**SOUTH KINGSTOWN POLICE DEPARTMENT**

**Recruitment Booklet**

[](http://www.bing.com/images/search?q=town+of+south+kingstown+seal&FORM=HDRSC2#view=detail&id=5040A36D25F5891BECB038D040C5C686A2A3EC66&selectedIndex=0)

**Police Officer**

**Recruitment Period**

**April 1st, 2019–May 19th, 2019**

**Joseph P. Geaber, Jr.**

**Chief of Police**

The South Kingstown, RI Police Department is seeking applicants to establish an eligibility list for the position of Police Officer. South Kingstown is a growing, diverse seaside community of over 30,000 residents and is the most populated town in Washington County and the ninth most populated city or town in Rhode Island. The town encompasses 63 square miles, making it the largest in the state, and includes the University of Rhode Island, the state’s largest higher education institution, and several beaches.

The police department currently employs 56 sworn officers including 18 ranking officers, 28 patrol officers, 7 detectives, 2 school resource officers (SROs), and 1 administrative officer. The department offers specialized services such as Accident Reconstruction, seasonal Bike Patrol, a Ceremonial Honor Guard, and a Dive Team.

The Chief of Police and three Captains oversee the entire department. There is one Sergeant and one Officer working in administration; one Lieutenant, one Sergeant, and five Detectives in the Detective Division; and one Lieutenant in Prosecution.

Each patrol shift has one Lieutenant, two Sergeants, and at least nine Officers for a total of 37 sworn officers in the Patrol Division. There is one SRO at the high school and one SRO at the middle schools. Patrol officers work a 4-2 rotating schedule on one of three shifts:

1st shift 0700-1500

2nd shift 1500-2300

3rd shift 2300-0700

The department prides itself on the professional development and training of each officer by offering many training opportunities and college tuition reimbursement for all sworn officers.

Officers receive paid vacation days, paid holidays, sick leave, medical & dental insurance, and membership in the Rhode Island state pension system. The current salary breakdown is as follows:

**Year 1**: $46,911

**Year 2**: $48,868

**Year 3**: $50,822

**Year 4**: $53,324

**Year 5**: $55,919

**Year 6**: $68,262 (includes longevity)

**MINIMUM REQUIREMENTS:**

* Must be 21 years of age
* Must be a citizen of the United States
* Must possess a valid driver’s license
* Must possess 60 college credits or an Associate’s Degree from an accredited university by June 15, 2019  
  **OR**  
  Must possess a high school diploma or GED certificate **AND**:
  + Two years of continuous, active duty service in the US military; **OR**
  + Four years of continuous, reserve service in the US military; **OR**
  + Two years of current experience as a fulltime police officer in any state

**APPLICATION PROCESS**

**STEP 1:** Apply via the website [www.policeapp.com](http://www.policeapp.com) **before 11:59PM, Sunday, May 19th, 2019**:

1) Complete application located on [www.policeapp.com](http://www.policeapp.com)

2) Sign Release and Waiver of Claim (page 7) and submit with application

3) Sign Fitness Test Medical Certificate/Physician’s Statement (page 8) and submit with application

4) Obtain Informed Consent form (page 9) and submit with application

**STEP 2:** Bring the following items with you to the agility test in one large envelope:

1. Copy of birth certificate
2. Copy of valid motor vehicle operator’s license
3. Official ***stamped or sealed*** record of transcript certifying cumulative college credits earned (internet and student copies will not be accepted) \*; ***or***

A copy of a high school diploma or GED certification **and** a copy of Report of Military Discharge, DD 214; ***or***

A copy of police academy certificate **and** proof of current law enforcement employment

*\*Candidates qualifying with college credits must submit a transcript at the time of application. If any of the required credits are still in progress at the time of submittal, candidates must submit a final transcript showing successful completion of all 60 credits as soon as possible but no later than June 15th.*

Submission of incomplete or improper paperwork at any stage in this process may result in disqualification. All documents will be retained by the Town of South Kingstown.

**IMPORTANT:**  **Notifications throughout this process will be made via e-mail from rsoltysiak@skpd.org; please ensure you have added this to your accepted e-mail addresses.**

**TESTING & APPLICANT SELECTION PROCESS**

All applicants who submit their completed application prior to the deadline are invited to attend the physical agility test and swim test. **THIS IS YOUR INVITATION.** Only those applicants who pass the physical agility test and swim test will be allowed to take the written exam. Those who pass the written exam and who attain one of the top 20 scores will be invited to an oral interview. An eligibility list of the top 10 candidates will be formulated after the results of the oral interview. Should less than 20 candidates be interviewed the Town reserves the right to formulate a list of less than 10 final candidates. Once certified, this list will be valid for one year. Hiring for probationary patrol officer during the year will be considered from this list. A candidate offered a position will have to pass pre-screening items to include a background investigation, medical examination (including drug screen and back screen) and psychological testing. Currently, the Rhode Island Municipal Police Training Academy (RIMPTA) holds two sessions per year; one starts in January, one starts in July. Hiring will be done in relation to their schedule (example: those being sent to the July session will be hired a few days prior to the academy start date.)

Below is the general time frame for this application process. The page following contains more details about the agility and swim tests. Please be sure to read all information. If you are late for any portion of the process, you may be eliminated.

**Physical Agility Test, Swim Test & Written Exam**

**Date: Saturday, June 8th, 2019**

You will be notified via e-mail of any date change (to a later date only).

**Times and Locations:**

**Agility – 9:00am**

**Mackal Fieldhouse, University of RI, Kingston, RI**

Bring driver’s license, water bottle, and paperwork listed on page 4, step 2. Wait outside until directed inside. Applicants must wear a plain white tee shirt and dark blue or black gym shorts or gym pants. NO yoga/compression pants or shorts will be allowed. Applicants who pass the agility test will move on to the swim test.

**Swim – 1:00pm**

**Tootell Aquatic Center, University of RI**

You will be given time between the agility and swim tests to eat a light snack and change. It is suggested that you keep a light snack in your vehicle. Bring your driver’s license and a towel. Women must wear a one –piece swim suit. Men must wear swim trunks. NO bikini bottoms or tops will be allowed. Applicants who pass the swim test will move on to take the written exam.

**Written – 2:30pm**

**Keaney Gymnasium, University of RI, Kingston, RI**

You will be given time to change into proper business attire for the written exam. Bring your driver’s license, #2 pencils and water. No food will be allowed in the exam room.

**Oral Interviews**

**Dates: Tuesday, July 8th – Thursday, July 10th** (subject to change)

The top 20 candidates (based on scoring) from the written exam will be invited for oral interviews.

**Times and Location:**

**Scheduled between 9:00am and 4:00pm** (subject to change)

**South Kingstown Police Department**

**The South Kingstown Police Department does not discriminate on the basis of age, sex, race, religion, national origin, color or disability in accordance with applicable Federal and State laws and regulations. Our agency is the sub-recipient of Federal grant funds administered by the Rhode Island Department of Public Safety Grant Administration Office (RIPSGAO). If you believe you have been discriminated against you should notify the Office of the Police Chief and the RIPSGAO.**

**PHYSICAL AGILITY TESTING**

This is done according to RI Municipal Police Training Academy standards. Applicants must score in the 40th percentile (shown in chart) or better to pass the agility test. Your age will be the age you are on the day of the test.

**One-Minute Push-up Test** – a timed test that measures upper body muscular endurance. The score is the number of push-ups in one minute.

**1.5 Mile Run** – a timed run that measures the heart and vascular system’s capability to transport oxygen. Test results reflect the ability to perform police tasks involving stamina and endurance. The score is recorded in minutes and seconds.

**One-Minute Sit-up Test** – measures the muscular endurance of the abdominal muscles. The results reflect the ability to perform police tasks that involve the use of force. The score is the number of bent leg sit-ups performed in one minute.

**300 Meter Run** – a timed test that measures the body’s ability to perform during oxygen debt. The score is recorded in seconds.

**SWIM TEST**

These test requirements are those that are required during pre-screening at the RI Municipal Police Training Academy. There will be additional requirements during the RIMPTA’s Water Safety Course. Listed below are the minimal standards to pass the test.

- Swim a total of 100 yards continuously

- Tread water for 10 minutes

- Surface dive to a depth of 7 feet and retrieve a weighted object

- Swim a distance of 15 feet or 2.5 body lengths underwater



**PRESENT THIS SHEET TO YOUR PHYSICIAN**

**FOR COMPLETION OF PHYSICIAN**

**CERTIFICATION FORM (page 9).**

 **South Kingstown Police Department  
 1790 Kingstown Road  
 Wakefield, Rhode Island 02879**

(401) 783-3321

Fax: (401) 783-8139

**This form must be notarized**

**RELEASE AND WAIVER OF CLAIM**

South Kingstown Police Department

Recruitment and Training

As a participant in the application, recruitment and training process with the South Kingstown Police Department, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby remise, release and forever quitclaim unto the Town of South Kingstown, their heirs, executors, administrators, and assigns, any and all manner of actions, debts, dues, claims, and demands, both in law and equity, more especially arising out of my participation in recruitment exercises and training prior to employment by the South Kingstown Police Department or the Town of South Kingstown, which, against said above-named parties, I ever had, now have, or in the future may have for or by reason or means of any matter in connection with my participation.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.

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

Candidate Signature

WITNESSED:

Executed in the Presence of:

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

Notary Public

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **South Kingstown Police Department  
 1790 Kingstown Road  
 Wakefield, Rhode Island 02879**

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**FITNESS TEST MEDICAL CERTIFICATE**

Dear Physician:

The following named individual has submitted an application to become a Police Officer with the South Kingstown Police Department.

**Candidate Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Town/City**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**State:**\_\_\_\_\_\_\_\_\_

The South Kingstown Police Department and the Rhode Island Department of Public Safety/Municipal Police Training Academy (RIDPS/MPTA) requires each candidate to bring a completed Physical Fitness Test Certificate to the Physical Fitness Test before he/she will be allowed to participate in the test. A statement must be obtained from a licensed physician that the candidate is of sufficient physical conditioning to undergo a Physical Fitness test. The Fitness Test Medical Certificate **must** be completed within six (6) months of the Physical Fitness testing date.

(name of department)

Attached to this form is a listing of the minimum physical fitness standards a candidate must attain. We ask that your evaluation be based upon these criteria. Thank you for your assistance.

**PHYSICIAN’S STATEMENT**

I have examined the above-named individual on \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/20\_\_\_\_\_.

(This date **MUST** be within six (6) months of the Physical Fitness testing date of **May 25, 2019**)

After reviewing each of the four (4) events, I find him/her to be of sufficient physical conditioning to allow the candidate to participate in the South Kingstown Police Department and RIDPS/MPTA Physical Fitness Test.

Comments (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Physician’s Signature

(Please type or print:)

Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

 **South Kingstown Police Department  
 1790 Kingstown Road  
 Wakefield, Rhode Island 02879**

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**INFORMED CONSENT**

**PHYSICAL AGILITY TEST**

The undersigned hereby gives informed consent to engage in a series of exercise tests relative to the South Kingstown Police Department physical agility examination. All exercise testing will be supervised by trained exercise technicians.

There exists the possibility that certain detrimental physiological changes may occur during exercise testing. These changes could include but are not limited to heat related illness, abnormal heart beats, abnormal blood pressure, and, in rare instances, heart attack.

I, the undersigned, have read this form and understand that there are inherent risks associated with any physical activity and recognize that it is my responsibility to provide accurate health information. Furthermore, it is my responsibility to monitor my individual performance during any activity. In the event of a medical problem, I further understand that any medical care that may be required is my personal financial responsibility.

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** |  | **NO** |  |
|  |  |  | 1. Has a doctor ever said that you have heart trouble? |
|  |  |  | 1. Have you ever been told by a doctor that your blood pressure was too high? |
|  |  |  | 1. Do you often suffer from dizziness? |
|  |  |  | 1. Do you have any orthopedic problems that might be aggravated by exercise testing? |
|  |  |  | 1. Is there a good reason not mentioned here why you could not participate in a physical testing program even if you wanted to? |
|  |  |  | 1. Do you frequently have pain in your heart or chest? |

Explain any “YES” response: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRST MI LAST

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_