



The Royal Police Force of Antigua and Barbuda & Fire Brigade

APPLICATION FORM FOR APPOINTMENT AS A POLICE CONSTABLE

1. CITIZEN

All candidates must be a citizen of Antigua and Barbuda, or legally residing in Antigua and Barbuda for such period as the Commissioner of Police may consider to be appropriate.

2. AGE

Candidates must be at least 18 years and not older than 35 years of age.

3. ATTAINMENT

All interested candidates should possess at least three CXC's General I, II, III (Grade III General Proficiency from June 1998) Basic 1. English A or English B would be an asset.

4. CHARACTER

All candidates must be law abiding citizens and have a **high standard of personal behavior and social conduct.**

5. HEALTH AND FITNESS

Candidates must be physically fit, healthy and complete all elements of the fitness and medical exams.

6. APPLICATION SUBMISSION

- The application form must be fully completed and all certified documents **MUST** be attached. **Incomplete application forms will be rejected.**

- Applications that are not being submitted through the online portal should be submitted to the address below with certified copies of the following documents;

- If the application is being submitted online please attach a digital copy of your passport photo along with your other supporting documents.

- BIRTH CERTIFICATE
- CXC CERTIFICATE/ SLIP
- ANY OTHER CERTIFICATES
- TWO PASSPORT SIZED PHOTOS

NOTE: If the copied documents are not certified please ensure to walk with the originals to have them certified.

***ONLY SUCCESSFUL APPLICANTS WILL BE CONTACTED**

Address: **The Commissioner of Police**
Police Headquarters
American Rd, St. John
Antigua and Barbuda



Section (1)

Personal Details



upload passport photo

Please read all instructions carefully

This form must be fully completed as accurately as possible by the **APPLICANT**. The information provided will be assessed and will help to determine whether you have the potential to progress to the next stage of the recruitment process.

IMPORTANT: All Applications should be filled out using **BLACK INK** (if writing) only, using **BLOCK LETTERS**.

Please select the desired police department of interest:		
Regular <input type="checkbox"/>		Fire <input type="checkbox"/>
Surname:	Middle Name:	Forename(s):
Alias:		Title (e.g., Mr./Mrs./Miss):
Height:		Date of Birth (day/month/year):
Address:		
Telephone No:		
Home	Work	Cellular
Nationality:		Age:
Social Media Accounts:		
Email Address:	Facebook:	Instagram:
Social Security No.:		Medical Benefit No.:
Present Address:		
Religion: <input type="checkbox"/> Christian <input type="checkbox"/> Muslim <input type="checkbox"/> Rastafarianism Other _____		
Tattoos: <input type="checkbox"/> Yes <input type="checkbox"/> No		Piercings: <input type="checkbox"/> Yes <input type="checkbox"/> No
Previous Address (State Approximate Dates)		
_____ From _____ To _____		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed		



Section (3)

Employment History

Details of Present Employment (If attending School/College/University, indicate below)
Employers Name:
Address:
Telephone:
Position & Main Duties:
Reason (s) for wanting to leave:

<u>Previous Employment</u>				
Name & Address of Employer	Position held & Main Duties	Date		Reason for leaving
		Started	Ended	



Section (4)

Voluntary/Community work

Please list any Voluntary/Community work you have performed (e.g., youth/community group)		
	Date	Position

Section (5)

Health

(a) Do you have any medical condition(s) which the organization should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes indicate below: <input type="checkbox"/> Asthma <input type="checkbox"/> Dizzy spells <input type="checkbox"/> Heart problems <input type="checkbox"/> High blood pressure <input type="checkbox"/> Leg or Back injuries <input type="checkbox"/> Covid-19 <input type="checkbox"/> Sickle Cell <input type="checkbox"/> Kidney problems <input type="checkbox"/> Diabetes Other: _____
(b) Do you wear spectacles or contact lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No
(d) Are you able to stand and walk for long periods? <input type="checkbox"/> Yes <input type="checkbox"/> No

IMPORTANT: Applicants should have unaided vision of not less than 6/18 in each eye (Snellen's Test); the distance vision should be correctable with approved vision aids to a standard of 6/6 in one eye, 6/12 in the other eye, and 6/6 binocularly. The test for near Vision with aids should be in accordance with the standards set by the Chief Medical Officer.



Section (6)

Additional Information

(A) Have you ever been deported, charged, convicted or summoned for any offence or have an order made against you in any court?

Yes No

If yes, give particulars:

Do you have a Driver's Licence?

Yes No

Can you swim?

Yes No

Do you have any form of Military Training?

Yes No

If yes, give particulars:

Do you have any Foot or Rifle Drills Experience?

Yes No

If yes, give particulars:

Are you a member or have you been a member of a registered Shooting Clubs?

Yes No

If yes, give particulars:

Do you participate in sports, drama, singing or public speaking?

Yes No

If yes, give particulars:



(B) Please give reasons why you wish to join the Police Force.

Empty box for providing reasons for joining the Police Force.

Section (7)

References

Names of Person(s) making the recommendation	Address & Contact Number	Occupation	Period knowing the Candidate (years)

IMPORTANT: Provide the names and addresses of three persons (**NOT RELATIVES OR SERVING POLICE OFFICERS**), who have known you for not less than **five (5) years** and who are prepared to recommend your application and vouch for your character. The individuals may be a **past teacher, previous employer or a prominent person of society.**



Section (8)

Declaration

I _____ declare that all the information contained in this application is correct to the best of my knowledge and belief, and that no relevant information has been willfully withheld. I understand that any misrepresentation will invalidate my application, and if employed, will constitute a breach of Police Disciplinary Codes and render me liable to disciplinary action

Signature: _____ **Date:** _____

FOR OFFICIAL USE ONLY

Date application received:	Received by:
<input type="checkbox"/> Disqualified	<input type="checkbox"/> Accepted
Reason(s) if disqualified:	