

# NEWINGTON POLICE DEPARTMENT CERTIFIED OFFICER APPLICATION

**NOTE:** Discrimination because of race, color, sex or sexual orientation, religion, age, national origin, disability or veteran's status is prohibited by law.

**IMPORTANT:** This application is considered part of the examination process, and **MUST** be **fully** completed. **DO NOT ENCLOSE A RESUME.** Incomplete applications may be rejected. Be brief, but you should include all important information related to your qualifications for this position. All statements are subject to investigation and any facts found to be false, exaggerated or misleading may result in your disqualification.

## PERSONAL INFORMATION

DATE \_\_\_\_\_ SOCIAL SECURITY # --  
Month Day Year Please write one number in each box

NAME \_\_\_\_\_  
Last First Middle

CURRENT ADDRESS \_\_\_\_\_  
Number and Street City State Zip

HOME PHONE( ) \_\_\_\_\_ WORK PHONE( ) \_\_\_\_\_ CELL PHONE( ) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Are you now or have you ever been employed by a law enforcement agency in Connecticut? Yes  No

Are you a citizen or naturalized citizen of the U.S.A.? Yes  No

DRIVERS LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_ TYPE \_\_\_\_\_

## ARMED FORCES INFORMATION

If you have been in the armed forces, please complete the following:

Branch of Service \_\_\_\_\_ Service Number \_\_\_\_\_ From: (M/D/Y) \_\_\_\_\_ To: (M/D/Y) \_\_\_\_\_

Type of separation \_\_\_\_\_

While in the service, did you receive any dispatch-related training? Yes  (if yes, be specific) No

EXPLAIN: \_\_\_\_\_

# EDUCATION

For each category below, circle the highest educational level you have completed.

<b>High School</b> _____ School name, city and state	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>9 10 11 12</b> Check highest year completed	Did you graduate? <input type="checkbox"/> <input type="checkbox"/> Yes No
<b>College</b> _____ College name, city and state	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>1 2 3 4</b> Check highest year completed	Did you graduate? <input type="checkbox"/> <input type="checkbox"/> Yes No
<b>Other</b> _____ School name, city and state	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>1 2 3 4</b> Check highest year completed	Did you graduate? <input type="checkbox"/> <input type="checkbox"/> Yes No

If you attended college, what was your: \_\_\_\_\_  
Major Minor Highest degree earned

High School Equivalency Diploma (GED)? Date of diploma (M/D/Y) \_\_\_\_\_ Number \_\_\_\_\_

**EXPERIENCE: In the space provided below, give a complete record of your employment, beginning with your present or most recent job. Account for all periods, including self-employment and unemployment. Use extra paper if necessary.**

Employer: \_\_\_\_\_  
Company name Company address Company Phone #

Your Job Title \_\_\_\_\_ Dates \_\_\_\_\_  
From (M/D/Y) To (M/D/Y)

Supervisor and Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

DUTIES \_\_\_\_\_

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Employer: \_\_\_\_\_  
Company name Company address Company Phone #

Your Job Title \_\_\_\_\_ Dates \_\_\_\_\_  
From (M/D/Y) To (M/D/Y)

Supervisor and Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

DUTIES \_\_\_\_\_

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Employer: \_\_\_\_\_  
Company name Company address Company Phone #

Your Job Title \_\_\_\_\_ Dates \_\_\_\_\_  
From (M/D/Y) To (M/D/Y)

Supervisor and Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

DUTIES \_\_\_\_\_

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Employer: \_\_\_\_\_  
Company name Company address Company Phone #

Your Job Title \_\_\_\_\_ Dates \_\_\_\_\_  
From (M/D/Y) To (M/D/Y)

Supervisor and Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

DUTIES \_\_\_\_\_

Have you ever been fired or asked to resign from a job? Yes  No

If YES, please explain here: \_\_\_\_\_

Are there any other experiences, skills or qualifications which will be of benefit in the job of police officer (such as CPR, firearms training, etc.)? If so, please explain below.

Where did you first hear about this process? (Please check one)

- a  Newspaper ad (which paper?) \_\_\_\_\_
- b  Communication from us
- c  A police department (name) \_\_\_\_\_
- d  College (name) \_\_\_\_\_
- e  Friend or relative
- f  State Employment Service
- g  A police employment newsletter
- h  A community agency \_\_\_\_\_
- i  Internet website \_\_\_\_\_
- j  Other \_\_\_\_\_

**VOLUNTARY COMPLIANCE INFORMATION**

The following information is needed for compliance with government selection requirements and for Equal Employment Opportunity reports. It will not be sent to the participating departments and will not affect your standing in the testing process.

Your Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month / Day / Year

Sex (please check one) Male  Female

Describe yourself in terms of ONE of the following groups. (Please check one)

- a  American Indian
- b  Asian American
- c  Black/African American
- d  Hispanic/Latino
- e  White/Caucasian
- f  Other (please specify) \_\_\_\_\_

Do you require any special physical accommodations to compete on the required tests? Yes  No

If YES, please explain here: \_\_\_\_\_

**IMPORTANT – READ THE INFORMATION BELOW AND SIGN YOUR APPLICATION**

Do you understand that as part of the testing process you will be required to submit to a written or practical exam, criminal history check, educational background check, employment history review, other reviews as deemed necessary and interviews with Administrators.

Yes  No

My signature below certifies that the information provided in this application is correct and truthful. I realize that falsifying any information submitted may be grounds for rejection of this application or termination of employment. I also give consent to the town to check previous employers, educational records, and references and release you from any liability that might arise from such disclosures. I further understand the acceptance of this application does not constitute an employment agreement. Failure to completely fill out this application may result in my disqualification from any further consideration for employment. **I ACKNOWLEDGE THAT I HAVE READ THIS INFORMATION AND THAT I UNDERSTAND THE REQUIREMENTS FOR EMPLOYMENT WITH THE TOWN.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOLLOW THESE INSTRUCTIONS FOR RETURNING YOUR APPLICATION:**

MAIL YOUR COMPLETED APPLICATION DIRECTLY TO:  
**NEWINGTON POLICE DEPARTMENT  
131 CEDAR STREET  
NEWINGTON, CT 06111**  
  
Or email to [lcruiff@newingtonct.gov](mailto:lcruiff@newingtonct.gov)

**IF YOU HAVE ANY QUESTIONS ABOUT THE APPLICATION PROCESS, CALL (860) 594-6201 OR EMAIL AT [LCRUFF@NEWINGTONCT.GOV](mailto:LCRUFF@NEWINGTONCT.GOV)**

**THE TOWN OF NEWINGTON IS AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER**