



**THE CITY OF WOONSOCKET**  
**WOONSOCKET FIRE DEPARTMENT**

Woonsocket Fire Chief Paul Shatraw announces that testing for all fire recruit applicants will take place on Saturday, December 10, 2016. Further details are as follows:

**EVENT:** WFD Recruit Aptitude Test  
**LOCATION:** Woonsocket High School Cafeteria  
777 Cass Avenue  
Woonsocket, RI 02895  
**DATE:** Saturday, December 10, 2016  
**TIME:** Registration--8:30 a.m. SHARP  
Test--9:00 a.m. SHARP  
**FEE:** \$60.00 [non-refundable]

**APPLICATION FEE MUST BE PAID AT THE TIME YOUR APPLICATION IS SUBMITTED. FEES CANNOT BE PAID ON THE DAY OF EXAMINATION.**

Registration will be held prior to the test at 8:30 a.m. please have your driver's license, or other picture ID ready for inspection at the registration desk.

Extra points are awarded for Education, City Residency, and Military Service. The forms for each credit request are attached.

APPLICATION FOR EXTRA CREDIT POINTS

VETERANS

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_ FIREFIGHTER \_\_\_\_\_

I HAVE ATTACHED A LETTER FROM THE DEPARTMENT OF VETERANS AFFAIRS AWARDED ME A RATING OF 0% OR HIGHER SERVICE CONNECTED DISABILITY. ( \_\_\_\_\_ POINTS)

I HAVE ATTACHED A COPY OF MY DD FORM 214. ( \_\_\_\_\_ POINTS)

---

**DEFINITION OF VETERANS CREDIT:** There shall be added to the final ratings of examinees who are veterans in competitive tests for entrance into the classified service, but not for promotion in the service. Who receive at least the minimum required final rating as stated in the public notice, service credits amounting to five (5) points for veterans or service credits amounting to five (5) points for disabled veterans. Disabled veteran means any war time veteran who is an examinee and who is certified by the Veterans Administration to be physically disabled, as a result of a service connected disability, with a disability rating of zero percent (0%) or more. War veteran or veteran means any person, male or female, who was employed as an officer, member of the enlisted personnel otherwise in the active military or naval service of the United States or any auxiliary unit of such military or naval service, except civilian employment at some time during the periods outlined above.

---

FOR PERSONNEL OFFICE USE ONLY, DO NOT WRITE BELOW THIS LINE

APPROVED

DISAPPROVED

# OF POINTS \_\_\_\_\_

APPLICATION FOR EXTRA CREDIT POINTS  
RESIDENCY CREDIT

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_ FIREFIGHTER \_\_\_\_\_

I AM SUBMITTING \_\_\_\_\_, AND \_\_\_\_\_

AS EVIDENCE OF MY RESIDENCY IN THE CITY OF WOONSOCKET,  
RHODE ISLAND FOR THE PRECEDING TWO (2) YEAR PERIOD.

I HAVE ATTACHED A COPY OF MY R.I. DRIVERS' LICENSE AND/OR  
A COPY OF A UTILITY BILL IN MY NAME TO DETERMINE RESIDENCY.

BY MY INITIALS \_\_\_\_\_, I SIGNIFY THAT I UNDERSTAND THAT MY NAME  
WILL BE DROPPED FROM THE ELIGIBILITY LIST IF ANY PART OF THIS  
APPLICATION IS FOUND TO BE UNTRUE OR MISREPRESENTED IN ANY WAY.

---

**DEFINITION OF RESIDENCY CREDIT:** There shall be added to the final ratings of  
examinees that are residents of the City and have been for the preceding two (2) years as of the  
closing date for applications a credit of ten (10) points.

No more than fifteen (15) points additional credit points shall be awarded to examinees, however  
persons who qualify for the two (2) year residency credits shall be allowed no more than twenty  
(20) points.

---

FOR PERSONNEL OFFICE USE ONLY, DO NOT WRITE BELOW THIS LINE

APPROVED                       DISAPPROVED                      # OF POINTS \_\_\_\_\_

APPLICATION FOR EXTRA CREDIT EDUCATIONAL POINTS

FIREFIGHTER

NAME: \_\_\_\_\_

I HAVE ATTACHED A COPY OF: Transcript or

MY COLLEGE DIPLOMA: (FOR ASSOCIATES DEGREE IN FIRE SERVICE)

DEFINITION OF EDUCATIONAL CREDIT FOR FIREFIGHTERS: (Reference Section 6.1(g) (3) of the Personnel Code).

There shall be added to the final ratings of examinees for fire service that have an associates degree in fire science an educational credit of ten (10) points.

I UNDERSTAND THAT IF UPON INVESTIGATION, I SHALL HAVE BEEN FOUND TO HAVE MISREPRESENTED MY EDUCATION; MY NAME WILL BE REMOVED FROM THE ELIGIBILITY LIST.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FOR PERSONNEL OFFICE USE ONLY, DO NOT WRITE BELOW THIS LINE

APPROVED       DISAPPROVED      # OF POINTS \_\_\_\_\_

REMARKS: \_\_\_\_\_