APPLICATION FOR
ELIGIBILITY LIST FOR THE
WARWICK FIREFIGHTER RECRUIT SCHOOL

WARWICK FIRE DEPARTMENT
WARWICK, RHODE ISLAND

2015
FIREFIGHTER APPLICATION INSTRUCTIONS

1. Read the entire application completely

2. Answer all the questions contained within the application form

3. Do not submit an uncompleted application

4. You must have the original with you and submit a photocopy of the following documents with your completed application

   A. Birth Certificate or Naturalization Papers (Minimum age 18 (at time of application), Maximum age 30; (cannot have reached your 31st birthday prior to entry into recruit school)

   B. Motor Vehicle Operator's License

   C. High School Diploma or G.E.D.

   D. Must furnish a certified copy of your Drivers Record (obtained within 90 days prior to application) from Operator Control Office – Registry of Motor Vehicles of the State in which you reside.

   E. Must furnish a certified copy of criminal background check (obtained within 90 days prior to application) from the Department of Attorney General of the State in which you reside.

5. Prior to the start of the recruit academy, applicants must provide proof of:

   1) a valid Rhode Island Emergency Technician (EMT), EMT-Cardiac or Paramedic License, or a valid National Registry of Emergency Medical Technicians (NREMT) certification at the EMT, Advanced Emergency Medical Technician (AEMT) or Paramedic level.

   2) a valid Rhode Island Firefighter Physical Performance Assessment Testing Certificate issued by the Rhode Island Association of Fire Chiefs.

6. All documentation must be submitted by the applicant.

7. If you fail to provide these items at the time you submit your application, we will not be able to process your application.
Telephone inquiry: 401-468-4042

On-site inquiry: Warwick Fire Department Headquarters
Training Office
111 Veterans Memorial Drive
Warwick, RI 02886
8:00 am to 4:00 pm Monday-Friday

Application Requirements:

1.) US Citizen or US-INS Qualified for Employment
2.) 18 Years of age and have not reached 31 years of age prior to entry into recruit school.
3.) Have no felony criminal convictions
4.) Have a High School Diploma or GED Certificate
5.) Hold a Valid Motor Vehicle License

Documents Needed:

The Original and a Photocopy of the following documents MUST be brought with you at time of application:
1.) Birth Certificate or US-INS Papers
2.) High School Diploma or GED Certificate
3.) Motor Vehicle License Photo Identification
4.) EMT License (if currently held)
5.) Drivers License Record (within 90 days of application)
6.) Criminal Background Check (within 90 days of application)

NOTE: Legible copies must be provided and will be retained.

Application and Selection Process:

1.) Written Application with required documents
2.) Written Examination 60%
3.) Oral Interview 40%
4.) A list, ranking all of the applicants by score, will be developed from which offers to enter the recruit school will be made.

Conditional Offer of Employment:

The following requirements MUST be met before an offer of employment is extended:
1.) Background Investigation
2.) Medical Exam with drug screening, Drug Free, No-Smoking Agreements.
3.) Graduate from Recruit School
4.) Rhode Island EMT-C License must be obtained within one year of appointment at your expense.
**Hiring Process:**

1) Recruit Candidate  
2) Conditional Offer of Employment  
3) Sworn-in as Probationary Firefighter based on Recruit School Ranking  
4) Firefighter Grade 2 after one year as Probationary Firefighter

**Firefighter’s Position Information:**

Recruit Training Academy  
Minimum of 18 Weeks  
Stringent Physical Fitness Requirements  
Grade 3 Firefighter positions filled based on Recruit School Ranking

**Essential Job Function:**

See "Recruitment Application Handout"
I, __________________________, hereby make application for appointment as a firefighter to the Warwick Fire Department, Warwick, Rhode Island.

I. GENERAL DATA

NAME IN FULL: ________________________________________________________________

LAST    FIRST    MIDDLE

ADDRESS: _________________________________________________________________

STREET ADDRESS

CITY       STATE       ZIP

TELEPHONE #: ___________________________

DATE OF BIRTH: _______/_____/______  SS# __________________________

MONTH    DAY    YEAR

LOCATION OF BIRTH: ________________________________________________

CITY       STATE       COUNTRY

HEIGHT _______   WEIGHT _______   AMERICAN CITIZEN: YES ___ NO ___

LEGAL ALIEN:    YES ___ NO ___

MOTOR VEHICLE OPERATORS LICENSE #: ___________________________ STATE _____
HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? INCLUDING, DRIVING
WHILE UNDER THE INFLUENCE AND TRAFFIC VIOLATIONS. IF YES, COMPLETE
THE SECTION BELOW.

<table>
<thead>
<tr>
<th>CHARGE</th>
<th>DATE</th>
<th>CITY</th>
<th>STATE</th>
<th>DISPOSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

II. EDUCATIONAL DATA

HIGH SCHOOL DIPLOMA
OR
G.E.D.

1. NAME OF INSTITUTION
   CITY STATE

COLLEGE HISTORY
OR
TECHNICAL SCHOOLS

2. NAME OF INSTITUTION
   CITY STATE

   COURSE OF STUDY
   DEGREE/DATE

3. NAME OF INSTITUTION
   CITY STATE

   COURSE OF STUDY
   DEGREE/DATE

RHODE ISLAND EMT LICENSE:

   NUMBER DATE OF EXPIRATION
III. EMPLOYMENT DATA

MILITARY:

<table>
<thead>
<tr>
<th>BRANCH OF SERVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENLISTMENT DATE</td>
</tr>
<tr>
<td>DISCHARGE DATE</td>
</tr>
<tr>
<td>TO</td>
</tr>
<tr>
<td>DATES OF SERVICE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SERVICE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISCIPLINARY ACTION</td>
</tr>
<tr>
<td>DISHONORABLE DISCHARGE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RESERVE STATUS</th>
<th>FULFILLMENT DATE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CURRENT APPLICATION FOR SERVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES ______ NO ______ STATUS ______</td>
</tr>
</tbody>
</table>

OCCUPATION:

1. _________________________________________

<table>
<thead>
<tr>
<th>COMPANY NAME</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY</td>
</tr>
<tr>
<td>--------</td>
</tr>
<tr>
<td>TO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATES OF EMPLOYMENT</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>POSITION HELD</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>REASON FOR LEAVING</th>
</tr>
</thead>
</table>
III. EMPLOYMENT DATA CONTINUED

OCCUPATION: 2. ______________________________________

COMPANY NAME

___________________________________________

ADDRESS

___________________________________________

CITY  STATE  ZIP

__________________ TO _____________________

DATES OF EMPLOYMENT

POSITION HELD

REASON FOR LEAVING

OCCUPATION: 3. ______________________________________

COMPANY NAME

___________________________________________

ADDRESS

___________________________________________

CITY  STATE  ZIP

__________________ TO _____________________

DATES OF EMPLOYMENT

POSITION HELD

REASON FOR LEAVING
### IV. PREVIOUS RESIDENCES

<table>
<thead>
<tr>
<th></th>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>__________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DATES OF RESIDENCE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>__________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DATES OF RESIDENCE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>__________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DATES OF RESIDENCE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>__________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DATES OF RESIDENCE</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
V. REFERENCES / ADDITIONAL INFORMATION

LIST THREE NON-RELATIVE REFERENCES

1. ___________________________________________________________
   NAME
   ___________________________________________________________
   ADDRESS
   ___________________________________________________________
   PHONE NUMBER

2. ___________________________________________________________
   NAME
   ___________________________________________________________
   ADDRESS
   ___________________________________________________________
   PHONE NUMBER

3. ___________________________________________________________
   NAME
   ___________________________________________________________
   ADDRESS
   ___________________________________________________________
   PHONE NUMBER

LIST ANY SPECIAL SKILLS OR CHARACTERISTICS THAT YOU FEEL WOULD BE TO YOUR BENEFIT.

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
AFFIRMATION STATEMENT

I hereby affirm that all the preceding statements are true to the best of my knowledge and belief. I further understand that any false statements shall be grounds for immediate application rejection, and if discovered after my appointment, my immediate dismissal from the City of Warwick Fire Department.

____________________________
Print name in full

____________________________
Applicant signature in full

____________________________
date
Applicant: ____________________________________________________________

Address: ____________________________________________________________

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Telephone No.: ____________________________

**Information Required By Federal Law**

<table>
<thead>
<tr>
<th>Female</th>
<th>Male</th>
<th>White</th>
<th>Black</th>
<th>Asian/Amer.</th>
<th>American Indian</th>
<th>Spanish/Hispanic</th>
<th>Other</th>
</tr>
</thead>
</table>

---

**FOR OFFICE USE ONLY**

<table>
<thead>
<tr>
<th>Personnel Action</th>
<th>Promotion</th>
<th>New Job Opportunity</th>
<th>Title</th>
<th>Grade</th>
<th>Offered</th>
<th>Hired</th>
<th>Refused</th>
<th>Not offered</th>
</tr>
</thead>
</table>

Reason ____________________________________________________________

Interviewer: __________________________________________ Date: __________

Signature ____________________________ Date __________________________