

# CENTRAL FALLS DETENTION FACILITY CORPORATION PRE-EMPLOYMENT APPLICATION

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Dear Candidate:

This application is for the Correctional Officer position at the Donald W. Wyatt Detention Facility in Central Falls, Rhode Island. All of the following information is required to be submitted with your application for it to be considered **“COMPLETE”**:

- ☐ Three (3) Current Letters of Recommendation
- ☐ Copy of Current Driver's License
- ☐ Copy of Birth Certificate
- ☐ Copy of Social Security Card
- ☐ Copy of High School Diploma / G.E.D./College.
- ☐ Copy of DD-214, *if any military service*

**It is recommended that you read the entire application before writing on it.**

“Complete” applications will be utilized to conduct a pre-employment background investigation. All documents will be reviewed, and only those candidates meeting the criteria of the Central Falls Detention Facility Corporation hiring practices will be considered further in the hiring process.

Failure to provide all required information may result in disqualification from the hiring process. Any discrepancies, misstatements, omissions, and falsifications would cause disqualification and your name to be removed from the eligibility list or cause further review and dismissal if an appointment was made.

## PERSONAL INFORMATION:

Candidate Name: \_\_\_\_\_  
Last Middle First (Maiden) D.O.B.

Candidate Nicknames or Aliases: \_\_\_\_\_

Candidate Current Address: \_\_\_\_\_  
Street City State Zip Code

How long have you lived there? Years: \_\_\_\_\_ Months: \_\_\_\_\_

### Candidate Descriptors:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

\_\_\_\_\_  
Candidate Place of Birth (i.e. City, Town, or State)

\_\_\_\_\_  
Social Security Number

Candidate's Driver's License: \_\_\_\_\_

State

\_\_\_\_\_  
License Number

Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Do you have any permanent tattoos on your body at this time? Yes ☐ No ☐

*(If yes, list all and where located on the body):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any Social Media Accounts, i.e. ("TikTok", "Instagram", "Meta" or "X" etc.)

Yes ☐ No ☐ *(If yes, list all usernames):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FAMILY INFORMATION:

Marital Status:    Single ☐    Married ☐    Separated ☐    Divorced ☐    Annulled ☐

Spouses Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

List any foreign languages that you speak, read or write and your level of proficiency:

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## Residences:

Have you ever lived in another state?    Yes ☐    No ☐

State: \_\_\_\_\_    From: (mm/dd/yy) \_\_\_\_\_    To: (mm/dd/yy) \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_    From: (mm/dd/yy) \_\_\_\_\_    To: (mm/dd/yy) \_\_\_\_\_

Address: \_\_\_\_\_

Have you ever lived in another country?    Yes ☐    No ☐

Country: \_\_\_\_\_    From: (mm/dd/yy) \_\_\_\_\_    To: (mm/dd/yy) \_\_\_\_\_

Address: \_\_\_\_\_

Country: \_\_\_\_\_    From: (mm/dd/yy) \_\_\_\_\_    To: (mm/dd/yy) \_\_\_\_\_

Address: \_\_\_\_\_

List all residences at which you lived for the last five (5) years, listing current address first

Address: \_\_\_\_\_  
Street City State Zip Code

From (mm/dd/yy): \_\_\_\_\_ To (mm/dd/yy): \_\_\_\_\_

With whom did you live? \_\_\_\_\_ Telephone: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

From (mm/dd/yy): \_\_\_\_\_ To (mm/dd/yy): \_\_\_\_\_

With whom did you live? \_\_\_\_\_ Telephone: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

From (mm/dd/yy): \_\_\_\_\_ To (mm/dd/yy): \_\_\_\_\_

With whom did you live? \_\_\_\_\_ Telephone: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

## References:

List three (3) professional references (*Do not include any relatives by blood*):

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## Employment:

List all information regarding your employment for the last five (5) years. *List most current employment first.* (If necessary, if you are unable to list all here use a separate sheet of paper and attach it to this application).

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Start date of Employment: \_\_\_\_\_ End date of Employment: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Weekly Hours: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Start date of Employment: \_\_\_\_\_ End date of Employment: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Weekly Hours: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Start date of Employment: \_\_\_\_\_ End date of Employment: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Weekly Hours: \_\_\_\_\_

## EDUCATION:

List the following information regarding your education, ***beginning with high school:***  
(If necessary, if you are unable to list all here use a separate sheet of paper and attach it to this application).

High School Name: \_\_\_\_\_  
Name City State

Start Date Attended: \_\_\_\_\_ Type of Diploma: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

School Name: \_\_\_\_\_  
Name City State

Start Date Attended: \_\_\_\_\_ Type of Diploma: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

School Name: \_\_\_\_\_  
Name City State

Start Date Attended: \_\_\_\_\_ Type of Diploma: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

## Special Qualifications and Skills:

List any special qualifications and skills which pertain to the position you are applying for:

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**Do you know any former or current Donald W. Wyatt Detention Facility employees?**

Yes ☐ No ☐ If yes, list their name(s) and relationship: \_\_\_\_\_

Did they refer you? Yes ☐ No ☐

**Have you ever been *investigated by* your employer for improper conduct, illegal activities, or equal employment violations that resulted in your being found to violate any policies, regulations, rules, or state or federal laws?** Yes ☐ No ☐

If yes, explain the circumstance, including the date and the employer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Have you ever received a formal written reprimand, been terminated, suspended, fired, asked to resign, or resigned instead of being terminated by an employer?**

Yes ☐ No ☐

If yes, explain the circumstance, including the date and employer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Have you ever quit a job without giving sufficient (2-3 weeks) notice?**

Yes ☐ No ☐

If yes, explain the circumstance, including dates, employer, when, and why: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



## Law Enforcement Applications:

Have you ever applied for any position at the Donald W. Wyatt Detention Facility before? Yes ☐ No ☐

Position applied for: \_\_\_\_\_ Date: \_\_\_\_\_

List all police departments, correctional facilities, cities, or any other law enforcement agencies (*not including this application*) that you have applied to. (*If unable to list all the departments here use a separate sheet of paper and attach it to this application*).

Agency: \_\_\_\_\_ Date Applied: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: \_\_\_\_\_

Hiring Status: \_\_\_\_\_

How far did you make it in the process? \_\_\_\_\_

Agency: \_\_\_\_\_ Date Applied: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: \_\_\_\_\_

Hiring Status: \_\_\_\_\_

How far did you make it in the process? \_\_\_\_\_

Agency: \_\_\_\_\_ Date Applied: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: \_\_\_\_\_

Hiring Status: \_\_\_\_\_

How far did you make it in the process? \_\_\_\_\_

## MILITARY:

List all military service in which you have served.

Branch: \_\_\_\_\_

Unit: \_\_\_\_\_

Entry Date: \_\_\_\_\_

Discharge Date: \_\_\_\_\_

SS/Service Number: \_\_\_\_\_

Highest Rank: \_\_\_\_\_

Commanding Officer's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Have you ever applied to and been rejected for military service? Yes ☐ No ☐

Date Applied or Rejected: \_\_\_\_\_ Branch: \_\_\_\_\_

Why was your application rejected? \_\_\_\_\_

\_\_\_\_\_

Have you ever been investigated for any criminal activity while on Active Duty or Guard/Reserves? Yes ☐ No ☐

If yes, explain circumstance: \_\_\_\_\_

\_\_\_\_\_

Have you ever been reduced in pay grade or been the subject of any judicial or non-judicial disciplinary action while on Active Duty, National Guard, or Military Reserves? Yes ☐ No ☐

If yes, explain the circumstance to include dates, violations, and penalties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you receive an honorable discharge? Yes ☐ No ☐

If no, explain circumstance: \_\_\_\_\_

\_\_\_\_\_

## COURTS:

**Have you ever been charged with or convicted of a criminal offense? This includes charges that have been dismissed, dropped, or reduced.** Yes ☐ No ☐

If yes, provide the following information, (If unable to list all here use a separate sheet of paper and attach it to this application).

Date of incident: \_\_\_\_\_ Charges: \_\_\_\_\_

Law Enforcement Agency: \_\_\_\_\_

Disposition: \_\_\_\_\_

Description of Incident or Circumstances: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date of incident: \_\_\_\_\_ Charges: \_\_\_\_\_

Law Enforcement Agency: \_\_\_\_\_

Disposition: \_\_\_\_\_

Description of Incident or Circumstances: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Have you ever had a restraining order or a no-contact order against you for any reason?**

Yes ☐ No ☐

If yes, explain circumstance:

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Under Rhode Island General Law 12-1.3-4, Law Enforcement applicants **must** disclose expunged records. Provide the following information if you have had any charges expunged. (Court documentation must be submitted with this application):

Date of Incident: \_\_\_\_\_ Charges: \_\_\_\_\_

Agency/State: \_\_\_\_\_

Description of Events or Circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Incident: \_\_\_\_\_ Charges: \_\_\_\_\_

Agency/State: \_\_\_\_\_

Description of Events or Circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Are you now, or have you ever been involved in any civil court action as a plaintiff or defendant?** Yes ☐ No ☐

If yes, please provide the following information:

Date of Claim: \_\_\_\_\_ Court Location: \_\_\_\_\_

Plaintiff ☐ Defendant ☐

Description of Circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## DRUGS:

Have you ever purchased, sold, supplied, manufactured, cultivated, ingested, inhaled, or injected any form of illegal drugs, pills/prescription medication, narcotic, or substance, including steroids? Yes ☐ No ☐

Please provide the following information. ***Do not leave any blank spaces.***

Substance	Yes/No	Number of Times	Approximate Date
Marijuana and/or (THC Vaping)			
Salvia			
Hashish			
Speed			
Methamphetamine			
Heroin			
Mushrooms			
Peyote			
LDS			
Cocaine			
Crack			
PCP			
Ice			
Ecstasy			
Mandrax/Quaaludes			
Steroids			
Amphetamines			
Barbiturates			
Adderall			
Fentanyl			
Methadone			
Oxycodone			
Khat			
Inhalants			
Bath Salts			
Benzodiazepines			
K-2 Spice			
Synthetic Cannabinoids			
Any substance you thought may be illegal.			
Prescription medication not prescribed to you.			
Any other natural, manufactured, and synthetic drugs where their use could be questionable.			
Other			

If you answered yes to any substance listed above, explain what, where, when, and why:

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## LICENSE/REGISTRATION:

Has your license to operate a motor vehicle ever been suspended? Yes ☐ No ☐

Date of Suspension: \_\_\_\_\_ State of Suspension: \_\_\_\_\_

Reason for Suspension: \_\_\_\_\_

Has your license been reinstated? Yes ☐ No ☐ Date of reinstatement: \_\_\_\_\_

List any vehicle(s) registered to you or that you utilize, along with the motor vehicle insurance policy information.

_____	_____	_____	_____
Name on Registration	Registration Plate #	State	Insurance Provider/Policy #

## TRAFFIC:

Starting with your most recent violation, list all moving and non-moving violations (i.e., speeding, parking, red-light violations, camera citations, etc.) that you have received within the last two (2) years. Describe the disposition of the offense (i.e., plead guilty, paid fine, dismissed, etc.).

Please disclose any traffic stops during which warnings and no citations were issued. Use a separate sheet of paper if necessary.

Date of incident: \_\_\_\_\_ Violation: \_\_\_\_\_

City/State: \_\_\_\_\_ Agency: \_\_\_\_\_

Disposition: \_\_\_\_\_

Describe Circumstance: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Violation: \_\_\_\_\_

City/State: \_\_\_\_\_ Agency: \_\_\_\_\_

Disposition: \_\_\_\_\_

Describe Circumstance: \_\_\_\_\_

**Have you ever contacted any inmate(s), to include visitations, letters, or phone/video calls to any correctional institutions? Yes ☐ No ☐**

Inmate's Name: \_\_\_\_\_ Date of last contact: \_\_\_\_\_

Correctional Institution: \_\_\_\_\_

Inmate's Name: \_\_\_\_\_ Date of last contact: \_\_\_\_\_

Correctional Institution: \_\_\_\_\_

If yes, are you still communicating/in contact with whom is named above? Yes ☐ No ☐

**Are you currently or have you ever been a member or associate of any gang (i.e., street, motorcycle, etc.) Yes ☐ No ☐**

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Have you ever used any other name or alias during your life? Yes ☐ No ☐**

Name/Alias: \_\_\_\_\_ Date(s): \_\_\_\_\_

Name/Alias: \_\_\_\_\_ Date(s): \_\_\_\_\_

**Is there anything in your background that you think would prevent you from being a qualified correctional officer that has not been asked on this application?**

Yes ☐ No ☐

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_



**PRISON RAPE ELIMINATION ACT (PREA) QUESTIONNAIRE**  
**Donald W. Wyatt Detention Facility**

WN 60201  
REV 4/1/2024

This form is to be filled out by all applicants (employees, contractors, volunteers) who may have contact with detainees in written applications of interviews for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees. This form is in accordance with the Prison Rape Elimination Act (PREA) Standard (28 C.F.R. Part 115) and in support of the most recent version of CFDFC Policy #411 – Sexual Abuse and Sexual Harassment – Prevention and Intervention.

\_\_\_\_\_  
Name (First, Middle, Last) - print

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address (Street/Number, City, State and Zip Code)

\_\_\_\_\_  
Mailing Address (if different from residence address)

Job title for which you are applying: \_\_\_\_\_

Please answer the following questions by checking “YES” or “NO,” as appropriate.

1. Have you ever engaged in sexual abuse or sexual harassment in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☐ YES ☐ NO

If yes, please provide further details: \_\_\_\_\_  
\_\_\_\_\_

2. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☐ YES ☐ NO

If yes, please provide further details: \_\_\_\_\_  
\_\_\_\_\_

3. Have you ever been civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☐ YES ☐ NO

If yes, please provide further details: \_\_\_\_\_  
\_\_\_\_\_

4. Have you had any prior incidents of sexual harassment? ☐ YES ☐ NO

If yes, please provide further details: \_\_\_\_\_  
\_\_\_\_\_

**THIS AFFIRMATION MUST BE COMPLETED**

I certify that there are no willful misrepresentations or falsifications of the above statements and answers to questions. I understand that should an investigation disclose such misrepresentations or falsifications, my application may be rejected and, should I be employed, my service may be terminated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date