



ROYAL TURKS AND CAICOS ISLANDS POLICE FORCE

APPLICATION FORM

HUMAN RESOURCES DEPARTMENT
CHURCH FOLLY, GRAND TURK, TURKS AND CAICOS ISLANDS.
PHONE: 649-946-1064; 649-946-2371 ext. 30313/30315; FAX: 649-946-2099.

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

<u>INSTITUTION (name of school)</u>	<u>SUBJECT</u>	<u>GRADE(e.g. Merit, 2:1 or A)</u>	<u>YEAR (completed)</u>
<i>Secondary Education</i>			
<i>Tertiary Education</i>			

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.

	YES	NES	EXPLANATION		
(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?					
Do you have or have you ever had any of the conditions listed below? (check YES or NO for each item)					
	YES	NO		YES	NO
(a) Epilepsy, convulsions, fits.			(l) Diabetes, sugar in urine.		
(b) Eye disease, vision defect in 1 or both Eyes.			(m) Hearing impairment.		
(c) Tooth or gum disease (periodontal disease).			(n) High/low blood pressure, heart disease.		
(d) Asthma, emphysema, or other lung conditions.			(o) Skin disorder growths psoriasis.		
(e) Human Immune Virus or Acquired Immune Deficiency Syndrome			(p) Bleeding disorder. Blood disease, sickle cell anemia.		
(f) Depression, anxiety, attempted suicide or other psychological symptoms.			(q) Tumor, abnormal growth, cyst, or cancer.		
(g) Stomach, liver (hepatitis), gallbladder disease.			(r) Tuberculosis or exposure to tuberculosis.		
(h) Hernia (rupture)/Genito-Urinary/Rectal Disorder.			(s) Gynecological disease/abnormal menses.		
(i) Kidney or bladder condition, stone or blood.			(t) Tropical diseases (malaria, bilharzia, amoebiasis, leprosy, filariasis, yaws, etc.).		
(j) Back pain, or spinal conditions, use a back brace			(u) Drug or narcotic habit such as marijuana, cocaine, heroin, LSD, or any derivatives.		
(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):					

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)

Name: _____ Name: _____

Address _____ Address: _____

Telephone number: _____ Telephone number: _____

Email address: _____ Email Address: _____

May we contact this reference now? Yes No May we contact this reference now? Yes No

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) _____

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