



Richard P. St.Sauveur, Jr.
Chief of Police

Smithfield Police Department

215 Pleasant View Avenue
Smithfield, Rhode Island 02917
Tel: (401) 231-2500
Fax: (401) 233-1018

November 15, 2017

Dear Applicant:

Thank you for considering the Smithfield Police Department in your pursuit of a career in the field of law enforcement. The Department is currently accepting applications to fill an immediate position. Attached to this letter is an *Application for Employment Form* and *Applicant Information Booklet*, which should provide you with minimum hiring requirements, a description of the various phases of the applicant selection process, salary and benefits, and other miscellaneous information. Previous candidates must reapply.

Additional application forms may be obtained from the Smithfield Police Department, 215 Pleasant View Avenue, Smithfield, Rhode Island, and Monday through Friday, from 8:00 a.m. to 4:00 p.m. Applications are available on the Department's website www.smithfieldpd.com/recruitment/. Completed applications must be returned to the Smithfield Police Department by 4:00 p.m. on Monday, December 11, 2017.

If you have any questions or concerns, please feel free to contact Captain E. Eric Dolan, Monday through Friday, from 8:00 a.m. to 4:00 p.m. at (401) 231-2500.

Good Luck!

Sincerely yours,

Captain E. Eric Dolan
Director of Recruitment and Training

EED/lad
Enclosures

A Nationally Accredited Agency

The seal of the Town of Smithfield, Rhode Island, is a circular emblem. It features a central shield with a landscape scene, including a building and a tree. The shield is surrounded by a blue border with the text "TOWN OF SMITHFIELD RHODE ISLAND" at the top and "EST. 1730-1731" at the bottom.

TOWN OF SMITHFIELD
SMITHFIELD POLICE DEPARTMENT

POLICE OFFICER
Applicant Information Booklet

Randy Rossi
Town Manager
Smithfield, Rhode Island



Richard P. St. Sauveur, Jr.
Chief of Police
Smithfield, Rhode Island

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If you are interested in a rewarding career with the Smithfield Police Department, this *Applicant Information Booklet* will provide you with the minimum hiring requirements, various phases of the applicant selection process, salary and benefits, and other miscellaneous information. This recruitment and selection process will take approximately 2-3 months to complete. Previous candidates must reapply.

Application forms may be obtained from the Smithfield Police Department, 215 Pleasant View Avenue, Smithfield, Rhode Island. Application forms are also available for download on the Smithfield Police Department’s website www.smithfieldpd.com. Alternatively, application forms can be mailed to out-of-state residents if requested.

Completed applications must be returned to the police department no later than **4:00 p.m. on Monday December 11, 2017.**

MINIMUM HIRING REQUIREMENTS

To be considered for appointment to the police department, an applicant:

- Must be eighteen (18) years of age or older;
- Must be a citizen of the United States;
- Must possess a valid operator’s license;
- Must possess a Bachelor’s degree, preferably in the field of Criminal Justice or Law Enforcement;
- Must be currently certified or have the ability to be certified by the Rhode Island Municipal Police Training Academy.

APPLICANT SELECTION PROCESS

PHYSICAL FITNESS TEST

Applicants determined eligible for further processing must successfully complete a physical fitness test which encompasses the following events:

300 METER RUN

This test is a timed test, which measures the body’s ability to perform during oxygen debt. The score is recorded in seconds. (40th percentile)

	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

ONE-MINUTE PUSH-UP TEST

This test is a timed test, which measures the upper body muscular endurance. The score is the number of push-ups performed in one (1) minute. (40th percentile)

	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

ONE-MINUTE SIT-UP TEST

This test measures the muscular endurance of the abdominal muscles. Test results reflect the ability to perform police tasks that involve the use of force. The score is the number of bent leg sit-ups performed in one (1) minute.

	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

1.5 MILE RUN

This is a timed run, which measures the heart and vascular system's capability to transport oxygen. Test results reflect the ability to perform police tasks involving stamina and endurance. The score is recorded in minutes and seconds. (40th percentile)

	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

APPLICANT BACKGROUND INVESTIGATION

Applicants will have an extensive background investigation conducted by the Smithfield Police Department, including but not limited to: past employment records, education background, criminal history, consumer credit history, community reputation, military service, and overall character.

ORAL REVIEW BOARDS

Applicants eligible for further processing must appear before initial and final Oral Review Boards.

PSYCHOLOGICAL EXAMINATION

If applicable, applicants determined eligible for further processing will be administered a written psychological examination, along with a follow-up interview and evaluation by a licensed psychologist.

MEDICAL EXAMINATION

Applicants determined eligible for further processing must pass a medical examination and be found physically qualified by a physician approved by the Rhode Island Police Officer's Commission on Standards and Training. This examination consists of the following requirements:

- An applicant must possess visual acuity of 20/30, corrected, in each eye;
- An applicant must possess normal color and depth perception;
- An applicant must possess normal hearing ability, without the use of mechanical or electronic aids.

DUTIES AND RESPONSIBILITIES

The duties and responsibilities of Smithfield police officers include the protection of life and property, maintenance of public order, investigation of criminal and non-criminal activities, arrest of traffic and criminal violators, collection and preservation of evidence, delivery of crime prevention and community policing services, and other law enforcement related services.

SALARY AND BENEFITS

- A first year patrol officer will receive an annual salary of \$48,579.80 (\$934.23 per week);
- Health care benefits provided at a cost not to exceed \$1,500 annually;
- Paid premiums for life insurance in the amount of \$50,000;
- Annual cleaning and clothing allowances are provided;
- Educational reimbursement for law enforcement courses;
- A longevity supplement is paid at the beginning of the 6th year of employment and increases one-half percent, per year, at the beginning of the 9th and each subsequent year of employment;
- The schedule for the uniform patrol officer consists of 4 days on-duty, followed by 2 days off-duty;
- There are 13 paid holidays and 15 sick leave days per year;
- Membership in the Rhode Island Employees Retirement System;
- Annual vacation time is listed as follows:

Years of Service	Vacation Time
1 - 5 years	(16) working days
6 - 10 years	(20) working days
11 - 15 years	(24) working days
15 years and over	(29) working days

- Note: The above stated benefits are enumerated in the existing collective bargaining agreement between the Town of Smithfield and Smithfield Fraternal Order of Police, Lodge No. 17.

The Town of Smithfield is an Equal Opportunity Employer



TOWN OF SMITHFIELD
SMITHFIELD POLICE DEPARTMENT

215 Pleasant View Avenue
 Smithfield, Rhode Island 02917-1799



POLICE OFFICER
Application for Employment

This application must be typed or clearly printed in ink. All items in this application must be filled in completely, correctly and truthfully, to the best of your knowledge, and signed by the applicant. Any applications that are incomplete and/or illegible may be rejected by the Town of Smithfield.

SECTION I - PERSONAL HISTORY

NAME: Last		First		Middle	
PRESENT HOME ADDRESS			CITY	STATE	ZIP CODE
MAILING ADDRESS - If Different					
DATE OF BIRTH (MM/DD/YR)		SOCIAL SECURITY NUMBER		HOME TELEPHONE NUMBER	
ARE YOU A RESIDENT OF R.I.? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF NO, THEN WHAT STATE?		ARE YOU A CITIZEN OF THE U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU A LICENSED AUTOMOBILE OPERATOR? YES <input type="checkbox"/> NO <input type="checkbox"/>			OPERATOR LICENSE NUMBER		STATE
HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? IF YES, WHAT STATE AND REASON. YES <input type="checkbox"/> NO <input type="checkbox"/> STATE _____ REASON _____					
HAVE YOU EVER SUBMITTED AN APPLICATION FOR EMPLOYMENT WITH THE SMITHFIELD POLICE DEPARTMENT? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, LIST DATE(S): _____					
WITHIN THE LAST 5 YEARS, HAVE YOU SUBMITTED AN APPLICATION WITH ANY OTHER LAW ENFORCEMENT AGENCY IN THE U.S.? IF YES, INDICATE THE AGENCY/S AND THE DATE/S OF THE APPLICATIONS. YES <input type="checkbox"/> NO <input type="checkbox"/>					
AGENCY			DATE		

THE TOWN OF SMITHFIELD IS AN EQUAL OPPORTUNITY EMPLOYER

SECTION II - EDUCATION

DATES				SCHOOLS / COLLEGES			
FROM		TO					
MO.	YR.	MO.	YR.				
				HIGH SCHOOL	MAJOR	DIPLOMA OR DEGREE	
				ADDRESS	CITY / TOWN	STATE	
				COLLEGE OR UNIVERISTY	MAJOR	DIPLOMA OR DEGREE	
				ADDRESS	CITY / TOWN	STATE	
				COLLEGE OR UNIVERSITY	MAJOR	DIPLOMA OR DEGREE	
				ADDRESS	CITY / TOWN	STATE	
				OTHER EDUCATIONAL INSTITUTIONS	MAJOR	DIPLOMA OR DEGREE	
				ADDRESS	CITY / TOWN	STATE	

WERE YOU EVER SUSPENDED, DISMISSED, OR EXPELLED FROM ANY OF THE ABOVE SCHOOLS OR ANY OTHER EDUCATIONAL INSTITUTIONS, DURING YOUR SCHOLASTIC CAREER?

YES NO SCHOOL _____ DATE _____ TYPE OF ACTION _____

LIST ANY AWARDS, HONORS, CITATIONS, POSITIONS HELD IN SCHOOL ORGANIZATIONS, ATHLETIC ENDEAVORS, OR OTHER SPECIAL RECOGNITION YOU HAVE RECEIVED WHILE ATTENDING SCHOOL

1. _____
2. _____
3. _____
4. _____

SECTION III - FORMER ADDRESSES

LIST CHRONOLOGICALLY ALL OF YOUR RESIDENCES IN THE PAST TEN YEARS, INCLUDING THOSE IN THE MILITARY (OFF BASE) AND THOSE WHILE AWAY FOR SCHOOL IF APPLICABLE. PLEASE ACCOUNT FOR ALL TIME. USE ANOTHER SHEET OF PAPER IF NECESSARY.

DATES				STREET ADDRESS	CITY	STATE	ZIP
FROM		TO					
MO.	YR.	MO.	YR.				

SECTION IV - MILITARY SERVICE RECORD

Read and Answer **ALL BOXES** within this section, if applicable.

HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED FORCES OF THE U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	BRANCH OF MILITARY SERVICE	
HIGHEST RANK ATTAINED: DATE COMMISSIONED (If applicable)	TYPE OF DISCHARGE BASIS OF DISCHARGE	
SERIAL NUMBER DATES OF ACTIVE DUTY (MM/DD/YY)	WAS ANY TYPE OF DISCIPLINARY ACTION TAKEN AGAINST YOU WHILE IN THE SERVICE? YES <input type="checkbox"/> NO <input type="checkbox"/> ACTION:	
FROM / / TO / /		
HAVE YOU OR ARE YOU NOW SERVING IN A MILITARY RESERVE UNIT? IF YES, THEN WHAT BRANCH?	YES <input type="checkbox"/> NO <input type="checkbox"/>	BRANCH:
HAVE YOU OR ARE YOU NOW SERVING IN A NATIONAL GUARD UNIT? IF YES, THEN WHAT UNIT?	YES <input type="checkbox"/> NO <input type="checkbox"/>	BRANCH:

SECTION V - EMPLOYMENT HISTORY

LIST ALL EMPLOYMENT CHRONOLOGICALLY, INCLUDING SUMMER AND PART-TIME EMPLOYMENT, FOR THE LAST FIVE YEARS. BE SURE TO ACCOUNT FOR TIME WHILE UNEMPLOYED, IF APPLICABLE. ALL TELEPHONE NUMBERS ARE MANDATORY.

COMPANY NAME	NAME OF SUPERVISOR	TELEPHONE ()
ADDRESS / CITY / STATE		
SALARY / WAGES	TYPE OF WORK	POSITION
STARTING DATE / /	ENDING DATE / /	REASON FOR LEAVING

SECTION V - EMPLOYMENT HISTORY (continued)

COMPANY NAME	NAME OF SUPERVISOR	TELEPHONE ()
ADDRESS / CITY / STATE		
SALARY / WAGES	TYPE OF WORK	POSITION
STARTING DATE / /	ENDING DATE / /	REASON FOR LEAVING

COMPANY NAME	NAME OF SUPERVISOR	TELEPHONE ()
ADDRESS / CITY / STATE		
SALARY / WAGES	TYPE OF WORK	POSITION
STARTING DATE / /	ENDING DATE / /	REASON FOR LEAVING

COMPANY NAME	NAME OF SUPERVISOR	TELEPHONE ()
ADDRESS / CITY / STATE		
SALARY / WAGES	TYPE OF WORK	POSITION
STARTING DATE / /	ENDING DATE / /	REASON FOR LEAVING

COMPANY NAME	NAME OF SUPERVISOR	TELEPHONE ()
ADDRESS / CITY / STATE		
SALARY / WAGES	TYPE OF WORK	POSITION
STARTING DATE / /	ENDING DATE / /	REASON FOR LEAVING

HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM A POSITION?

YES NO

IF YES, GIVE NAME OF EMPLOYER _____

SECTION VI - CHARACTER REFERENCES

LIST THREE REFERENCES, WHO ARE REPUTABLE CITIZENS OF THEIR COMMUNITIES, AND ARE WILLING TO ATTEST TO YOUR CHARACTER AND REPUTATION. LIST THOSE WHO HAVE KNOWN YOU FOR AT LEAST FIVE YEARS, PREFERABLY THE LAST FIVE YEARS. (DO NOT INCLUDE ANY PRESENT OR PAST EMPLOYERS. ANY RELATIVES BY BLOOD OR MARRIAGE, OR SCHOOL TEACHERS).

COMPLETE NAME	OCCUPATION	NO. OF YEARS KNOWN		
RESIDENCE ADDRESS	CITY	STATE	ZIP	TELEPHONE ()
BUSINESS ADDRESS	CITY	STATE	ZIP	TELEPHONE ()

COMPLETE NAME	OCCUPATION	NO. OF YEARS KNOWN		
RESIDENCE ADDRESS	CITY	STATE	ZIP	TELEPHONE ()
BUSINESS ADDRESS	CITY	STATE	ZIP	TELEPHONE ()

COMPLETE NAME	OCCUPATION	NO. OF YEARS KNOWN		
RESIDENCE ADDRESS	CITY	STATE	ZIP	TELEPHONE ()
BUSINESS ADDRESS	CITY	STATE	ZIP	TELEPHONE ()

SECTION VII - COURT RECORDS

HAVE YOU EVER PLED GUILTY, NOLO CONTENDRE, OR BEEN CONVICTED OF ANY MISDEMEANOR OR FELONY OFFENSE?
 YES NO IF YES, LIST ANY CONVICTIONS BELOW.

DATE	PLACE AND DEPARTMENT	CHARGE (S)	FINAL DISPOSITION

SECTION VIII - DRIVING RECORD

LIST ALL MOTOR VEHICLE VIOLATIONS YOU HAVE RECEIVED OVER THE LAST TEN YEARS.

DATE	VIOLATION	POLICE DEPARTMENT	DISPOSITION

LIST ALL ACCIDENTS YOU HAVE BEEN INVOLVED IN WHILE OPERATING A MOTOR VEHICLE OVER THE LAST TEN YEARS.

DATE	TYPE	POLICE DEPARTMENT	WERE YOU INJURED?	WERE YOU FOUND AT FAULT?
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

PERSONAL QUESTIONNAIRE

LIST ANY SPECIAL SKILLS OR TRAINING YOU HAVE ACQUIRED THAT WOULD BE BENEFICIAL TO THE SMITHFIELD POLICE DEPARTMENT. (INCLUDE ANY LANGUAGE SKILLS, FIREARMS TRAINING, COMPUTER SKILLS, ETC.)

LIST ANY AWARDS, CERTIFICATES, OR HONORS RECEIVED, OTHER THAN THOSE LISTED UNDER "SECTION II - EDUCATION" OF THIS APPLICATION.

LIST ANY PUBLIC SERVICE OR COMMUNITY ACTIVITIES IN WHICH YOU ARE CURRENTLY INVOLVED OR HAVE BEEN INVOLVED IN PAST YEARS.

PERSONAL QUESTIONNAIRE (continued)

IS THERE ANYTHING IN YOUR BACKGROUND OR PERSONAL HISTORY THAT WOULD ADVERSELY AFFECT YOUR ABILITY TO PERFORM THE DUTIES AND RESPONSIBILITIES OF A POLICE OFFICER? YES NO

IF YES, EXPLAIN BELOW.

EXPLAIN IN YOUR OWN WORDS WHY YOU ARE INTERESTED IN BECOMING A MEMBER OF THE SMITHFIELD POLICE DEPARTMENT. (PLEASE ATTACH A SEPARATE PIECE OF PAPER FOR THIS RESPONSE, WHICH SHOULD NOT EXCEED ONE PAGE.)

I HAVE READ THIS APPLICATION AND THE ENTRIES MADE HEREIN, AND HEREBY STATE THAT ALL SUCH STATEMENTS MADE BY ME ARE TRUE. I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION GIVEN IN THIS APPLICATION MAY SERVE AS THE BASIS FOR DISMISSAL FROM THE RECRUIT SELECTION PROCESS.

I AGREE TO THESE CONDITIONS, AND I HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ME ON THIS APPLICATION ARE COMPLETE, CORRECT AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____ DATE _____



TOWN OF SMITHFIELD
SMITHFIELD POLICE DEPARTMENT
 215 Pleasant View Avenue
 Smithfield, Rhode Island 02917-1799



POLICE OFFICER
Applicant Contact Information & Checklist

Applicant Name (Last, First, MI): _____ , _____ , _____
 Primary email address: _____ @ _____
 Secondary email address: _____ @ _____
 Cell phone number & carrier: (____) _____ - _____ (Verizon, Sprint, AT&T, etc...)
 Home phone number (____) _____ - _____

How else can you stay updated?



Would you like email notifications of recruitment process updates? YES NO



Check out the recruitment page on the SPD website for information. <http://smithfieldpd.com/recruitment/>



Follow us on Twitter https://twitter.com/Smithfield_PD



Friend us on Facebook <http://www.facebook.com/smithfieldpolice>

Reminder Checklist

- Did you sign and date the certification statement on Page 7? YES
- Did you attach your one-page statement explaining why you are interested in becoming a member of the Smithfield Police Department? YES
- The questions on Page 3 regarding Military Reserve and National Guard service require an answer. Did you check a box for each question? YES