



Providence Police Department



CONSENT FORM

Applicant # _____

I, _____, the applicant named herein, do certify that the
(Print)
answers given herein are true and complete.

I hereby authorize and consent to the investigation of all statements contained in this application, my qualifications and my character as the Providence Police Department may deem necessary in arriving at an employment decision.

I understand and agree that if I otherwise qualify for admission to the Providence Police Training Academy, I will be required to submit to medical and psychological examinations, and that drug testing will be a part of my medical examination. I understand that drug testing results shall be used solely to determine my suitability for admission to the Providence Police Training Academy and/or to my employment as a Providence Police Officer; and that a positive drug test result shall not be used in any criminal prosecution or for any other purpose.

I hereby release the City of Providence, its agents and representatives from any liability or damages which may result from its investigation of my qualifications and character. In addition, I hereby waive any right to later seek the release of any such information gathered through investigation to me for any purpose.

I understand that the acceptance of my application by the City of Providence Police Department in no way signifies that I am qualified for admission to the Providence Police Academy. I further understand that although I may successfully complete all phases of the evaluation process and may be deemed qualified, I may not necessarily be admitted to the Providence Police Training Academy.

It is further understood that although I may be admitted as a trainee in the Providence Police Training Academy, I may not necessarily be appointed as a police officer of the Providence Police Department.

Should I be admitted to the Providence Training Academy as a trainee, I agree to freely and completely submit to the Rules and Regulations of the Providence Police Training Academy.

I have read this application and the entries made herein, and declare that such entries conform to my statements made in the process of making this application, and that all such statements made by me are true. I understand that false or misleading information given in my application or interview(s) may result in disqualification during the evaluation process or in discharge.

This shall also acknowledge that the "Providence Police Recruitment Brochure" is available to me online at providenceri.gov/police

Signature of Applicant

(Date)

PROVIDENCE POLICE DEPARTMENT

Public Safety Complex | 325 Washington Street, Providence, RI 02903
401 272 3121 | For emergencies, dial 9-1-1
www.providenceri.gov