



WARWICK POLICE DEPARTMENT POLICE OFFICER PRELIMINARY APPLICATION FORM



NAME: LAST FIRST M.I.	DATE OF BIRTH AGE
ADDRESS	HOME TELEPHONE NUMBER ()
CITY STATE ZIP	CELLULAR TELE PHONE NUMBER ()
EMAIL ADDRESS	

You are required to pqtify the Wcrwick Police Departo ent of'a change in address by submktting a new preliminary application.

The Y crwick Rolice F eartmngt is an equal opportunity"gmplomer. Qualified applieants are considered fqr employment without regard to race, color, gender, natiqnal origin, disability or veveran status, or any other legally protected status.

You will be notified qhthe physical agility test date'anf timg. Plgase review the physical fitness test requirements and other recruitment information at: www.warwickpd.org

HOW DID YOU HEAR ABOUT US?

<input type="checkbox"/> "Y PD employee referral, name: _____ <input type="checkbox"/> Publication, name: _____ <input type="checkbox"/> RI Dept. of Labor & Training <input type="checkbox"/> Internet website: _____ <input type="checkbox"/> College list serve: _____ <input type="checkbox"/> RI Human Resources Outreach & Diversity Office	<input type="checkbox"/> Job fair, where: _____ <input type="checkbox"/> Radio, station: _____ <input type="checkbox"/> Television, channel: _____ <input type="checkbox"/> Friend or family member <input type="checkbox"/> Other: _____
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MINIMUM QUALIFICATIONS: High School Diploma/GED certificate, and:

- ☐ 60 College credits (Accredited Institution)
- ☐ 3 years continuous active U.S. Military service
- ☐ 3 years continuous full-time Law Enforcement or Corrections experience
- ☐ 5 years continuous Military Reserves service

SUBMIT OPTIONS:

E-mail attachment:
wpdprofessionalstandards@warwickri.com

Mail: Warwick Police Department
PSD-Recruitment
99 Veterans Memorial Drive
Warwick, RI 02886

Fax: 468-4324

Drop-off at police Headquarters: 7:00am-4:00pm weekdays