Newport Police Department
222 Main St
Newport, VT 05855
Chief Travis R. Bingham Tel: (802) 334-6733
travis.bingham@vermont.gov Fax: (802) 334-2818

Dear Applicant,

Thank you for your interest in the Newport Police Department. The City of Newport encompasses 6 square miles and is home to about 5,000 residents. The Newport Police Department is the only Full-Time Police Department inside of Orleans County. At minimum there are two Officers on per shift and they work rotating 12-hour shifts with every other weekend off. Other incentives include;

- Night Shift Differential Pay
- 13 Paid Holidays
- Certification Pay Incentives
- 457 Deferred Compensation
- Plan D Retirement
- AFLAC
- Prior LEO Employment Credit
- Short Term and Long-Term Disability

We offer ample opportunity for Over-Time as we take part in Operation Stonegarden to include Roving Patrols, Marine Patrols, ATV Patrols, and Snowmobile Patrols. We also are active with Speed and DUI Enforcement Patrols.

We actively participate in the SIU (Sexual Investigation Unit) Program, the NVDTF (Northern Vermont Drug Task Force) have an established K-9 Program and SRO (School Resource Officer) Program. Our Officers far exceed the minimum training requirements as we have a heavy emphasis on high quality training.

Requirements that must be met prior to consideration for employment are; U.S. Citizenship, High School diploma or GED equivalent, a valid driver's license, no illicit drug use for one (1) year prior to application submittal, no convictions for felony crimes or any crime involving moral turpitude, and no domestic abuse orders in effect from any state or U.S. territory. Below you will find a step-by-step checklist outlining the process by which the Newport Police Department selects individuals for employment as a sworn police officer.

1. Letter of intent, resume and job application to be completed and submitted to the Newport Police Department.
2. Written and physical fitness tests to be completed with a passing score at the VT Police Academy. The written test is similar to the S.A.T. and is based upon mathematics and reading comprehension. No prior law enforcement knowledge is required for the written exam. The physical fitness standards are available on the VT Criminal Justice Training Council's website at http://vcjtc.vermont.gov/training/three/physical-training-standards**.** If both tests are passed you will take a standardized psychological evaluation. This is not pass/fail. Results are assessed by a qualified professional psychologist. The testing process costs $30.00 per person and you must be sponsored by this agency to attend.
3. Internal second level review by Newport Police Department.
4. Oral board interview.
5. Conditional offer of employment and fingerprinting.
6. Background investigation.
7. Polygraph.
8. Command staff review.
9. Medical examination to include drug screening.

If you have any questions about this process, please feel free to contact me. Thank you.

Sincerely,

Travis R. Bingham
Chief of Police
Newport Police Department

*The Newport Police Department is an equal opportunity provider, and employer.

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JOB DESCRIPTION
POLICE OFFICER

(Full time and part time)

A. SUMMARY

A Police Officer shall be responsible for the efficient performance of required duties in conformance with the rules, regulations, and policies contained in the Manual.

Duties shall consist of, but are not necessarily limited to, a number of general police responsibilities necessary to the stability and safety of the community. A Police Officer shall be expected to:

1. Identify criminal offenders and criminal activity and, where appropriate, apprehend offenders and participate in subsequent court procedures.
2. Enforce all federal, state and local laws within departmental jurisdiction.
3. Reduce the opportunities for the commission of crime through preventive patrol and other measures.
4. All individuals who are in danger of physical harm, and protect life and property.
5. Facilitate the movement of vehicular and pedestrian traffic.
6. Identify problems that are potentially serious law enforcement or governmental problems.
7. Create and maintain a feeling of security in the community.
8. Promote and preserve the peace.
9. Provide other services on an emergency basis.
10. Be thoroughly familiar with all laws and ordinances, departmental rules and regulations, policies and procedures.
11. Promote and work to improve good community relations.

B. GENERAL DUTIES AND RESPONSIBILITIES

It is the duty and responsibility of a Police Officer to:

1. Exercise authority consistent with the obligations imposed by oath of office and be accountable to superior officers. Promptly obey legitimate orders.
2. Coordinate efforts with those of other members of the Department so that teamwork may ensure continuity of purpose and maximum achievement of police objectives.
3. Communicate to supervisors and to fellow officers all information obtained which is pertinent to the achievement of police objectives.
4. Respond punctually to all assignments.
5. Make arrests when required. Restrain and transport prisoners as dictated by Department directives.
6. Be alert for wanted or suspicious persons and intelligence information.
7. Prepare and submit reports as required by Department directives.
8. Keep physically fit and alert.
9. Perform desk and dispatcher duties when so assigned.
10. Acquire and record information concerning events and activities that have taken place since the last tour of duty.
11. Record activity during tour of duty in the manner prescribed by proper authority.
12. Maintain weapons and equipment in a functional, presentable condition and report faulty, damaged or lost equipment.
13. Assist citizens requesting assistance or information. Courteously explain any instance where jurisdiction does not lie with the Police Department and suggest other procedures to be followed.

14. Be accountable for the securing, receipting, proper transporting and delivery of all evidence and property coming into custody.
15. Answer questions asked by the general public, counsel juveniles and adults when necessary and refer them to persons or agencies where they can obtain further assistance.
16. Preserve the peace at public gatherings, neighborhood disputes and family quarrels.
17. Serve or deliver warrants, summonses, subpoenas and other official papers pertaining to departmental cases, promptly and accurately when so directed.
18. Confer with court prosecutors and testify in Court.
19. Accomplish other general duties as they are assigned or become necessary.
20. Accomplish duties of Foot Patrolman, as necessary.
    a. It shall be the responsibility of the Officer in Charge to notify the on-call Officer and Chief whether on or off duty, in any of the following circumstances that occur within our immediate jurisdiction:
        1. When a child under fourteen years of age has been reported missing and has not returned or been found during the course of initial investigation.
        2. In the event of the commission of a kidnapping.
        3. In all apparent homicides and questionable deaths, immediate notification of the Chief will be required. In definite suicides, accidental deaths and untimely deaths, notification of the Chief is to be made as soon as practicable.
        4. In the event of an armed robbery.
        5. When any serious incident occurs, such as an airplane crash, accident involving a fatality, major fire, or bomb threat.
        6. When a member or employee of the Department is involved in any confrontation resulting in his/her discharge of firearms.
        7. When any member or employee of the Department is seriously injured or killed while either on or off duty.
        8. When the Civil Preparedness alarm indicates a disaster or flood call.
        9. Any serious accident involving a department vehicle or other property being used in department capacity.
        10. Whenever a command officer or supervisor feels that the expertise of the Chief, if required to remedy a situation.
    b. In the event of number 6, 7 and 9 occurring outside of our immediate jurisdiction, the on-fall Officer in Charge and Chief shall be notified.

C. SPECFIC DUTIES AND RESPONSIBILITES – PREVENTIVE PATROL

1. Patrol an assigned area for general purposes of crime prevention and law enforcement.
   Patrol includes
    a. Being thoroughly familiar with the assigned patrol area. Such familiarity includes knowledge of residents, merchants, business, roads, alleyways, paths, etc. Conditions that contribute to crime should be reported. The location of fire boxes, telephones and other emergency services should be noted.
    b. Apprehending persons violating the laws or wanted by the Police.
    c. Completing detailed reports on all major crimes and reportable motor vehicle accidents. In cases where an arrest is made, an arrest report is submitted along with the required crime reports. When property is recovered or additional information is discovered pertaining to a previously reported offense, the officer adds this to the initial report.
    d. Preserving any crime scene until a superior officer or detective arrives when such crime scene is encountered or when dispatched to the scene as the first responding officer.
    e. Public assembly checks.
    f. Building security checks.
    g. Observing and ascertaining identity of suspicious persons.
    h. Issuing traffic citations.
    i. Being alert for and reporting fires.
    j. Reporting street lights and traffic signal out of order, street hazards and any conditions that endanger public safety, damaged or missing signs.
    k. Checking of schools, parks and playgrounds.
    l. Responding to any public emergency.

2. Conduct a thorough investigation of all offenses and incidents within the area of assignment Scope of activity. Collect evidence and record data which will aid to identification, apprehension and prosecution of offenders, as well as the recovery of property. Conduct follow-up investigation when appropriate.
3. Be alert to the development of conditions tending to cause crime or indicative of criminal activity. Take preventive action to correct such conditions, and inform superiors as soon as the situation permits.
4. Respond to situations brought to the officer's attention while in the course of routine patrol or when assigned. Render first aid, when qualified, to persons who are seriously ill or injured. Assist persons needing emergency services.
5. Patrol areas giving particular attention to and frequently re-checking locations where the crime hazard is great. In so far as possible, a patrolman shall not patrol an area according to any fixe route or schedule, but shall alternate frequently and backtrack in order to be at the location least expected.
6. Be alert for all nuisance, impediments, obstructions, defects or other conditions that might endanger or hinder the safety, health or convenience of the public.
7. When assigned to operate a motor vehicle:
    a. See that it is well maintained and that it is kept clean both inside and out.
    b. Inspect the vehicle at the beginning of the tour of duty for any defects or missing equipment. Immediately report all defects and damage sustained to the vehicle to the Officer in Charge.
    c. Remove the keys and lock the doors whenever the patrol car is left unattended, when practical.
    d. Use the call number assigned to the officer to contact Headquarters.
    e. Operate the radio in line with FCC regulations and current department procedures.
    f. Ensure that the assigned vehicle's gas tank is full prior to completion of each day shift or when ½ tank remains on given shift.
    g. Notify the Officer in Charge if more than a temporary absence from regular duties is required.
    h. Make periodic reports to the Station House.

D. SPECFIC DUTIES AND RESPONSIBILITIES- TRAFFIC PATROL

1. Direct and expedite the flow of traffic at accident scenes and assigned intersections keeping in mind the duty as traffic officer in preventing accidents, protecting pedestrians and ensuring the free flow of traffic.
2. Enforce the parking ordinances and motor vehicle laws in the patrol areas.
3. Be alert for traffic safety conditions which may endanger or inconvenience the public and report such conditions to the Dispatcher.
4. Respond immediately when call from a traffic post to render emergency police service. Notify the Station at the earliest possible opportunity.
5. Perform any other duties assigned by proper authority.

E. SPECIFIC DUTIES AND RESPONSIBILITIES OF FOOT PATROLMAN

1. Reports directly to the Officer in Charge.
2. Responsible for the examination of doors and windows of commercial and industrial establishments and house checks.
3. Responsible for the security check of doors and windows to be conducted via foot patrol in the following areas, Main Street, Causeway, City Dock and Waterfront, Mall area including Gardner Park as well as East Main Street.
4. Responsible for physically patrolling all licensed establishments in the above-mentioned areas. These checks are to be done on a nightly basis.
5. The shift scheduling may be changed at the direction of the Chief, depending upon the other shift's work load and available manpower.
6. Fall into same category for job description as a regular police officer.

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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 QUESTIONAIRE

_____

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 _____

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DATES FROM _____ TO _____ BUSINESS _____

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POSITION _____ SUPERVISOR _____

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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 ENFORCEMNET AGENCIES?
48. ☐ YES ☐ NO HAVE YOU EVER TAKEN A POLYGRAPH?

ANY QUESTION ANSWERED <u>YES</u>, NEEDS TO BE <u>THOROUGHLY</u> 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 _____

ROOMMATES/NEIGHBORS _____

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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 <u>YES</u>, NEEDS TO BE <u>THOROUGHLY</u> 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: _____