

**TOWN OF COVENTRY  
ANNOUNCES  
ELIGIBILITY AND SELECTION  
PROCESS FOR POLICE OFFICERS**

*The Town of Coventry will test individuals interested in becoming candidates for the Police Officer Eligibility List.*

*Individuals who wish to be considered for employment by the Town of Coventry must possess an Associates Degree; or a minimum of sixty (60) college course credits towards a degree; or have two (2) years of active Military duty; or have four (4) years of Military Reserve/National Guard duty; or be a graduate of a certified Police or Law Enforcement Academy; and complete all testing requirements.*

*Applications may be obtained from the Coventry Town Hall, Personnel Department, 1670 Flat River Road, Coventry, Rhode Island 02816, between the hours of 8:30 am and 4:30 pm or from the Coventry Police Department, 1075 Main Street, Coventry, Rhode Island 02816.*

*Information may also be obtained on-line at the Coventry Police Department website:*

[www.coventrypd.org](http://www.coventrypd.org)

**INDIVIDUALS WITH APPLICATIONS ON FILE MUST REAPPLY. THE TOWN OF COVENTRY IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER.**

*All applications must be returned to the Personnel Office.*

*Items that must be presented at the time of application are:*

- 1. Copy of Birth Certificate or Naturalization Papers; and*
- 2. Copy of Valid Motor Vehicle License; and*
- 3. Copy of High School Diploma or Certified Transcript; and*
- 4. Copy of College Diploma or Official Transcript;*

*OR Copy of Military Discharge or Proof of Military/Reserve/National Guard service; OR Copy of Police/Law Enforcement Academy Certificate; and*

- 5. \$20.00 non-refundable fee.*

*All of the above items must be legible.*

MINIMUM PHYSICAL FITNESS ENTRANCE STANDARD

Assessment Battery	MALE					FEMALE				
	Age < 20	20 - 29	30 - 39	40 - 49	50 - 59	Age < 20	20 - 29	30 - 39	40 - 49	50 - 59
Sit & Reach	16.5	16.5	15.5	14.3	13.3	20.5	19.3	18.3	17.3	16.8
1 Minute Sit-Up	41	38	35	29	24	32	32	25	20	14
Maximum Bench Press Ratio	1.06	.99	.88	.80	.71	.58	.59	.53	.50	.44
1.5 Mile Run	12.51	12.51	13.36	14.29	15.26	15.26	15.26	15.57	16.58	17.29

Coventry Police Department  
Police Officer Application Process

1. Open Applications- Written application along with a \$20.00 non-refundable fee, copies of birth certificate or naturalization papers, motor vehicle operators license, high school diploma or certified transcript, and college diploma or certified transcripts indicating the minimum of an associates degree or 60 credits (completed before or proof of 2 years continuous active military service or 4 years of National Guard or Reserve duty service or Certificate of graduation from a certified Police/Law Enforcement Academy.
2. Agility Test-Held at the Coventry High School. Candidates must bring a physicians note (dated within 30 days) certifying fitness to take the agility test.

*Date and Times of the test: ALL CANDIDATES WILL BE NOTIFIED BY MAIL AS TO THE EXACT DATE AND TIME OF THE AGILITY TEST.*

*Job related physical fitness assessment, which is age and gender adjusted. Test is the same that is mandated for entrance into the Rhode Island Municipal Police Academy. All phases must be satisfactorily completed with the decision being with the Cooper certified instructors.*

**NOTE: A valid photo ID will be required to check-in for the agility test.**

3. Written Examination-Held at Coventry High School.

*Date and Time: CANDIDATES WHO SUCCESSFULLY PASS THE PHYSICAL AGILITY TEST WILL BE NOTIFIED BY MAIL AS THE EXACT DATE AND TIME OF THE WRITTEN EXAMINATION.*

*A seventy percent (70%) score must be obtained to pass. The test is a knowledge type and is provided by an independent testing agency. Scoring is performed by Coventry Police Department authorized personnel.*

*A passing score on the written examination may make the candidate eligible for the next phase of testing.*

**NOTE: A valid photo ID will be required to check-in for the written examination.**

4. Oral Board and Interview-Three (3) to Five (5) sworn officers of the Coventry Police Department and a member of the Town Personnel Office will ask a series of questions. Questions may be based upon hypothetical situations or to clarify or expand upon information in the application or other data about the candidate. The Oral Board will consider candidate performance before the board, how questions are answered, as well as answers given. The questions are designed to elicit frank, truthful responses and not to test the candidates knowledge of police practices, legal procedures, or technical processes which the candidate is not expected to know, but rather to assess the

*candidates ability to understand, make decisions, reply truthfully, and other general characteristics which are acknowledged traits necessary for carrying out police responsibilities. They do measure a candidates ability to respond in an intelligent, confident, courteous manner and to show a candidates ability to communicate clearly and concisely. Consideration will also be given for the amount of education and/or experience.*

5. *A total score will be assigned to each candidate based upon the oral board interview. Each candidate passing all requirements up to this point will be notified by mail of their placement upon the eligibility list.*
6. *Background Check-A comprehensive background check will be done on the candidate.*
7. *As position openings occur-Final Chiefs Interview and Conditional Offer of Employment.*  
*Candidates remaining on the eligibility list may be scheduled for a final interview with the Chief of Police, or his designee. The candidate will be asked to fill out a supplemental application and to update any information which may have changed since the initial application. Qualified candidates will then be presented a Conditional Offer of Employment subject to their successful completion of the following steps.*
8. *Physical/Medical Examination-Examination is to certify the general health of the candidate and is conducted in accordance with the standards set by the Rhode Island Commission on Police Standards and Training by licensed physicians.*
9. *Psychological Examination-Required in accordance with Rhode Island General Law prior to entrance in the Rhode Island Municipal Police Academy.*
10. *Rhode Island Municipal Police Academy-Must fulfill any and all pre-academy entrance requirements as set forth by the Rhode Island Commission on Police Standards and Training. Must successfully complete all phases.*
11. *Probationary Period of One (1) Year-This includes a Field Training Officer Program which must be successfully completed, scheduled and special performance evaluations, remedial training, further examinations, and a continuation of the background investigation as needed. Probationary period may be extended if necessary and desirable as determined by the Chief of Police.*
12. *Appointment as a permanent police officer-At the end of the probationary period, successful candidates who have satisfied all previous steps will be sworn in as permanent police officers.*

# Coventry Police Department Information Sheet

**SALARY**  
*(as of 7-1-06)*

*Police Academy \$ 400.00 per week*  
*Patrolman IV \$ 757.14 week*  
*\$39,371.28 Year*

**SHIFT DIFFERENTIAL**  
*(as of 7-1-06)*

*Division A (12-8) \$ .30 hour*  
*Division C (4-12) \$ .25 hour*

**SPECIAL DETAIL PAY**  
*(as of 7-1-06)*

*\$ 36.00 hour*  
*\$144.00, minimum*

**CLOTHING ALLOWANCE**  
*(as of 7-1-06)*

*\$ 1400.00 per year*

**PAID HOLIDAYS**

*13 Full Days per year*  
*4 Half-Days per year*

**VACATION LEAVE**

*12 days per year (first 5 years)*  
*May carry over 10 per year, to a maximum*  
*of 10 days*

**SICK LEAVE**

*12 hours per month (18 days per year)*

**EDUCATION BENEFIT**

*Fully Paid Tuition towards a Law*  
*Enforcement Degree*

**EDUCATIONAL INCENTIVE**

*Paid by the State for existing Degree*  
*or education*

**HEALTH CARE**

**Blue Cross Healthmate Coast-to-Coast  
Delta Dental Levels I-IV  
15% Co-pay Contribution by employee**

**LIFE INSURANCE**

**\$ 20,000.00 Fully Paid Policy**

**BEREAVEMENT LEAVE**

**4 Days**

**LINE OF DUTY DEATH-  
BURIAL EXPENSE**

**\$ 10,000.00**

**PENSION**

**9% Pension Contribution by Employee  
Retirement at 50% of Base and Longevity at  
23 years. Additional 2% per year to 60% at  
28 years, maximum.**

**WORK SCHEDULE**

**Patrol Division:  
4 days on-2 days off**

# Coventry Police Department

## Personal History Statement

THIS DOCUMENT IS FOR THE EXCLUSIVE USE OF THE BACKGROUND INVESTIGATORS

### APPLICATION

Today's Date:

Location:

### Personal

Name

PRINT CLEARLY

Last:

First:

Middle:

List your current address where you actually reside, not a mailing address:

Number and Street:

City:

State:

Zip Code:

Rent:

Own:

Parents:

Other:

How Long Have You Lived There?

Years

Months

List Your Landlord and phone number:

List your home and work phone numbers including area code:

Home Telephone:

Work Telephone:

List your mailing address if different from your current address:

Number and Street:

City:

State:

Zip Code:

Are you a citizen of the United States?

Yes

No

Place of Birth:

Birth Date:

In accordance with the Federal Privacy Act of 1974, disclosure of your Social Security Number is voluntary. The SSN will be used for identification purposes to ensure proper records are obtained.

SSN:

Provide the following for purposes of identification:

Height:

Weight:

Hair:

Eyes:

List and describe all tattoos (indicate where they are located):

Print Name: \_\_\_\_\_

List all names, aliases, nicknames you have used or have been known by (include maiden name):			
Last:	First:	Middle:	Years Used:

**EDUCATION**

Check all that apply:

I possess a two-year college degree. NOT in law enforcement.
   
  I possess a masters degree IN law enforcement.

I possess a two-year college degree. IN law enforcement.
   
  I possess a masters degree NOT in law enforcement.

I possess a four-year college degree. NOT in law enforcement.

I possess a four-year college degree. IN law enforcement.

College:	City and State:	Major:	Date Began:	Date Ended:	Credits:	Degree:

Have you ever attended a trade, vocational or business school?			Yes	No
School:	Type of training:	Date attended:	Course Completed:	
			Yes_____ No_____	
			Yes_____ No_____	

High School attended including graduation date:

\_\_\_\_\_

**Experience and Employment**

**BEGINNING WITH YOUR MOST CURRENT EMPLOYMENT**, please list EVERY job, including military service, you have held in the last ten years. All time periods must be accounted for. Jobs include self-employed, part-time, temporary work, voluntary work and internships. You must list all employment regardless of the length of employment. Addresses must be complete, current and accurate. If you have had intervening periods of unemployment, please list those periods in sequence in the spaces provided.

Print Name: \_\_\_\_\_

Dates of Employment: From:                      To: Month/Year                Month/Year:  _____/____                ____/____	Name and address of employer:   Job Title:	Phone Number with area code:
		Supervisor's name:
Describe your duties:		
Reason for leaving. Be specific:		
Co-Worker:	Work or home number:	
Co-Worker:	Work or home number:	

\_\_\_\_\_ Unemployed:                      From \_\_\_\_\_ To \_\_\_\_\_

Dates of Employment: From:                      To: Month/Year                Month/Year:  _____/____                ____/____	Name and address of employer:   Job Title:	Phone Number with area code:
		Supervisor's name:
Describe your duties:		
Reason for leaving. Be specific:		
Co-Worker:	Work or home number:	
Co-Worker:	Work or home number:	

\_\_\_\_\_ Unemployed:                      From \_\_\_\_\_ To \_\_\_\_\_

Dates of Employment: From:                      To: Month/Year                Month/Year:  _____/____                ____/____	Name and address of employer:   Job Title:	Phone Number with area code:
		Supervisor's name:
Describe your duties:		
Reason for leaving. Be specific:		
Co-Worker:	Work or home number:	
Co-Worker:	Work or home number:	

Print Name: \_\_\_\_\_

\_\_\_\_\_ Unemployed: From \_\_\_\_\_ To \_\_\_\_\_

Dates of Employment: From: _____ To: _____ Month/Year Month/Year: _____/_____/_____/_____	Name and address of employer:	Phone Number with area code:
	Job Title:	Supervisor's name:
		Length of employment:

Describe your duties:

Reason for leaving. Be specific:

Co-Worker:	Work or home number:
Co-Worker:	Work or home number:

\_\_\_\_\_ Unemployed: From \_\_\_\_\_ To \_\_\_\_\_

Dates of Employment: From: _____ To: _____ Month/Year Month/Year: _____/_____/_____/_____	Name and address of employer:	Phone Number with area code:
	Job Title:	Supervisor's name:
		Length of employment:

Describe your duties:

Reason for leaving. Be specific:

Co-Worker:	Work or home number:
Co-Worker:	Work or home number:

\_\_\_\_\_ Unemployed: From \_\_\_\_\_ To \_\_\_\_\_

Dates of Employment: From: _____ To: _____ Month/Year Month/Year: _____/_____/_____/_____	Name and address of employer:	Phone Number with area code:
	Job Title:	Supervisor's name:
		Length of employment:

Describe your duties:

Reason for leaving. Be specific:

Co-Worker:	Work or home number:
Co-Worker:	Work or home number:

Print Name: \_\_\_\_\_

\_\_\_\_\_ Unemployed: From \_\_\_\_\_ To \_\_\_\_\_

Dates of Employment: From: _____ To: _____ Month/Year Month/Year:  _____/_____/_____	Name and address of employer:	Phone Number with area code:
	Job Title:	Supervisor's name:
		Length of employment:

Describe your duties:

Reason for leaving. Be specific:

Co-Worker:	Work or home number:
Co-Worker:	Work or home number:

\_\_\_\_\_ Unemployed: From \_\_\_\_\_ To \_\_\_\_\_

Dates of Employment: From: _____ To: _____ Month/Year Month/Year:  _____/_____/_____	Name and address of employer:	Phone Number with area code:
	Job Title:	Supervisor's name:
		Length of employment:

Describe your duties:

Reason for leaving. Be specific:

Co-Worker:	Work or home number:
Co-Worker:	Work or home number:

\_\_\_\_\_ Unemployed: From \_\_\_\_\_ To \_\_\_\_\_

Dates of Employment: From: _____ To: _____ Month/Year Month/Year:  _____/_____/_____	Name and address of employer:	Phone Number with area code:
	Job Title:	Supervisor's name:
		Length of employment:

Describe your duties:

Reason for leaving. Be specific:

Co-Worker:	Work or home number:
Co-Worker:	Work or home number:

Print Name: \_\_\_\_\_

Have you ever been investigated by your employer or supervisor for improper conduct, illegal activities, sexual harassment or Equal Employment Violations which resulted in your being found in violation of any policies, regulations, rules, or any State or Federal laws? Yes _____ No _____ If yes, please provide the following information.	
Date:	Employer:
Details and results of the investigation:	

Have you ever been suspended by an employer or received a formal written reprimand? Yes _____ No _____ Explain.		
Date:	Employer:	Circumstances:

Have you ever attended a police academy or a law enforcement training center? Yes _____ No _____ Explain.		
Name and address of site:	Date Started:	Date Ended:
Did you complete the training? Yes _____ No _____ If no, explain:		

**Prior Application**

Have you ever applied to the Coventry Police Department before? Yes _____ No _____ If yes, provide the following information	
Date Applied:	Position:
Date Applied:	Position:
Date Applied:	Position:

**Applications With Other Agencies**

Have you ever applied to any other law enforcement agency? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list every agency, starting with the most recent one. List all. Do not include this application.

Agency including address:	Date Applied:
	Position:

Agency including address:	Date Applied:
	Position:

Print Name: \_\_\_\_\_

Agency including address:	Date Applied:
	Position:

Agency including address:	Date Applied:
	Position:

Agency including address:	Date Applied:
	Position:

Agency including address:	Date Applied:
	Position:

Agency including address:	Date Applied:
	Position:

Agency including address:	Date Applied:
	Position:

**Military Service**

Did you comply with the draft registration law? Yes_____ No_____ Selective Service Number:			
Have you ever served in any of the Armed Forces, National Guard or military reserves? Yes_____ No_____			
If yes, what is your current status with the military? Active_____ Reserves_____ Inactive_____ Discharged_____			
Branch:	Unit:	Enlistment Date:	Discharge Date:
Service Number:	Highest Rank:	Rank at Discharge:	Type of Discharge:
Separation Code:	Re-enlistment Code:	If active or current reserve, list your C.O.'s name:	

Were you ever investigated for any criminal activity while in the military or military reserves? Yes_____ No_____ If yes, please explain.

Have you ever been reduced in pay grade or been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves? Yes_____ No_____ If yes, please explain.		
Date:	Violation:	Penalty:

Print Name: \_\_\_\_\_

Did you receive an honorable discharge? Yes _____ No _____ If no, please explain.

**Legal**

Have you ever been convicted of a criminal offense? Yes _____ No _____
--

Have you ever admitted in any court of law to having committed a criminal offense? Including a plea of NOLO. Yes _____ No _____
---

**ATTENTION** Pursuant to Rhode Island General Law 12-1.3-4, Police applicants must disclose expunged records!

The following information must be provided if you have had any expungements.		
Date:	Police Agency:	Charge:

Either as an adult or a juvenile, have you ever been arrested or charged with a criminal act? Yes \_\_\_\_\_ No \_\_\_\_\_ This includes charges that were dismissed, dropped or reduced. If yes, provide the following information. Start with the most recent.

Date:	Charges:	Police Agency:	Results:
Circumstances:			

Date:	Charges:	Police Agency:	Results:
Circumstances:			

Date:	Charges:	Police Agency:	Results:
Circumstances:			

Print Name: \_\_\_\_\_

Date:	Charges:	Police Agency:	Results:
Circumstances:			

Have you ever applied for a permit to carry a concealed weapon? Yes_____ No_____ If yes, explain.			
Date Applied:	Permit Granted: Yes_____ No_____	Weapon:	
Name of Agency where applied:			
For what purpose?		Was it ever revoked?	

Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? Yes_____ No_____			
Ever had a judgment rendered against you? Yes_____ No_____ If yes to either question, provide the following:			
Date:	Court Location:	Plaintiff_____	Defendant_____
Details:			
Date:	Court Location:	Plaintiff_____	Defendant_____
Details:			

Have you ever sold or supplied any form of illegal drug, narcotic or substance including marijuana?	Yes_____ No_____
Have you ever manufactured any form of drug, narcotic or controlled substance?	Yes_____ No_____
Have you ever cultivated, grown or attempted to grow marijuana?	Yes_____ No_____
Have you ever taken any form of illegal drug, narcotic or substance, including steroids?	Yes_____ No_____
Have you ever remained at a private gathering or party where illegal drugs or narcotics were being used?	Yes_____ No_____
Have you ever allowed someone to use illegal drugs or narcotics including marijuana at your residence or in your vehicle?	Yes_____ No_____
<b>IF YES, EXPLAIN ON PAGE 14.</b>	

**Traffic History / Motor Vehicle Operation**

Rhode Island drivers license number:	Class or Type:	Expiration:
Name in which license was granted:		

List other States where you have held a valid operators license:		
State:	Under What Name?	Number:

Print Name: \_\_\_\_\_

Has your drivers license ever been suspended, revoked or placed on negligent operator's probation by any state?      Yes _____ No _____ Explain.

Have you ever received a traffic citation?      Yes _____ No _____      If yes, list all citations in the last ten years. Most current first:			
Month/Year:	Violation:	City/State:	Resulting Action:

List all vehicles that you own and or that are registered to you. Include vehicles you frequently use:				
Year:	Make/Model:	Color:	License number/State:	Currently Registered?
				Yes _____ No _____
				Yes _____ No _____
				Yes _____ No _____
				Yes _____ No _____

As a driver, have you ever been involved in a motor vehicle accident? If yes, provide the following information.      Yes _____ No _____				
Date:	City/State:	Were you considered at fault? . . . . .	Yes	No
		Was there a report taken? . . . . .	Yes	No
		Did you cause injury to another person? . . . . .	Yes	No
Police Department:		Was the accident a hit and run? . . . . .	Yes	No
		Were you cited or arrested? . . . . .	Yes	No
Date:	City/State:	Were you considered at fault? . . . . .	Yes	No
		Was there a report taken? . . . . .	Yes	No
		Did you cause injury to another person? . . . . .	Yes	No
Police Department:		Was the accident a hit and run? . . . . .	Yes	No
		Were you cited or arrested? . . . . .	Yes	No
Date:	City/State:	Were you considered at fault? . . . . .	Yes	No
		Was there a report taken? . . . . .	Yes	No
		Did you cause injury to another person? . . . . .	Yes	No
Police Department:		Was the accident a hit and run? . . . . .	Yes	No
		Were you cited or arrested? . . . . .	Yes	No
Date:	City/State:	Were you considered at fault? . . . . .	Yes	No
		Was there a report taken? . . . . .	Yes	No
		Did you cause injury to another person? . . . . .	Yes	No
Police Department:		Was the accident a hit and run? . . . . .	Yes	No
		Were you cited or arrested? . . . . .	Yes	No

Print Name: \_\_\_\_\_

Rhode Island Law requires that drivers and owners of vehicles be covered by automobile liability insurance. Please list:		
Company:	Telephone Number:	Policy Number/Expiration Date:

**Residence**

List all of your residences during the last ten (10) years. List no information prior to your 15th birthday. Begin with your most current residence:

Current Address:	City/State:	Since:
With whom do you live:		
	Landlord:	

Address, City, State:		
With whom did you live:	From:	To:
	Landlord:	

Address, City, State:		
With whom did you live:	From:	To:
	Landlord:	

Address, City, State:		
With whom did you live:	From:	To:
	Landlord:	

Address, City, State:		
With whom did you live:	From:	To:
	Landlord:	

Address, City, State:		
With whom did you live:	From:	To:
	Landlord:	

Address, City, State:		
With whom did you live:	From:	To:
	Landlord:	







Print Name: \_\_\_\_\_

**I understand that any conditional job offer or appointment tendered me will be contingent upon the results of a thorough background investigation.**

**I further understand that during the application process and/or background investigation, I am required to report to the Coventry Police Department any changes in my personal history covered in the Personal History Statement.**

**Prior to submitting my Personal History Statement, I reviewed it carefully for truthfulness, completeness and accuracy.**

**I hereby certify that all statements made in the Personal History Statement are true and complete and I understand that any discrepancies, misstatements, omissions and or falsifications will be cause for disqualification and for my name to be removed from the eligible list or will be cause for further review and/or dismissal if an appointment was made.**

**I hereby certify that I have received a copy of the Essential Job Functions of a Police Officer.**

Date \_\_\_\_\_

Time \_\_\_\_\_

Full Signature \_\_\_\_\_

**OFFICIAL USE ONLY**

Personal History Statement accepted by \_\_\_\_\_