CITY OF WOONSOCKET, RHODE ISLAND

DEPARTMENT OF PUBLIC SAFETY

POLICE DEPARTMENT

APPLICATION FOR EXTRA CREDIT POINTS

RESIDENCY

NAME: _____ DATE: _____

POSITION APPLIED FOR: POLICE OFFICER

( ) I AM SUBMITTING _____, AND _____

AS EVIDENCE OF MY RESIDENCY IN THE CITY OF WOONSOCKET, RHODE ISLAND FOR THE PRECEDING TWO (2) YEAR PERIOD.

( ) I HAVE ATTACHED A COPY OF MY RHODE ISLAND DRIVERS' LICENSE AND/OR A COPY OF A UTILITY BILL IN MY NAME TO DETERMINE RESIDENCY.

BY MY INITIALS _____, I SIGNIFY THAT I UNDERSTAND THAT MY NAME WILL BE DROPPED FROM THE ELIGIBILITY LIST IF ANY PART OF THIS APPLICATION IS FOUND TO BE UNTRUE OR MISREPRESENTED IN ANY WAY.

DEFINITION OF RESIDENCY CREDIT: There shall be added to the final ratings of examinees for police service **who are residents of the City of Woonsocket and have been for the preceding two (2) years as of the closing date for applications a credit of five (5) additional points**.

FOR PERSONNEL OFFICE USE ONLY, DO NOT WRITE BELOW THIS LINE

☐ APPROVED ☐ DISAPPROVED # OF POINTS _____