



Department

222 Main St
Newport, VT 05855

Chief Travis R. Bingham
travis.bingham@vermont.gov

Tel: (802) 334-6733
Fax: (802) 334-2818



JOB DESCRIPTION DISPATCHER

A. SUMMARY

A Dispatcher receives emergency calls, complaints and information from the public. Receives and transmits police emergency and routine messages by various means of communications. Dispatches appropriate personnel to investigate incidents or provide service to the public. Maintains logs, records and reports concerning the Department's activities. Further, the Dispatcher is responsible for the general handling and security of all departmental records. Completes and maintains all necessary reports and files as may be determined by the Chief of Police for the necessary operation of the Department.

B. GENERAL DUTIES AND RESPONSIBILITIES

It is the duty and responsibility of the Dispatcher to:

1. Become familiar with all office equipment provided and procedures in order to maintain proper communications with the police officers in the performance of their duties. To be familiar with and capable of operating all other equipment provided, to include computer aided files and record keeping. Cost of required training to be paid by the City.
2. Acquire a thorough knowledge of the location and lay-out of streets, buildings, parks, housing projects and other significant areas of the community so as to maximize the accuracy and speed of dispatches.
3. Be familiar with emergency procedures that relate to matters requiring urgent police attention so as to be capable of activating them immediately.
4. Respond to all complaints and requests received in a calm, courteous manner.
5. Keep personnel who have been dispatched on calls fully informed of all facts affecting the safety or efficiency of their response to the call.
6. Inform the Officer in Charge when contact with an officer on patrol cannot be made after a reasonable amount of time.
7. Report the deployment of police officers beyond their regularly assigned routes or sectors to the Officer in Charge.
8. Maintain equipment, especially the emergency call lines, in working order and immediately report any malfunction or defect to the Officer in Charge.
9. Announce the call letters of the Department as issued by the Federal Communications Commission, as required by regulations.
10. Dispatch appropriate personnel promptly on all emergencies, complaints, and incidents requiring police service.
11. Answer all telephone calls promptly and respond by station "Newport Police Department", followed by his/her title and surname.
12. Report hazards, damage to City Property and information to appropriate agencies.

13. Provide general information and assistance to the public in a polite and courteous manner.
14. Complete in full and accurately all incident reports as required by existing procedures and regulations.
15. Maintain a complete and accurate radio log.
16. Issue and cancel GBC's and maintain GBC log.
17. Record, file and send out required NCIC entry and cancellation forms.
18. Notification of dog owners when dogs are picked up.
19. Provide records information requested by other agencies.
20. Receive, transmit and deliver messages to or from individuals within the Department.
21. Notification of proper authorities of untimely deaths, major crimes, disasters or any other serious incident or situation.
22. Record all significant communications as required by current departmental and FCC regulations and procedures.
23. Maintain security of all records and not divulge information of a confidential nature or which relates to departmental business.
24. Prohibit the removal of any record, police report or written communication without the specific authority of the Chief.
25. Receive all incident reports and log in incident with VIBRS computer system.
26. Record and update name files in CAD.
27. Accurately file and maintain all files assigned the records department.
28. Receive all accident reports, index and file and enter in master index file.
29. Prepare arrest records and file as required by Department procedures.
30. Process all Uniform Traffic Tickets, send proper copies to appropriate agencies and maintain a pending and permanent file as directed by the Department procedures.
31. Upon receipt of disposition of court cases, properly record as required.
32. Forward required copies of records to VCIC and Motor Vehicle Department.
33. Provide record checks and copies of records and other information as needed by Department members.
34. Provide record checks and copies of records to those persons and agencies authorized by Department regulations and policy and State and Federal law.
35. Answer correspondence relative to requests for record checks, copies of records and related matters.
36. Be familiar with Department regulations, State and Federal Statutes concerning release and maintenance of records.
37. Perform other duties as may be assigned by proper authority.



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APPLICATION FOR EMPLOYMENT

The City of Newport is committed to providing an equal employment opportunity to all persons. Assistance in reviewing job opportunities and completing this employment application will be provided to persons with disabilities upon request.

GENERAL INFORMATION

First Name _____ Last Name _____

Date of Birth _____ City and State of Birth _____

Mailing Address _____

City/Town _____ State _____ ZIP _____

Phone _____ E-mail Address _____

Are you at least 18 years of age? Yes No

Department/Position desired _____

How did you hear of this vacancy? _____

EDUCATION

Check the number corresponding to the highest level of education completed:

ELEMENTARY - HIGH SCHOOL

COLLEGE

GRADUATE SCHOOL

8 9 10 11 12

1 2 3 4

1 2 3 4

GED (list granting agency) _____

List in reverse order (present or most recent first) all schools attended (colleges/universities, technical training institutions, vocational/trade schools, and high schools)

NAME OF SCHOOL: _____

CITY & STATE _____

MAJOR(S) _____ DEGREE _____

NAME OF SCHOOL: _____

CITY & STATE _____

MAJOR(S) _____ DEGREE _____

NAME OF SCHOOL: _____

CITY & STATE _____

MAJOR(S) _____ DEGREE _____

NAME OF SCHOOL: _____

CITY & STATE _____

MAJOR(S) _____ DEGREE _____

NAME OF SCHOOL: _____

CITY & STATE _____

MAJOR(S) _____ DEGREE _____

Other Certifications or Licenses: _____

EXPERIENCE

Describe below all previous work experience (including unpaid experience) in reverse chronological order (present or most recent employment first). Include any information not listed on your resume.

Name of Employer: _____

Address: _____

Your job title: _____

Supervisor (name & title): _____

Employed From (month/year): _____ To (month/year): _____

Salary (dollars/week): Start: _____ Final: _____ Hours/week: _____

Reason for leaving:

May we contact this employer: Yes No

Phone Number: _____

Summary of your duties and responsibilities:

Name of Employer: _____

Address: _____

Your job title: _____

Supervisor (name & title): _____

Employed From (month/year): _____ To (month/year): _____

Salary (dollars/week): Start: _____ Final: _____ Hours/week: _____

Reason for leaving:

May we contact this employer: Yes No Phone Number: _____

Summary of your duties and responsibilities:

Name of Employer: _____

Address: _____

Your job title: _____

Supervisor (name & title): _____

Employed From (month/year): _____ To (month/year): _____

Salary (dollars/week): Start: _____ Final: _____ Hours/week: _____

Reason for leaving:

May we contact this employer: Yes No Phone Number: _____

Summary of your duties and responsibilities:

Name of Employer: _____

Address: _____

Your job title: _____

Supervisor (name & title): _____

Employed From (month/year): _____ To (month/year): _____

Salary (dollars/week): Start: _____ Final: _____ Hours/week: _____

Reason for leaving:

May we contact this employer: Yes No Phone Number: _____

Summary of your duties and responsibilities:

Are you authorized to work in the United States? Yes No

1. Do you have reliable transportation? Yes No
2. Have you been disciplined or discharged by a former employer for conduct involving any type of dishonesty, ethical misconduct or violent behavior? Yes No If yes, please attach an explanation.
3. Have you ever worked for the City of Newport before? Yes No
If yes, identify department and dates of employment. _____
Reason for leaving? _____
4. Please list any relatives or domestic partner employed by the City of Newport and the department(s) in which they work. _____
5. I understand that in making this application, the Newport Police Department may be contacting my references and/or prior employers. I have I have not signed the attached release regarding my prior employment and references. I understand that if the Newport Police Department is unable to communicate with my references or prior employers due to my conduct, it may affect my opportunity for employment.
6. I understand that if the position for which I am applying includes work with individuals or groups who are recognized as vulnerable, such as children, the elderly, or mentally disable, I may be subject to background or record checks which I must pass prior to full employment.
7. I understand that if I accept employment by the City of Newport, as a result of my employment, I may receive City owned property to fulfill my employment obligations. At the time my employment with the City ends, I shall immediately return to the Newport Police Department all of its property and pay any personal expenses I incurred on any of the City's accounts. If I fail to do this, the City may deduct the cost of such City owned property and any such personal expenses from my pay.
8. If I am hired by the City, I understand that the Cities Handbook/Personnel Policy, as it may be changed in the future, shall be applicable to me and I shall read it and comply with its provisions during my employment.
9. I hereby certify that this form and any attachments to it contain no false information and are complete to the best of my knowledge. I am aware that if an investigation discloses misrepresentation or falsification, my application may be rejected, my name removed from the applicant list, and if already employed, I may be dismissed from City service, and I may be disqualified from applying in the future for any City position.

Signed: _____ Date: _____



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APPLICANT INFORMATION FORM

APPLICANT NAME: _____

POSITION/DEPARTMENT DESIRED: _____

EQUAL EMPLOYMENT OPPORTUNITY

The City of Newport is committed to providing Equal Employment Opportunity to all persons without regard to race, color, national origin, sex, sexual orientation, gender identity, religion, ancestry, place of birth, age, disability, political affiliation or any other non-merit factor, or age as defined by federal and state law. In order to evaluate the effectiveness of our recruitment efforts, the following information is requested on a **voluntary basis**. *The following information will be kept strictly confidential and will not adversely impact your opportunities for employment.*

GENDER: Male Female Transgender

RACIAL OR ETHNIC GROUP:

- Native American (American Indian or Alaskan Native. All persons having origins in any of the original peoples of North America and maintaining identifiable tribal affiliations through membership and participation or community identification.)
- Asian/Pacific (Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands, including but not limited to China, Japan, Korea and Samoa.)
- Black (Persons having origins in the black racial groups of Africa not of Hispanic origin.)
- Hispanic (Persons having origins in Mexico, Puerto Rico, Cuba, Central or South America, or other Spanish culture or origin, regardless of race.)
- White (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.)

INDIVIDUAL WITH A DISABILITY

“An individual with a disability” means any natural person who (A) has a disability which substantially limits one or more major life activities; (B) has a history or record of such an impairment; or (C) is regarded as having such an impairment. *Vermont statutes (21 V.S.A. S495d.)*

Do you have a disability? Yes No

VETERAN STATUS

Branch of Military Service _____

Type of Discharge: Honorable General Medical Dishonorable Other

Dates: From _____ to _____

Did you serve in the National Guard/Reserve? Yes No

Did you serve more than 180 days of Active Duty? Yes No

Have you served in a Hostile Fire Area? Yes No

If yes, where?

Do you have a Service-Connected Disability? Yes No

If yes, what percentage? _____ %

Are you the Spouse of a service member? Yes No

If Yes:

Does your Spouse have Total Disability? Yes No

Was your Spouse Missing in Action? Yes No

Was your Spouse Captured/Detained by Hostile Forces? Yes No

Did your Spouse die while on Active Duty? Yes No

Did your Spouse die of a Service-Connected Disability? Yes No

Signature: _____ Date: _____



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RELEASE AND AUTHORIZATION TO OBTAIN EMPLOYMENT INFORMATION

This release authorizes persons whom I have listed as references and/or my previous employers to furnish to and discuss with the Newport Police Department any and all information which may be requested regarding my prior employment or fitness for employment, to include a copy of my personnel records and/or files and reason(s) I am no longer employed by that previous employer.

I waive any claims to privacy or confidentiality regarding the disclosure of or discussion of my prior employment. I release the City of Newport and its representatives and the individual references that I have listed as well as the representatives of my previous employers from any claims related to the release or discussion of my employment information or information relevant to employment so long as the information released by my references and prior employers is truthful.

Name (signed)

Name (printed)

Date



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PERSONAL HISTORY INFORMATION QUESTIONNAIRE

CANDIDATE NAME

CONFIDENTIAL

INSTRUCTIONS

The hiring process for employment with the Newport Police Department includes a written examination, physical examination, interview, and background investigation. Upon conditional offer of employment, a candidate must successfully complete a psychological examination and medical/drug screening examination. Your Personal History Information (PHI) packet is an integral component of our hiring process. **CONSISTENCY THROUGHOUT THE ENTIRE PROCESS IS CRITICAL AND WILL BE ASSESSED.**

Each question must be answered completely and accurately. Do not leave any lines blank. Enter N/A (Not Applicable) if there are areas that do not pertain to you. **If you need more room for answers, please attach additional sheets. CAREFULLY** read the signature page before you fill out this packet.

INTENTIONAL OMISSIONS, INCONSISTENCIES, MISREPRESENTATIONS, OR FALSIFICATIONS IN THIS DOCUMENT, OR AT ANY STEP IN THE PROCESS, WILL BE GROUNDS FOR IMMEDIATE DISQUALIFICATION.

ATTACHMENTS TO THE PHI MUST INCLUDE THE FOLLOWING:

1. A resume AND cover letter
2. A copy of your birth certificate
3. Documentation of highest education level attained
4. DD-214(s) for each period of military service
5. Naturalization certificate/work authorization documentation
6. Documentation of name changes, bankruptcies, arrests, etc.
7. List of personal and employment references
8. Copy of valid driver's license
9. Notarized signature

PERSONAL DATA

1. NAME: LAST, FIRST, MIDDLE: _____
2. ALIASES, NICKNAMES, MAIDEN NAME, MARRIED NAME(S) AND ANY OTHER NAME(S) YOU HAVE BEEN KNOWN BY: _____
3. CURRENT STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____
E-MAIL ADDRESSES: _____
4. DATE OF BIRTH: _____
5. PLACE OF BIRTH: _____
6. SOCIAL SECURITY NUMBER: _____
7. NAME OF FATHER: _____
FULL ADDRESS: _____
TELEPHONE _____ EMAIL: _____
8. NAME OF MOTHER: _____
FULL ADDRESS: _____
TELEPHONE _____ EMAIL: _____
9. NAME OF FATHER-IN-LAW: _____
FULL ADDRESS: _____
TELEPHONE _____ EMAIL: _____
10. NAME OF MOTHER-IN-LAW: _____
FULL ADDRESS: _____
TELEPHONE _____ EMAIL: _____
11. IF YOU WERE RAISED BY ANYONE OTHER THAN YOUR BIOLOGICAL PARENT(S), PLEASE PROVIDE THE FOLLOWING INFORMATION:
NAME OF PERSON(S) WHO RAISED YOU: _____
FULL ADDRESS: _____
TELEPHONE _____ EMAIL: _____
12. SIBLINGS, HALF SIBLINGS, STEP SIBLINGS:
GENDER _____ NAME _____ AGE _____
ADDRESS _____ TELEPHONE _____ EMAIL _____
GENDER _____ NAME _____ AGE _____
ADDRESS _____ TELEPHONE _____ EMAIL _____
GENDER _____ NAME _____ AGE _____
ADDRESS _____ TELEPHONE _____ EMAIL _____
GENDER _____ NAME _____ AGE _____
ADDRESS _____ TELEPHONE _____ EMAIL _____

13. PRESENT RELATIONSHIP STATUS: _____
(SINGLE, CIVIL UNION, MARRIED, SEPARATED, DIVORCED, WIDOWED, COHABITATING, DATING, ETC.)

14. CURRENT SIGNIFICANT OTHER/SPOUSE/PARTNER, ETC.:

NAME _____ AGE _____ TELEPHONE _____

ADDRESS _____ EMAIL _____

NAME _____ AGE _____ TELEPHONE _____

ADDRESS _____ EMAIL _____

NAME _____ AGE _____ TELEPHONE _____

ADDRESS _____ EMAIL _____

15. EX-SPOUSE(S)/EX-GIRLFRIEND, BOYFRIEND, PARTNER, ETC.:

NAME _____ AGE _____ TELEPHONE _____

ADDRESS _____ EMAIL _____

NAME _____ AGE _____ TELEPHONE _____

ADDRESS _____ EMAIL _____

NAME _____ AGE _____ TELEPHONE _____

ADDRESS _____ EMAIL _____

NAME _____ AGE _____ TELEPHONE _____

ADDRESS _____ EMAIL _____

NAME _____ AGE _____ TELEPHONE _____

ADDRESS _____ EMAIL _____

NAME _____ AGE _____ TELEPHONE _____

ADDRESS _____ EMAIL _____

16. CHILDREN, STEP-CHILDREN, AND/OR DEPENDENTS:

GENDER _____ NAME _____ AGE _____

ADDRESS _____ TELEPHONE _____ EMAIL _____

GENDER _____ NAME _____ AGE _____

ADDRESS _____ TELEPHONE _____ EMAIL _____

GENDER _____ NAME _____ AGE _____

ADDRESS _____ TELEPHONE _____ EMAIL _____

GENDER _____ NAME _____ AGE _____

ADDRESS _____ TELEPHONE _____ EMAIL _____

GENDER _____ NAME _____ AGE _____

ADDRESS _____ TELEPHONE _____ EMAIL _____

17. ARE YOU RESPONSIBLE FOR PAYING ANY COURT ORDERED CHILD SUPPORT OR SPOUSAL SUPPORT? YES NO N/A

18. IF YOU ARE RESPONSIBLE FOR PAYING ANY COURT ORDERED CHILD/SPOUSAL SUPPORT, HAVE YOU MISSED ANY PAYMENTS? YES NO N/A IF YES, EXPLAIN BELOW (INCLUDE DATES):

19. HAVE YOU EVER BEEN A PLAINTIFF OR DEFENDANT IN ANY CIVIL COURT ACTION?

YES NO N/A IF YES, EXPLAIN BELOW (INCLUDING YEAR):

20. LIST ALL OUTSTANDING DEBTS (I.E. MORTGAGE, VEHICLES, PERSONAL LOANS, STUDENT LOANS, CREDIT CARDS, ETC.)

LENDING INSTITUTION/TYPE _____ MONTHLY PAYMENT _____ BALANCE _____

LENDING INSTITUTION/TYPE _____ MONTHLY PAYMENT _____ BALANCE _____

LENDING INSTITUTION/TYPE _____ MONTHLY PAYMENT _____ BALANCE _____

LENDING INSTITUTION/TYPE _____ MONTHLY PAYMENT _____ BALANCE _____

LENDING INSTITUTION/TYPE _____ MONTHLY PAYMENT _____ BALANCE _____

LENDING INSTITUTION/TYPE _____ MONTHLY PAYMENT _____ BALANCE _____

21. HAVE YOU EVER DECLARED BANKRUPTCY? YES NO

IF YES, EXPLAIN BELOW (INCLUDING YEAR AND TYPE OF BANKRUPTCY):

22. DO YOU OR HAVE YOU HAD ANY DEBTS LISTED WITH A COLLECTION AGENCY OR AGENCIES?

YES NO IF YES, EXPLAIN BELOW (INCLUDING YEAR):

23. HAVE YOU EVER BEEN IN DEFAULT RESULTING IN REPOSSESSION?

YES NO IF YES, EXPLAIN BELOW (INCLUDING YEAR):

24. HAVE YOU EVER BEEN MORE THAN 90 DAYS LATE ON A LOAN PAYMENT?

YES NO IF YES, EXPLAIN BELOW (INCLUDING YEAR):

EDUCATIONAL DATA

25. LIST ALL SCHOOLS AND SPECIALIZED TRAINING YOU HAVE, BEGINNING WITH THE MOST RECENT AND ENDING WITH HIGH SCHOOL.

DATES _____ SCHOOL/TRAINING _____

ADDRESS _____ CERTIFICATION/DEGREE _____

DATES _____ SCHOOL/TRAINING _____

ADDRESS _____ CERTIFICATION/DEGREE _____

DATES _____ SCHOOL/TRAINING _____

ADDRESS _____ CERTIFICATION/DEGREE _____

DATES _____ SCHOOL/TRAINING _____

ADDRESS _____ CERTIFICATION/DEGREE _____

DATES _____ SCHOOL/TRAINING _____

ADDRESS _____ CERTIFICATION/DEGREE _____

26. HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM ANY SCHOOL OR COLLEGE FOR ANY ACADEMIC OR DISCIPLINARY REASONS?

YES NO IF YES, EXPLAIN BELOW (INCLUDING YEAR):

MILITARY DATA

27. HAVE YOU REGISTERED WITH THE SELECTIVE SERVICE AS REQUIRED BY LAW? YES NO

IF YES, PROVIDE YOUR SELECTIVE SERVICE CLASSIFICATION NUMBER. THIS CAN BE FOUND AT:

<https://www.sss.gov/Home/Verification>: _____

28. ARE YOU NOW, OR HAVE YOU EVER BEEN, ON ACTIVE MILITARY SERVICE? YES NO

IF YES, COMPLETE THE FOLLOWING:

SERVICE BRANCH _____ M.O.S. _____

DATE ENTERED _____ DATE RELEASED _____

29. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF A MILITARY RESERVE OR A NATIONAL GUARD UNIT? YES NO IF YES, COMPLETE THE FOLLOWING:

SERVICE BRANCH _____ M.O.S. _____

DATE ENTERED _____ DATE RELEASED _____

30. DURING YOUR SERVICE, WERE YOU EVER DISCIPLINED (I.E. COURT-MARTIAL, ARTICLE 15)?

YES NO IF YES, EXPLAIN BELOW:

31. IF YOU WERE DISCHARGED, OTHER THAN HONORABLY, PLEASE LIST THE REASON(S) BELOW:

EMPLOYMENT DATA

32. IN CHRONOLOGICAL ORDER, PLEASE LIST THE *PAST TEN YEARS* OF YOUR WORK EXPERIENCE, BEGINNING WITH YOUR MOST RECENT EMPLOYMENT. ANY PERIOD OF UNEMPLOYMENT, MILITARY SERVICE, AND PART-TIME EMPLOYMENT MUST ALSO BE INCLUDED.

DATES FROM _____ TO _____ BUSINESS _____

ADDRESS _____ PHONE NUMBER _____

POSITION _____ SUPERVISOR _____

REASON LEFT _____

DATES FROM _____ TO _____ BUSINESS _____

ADDRESS _____ PHONE NUMBER _____

POSITION _____ SUPERVISOR _____

REASON LEFT _____

DATES FROM _____ TO _____ BUSINESS _____

ADDRESS _____ PHONE NUMBER _____

POSITION _____ SUPERVISOR _____

REASON LEFT _____

DATES FROM _____ TO _____ BUSINESS _____

ADDRESS _____ PHONE NUMBER _____

POSITION _____ SUPERVISOR _____

REASON LEFT _____

DATES FROM _____ TO _____ BUSINESS _____

ADDRESS _____ PHONE NUMBER _____

POSITION _____ SUPERVISOR _____

REASON LEFT _____

DATES FROM _____ TO _____ BUSINESS _____

ADDRESS _____ PHONE NUMBER _____

POSITION _____ SUPERVISOR _____

REASON LEFT _____

DATES FROM _____ TO _____ BUSINESS _____

ADDRESS _____ PHONE NUMBER _____

POSITION _____ SUPERVISOR _____

REASON LEFT _____

DATES FROM _____ TO _____ BUSINESS _____

ADDRESS _____ PHONE NUMBER _____

POSITION _____ SUPERVISOR _____

REASON LEFT _____

PLEASE ANSWER EACH QUESTION BY MARKING EITHER: YES or NO

33. YES NO HAVE YOU EVER BEEN DISCIPLINED BY AN EMPLOYER?
34. YES NO HAVE YOU EVER BEEN FIRED FROM EMPLOYMENT?
35. YES NO HAVE YOU EVER BEEN ASKED TO RESIGN FROM EMPLOYMENT?
36. YES NO HAVE YOU EVER BEEN THE SUBJECT OF A JOB-RELATED INVESTIGATION?
37. YES NO HAVE YOU EVER BEEN THE SUBJECT OF A SEX OR RACIAL DISCRIMINATION COMPLAINT?
38. YES NO HAVE YOU EVER BEEN THE SUBJECT OF AN EXCESSIVE FORCE/ BRUTALITY COMPLAINT?
39. YES NO HAVE YOU EVER ABUSED SICK LEAVE?
40. YES NO HAVE YOU PREVIOUSLY APPLIED TO THE NEWPORT POLICE DEPARTMENT?
41. YES NO IS THERE ANYTHING THAT RESTRICTS YOU FROM CONFORMING TO DEPARTMENTAL STANDARDS OF APPEARANCE/GROOMING?
42. YES NO IS THERE ANYTHING THAT LIMITS OR PROHIBITS YOUR USE OF WEAPONS OR FIREARMS?
43. YES NO WOULD YOU BE INCAPABLE OF USING DEADLY FORCE, IF NECESSARY, IN THE LINE OF DUTY?
44. YES NO ARE YOU UNWILLING TO WORK ROTATING SHIFTS, HOLIDAYS OR WEEKENDS?
45. YES NO HAVE YOU EVER BEEN DENIED EMPLOYMENT BY A LAW ENFORCEMENT AGENCY?
46. YES NO HAVE YOU EVER FAILED OR RESIGNED FROM A LAW ENFORCEMENT AGENCY OR ACADEMY?
47. YES NO DO YOU HAVE ANY PENDING APPLICATIONS WITH OTHER LAW ENFORCEMENT AGENCIES?
48. YES NO HAVE YOU EVER TAKEN A POLYGRAPH?

ANY QUESTION ANSWERED YES, NEEDS TO BE THOROUGHLY EXPLAINED BELOW OR THROUGH SUPPLEMENTAL PAGES TO INCLUDE; DATES, AGE, CIRCUMSTANCES, ETC.

Please identify the number of each question being explained.

RESIDENCE DATA

49. LIST YOUR RESIDENCES FOR THE LAST *TEN* YEARS, BEGINNING WITH YOUR PRESENT ADDRESS. PROVIDE THE NAMES AND CURRENT ADDRESSES OF YOUR NEAREST NEIGHBORS AND ALL ROOMMATES AT EACH RESIDENCE. INCLUDE ALL MILITARY RESIDENCES:

DATES FROM _____ TO _____ ADDRESS _____

ROOMMATES/NEIGHBORS _____

TELEPHONE _____ EMAIL _____

DATES FROM _____ TO _____ ADDRESS _____

ROOMMATES/NEIGHBORS _____

TELEPHONE _____ EMAIL _____

DATES FROM _____ TO _____ ADDRESS _____

ROOMMATES/NEIGHBORS _____

TELEPHONE _____ EMAIL _____

DATES FROM _____ TO _____ ADDRESS _____

ROOMMATES/NEIGHBORS _____

TELEPHONE _____ EMAIL _____

DATES FROM _____ TO _____ ADDRESS _____

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DATES FROM _____ TO _____ ADDRESS _____

ROOMMATES/NEIGHBORS _____

TELEPHONE _____ EMAIL _____

DATES FROM _____ TO _____ ADDRESS _____

ROOMMATES/NEIGHBORS _____

TELEPHONE _____ EMAIL _____

DATES FROM _____ TO _____ ADDRESS _____

ROOMMATES/NEIGHBORS _____

TELEPHONE _____ EMAIL _____

50. IF YOU ARE PRESENTLY RENTING, PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR LANDLORD:

NAME: _____

ADDRESS: _____

TELEPHONE & EMAIL: _____

DRIVING RECORD

51. PLEASE PROVIDE THE FOLLOWING INFORMATION FOR ANY DRIVER'S LICENSES YOU HAVE HELD OR CURRENTLY HOLD:

ISSUING STATE _____ LICENSE NUMBER _____ TYPE OF LICENSE _____

ISSUING STATE _____ LICENSE NUMBER _____ TYPE OF LICENSE _____

ISSUING STATE _____ LICENSE NUMBER _____ TYPE OF LICENSE _____

52. HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED, DENIED OR REVOKED?

YES NO IF YES, EXPLAIN BELOW (INCLUDING YEAR):

53. HAVE YOUR REGISTRATION PLATES EVER BEEN SUSPENDED, DENIED OR REVOKED?

YES NO IF YES, EXPLAIN BELOW (INCLUDING YEAR):

54. LIST ALL TRAFFIC VIOLATIONS, CITATIONS AND WARNINGS YOU HAVE RECEIVED. PROVIDE THE FOLLOWING DATA FOR EACH INCIDENT:

DATE _____ VIOLATION _____ LOCATION _____

POLICE DEPT _____ RESULT (IE: TICKET/PAID) _____

DATE _____ VIOLATION _____ LOCATION _____

POLICE DEPT _____ RESULT (IE: TICKET/PAID) _____

DATE _____ VIOLATION _____ LOCATION _____

POLICE DEPT _____ RESULT (IE: TICKET/PAID) _____

DATE _____ VIOLATION _____ LOCATION _____

POLICE DEPT _____ RESULT (IE: TICKET/PAID) _____

DATE _____ VIOLATION _____ LOCATION _____

POLICE DEPT _____ RESULT (IE: TICKET/PAID) _____

DATE _____ VIOLATION _____ LOCATION _____

POLICE DEPT _____ RESULT (IE: TICKET/PAID) _____

CRIMINAL DATA

55. WHAT CRIMES HAVE YOU COMMITTED SINCE THE AGE OF 16?

56. HAVE YOU EVER USED, TRIED, OR EXPERIMENTED WITH:

MARIJUANA? YES NO IF YES, WHAT WAS THE:
FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCY OF USE? _____

COCAINE? YES NO IF YES, WHAT WAS THE:
FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCY OF USE? _____

HEROIN? YES NO IF YES, WHAT WAS THE:
FIRST DATE USE? _____ LAST DATE USED? _____ FREQUENCY OF USE? _____

HALLUCINOGENIC DRUGS (LSD, PCP, MUSHROOMS, ECSTASY, MOLLY)? YES NO
DRUG TYPE(S): _____

IF YES, WHAT WAS THE:
FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCY OF USE? _____

METHAMPHETAMINE? YES NO IF YES, WHAT WAS THE:
FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCY OF USE? _____

PRESCRIPTION DRUGS THAT WERE NOT PRESCRIBED TO YOU? YES NO
DRUG TYPE(S): _____

IF YES, WHAT WAS THE:
FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCY OF USE? _____

OTHER DRUGS NOT PREVIOUSLY LISTED? YES NO
DRUG TYPE(S): _____

IF YES, WHAT WAS THE:
FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCY OF USE? _____

57. HAVE YOU EVER SOLD, DISTRIBUTED OR TRANSPORTED ANY DRUG? YES NO
IF YES, EXPLAIN BELOW (INCLUDING YEAR):

58. HAVE YOU EVER CULTIVATED OR MANUFACTURED ANY DRUG? YES NO
IF YES, EXPLAIN BELOW (INCLUDING YEAR):

59. DO YOU DRINK ALCOHOLIC BEVERAGES? YES NO
IF YES, DESCRIBE YOUR FREQUENCY OF USE: _____

60. HOW MANY TIMES HAVE YOU BEEN DRUNK IN THE LAST YEAR? _____

PLEASE ANSWER EACH QUESTION BY MARKING EITHER: YES or NO

61. YES NO ARE YOU INVOLVED OR DO YOU SUPPORT ANY HATE GROUPS?
62. YES NO HAVE YOU EVER BEEN CHARGED WITH COMMITTING A CRIME?
63. YES NO HAVE YOU EVER BEEN CONVICTED OF A CRIME?
64. YES NO HAVE YOU EVER BEEN PLACED ON PROBATION?
65. YES NO HAVE YOU EVER BEEN PLACED IN COURT DIVERSION?
66. YES NO HAVE YOU EVER BEEN ARRESTED?
67. YES NO HAVE YOU EVER BEEN CHARGED WITH COMMITTING A CRIME AS A JUVENILE?
68. YES NO HAVE YOU EVER BEEN ARRESTED AS A JUVENILE?
69. YES NO HAVE YOU EVER BEEN GIVEN A TRESPASS NOTICE?
70. YES NO HAVE YOU EVER FILED A FALSE POLICE REPORT?
71. YES NO HAVE YOU EVER POINTED A FIREARM AT SOMEONE?
72. YES NO HAVE YOU EVER DRIVEN UNDER THE INFLUENCE OF INTOXICANTS?
73. YES NO HAVE YOU EVER STRUCK OR INJURED A PERSON SINCE YOU WERE 12 YEARS OLD?
74. YES NO HAVE YOU EVER DISCIPLINED A CHILD IN WHICH BRUISING OR INJURY OCCURRED?
75. YES NO HAVE YOU EVER BEEN THE SUBJECT OF A POLICE INVESTIGATION?
76. YES NO HAVE YOU EVER BEEN THE SUBJECT OF A RESTRAINING ORDER?
77. YES NO HAVE YOU EVER BEEN THE SUBJECT OF STALKING?
78. YES NO HAVE YOU EVER COMMITTED DOMESTIC ASSAULT?
79. YES NO HAVE YOU EVER COMMITTED A SEXUAL CRIME?
80. YES NO HAVE YOU EVER COMMITTED SIMPLE ASSAULT?
81. YES NO HAVE YOU EVER HAD A WARRANT ISSUED FOR YOUR ARREST?
82. YES NO HAVE YOU EVER STOLEN ANYTHING WORTH MORE THAN \$25.00?
83. YES NO HAVE YOU EVER MADE A FALSE INSURANCE CLAIM?

ANY QUESTION ANSWERED YES, NEEDS TO BE THOROUGHLY EXPLAINED BELOW OR THROUGH SUPPLEMENTAL PAGES TO INCLUDE; DATES, AGE, CIRCUMSTANCES, ETC.

Please identify the number of each question being explained.

84. LIST ANY AND ALL EMPLOYEES OF THE NEWPORT POLICE DEPARTMENT WITH WHOM YOU ARE ACQUAINTED:

85. PLEASE LIST ALL SOCIAL MEDIA ACCOUNTS YOU HAVE AND PROVIDE YOUR USERNAME:

SIGNATURE PAGE

I _____ (DOB) _____ CONSENT TO TAKING AN EMPLOYMENT POLYGRAPH, PHYSICAL, PSYCHOLOGICAL EXAMINATION AND A BACKGROUND INVESTIGATION AS MAY BE REQUIRED BY THE NEWPORT POLICE DEPARTMENT.

I AUTHORIZE A DULY AUTHORIZED AGENT OF THE NEWPORT POLICE DEPARTMENT TO CONTACT ANY OF MY PREVIOUS EMPLOYER(S), TO OBTAIN INFORMATION FROM THEM, AND TO FURTHER INVESTIGATE THE TRUTHFULNESS OF THIS INFORMATION.

FURTHERMORE, HAVING APPLIED FOR EMPLOYMENT AS A SWORN OFFICER WITH THE NEWPORT POLICE DEPARTMENT, I HEREBY AUTHORIZE AND REQUEST ANY AND EVERY PHYSICIAN, SCHOOL OFFICIAL, CREDIT BUREAU, AND OTHER PERSON, FIRM, OFFICER, CORPORATION, ASSOCIATION, ORGANIZATION, OR INSTITUTE HAVING CONTROL OF ANY DOCUMENTS, RECORDS, OR OTHER INFORMATION PERTAINING TO ME TO PERMIT THE NEWPORT POLICE DEPARTMENT OR ANY OF ITS REPRESENTATIVES TO INSPECT AND MAKE COPIES OF ANY SUCH DOCUMENTS, RECORDS, AND OTHER INFORMATION. I HEREBY AUTHORIZE ALL SUCH PERSONS AND ENTITIES, AS SET OUT ABOVE, TO ANSWER INQUIRIES, QUESTIONS, OR INTERROGATORIES CONCERNING ME, WHICH MAY BE SUBMITTED TO THEM BY THE NEWPORT POLICE DEPARTMENT OR ANY OF ITS REPRESENTATIVES. I HEREBY RELEASE AND HOLD HARMLESS ANY AND EVERY PHYSICIAN, SCHOOL, OFFICIAL, CREDIT BUREAU, AND OTHER PERSON, FIRM, OFFICER, CORPORATION, ASSOCIATION, ORGANIZATION, OR INSTITUTION WHO OR WHICH COMPLIES WITH THE AUTHORIZATION AND REQUEST MADE HEREIN FROM ANY AND ALL LIABILITY OF EVERY NATURE AND KIND ARISING OUT OF OR IN ANY WAY PERTAINING TO THE FURNISHING OR DISCLOSURE OF SUCH DOCUMENTS, RECORDS, AND OTHER INFORMATION TO THE NEWPORT POLICE DEPARTMENT OR ANY OF ITS REPRESENTATIVES.

I UNDERSTAND THAT MY DISCLOSURE OF INFORMATION ABOUT MY CRIMINAL HISTORY, FINANCIAL HISTORY, AND/OR HISTORY OF DRUG OR ALCOHOL USE WILL NOT NECESSARILY SERVE AS AN ABSOLUTE BAR TO MY EMPLOYMENT. HOWEVER, I UNDERSTAND AND AGREE THAT THESE ISSUES MAY BE CONSIDERED, ALONG WITH FACTORS SUCH AS THE NATURE, SERIOUSNESS AND DURATION OF THE CONDUCT, THE DATE OF ITS OCCURRENCE, AND REHABILITATION EFFORTS IN DETERMINING MY FITNESS FOR THE POSITION OF A POLICE OFFICER. I VOLUNTARILY PROVIDE SUCH INFORMATION IN CONSIDERATION FOR MY DESIRE TO BE CONSIDERED AS A CANDIDATE FOR A POSITION AT THE NEWPORT POLICE DEPARTMENT. I FREELY PROVIDE ALL OF THE INFORMATION REQUESTED IN THE PERSONAL HISTORY INFORMATION PACKET AND HEREBY WAIVE ANY RIGHT TO PRIVACY OR CONFIDENTIALITY, INCLUDING ANY STATUTORY OR CONSTITUTIONAL RIGHTS THAT I MAY HAVE TO THE CONFIDENTIALITY OF SUCH INFORMATION. THIS WAIVER IS MADE FOR THE LIMITED PURPOSE OF THE DEPARTMENT'S CONSIDERATION OF ME AS AN OFFICER CANDIDATE AND WITH THE UNDERSTANDING THE DEPARTMENT WILL OTHERWISE MAINTAIN THIS INFORMATION IN A CONFIDENTIAL MANNER.

I understand further that any false answers, statements, or misleading omissions made by me on this Personal History Information packet in connection with the above-mentioned investigation and/or any physical examination can be sufficient grounds for my rejection as a candidate for employment or denial of any other request. I HEREBY CERTIFY THAT ALL OF THE FOREGOING ANSWERS ARE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNED: _____

DATE: _____