

**NORTH PROVIDENCE POLICE DEPARTMENT  
RECRUITMENT – 2022  
APPLICATION CARD**

NAME: \_\_\_\_\_  
(Print)                                  LAST                                  FIRST                                  MIDDLE

ADDRESS: \_\_\_\_\_  
    STREET # AND NAME    APT./UNIT #  
\_\_\_\_\_  
    CITY/TOWN    STATE    ZIP CODE

DATE OF BIRTH: \_\_\_\_\_ MALE/FEMALE (CIRCLE ONE)

PHONE: \_\_\_\_\_  
    HOME    CELL    BUSINESS

EMAIL ADDRESS: \_\_\_\_\_ LICENSE # & STATE: \_\_\_\_\_

**MINIMUM REQUIREMENTS**

- Must be a U.S. Citizen and at least 20 years of age
- Must possess a high school diploma or GED
- Must possess a valid driver’s license
- Must be COVID-19 vaccinated (proof required)
- Must complete and pass other applicable requirements of the recruitment process
- Must not have any tattoos or other body art which is visible in uniform. The use of a flesh colored sleeve will be acceptable to conceal any tattoos that are visible from the upper arm to the wrist bone. Tattoos cannot be located on the head, face, neck above the crew neck tee shirt line, wrists, hands, fingers or on the inside of the eyelid, mouth or ears. Tattoos considered offensive by the Department will not be permitted, including but not limited to, extremist tattoos, indecent tattoos, sexist tattoos or racist tattoos.

**HOW DID YOU HEAR ABOUT US?**

Newspaper \_\_\_\_\_ Internet Job Site (Specify) \_\_\_\_\_ Social Media (Specify) \_\_\_\_\_  
NPPD Website \_\_\_\_\_ NPPD Facebook Page \_\_\_\_\_ Other (Specify) \_\_\_\_\_

**CERTIFICATION**

By signing below I hereby certify that I have received a letter from the North Providence Police Department stipulating the date, time and location of the Physical Fitness Assessment Test of the recruitment process. I understand that if I do not appear on said date and time, I will forfeit my eligibility as a candidate for the position of police officer.

\_\_\_\_\_  
    Signature    Date

Officer/Civilian’s Initials/Badge #: \_\_\_\_\_ Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_  
Physical Fitness Assessment Test Date: \_\_\_\_\_ Physical Fitness Assessment Test Time: \_\_\_\_\_