TOWN OF HOPKINTON

APPLICATION FOR NON-SALARIED POSITION

	Date	
Name of Applicant:		
	Contact Information	
Telephone:	Cell phone:	
Email address:		
Position applying for		
	References	
<u>Names</u>	<u>Addresses</u>	Contact Information
	Signature of A	Applicant
SESSIONS. HOWEVER, YOUR INTERVIEW DURING EXERCISE YOUR RIGHT TO	WN COUNCIL CONDUCTS ITS INTER OU HAVE THE RIGHT TO REQUEST THAT GOPEN SESSION, PLEASE CHECK THE A O HAVE YOUR INTERVIEW HELD IN PUBLE or whele described the control of the	T THE TOWN COUNCIL HOLD REA BELOW IF YOU WISH TO
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For Office Use Only		
Register	20 Voter	mandad



Signature

POLICE DEPARTMENT • TOWN OF HOPKINTON

406 Woodville Road Hopkinton, RI 02833 e 401-377-7750 FAX 401-377-77755



David S. Palmer, Chief of Police

Criminal Background Check FULL NAME: MAIDEN NAME/ALIAS: ADDRESS: DATE OF BIRTH: _____ SOCIAL SECURITY: ____ I am seeking to join/volunteer with and I hereby direct and authorize the Hopkinton Police Department to review any criminal record that is on file in reference to me. I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature and description, arising from any release of criminal records and requests there from, whatsoever against the State of Rhode Island or any municipality and the employees of the Hopkinton Police Department in both law and equity which I may now have or in the future may have. Signature Date **DO NOT FILL IN BELOW THIS LINE** In compliance with Rhode Island General Law 16-2-18.4, a statewide background check was conducted to determine if the above subject has a Rhode Island criminal record on file with the Rhode Island Attorney General. The results of this background check shows that: has no disqualifying criminal record. has a disqualifying criminal record. Record:

Date