ear	<input type="checkbox"/>	<input type="checkbox"/>	

**Part C: Cardiovascular Results**

Blood Pressure: \_\_\_\_\_ Resting Pulse: \_\_\_\_\_

CHECKLIST	N	A	DESCRIPTION OF ABNORMAL FINDING AND/OR SUPPLEMENTAL TEST
<b>CARDIOVASCULAR</b>			
Cardiac Examination	<input type="checkbox"/>	<input type="checkbox"/>	
Peripheral Circulation	<input type="checkbox"/>	<input type="checkbox"/>	
ECG (indicated by hx or exam)	<input type="checkbox"/>	<input type="checkbox"/>	

**Part D: Miscellaneous Details**

CHECKLIST	N	A	DESCRIPTION OF ABNORMAL FINDING AND/OR SUPPLEMENTAL TEST
<b>NORMAL</b>			
Heart	<input type="checkbox"/>	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	
Genitourinary	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	
Skin	<input type="checkbox"/>	<input type="checkbox"/>	
Urinalysis	<input type="checkbox"/>	<input type="checkbox"/>	

TB Skin Test:     Negative     Positive    Blood Type: \_\_\_\_\_

Are there any conditions, physical, emotional or mental, which in your opinion suggest further examination?     No     Yes

Do you have any reservation about this candidate's ability to physically perform required duties?     No     Yes





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SUMMARY OF FINDINGS

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SIGNATURE OF PHYSICIAN

DATE

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NAME AND ADDRESS OF PHYSICIAN (Please Type)