

West Greenwich
Police Department
Tel (401) 397-7191
Fax (401) 392-3811



280 Victory
Highway
West Greenwich
Rhode Island, 02817

Town of West Greenwich
INCORPORATED 1741

RICHARD RAMSAY, CHIEF OF POLICE

APPLICATION INSTRUCTIONS

Enclosed is the preliminary application to start the testing process for employment as a Probationary West Greenwich Police Officer. Completed preliminary applications must be received no later than **Thursday September 14, 2017 by 3:00 p.m. Eastern Daylight Time** at the West Greenwich Police Department (Dispatch Center) located at 280 Victory Highway West Greenwich, RI 02817 (Hand delivered in person or by first class mail only)
EOE

Requirements:

- Be a United States Citizen
- Be at least 21 years old
- Possess a valid driver's license
- Possess a high school diploma or General Equivalency Diploma
- 60 College Credits are preferred but not required to apply.

The application must be printed or typed; illegible applications will be rejected.

The one (1) page preliminary application must be accompanied by:

- A photocopy of your driver's license.
- The attached medical waiver signed by a physician
- A photocopy of your birth certificate or naturalization papers
- A \$25 dollar non-refundable application fee (check or money order) made payable to the Town of West Greenwich. *

**ADDITIONAL INFORMATION THAT MAY BE TURNED IN WITH YOUR
PELIMINARY APPLICATION:**

Additional material that will be required, prior to your interview that will be conducted the week of September 25th include; official High School and College Transcripts (or DD-214). You may experience delays in obtaining these documents so we would suggest you request them ASAP.

**** Physical Agility and written exam will take place on Saturday September 16th.** (See Attached Process time Line for further Information)

If you have questions regarding the process, contact Capt. Craig Barone at 401-397-7191 or at cbarone@wgpdrri.com.

***Any person who may need special accommodations may contact Capt. Craig Barone at least 48 hours prior to the event.**

Applications will also be available at the West Greenwich Police Department at 280 Victory Highway, West Greenwich, RI 02817 or available online at www.wgtownri.org and The RI Municipal Police Academy Web site - rimpa.ri.gov

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Application Process Time Line

Application Period: The application process will open on July 27, 2017 and will close at 3:00 pm on Thursday September 14, 2017. Applications will be available at the West Greenwich Police Department at 280 Victory Highway, West Greenwich, RI 02817 or available online at www.wgtownri.org EOE

Physical Agility Test: Saturday September 16, 2017 at 0800 hrs at the Exeter-West Greenwich High School Gym, located at 930 Nooseneck Hill Road West Greenwich, RI 02817. Check in will begin one hour prior to the start of the agility test. Doors will close promptly at 0800 hrs. NO late admittance.

At the time of check in applicants must possess their valid driver's license and produce their **Medical Waiver Form** which has to be within six (6) months of the test date in order to take the physical examination. Failure to produce the waiver or if the waiver does not fall within the six month time frame the applicant will be eliminated from the process.

Attire: Applicants **MUST** wear appropriate footwear, athletics shorts or running pants, and a **plain white tee-shirt**. Any applicant wearing inappropriate attire (cut-off jeans, printed shirts, etc.) shall be eliminated from the process.

Written Exam: Saturday September 16, 2017 at 1300 hrs. at the Exeter-West Greenwich High School Library, located at 930 Nooseneck Hill Road West Greenwich, RI 02817. At the time of check in applicants must possess their valid driver's license. Check in will begin one (1) hour prior to the exam. Applicants should be dressed in casual business attire and have two (2) number 2 pencils. Only bottled water will be allowed in the library.

- **Copies of the Physical Assessment requirements and medical waiver forms are attached.**
- **Oral Board Examination:** Will be the week of September 25th ; Date and Time : TBA

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PRELIMINARY APPLICATION FOR POLICE OFFICER

Applications must be typed or clearly printed in ink. Any applications that are incomplete or illegible will result in rejection of your application by the West Greenwich Police Department.

Name _____ DOB _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number _____ Cell Phone _____

Email: _____

Please answer the following Questions:

1.) Do you possess a high school diploma OR a GED? _____

2.) Indicate any of the following you may have completed:

- graduate of the Rhode Island Municipal Police Academy.....(Yes No)
 - If yes, When _____
- Currently employed as a Police Officer.(Yes No)
 - If yes, Where _____
 - If retired, what is your retirement date: _____
- Earned sixty (60) college credits from an accredited institution(Yes No)
- Over 3 year's continuous active U.S. military duty.(Yes No)
- 5 years continuous U.S. military reserve duty.....(Yes No)

By signing below, I am certifying that I am aware that withholding information or making false statements on this application will be the basis for dismissal from the selection process, and/or if it is later discovered termination from employment with the West Greenwich Police Department. With this understanding, I certify that the information provided above on this application is true and completed.

Signature

Date

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FITNESS TEST MEDICAL CERTIFICATE

Dear Physician:

The following named individual has submitted an application to become a Police Officer with the West Greenwich Police Department.

Candidate Name _____	DOB _____
Address _____	Town/City _____
	State _____

The West Greenwich Police and the Rhode Island Department of Public Safety/Municipal Police Training academy require each candidate to bring a completed Physical Fitness Test Certificate to the Physical Fitness Test before he/she will be allowed to participate in the test. A statement must be obtained from a licensed physician that the candidate is of sufficient physical conditioning to undergo a Physical Fitness test. The Fitness Test Medical Certificate **must** be completed **with six (6) months** of the Physical Fitness testing date.

Attached to this form is a listing of the minimum physical fitness standards a candidate must attain. We ask that your evaluation be based on these criteria. We thank you for your assistance.

PHYSICIAN'S STATEMENT

I HAVE EXAMINED THE ABOVE-NAME INDIVIDUAL ON (DATE)_____.

After reviewing each of the four (4) events, I find him/her to be of sufficient physical conditioning to the entire candidate to participate in the West Greenwich Police Department and the RIDPS/MPTA Physical Fitness Test.

Comments (if any): _____

Physician's Signature: _____
(Please type or print) Physician's Name: _____
Address: _____
Phone Number: _____

Physical Fitness Assessment 40th Percentile

1 Minute Push-Up

	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

1.5 Mile Run-Aerobic Power

	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

1 Minute Sit-up test

	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

300 Meter Run

	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