



ROYAL TURKS AND CAICOS ISLANDS POLICE FORCE

APPLICATION FORM

HUMAN RESOURCES AND TRAINING DEPARTMENT
OLD AIRPORT ROAD, GRAND TURK, TURKS AND CAICOS ISLANDS.
Email: recruitment@tcipolice.tc, 1-649-961-4448

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
Gender: Male__ Female: __ Other _____ Valid Driver License #: _____
National Insurance No.: _____ National Health Insurance No.: _____
Position applied for: _____
How did you hear of this opening? _____

CONTACT DETAILS

Mobile#1: (____) _____ Mobile# 2: (____) _____
Email address: _____
Address: _____
Country: _____

PREVIOUS ADDRESSES IN THE LAST FIVE (5) YEARS (do not include current address)

Address 1- _____
Country: _____
Date From (approximate): _____ Date To (approximate): _____

Address 2- _____
_____ *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 _____
(You will be required to provide documentation of your immigration status if you reside in the country.) 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>
Secondary Education			
Tertiary Education			

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	NO	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	
(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: _____

Position: _____

Company Name: _____

Address: _____

Telephone Number _____, _____

Date Started: _____ Date left _____

Reason for leaving: _____

2. Name of most recent employer: _____

Position: _____

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: _____

Email: _____ Email: _____

Telephone number: _____ Telephone number: _____

Address: _____

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

GUIDELINES OF FILLING APPLICATION FORM

1. *All references are attached, Reference letters should **NOT** come from anyone below the rank of inspector of police, family and friends. Reference letters should come from Justice of Peace, Minister of religion, Minister of government or Former employers.*
2. *All educational certificates are attached*
3. *If a mistake is being made draw a line through and initial, continue writing or change the page completely*
4. *When all requirements of status are attached along with additional passport sized photos*
5. *Add a photo copy of passport photo page*
6. *Contact via telephone are forbidden outside of office hours, which are 8am-4:30pm.*
7. *All inquiries should be directed to recruitment@tcipolice.tc*

This application is complete and ready for production when all aspects of the form are being filled.

x/VbRP0IHQ

