



LITTLE COMPTON POLICE DEPARTMENT

60 Simmons Road Little Compton, RI 02837

Phone 401-635-2311

Fax 401-635-8782

PART-TIME DISPATCHER APPLICATION

SECTION 1: PERSONAL

1. YOUR FULL NAME

LAST _____ FIRST _____ MIDDLE _____

2. CURRENT ADDRESS

STREET _____ APT/UNIT _____

CITY _____ STATE _____ ZIP _____

3. CONTACT NUMBERS

HOME () - - CELL () - - EMAIL _____

4. SOCIAL SECURITY NUMBER

5. BIRTHDATE

6. PLACE OF BIRTH

7. SPONSORING POLICE DEPARTMENT

8. EMERGENCY CONTACT PERSON

LAST _____ FIRST _____ 9. EMERGENCY CONTACT NUMBER () - -

10. SPOUSE'S NAME

LAST _____ FIRST _____ 11. SPOUSE'S EMERGENCY NUMBER () - -

12. ARE YOU A CITIZEN OF THE UNITED STATES? YES NO

13. IF NATURALIZED, DATE OF NATURALIZATION _____ AND COURT _____

SECTION 2: EDUCATION

NOTE: Please attach school diploma or GED satisfaction.

1. HIGH SCHOOL

2. DATES ATTENDED

FROM _____ TO _____

3. ADDRESS

CITY _____ STATE _____

4. COLLEGE AND GRADUATE SCHOOL EDUCATION

List all schools attended

INSTITUTE	LOCATION	DATES ATTENDED		RECEIVED
A) NAME	CITY/STATE	FROM	TO	<input type="checkbox"/> DEGREE
	MAJOR	# OF CREDITS COMPLETED		<input type="checkbox"/> DIPLOMA
				<input type="checkbox"/> CERTIFICATE
B) NAME	CITY/STATE	FROM	TO	<input type="checkbox"/> DEGREE
	MAJOR	# OF CREDITS COMPLETED		<input type="checkbox"/> DIPLOMA
				<input type="checkbox"/> CERTIFICATE
C) NAME	CITY/STATE	FROM	TO	<input type="checkbox"/> DEGREE
	MAJOR	# OF CREDITS COMPLETED		<input type="checkbox"/> DIPLOMA
				<input type="checkbox"/> CERTIFICATE
D) NAME	CITY/STATE	FROM	TO	<input type="checkbox"/> DEGREE
	MAJOR	# OF CREDITS COMPLETED		<input type="checkbox"/> DIPLOMA
				<input type="checkbox"/> CERTIFICATE
E) NAME	CITY/STATE	FROM	TO	<input type="checkbox"/> DEGREE
	MAJOR	# OF CREDITS COMPLETED		<input type="checkbox"/> DIPLOMA
				<input type="checkbox"/> CERTIFICATE



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Section 2: Education, continued

6. LIST ANY EQUIVALENCY COURSES, CERTIFICATIONS, ETC. CERTIFIED BY THE RHODE ISLAND DEPARTMENT OF EDUCATION. COPY MUST ACCOMPANY THIS APPLICATION.

SECTION 3: AVAILABILITY

1. PLEASE SELECT THE DAYS/HOURS YOU ARE AVAILABLE TO WORK.

• SUNDAY

7am - 3pm 3pm - 11pm 11pm - 7am

• MONDAY

7am - 3pm 3pm - 11pm 11pm - 7am

• TUESDAY

7am - 3pm 3pm - 11pm 11pm - 7am

• WEDNESDAY

7am - 3pm 3pm - 11pm 11pm - 7am

• THURSDAY

7am - 3pm 3pm - 11pm 11pm - 7am

• FRIDAY

7am - 3pm 3pm - 11pm 11pm - 7am

• SATURDAY

7am - 3pm 3pm - 11pm 11pm - 7am

• FLEXIBLE FOR OPEN SHIFTS



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SECTION 4: MILITARY SERVICE

NOTE: PLEASE ATTACH A COPY OF DD214

A). BRANCH OF SERVICE	DATES OF ENLISTMENT/DISCHARGE FROM TO	PROMOTIONS: DATE/RANK
RANK AT TIME OF DISCHARGE	REASON FOR DISCHARGE	TYPE OF DISCHARGE
B). BRANCH OF SERVICE	DATES OF ENLISTMENT/DISCHARGE FROM TO	PROMOTIONS: DATE/RANK
RANK AT TIME OF DISCHARGE	REASON FOR DISCHARGE	TYPE OF DISCHARGE
C). BRANCH OF SERVICE	DATES OF ENLISTMENT/DISCHARGE FROM TO	PROMOTIONS: DATE/RANK
RANK AT TIME OF DISCHARGE	REASON FOR DISCHARGE	TYPE OF DISCHARGE

SECTION 5: WORK EXPERIENCE

1. LIST EMPLOYMENT HISTORY FOR THE LAST FIVE YEARS

EMPLOYMENT HISTORY

A) FROM TO	EMPLOYER	PHONE () -	POSITION HELD
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMP <input type="checkbox"/> VOLUNTEER	STREET ADDRESS CITY	STATE ZIP	REASON FOR LEAVING
B) FROM TO	EMPLOYER	PHONE () -	POSITION HELD
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMP <input type="checkbox"/> VOLUNTEER	STREET ADDRESS CITY	STATE ZIP	REASON FOR LEAVING
C) FROM TO	EMPLOYER	PHONE () -	POSITION HELD
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMP <input type="checkbox"/> VOLUNTEER	STREET ADDRESS CITY	STATE ZIP	REASON FOR LEAVING
D) FROM TO	EMPLOYER	PHONE () -	POSITION HELD
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMP <input type="checkbox"/> VOLUNTEER	STREET ADDRESS CITY	STATE ZIP	REASON FOR LEAVING
E) FROM TO	EMPLOYER	PHONE () -	POSITION HELD
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMP <input type="checkbox"/> VOLUNTEER	STREET ADDRESS CITY	STATE ZIP	REASON FOR LEAVING

SECTION 6. SIGNATURE

SIGNATURE OF APPLICANT	DATE

Applications must be submitted in-person or by mail to:
Little Compton Town Hall, C/O Town Clerk, 40 Commons, Little Compton PO Box 226