



Coventry Police Department Police Officer Candidate

BACKGROUND INVESTIGATION PACKET

Application Must Be TYPED!
All sections must be completed (List "n/a" if not applicable). DO NOT LEAVE BLANKS!

The Coventry Police Department is an equal opportunity employer. Qualified applicants are considered for employment without regard to race, color, gender, national origin, disability, or veteran status, or any other legally protected status.

Personal Information

| | | |
|-------|--------|---------|
| Last: | First: | Middle: |
|-------|--------|---------|

| | | | |
|-------------------------------------|----------------|-------------------------|-----|
| Are you a U.S. Citizen? (Check one) | | Yes: | No: |
| Place of Birth: | Date of Birth: | | |
| Driver's License #: | State: | Social Security Number: | |

| |
|------------------------|
| Cell phone number: |
| Home phone number: |
| Primary email address: |

| | | | |
|----------------|------|-------|----------|
| Street address | City | State | Zip Code |
|----------------|------|-------|----------|

Please check one:

| | | | | | | |
|-----|------|---------|-------|--------------------------------|------|-----|
| Own | Rent | Parents | Other | How long have you lived there? | Yrs. | Mo. |
|-----|------|---------|-------|--------------------------------|------|-----|

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| If applicable, please list your landlord and his contact number: |
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|---|------|-------|----------|
| List your mailing address, if different than above: | | | |
| Number & Street | City | State | Zip Code |

| | | | |
|---------|---------|-------|-------|
| Height: | Weight: | Hair: | Eyes: |
|---------|---------|-------|-------|

Print name: _____

SPOUSE & FAMILY

| | | |
|------------------------------------|-----|----|
| Are you currently married? | Yes | No |
| Spouse Name: (include maiden name) | | |
| Contact number: | | |

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| Are you OR have you ever been divorced? |
| Yes No |
| Date of divorce: |
| Ex-spouse name: |
| Contact number |

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| Are you OR have you ever been divorced? |
| Yes No |
| Date of divorce: |
| Ex-spouse name: |
| Contact number |

| List your immediate family members. (Parents & siblings) | | |
|--|--------------|----------------|
| Name | Relationship | Contact number |
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| Have any of your family members EVER been arrested? | | | |
| Yes No | | | |
| If yes, please list below. | | | |
| Date | Family member | Charge(s) | Police Department |
| | | | |
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| List all names, aliases, nicknames you have used OR have been known by (include maiden name) | | | |
|--|-------|--------|------------|
| Last | First | Middle | Years used |
| | | | |
| | | | |

Print name: _____

| | |
|--|----------------------------------|
| Name of employer | Address |
| Supervisor's Name | Phone number with area code: |
| Position Held: | Describe duties: |
| Dates of employment: From: To: Month/year Month/year | Reason for leaving (be specific) |

| | |
|--|----------------------------------|
| Name of employer | Address |
| Supervisor's Name | Phone number with area code: |
| Position Held: | Describe duties: |
| Dates of employment: From: To: Month/year Month/year Month/year | Reason for leaving (be specific) |

| | |
|--|----------------------------------|
| Name of employer | Address |
| Supervisor's Name | Phone number with area code: |
| Position Held: | Describe duties: |
| Dates of employment: From: To: Month/year Month/year Month/year | Reason for leaving (be specific) |

| | |
|------------------|---------|
| Name of employer | Address |
|------------------|---------|

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| Yes: | No: | |
| If yes, what is your current placement? | | |

MILITARY SERVICE:

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| Have you ever served in any of the Armed Forces, National Guard, or Military Reserves of the United States? Yes: No: | |
| Military Branch: | Enlistment date: |
| Highest Rank: | Discharge date: |
| Rank at Discharge: | Honorable Discharge: Yes: No: |
| If no, explain the reason for the discharge (be specific). | |
| Were you ever investigated for any criminal activity while in the U.S. Military, National Guard or Reserves? Yes: No: | |
| If yes, explain. | |
| Were you ever subjected to commanding officer non-judicial punishment (Article 15)? Yes: No: | |
| If yes, explain: | |
| Were you ever subjected to a court martial proceeding? Yes: No: | |
| If yes, explain: | |
| Have you ever been reduced in rank and/or pay grade? Yes: No: | |
| If yes, explain: | |

LEGAL

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| Have you ever been convicted of a criminal offense? Yes: No: |
| If yes, explain. (be specific) |
| Have you ever admitted (including a plea of NOLO) in any court of law to having committed a criminal offense? Yes: No: |
| If yes, explain (be specific) |

Print name: _____

ATTENTION: Pursuant to RIGL 12-1.3-4, Police applicants **MUST** disclose expunged records.

Either as an adult or a juvenile, have you **EVER** been arrested or charged with a criminal act?

Yes: _____ No: _____

This includes charges that were dismissed, dropped, or reduced. If yes, provide the information below.

| Date | Police Agency | Charge(s) | Results |
|------|---------------|-----------|---------|
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Explain (be specific)

| Date | Police Agency | Charge(s) | Results |
|------|---------------|-----------|---------|
| | | | |

Explain (be specific)

| Date | Police Agency | Charge(s) | Results |
|------|---------------|-----------|---------|
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Explain (be specific)

Have you ever been ordered to pay alimony and/or child support? Yes: _____ No: _____

If yes, please list to whom it was paid and for how long.

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Have you ever filed a claim for workmen's compensation? Yes: _____ No: _____

If yes, please list and for how long

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HISTORY OF ALCOHOL / DRUG USE:

| Please answer the following questions with a yes or no. | YES | NO |
|--|------------|-----------|
| Have you ever taken ANY form of illegal drugs, narcotics or substances, including performing enhancing drugs? | | |
| Have you ever used or taken any form of marijuana? | | |
| Have you ever cultivated, grown or attempted to grow marijuana? | | |
| Have you ever sold or supplied any form of illegal / legal drugs, narcotics, or substance, including marijuana? | | |
| Have you ever remained at a party or gathering where drugs or narcotics were being used? | | |
| Have you ever allowed someone to use drugs or narcotics, including marijuana at your residence OR in your vehicle? | | |
| Have you ever been involuntarily treated for alcohol or drug use, to include being admitted to a medical facility? | | |
| Have you ever had contact with law enforcement when under the influence of alcohol or drugs? | | |
| Have you ever purchase or consumed alcoholic beverages as a minor? | | |
| Have you ever provided OR purchased alcoholic beverages to a minor? | | |
| Have you ever possessed or used falsified or altered identification card (ID)? | | |
| Have you ever possessed or used another person's identification (ID)? | | |
| Have you ever taken steroids? | | |

If you answered yes to ANY of the above questions, please explain below.

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CONTACT WITH LAW ENFORCEMENT

Have you ever had contact with any Law Enforcement Agency?
 Contact means being a suspect in an offense, a witness to an incident, a reporting party, or a victim of a crime. Include any traffic stops that DID NOT result in the issuance of a summons.
 If your name appears in ANY police report, please list it below.

| Month/Year | Police Agency | Type of contact |
|------------|---------------|-----------------|
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Have you ever had a warrant issued for your arrest, or been issued a non-motor vehicle summons to appear in court?

Yes: _____ No: _____

If yes, explain.

Are you now, or have you EVER been a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, gender, ethnic origin, nationality, sexual preference, political affiliation or disability?

Yes: _____ No: _____

If yes, explain

TRAFFIC HISTORY / MOTOR VEHICLE

| | | |
|-------------------------|-------|-----------------|
| Driver's license number | State | Expiration Date |
|-------------------------|-------|-----------------|

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| List all states where you have held a driver's license. | | |
| State | Under what name | Number |
| | | |
| | | |

Has your driver's license EVER been suspended, cancelled, revoked or placed on probation in this state or any other state? Yes: No:

If yes, explain (be specific)

| | | | | | |
|--|------------------|--------------------------|----------------|-----|----|
| In the last ten (10) years have you EVER received a traffic summons or citation? | | | | Yes | No |
| Month/Year | Violation | Police Department | Results | | |
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| List all vehicles that are registered to you OR that you use regularly. | | | |
| Make/Model | Year | Color | Plate Number/State |
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| As a driver, have you ever been involved in a motor vehicle accident? Yes: No: | | |
| Date | Police Department / City | Explain |
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Print name: _____

RI Law requires that all drivers and owners of vehicles be covered by automobile liability insurance. Please list your insurance company information below.

Company:

Policy Number:

Expiration Date(s):

RESIDENCES

List all your previous residences during the past ten (10) years. DO NOT list your current address

Address (street, city & state)

Date moved:

Owner of property/landlord/management
Name:

Phone Number:

Address (street, city & state)

Date moved:

Owner of property/landlord/management
Name:

Phone Number:

Address (street, city & state)

Date moved:

Owner of property/landlord/management
Name:

Phone Number:

Address (street, city & state)

Date moved:

Owner of property/landlord/management
Name:

Phone Number:

REFERENCES

Please list three (3) individuals that you have known for at least two (2) years who have knowledge of you and your qualifications to become a police officer.

Examples: friends, co-workers, roommates, teachers, neighbors, classmates, past supervisors, or acquaintances.
DO NOT include relatives, family members, spouses or ANY OTHER PERSON ALREADY LISTED ON THIS APPLICATION.

Name:

Address:

Contact number:

Relationship:

How long have you known this person?

Name:

Address:

Contact number:

Relationship:

How long have you known this person?

Name:

Address:

Contact number:

Relationship:

How long have you known this person?

List any foreign languages that you speak, read, or write and the level of proficiency.

Have you ever had contact with, including visitation, letters, or phone calls to any inmate at a correctional facility (i.e. ACI or Wyatt Detention Center)

Yes: _____ No: _____

If yes, please list the inmate's name and facility.

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| Do you have any relatives that are employed by the Town of Coventry or the State of Rhode Island? | |
| No: | Yes: |
| If yes, please list their names and place of employment. | |
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| Have you ever been paid, or promised to pay, or given any money or other consideration, directly or indirectly, for aid or influence toward procuring your appointment to the Coventry Police department? | |
| Yes: | No: |
| If yes, please explain: | |
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| List all tattoos: |
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| Do you know of ANYTHING that would disqualify you from appointment OR prevent you from performing your official duties as a Coventry Police Officer? | |
| Yes: | No: |
| If yes, please explain: | |
| | |

Please submit three (3) letters of recommendation from a non-relative along with one (1) current credit report.

Any falsification, withholding or failure to answer all the questions completely and accurately may disqualify you from continuing in this hiring process.

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the answers contained on this form and that all answers are true and correct to the best of my knowledge.

Signature:

Print Name (Clearly)

Sworn and subscribed to before me, on this _____ day of _____ 2025.

NOTARY:

ID#

Expiration:
