

CENTRAL FALLS DETENTION FACILITY CORPORATION PRE-EMPLOYMENT APPLICATION



Dear Candidate:

This application packet 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) 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 questionnaire 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's Place of Birth (City/State or Country) 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. (Tik Tok, Instagram, Meta or Twitter, etc..?)

(If yes, list all of your usernames) _____

PERSONAL INFORMATION:

Marital Status: Single Married Separated Divorced Annulled

Spouses Name: _____ Maiden Name: _____

Date of Birth: _____ Address: _____

Telephone: _____

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

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 (Do not include any addresses before your eighteenth [18th] birthday):

Address: _____
Street City State Zip Code

From (mm/yy): _____ To (mm/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: _____

Employment:

List all information regarding your employment for the last five (5) years. (If unable to list all here use a separate sheet of paper and attach it to this application).

Company: _____ Telephone: _____

Address: _____
Street City State Zip Code

Supervisor's Name: _____ **Dates** of Employment: _____

Position: _____ Reason for Leaving: _____

Duties: _____

Weekly Schedule: _____ Weekly Hours: _____

Company: _____ Telephone: _____

Address: _____
Street City State Zip Code

Supervisor's Name: _____ **Dates** of Employment: _____

Position: _____ Reason for Leaving: _____

Duties: _____

Weekly Schedule: _____ Weekly Hours: _____

Company: _____ Telephone: _____

Address: _____
Street City State Zip Code

Supervisor's Name: _____ **Dates** of Employment: _____

Position: _____ Reason for Leaving: _____

Duties: _____

Weekly Schedule: _____ Weekly Hours: _____

Do you know any former or current Donald W. Wyatt Detention Facility employees? Yes No

If (Yes,) list their name 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 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 been investigated for any criminal activity while military or military reserves? Yes No

If yes, explain circumstance: _____

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

Date: _____ Branch: _____

Why was your application refused? _____

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, 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: _____ Charges: _____

Agency: _____

Disposition: _____

Description of Events or Circumstances: _____

Date: _____ Charges: _____

Agency: _____

Disposition: _____

Description of Events 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:

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 and also provide court documentation:

Date: _____ Charges: _____

Agency/State: _____

Description of Events or Circumstances: _____

Date: _____ 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: _____

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 drug, 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 (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 who, what, where, when, and why: _____

EDUCATION:

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

School Name: _____

Dates Attended: _____ Degree Major: _____

Graduation Date: _____ Degree Earned: _____

School Name: _____

Dates Attended: _____ Degree Major: _____

Graduation Date: _____ Degree Earned: _____

Special Qualifications and Skills:

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

License/Registration:

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

Reason for Suspension: _____

List any vehicle(s) registered to you, along with any motor vehicle insurance policy information:

State: _____ Registration Plate: _____ Insurance: _____
Provider / Policy Number

State: _____ Registration Plate: _____ Insurance: _____
Provider / Policy Number

TRAFFIC:

Starting with your most recent violation, list all moving and non-moving violations (i.e., parking, speeding, red-light violations, etc.) that you have received and the disposition of the offense (i.e., plead guilty, paid fine, ticket dismissed, etc.). Please disclose any traffic stops during which warnings and no citations were issued. Use additional pages if necessary.

Dates: _____ Violation: _____

City/State: _____ Agency: _____

Disposition: _____

Describe Circumstance: _____

Dates: _____ Violation: _____

City/State: _____ Agency: _____

Disposition: _____

Describe Circumstance: _____

Have you ever contacted any inmate(s), including visitations, letters, or phone calls to any correctional institutions? Yes No

Inmate's Name: _____ Date: _____

Relationship to Inmate: _____

Correctional Institution: _____

Inmate's Name: _____ Date: _____

Relationship to Inmate: _____

Correctional Institution: _____

Inmate's Name: _____ Date: _____

Relationship to Inmate: _____

Correctional Institution: _____

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

If yes, explain circumstance: _____

Have you ever had any contact with a Social Service Agency? (i.e., DCYF)

Yes No

If yes, explain circumstance: _____

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

Name/Alias: _____ Date(s): _____

Name/Alias: _____ Date(s): _____

Have you ever applied for a permit to carry a concealed weapon? Yes No

Permit Granted: Yes No Permit Issue Date: _____

Agency/State Applied To: _____ Weapon Caliber Limit: _____

Reason for Permit: _____

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, explain circumstance: _____
