

ATTENTION: This application is for applicants who have passed the entrance exams conducted in the Fall of 2013.

Check you have printed (10) total pages of this document.

YOU MUST insure that you return this **COMPLETED, signed** APPLICATION (to include copies of documents requested (see Page 9 under Document Requirements) to the Rhode Island Department of Corrections Training Academy, 16 Wilma Schesler Lane, Cranston, RI 02920 no later than **FRIDAY, MARCH 11, 2016 BY 4:00PM.**

Last Name: (print)	First Name: (print)	Application Number: (see your letter for this number)
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RHODE ISLAND DEPARTMENT OF CORRECTIONS

CORRECTIONAL OFFICER

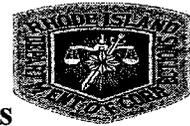
PRE-SERVICE TRAINING SUPPLEMENTAL APPLICATION FOR EMPLOYMENT

NOTICE TO APPLICANT

IN ORDER TO BE CONSIDERED FOR THIS POSITION YOU MUST:

- 1) **Complete the application by yourself, in your own handwriting.**
- 2) **Must be fluent in English.**
- 3) **Undergo a vigorous background investigation, including criminal records check, employment verification, and check of references.**

FEBRUARY 2016



Rhode Island Department of Corrections

Training Academy
 Pinel Building, Top Floor
 16 Wilma Schesler Lane
 Cranston, RI 02920
 (401)462-2697

SUPPLEMENTAL APPLICATION FOR EMPLOYMENT

Application must be typed or clearly printed in ink. All items in the application must be filled in completely, correctly, and to the best of your knowledge be true. Applicant must sign application. Any applications that are incomplete and/or illegible can result in the rejection of the application by the Rhode Island Department of Corrections. It is your responsibility to provide any or all telephone numbers for the institutions or persons that you have listed on the application. You have an affirmative obligation to notify the Rhode Island Department of Corrections at the above address, in writing of any changes that occur after the date the application is filed.

SECTION I - PERSONAL HISTORY

NAME: LAST	FIRST	MIDDLE	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
IF YOU HAVE CHANGED YOUR NAME, GIVE DATE, PLACE		ALIAS OR MAIDEN NAME		
PRESENT HOME ADDRESS - STREET		CITY/STATE	ZIP CODE	
PO BOX/MAILING ADDRESS IF DIFFERENT FROM ABOVE		CITY/STATE	ZIP CODE	
DATE OF BIRTH (MM/DD/YEAR)*	SOCIAL SECURITY NUMBER*			
RESIDENCE TELEPHONE NUMBER ()	CELL PHONE NUMBER	E-MAIL ADDRESS		
ARE YOU A LICENSED AUTOMOBILE OPERATOR? YES <input type="checkbox"/> NO <input type="checkbox"/>	OPERATOR LICENSE NUMBER		STATE	
HAVE YOU EVER OBTAINED AN OPERATORS LICENSE IN ANY OTHER STATE YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, WHAT STATE/S.				
ARE YOU A U.S. CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>	PLACE OF BIRTH		STATE	

*Information required to conduct criminal records check in accordance with applicable statute.

SECTION II - EDUCATION

	DATES						MAJOR	DIPLOMA OR DEGREE
	FROM			TO				
	MO.	DAY	YR.	MO.	DAY	YR.		
GED NAME								
ADDRESS								
TELEPHONE ()								
HIGH SCHOOL(S) NAME								
ADDRESS								
TELEPHONE ()								
HIGH SCHOOL(S) NAME								
ADDRESS								
TELEPHONE ()								
COLLEGE OR UNIVERSITY NAME								
ADDRESS								
TELEPHONE ()								
COLLEGE OR UNIVERSITY NAME								
ADDRESS								
TELEPHONE ()								
OTHER EDUCATIONAL INSTITUTIONS NAME								
ADDRESS								
TELEPHONE ()								
OTHER EDUCATIONAL INSTITUTIONS NAME								
ADDRESS								
TELEPHONE ()								

SECTION III – EMPLOYMENT

List chronologically (most recent first) all employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, indicate, setting forth dates of unemployment. A telephone number is mandatory for each entry.

COMPANY NAME		NAME OF SUPERVISOR		TELEPHONE ()
ADDRESS/CITY/STATE			POSITION	
YEARLY SALARY \$	TYPE OF WORK			
REASON FOR LEAVING	STARTING DATE / /		ENDING DATE / /	
COMPANY NAME		NAME OF SUPERVISOR		TELEPHONE ()
ADDRESS/CITY/STATE			POSITION	
YEARLY SALARY \$	TYPE OF WORK			
REASON FOR LEAVING	STARTING DATE / /		ENDING DATE / /	
COMPANY NAME		NAME OF SUPERVISOR		TELEPHONE ()
ADDRESS/CITY/STATE			POSITION	
YEARLY SALARY \$	TYPE OF WORK			
REASON FOR LEAVING	STARTING DATE / /		ENDING DATE / /	
COMPANY NAME		NAME OF SUPERVISOR		TELEPHONE ()
ADDRESS/CITY/STATE			POSITION	
YEARLY SALARY \$	TYPE OF WORK			
REASON FOR LEAVING	STARTING DATE / /		ENDING DATE / /	
COMPANY NAME		NAME OF SUPERVISOR		TELEPHONE ()
ADDRESS/CITY/STATE			POSITION	
YEARLY SALARY \$	TYPE OF WORK			
REASON FOR LEAVING	STARTING DATE / /		ENDING DATE / /	
COMPANY NAME		NAME OF SUPERVISOR		TELEPHONE ()
ADDRESS/CITY/STATE			POSITION	
YEARLY SALARY \$	TYPE OF WORK			
REASON FOR LEAVING	STARTING DATE / /		ENDING DATE / /	
COMPANY NAME		NAME OF SUPERVISOR		TELEPHONE ()
ADDRESS/CITY/STATE			POSITION	
YEARLY SALARY \$	TYPE OF WORK			
REASON FOR LEAVING	STARTING DATE / /		ENDING DATE / /	
COMPANY NAME		NAME OF SUPERVISOR		TELEPHONE ()
ADDRESS/CITY/STATE			POSITION	
YEARLY SALARY \$	TYPE OF WORK			
REASON FOR LEAVING	STARTING DATE / /		ENDING DATE / /	

COMPANY NAME		NAME OF SUPERVISOR		TELEPHONE ()
ADDRESS/CITY/STATE			POSITION	
YEARLY SALARY \$	TYPE OF WORK			
REASON FOR LEAVING	STARTING DATE / /		ENDING DATE / /	
COMPANY NAME		NAME OF SUPERVISOR		TELEPHONE ()
ADDRESS/CITY/STATE			POSITION	
YEARLY SALARY \$	TYPE OF WORK			
REASON FOR LEAVING	STARTING DATE / /		ENDING DATE / /	
COMPANY NAME		NAME OF SUPERVISOR		TELEPHONE ()
ADDRESS/CITY/STATE			POSITION	
YEARLY SALARY \$	TYPE OF WORK			
REASON FOR LEAVING	STARTING DATE / /		ENDING DATE / /	
COMPANY NAME		NAME OF SUPERVISOR		TELEPHONE ()
ADDRESS/CITY/STATE			POSITION	
YEARLY SALARY \$	TYPE OF WORK			
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ADDRESS/CITY/STATE			POSITION	
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ADDRESS/CITY/STATE			POSITION	
YEARLY SALARY \$	TYPE OF WORK			
REASON FOR LEAVING	STARTING DATE / /		ENDING DATE / /	
COMPANY NAME		NAME OF SUPERVISOR		TELEPHONE ()
ADDRESS/CITY/STATE			POSITION	
YEARLY SALARY \$	TYPE OF WORK			
REASON FOR LEAVING	STARTING DATE / /		ENDING DATE / /	

HAVE YOU EVER APPLIED FOR A POSITION AT THE RI DEPARTMENT OF CORRECTIONS? YES NO

IF YES, WHEN: _____

HAVE YOU EVER WORKED FOR THE STATE OF RHODE ISLAND BEFORE? YES NO

IF YES, WHICH DEPARTMENT(S) _____

HAVE YOU EVER BEEN DISMISSED FROM A TRAINING PROGRAM? YES NO
 (An affirmative answer is not an automatic bar to employment)

IF YES, NAME OF PROGRAM AND REASON _____

HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM A POSITION? YES NO
 (An affirmative answer is not an automatic bar to employment)

IF YES, GIVE NAME OF EMPLOYER AND REASON FOR DISMISSAL/RESIGNATION _____

SECTION IV - MILITARY RECORD

HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED FORCES OF THE U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>		BRANCH OF MILITARY SERVICE		
HIGHEST RANK ATTAINED:	DATE COMMISSIONED (if applicable)			
SERIAL NUMBER	DATES OF ACTIVE DUTY (MM/DD/YY) FROM / / TO / /			
HAVE YOU OR ARE YOU NOW SERVING IN A MILITARY RESERVE UNIT? IF YES, THEN WHAT BRANCH AND UNIT?		YES <input type="checkbox"/> NO <input type="checkbox"/>		
HAVE YOU OR ARE YOU NOW SERVING IN A NATIONAL GUARD UNIT? IF YES, THEN WHAT UNIT?		YES <input type="checkbox"/> NO <input type="checkbox"/>		

SECTION V - REFERENCES

Give three references (non relatives)

COMPLETE NAME	OCCUPATION		NO. YRS OF ACQUAINTED	
RESIDENCE ADDRESS	CITY	STATE	ZIP	TELEPHONE ()
BUSINESS ADDRESS	CITY	STATE	ZIP	TELEPHONE ()
COMPLETE NAME	OCCUPATION		NO. YRS OF ACQUAINTED	
RESIDENCE ADDRESS	CITY	STATE	ZIP	TELEPHONE ()
BUSINESS ADDRESS	CITY	STATE	ZIP	TELEPHONE ()
COMPLETE NAME	OCCUPATION		NO. YRS OF ACQUAINTED	
RESIDENCE ADDRESS	CITY	STATE	ZIP	TELEPHONE ()
BUSINESS ADDRESS	CITY	STATE	ZIP	TELEPHONE ()

SECTION VI - COURT RECORD

Before answering the following questions please read carefully:

A. Many individuals who have been arrested or have had criminal charges brought against them incorrectly think that the records have been sealed, expunged, destroyed or no longer in existence. If you were convicted of a crime and have had the conviction expunged, you must disclose the fact of a conviction pursuant to the Rhode Island General Laws 12-1.3-4 regardless of the fact that the matter was expunged. Any arrest or charge must be disclosed, even if it did not result in a conviction, pursuant to Rhode Island General Laws 28-5-7(7).

Please note that arrests and misdemeanor convictions at least 3 years prior to your application date are not an automatic bar to employment. Any impact will depend on the circumstances.

Have you ever been arrested or charged with any crime? YES NO

If you answered yes, please indicate the date, circumstances of the arrest(s) or charge(s), and whether a conviction resulted (including driving on a suspended license convictions):

Have you ever been named the respondent in a restraining order? YES NO

If yes, please explain:

Have you ever been involved with the Department of Children, Youth & Families in matters pertaining to the abuse or neglect of a child? YES NO

If yes, please explain:

B. Have you ever pled guilty, nolo contendere or been convicted of any misdemeanor or felony offense (regardless of whether a fine or penalty was imposed) or are there any criminal charges pending against you? YES (If yes, list below) NO

DATE	PLACE AND DEPARTMENT	CHARGE/S	FINAL DISPOSITION

SECTION VII - DRIVING RECORD

Have you had vehicle violations that you received over the last 10 years? YES NO

A. If yes, list all motor vehicle violations that you have received over the last ten (10) years.

VIOLATION	DATE	POLICE DEPARTMENT	DISPOSITION

SECTION VIII – VISIT & PHONE LIST

HAVE YOU EVER VISITED OR RECEIVED TELEPHONE CALLS FROM INMATES? YES NO
 If yes, please list below:

Inmates You Have Visited, are Currently Visiting, or Received Telephone Calls From:

Name:	Facility:
Dates Visited:	
Dates Received Calls:	
Name:	Facility:
Dates Visited:	
Dates Received Calls:	
Name:	Facility:
Dates Visited:	
Dates Received Calls:	

Has any member of your immediate family ever been incarcerated either in Rhode Island or another state, or in the Federal system? (“Immediate family”, to include blood, marriage, and step relationships, is defined as parent, grandparent, spouse (including common-law), brother, sister, child, and grandchild). YES NO

If yes, please list their name(s), relationship, and where they were incarcerated:

Name	Relationship	Where incarcerated

PERSONAL QUESTIONNAIRE

List any special skills or training that you have acquired that would be beneficial to the Rhode Island Department of Corrections. (Include any language skills, firearms training, etc.)

List any public service or community activities that you are or have been involved in.

Explain in your own words why you are interested in becoming a member of the Rhode Island Department of Corrections. (You may attach up to one additional sheet of paper to answer this question.)

Do you have a pistol permit? YES NO
 Have you ever been denied a pistol permit and if so, why?

Do you have any tattoos? YES NO
 If yes, where are they located and what do they depict?

READ AND SIGN BELOW

"I certify that all information contained in this application is true and correct to the best of my knowledge, and I understand that falsification or materially incorrect information in this application is grounds for disqualification from further consideration or for dismissal from employment. I further understand that 18 U.S.C. § 922 (g)(9) prohibits anyone convicted of a misdemeanor involving domestic violence from possessing a firearm and therefore from employment as a correctional officer. In addition, per RIDOC policy, anyone with felony convictions or a misdemeanor conviction within 3 years of the application date or anyone who is a current user of illegal drugs is not accepted".

Signature of Applicant

Date

DOCUMENTATION REQUIREMENTS

This application, along with the following legible documents must be provided to the Rhode Island Department of Corrections Training Academy, 16 Wilma Schesler Lane, Cranston, RI no later than 4:00pm on Friday, March 11, 2016.

1. COPY OF YOUR HIGH SCHOOL DIPLOMA OR EQUIVALENT OR COLLEGE DIPLOMA IF APPLICABLE. (attach to this application)
2. COPY OF RIGHT-TO-WORK VERIFICATION (SOCIAL SECURITY CARD OR ALIEN REGISTRATION CARD) (attach to this application)
3. PERSONAL INQUIRY WAIVER FORM (see page 10 of the supplemental application) must be filled out, signed and dated.

STATE OF RHODE ISLAND
DEPARTMENT OF CORRECTIONS

PERSONAL INQUIRY WAIVER FORM
AUTHORITY FOR RELEASE OF INFORMATION

TO: CONCERNED PERSON OR AUTHORIZED
REPRESENTATIVE OF ANY ORGANIZATION,
INSTITUTION OR REPOSITORY OF RECORDS

SUBJECTS NAME: _____

ANY OTHER NAME: _____
(i.e., Alias/Maiden Name)

I respectfully request and authorize you to furnish the Department of Corrections any and all information that you may have concerning my work record, school record, military record and all medical, physical, and psychiatric records or reports including all information of a confidential or privileged nature and photostats of same, if available. This information is to be used for the purpose of conducting a background investigation for confidential use of the Rhode Island Department of Corrections.

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the information requested.

Signature

Date

This waiver is valid through _____
(one year from date of signature)