ROYAL TURKS AND CAICOS ISLANDS POLICE FORCE
APPLICATION FORM
HUMAN RESOURCES DEPARTMENT
CHURCH FOLLY, GRAND TURK, TURKS AND CAICOS ISLANDS.

MISSION STATEMENT
The mission of the Royal Turks and Caicos Island Police Force is the protection of Life and Property, the prevention of crimes, the detection and arrest of offenders and the maintenance of public order.

PERSONAL INFORMATION
Surname: ___________________________ Surname at birth (If different): ___________________________
Forename: ___________________________ Middle name(s) ___________________________
Date of Birth: ________________ Age: ____________
   Day   Month   Year
National Insurance Number: ___________________________ Sex: Male ____ Female: ____
Position applied for: ___________________________ Valid Driver’s License: ☐ Yes ☐ No
How did you hear of this opening? ___________________________

CONTACT DETAILS
Contact Number
#1: (______)_______________________ # 2: (______)_______________________ # 2: (______)_______________________
Email address: ________________________________________________________________
Current Address: ________________________________________________________________
_____________________________ Country: ___________________________

PREVIOUS ADDRESSES IN THE LAST FIVE (5) YEARS (do not include current address)
Address 1-
_____________________________ Country: ___________________________
Date From (approximate): ________________ Date To (approximate): ________________
FAMILY HISTORY
Please provide us about your family (where they live) and any other adults living at your address. Please provide full names including middle name and previous surnames. Complete all sections.

Your Father Name:____________________________________________________________
Address:______________________________________________________________
Place of Birth:________________________Date of Birth:________________

Your Mother Name:___________________________________________________________
Address:______________________________________________________________
Place of Birth:________________________Date of Birth:________________

Your Spouse Name:___________________________________________________________
Address:______________________________________________________________
Place of Birth:________________________Date of Birth:________________

BACKGROUND INFORMATION
Are you a citizen of the Turks and Caicos Islands? If no, indicates on the line below your country of citizenship. ☐ Yes ☐ No if not
I am a citizen of______________________________________________________________
Immigration status:________________________________________________________
(You will be required to provide documentation of your immigration status)

Have you ever been involved in a criminal investigation (whether or not this led to any prosecution) or being associated with criminals? ☐ Yes ☐ No
Have you ever been convicted of any offence or had formal cautions by police for any offence or on probation by any court? (Include traffic convictions and appearances before a court and any cautions as a juvenile.) ☐ Yes ☐ No
(This may not necessarily affect your application.)
If your answer is yes for any of the questions above please describe conditions.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

ACADEMIC QUALIFICATIONS

<table>
<thead>
<tr>
<th>INSTITUTION (name of school)</th>
<th>SUBJECT</th>
<th>GRADE (e.g. Merit, 2:1 or A)</th>
<th>YEAR (completed)</th>
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<tbody>
<tr>
<td>Secondary Education</td>
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<tr>
<td>Tertiary Education</td>
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In addition, are there other qualifications, skills, or experience that we should consider?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

IN THE EVENT OF AN EMERGENCY

Name two individuals who could be notified in case of emergency.

Name: ___________________________________________ Name: ___________________________________________
Address: _________________________________________ Address: _________________________________________
Telephone number: ________________________________ Telephone number: ________________________________
Relationship: ____________________________________ Relationship: ________________________________
**MEDICAL HISTORY**

*Medical History MUST be completed by all applicants*

*Indicate YES or NO. YES answers MUST be explained in the space provided.*

<table>
<thead>
<tr>
<th>YES</th>
<th>NES</th>
<th>EXPLANATION</th>
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| (a) Have you ever had any significant or serious illness (es) or injuries? (State nature of problems/places/dates.) |     |             |
| (b) Have you ever had any operations or been advised by a physician to have an operation? (Describe and give places/dates.) |     |             |
| (c) Have you ever been a patient in a mental hospital or sanitarium or treated by a psychiatrist? (Give places/dates.) |     |             |
| (d) Do you currently take medication for treatment of a medical condition (list name/dose) or do you require the use of a medical device? |     |             |

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>YES</th>
<th>NO</th>
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Do you have or have you ever had any of the conditions listed below? (check YES or NO for each item)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>YES</th>
<th>NO</th>
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- (a) Epilepsy, convulsions, fits.
- (b) Eye disease, vision defect in 1 or both Eyes.
- (c) Tooth or gum disease (periodontal disease).
- (d) Asthma, emphysema, or other lung conditions.
- (e) Human Immune Virus or Acquired Immune Deficiency Syndrome
- (f) Depression, anxiety, attempted suicide or other psychological symptoms.
- (g) Stomach, liver (hepatitis), gallbladder disease.
- (h) Hernia (rupture)/Genito-Urinary/Rectal Disorder.
- (i) Kidney or bladder condition, stone or blood.
- (j) Back pain, or spinal conditions, use a back brace.
- (k) Joint disease or injury, swollen or painful joints.

If you answered YES to any item in this section PLEASE explain in detail (include date of occurrences, treatment and outcome):

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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| (l) Diabetes, sugar in urine. |
| (m) Hearing impairment. |
| (n) High/low blood pressure, heart disease. |
| (o) Skin disorder growths psoriasis. |
| (p) Bleeding disorder. Blood disease, sickle cell anemia. |
| (q) Tumor, abnormal growth, cyst, or cancer. |
| (r) Tuberculosis or exposure to tuberculosis. |
| (s) Gynecological disease/abnormal menses. |
| (t) Tropical diseases (malaria, bilharzia, amoebiasis, leprosy, filariasis, yaws, etc.). |
| (u) Drug or narcotic habit such as marijuana, cocaine, heroin, LSD, or any derivatives. |
**EMPLOYMENT HISTORY**

(If applicable state the last two most recent places of employment)

Are you currently employed or have you ever been employed in the past?  ◯ Yes  ◯ No

1. **Name of most recent employer:**
   - **Company Name:** ____________________________________________________________
   - **Address:** ________________________________________________________________
   - **Telephone Number** _________________________,_______________________________
   - **Date Started:** _______________  **Date left** ________________________________
   - **Reason for leaving:** ______________________________________________________

2. **Name of most recent employer:**
   - **Company Name:** ____________________________________________________________
   - **Address:** ________________________________________________________________
   - **Telephone Number** _________________________,_______________________________
   - **Date Started:** _______________  **Date left** ________________________________
   - **Reason for leaving:** ______________________________________________________

**REFERENCES**

Please give the names and addresses of two references. (Do not list relatives as references)

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Telephone number</th>
<th>Email address</th>
<th>May we contact this reference now?</th>
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<tr>
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<td>◯ Yes  ◯ No</td>
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<td>◯ Yes  ◯ No</td>
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</table>
**ADDITIONAL INFORMATION**

*Identify any special skills, training and abilities you feel may be useful to the Royal Turks and Caicos Islands Police Department.*

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

____________________
_______________________________________________________

Are you willing to work shift work? ☑ Yes ☑ No

Do you speak Spanish or any other languages? ☑ Yes ☑ No If yes, please specify:

(a) ____________________________________________

(b) ____________________________________________

(c) ____________________________________________

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**EMPLOYMENT WAIVER**

*I ___________________________ certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, and any of the information on this application is found to be substantially incorrect or incomplete, it may be ground for termination of my employment and my return home. This organization is hereby authorized to make any investigations of my prior educational and employment history.*

Signature ____________________________________________ Date __________________________

Day ____________ Month ____________ Year ____________