



With Integrity and Innovation We Deliver Professional Service to Our Citizens

Prince Albert Police Service

Special Constable / Constable Employment Application General Information

1. An essential component in the selection process of the Prince Albert Police Service is a thorough background investigation and security check. Information gathered will be used to assess the suitability of the applicant for a police career. There will be a security check on applicants and possibly members of their families.
2. All questions must be answered. If extra space is required attach additional pages. Where a question is not applicable, mark N/A. Attach a note explaining why any question is left blank.
3. All information supplied is subject to verification by investigation. **False statements can result in disqualification or dismissal if employed.**
4. No information received from inquiries concerning information in this application will be released to the applicant.

Last Name		First Name	Middle Name(s)	
Full Address		City	Province	Postal Code
Telephone (Residence)	Telephone (Business)	Telephone (Other)	Date of Birth (YY-MM-DD)	
Email Address				
Position Applied For : <input type="checkbox"/> Constable <input type="checkbox"/> Bylaw				

Please read the following instructions carefully. Upon receipt of your application package, you will officially be in the recruit selection process.

Candidates that are 3 years clear of any criminal activity will be preferred.

Please read and sign the following declaration. Return this page with your application.

“I have read and understood the above information.”

Signature

Date

Employment Package Requirements:

You must complete and submit the following. Check off when complete.

Stage 1:

1. General Information page
2. The Police Act Employment Application, Form R1
3. Family Members
4. Release of Information form
5. Self Identification Questionnaire
6. Personal and Professional Reference form
7. Grade Twelve transcripts or GED equivalency (photocopy)
provide transcripts of any post-secondary education
8. Traffic Safety Act (TSA) driving Abstract (last 5 years)
9. First Aid & CPR Certificates (copies)
10. Resume

Stage 2:

1. POPAT Medical Clearance Form
2. Consent to Undertake POPAT Form

Stage 3:

1. Personal Disclosure Form
2. Vision Examination
3. Medical Examination Form

All materials will become the property of the Prince Albert Police Service and will not be returned. The Personal Disclosure form must be current within six months of application.

Please indicate how you heard about our recruitment opportunities:

- Newspaper (Please indicate name) _____
- TV or Radio _____
- Recruiting Presentation (Specify location) _____
- Community Contact/Agency _____
- School/College/University Guidance _____
- Internet/email _____
- Posting _____
- Other _____

The Police Act

EMPLOYMENT APPLICATION

Form R1

LAST NAME			FIRST NAME			MIDDLE NAME(S)			
FULL ADDRESS				CITY		PROVINCE		POSTAL CODE	
TELEPHONE NUMBER (RES.)	TELEPHONE NUMBER (BUS.)	TELEPHONE (OTHER)		DATE OF BIRTH YY MM DD			SOCIAL INSURANCE NUMBER		
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		PLACE OF BIRTH			EMAIL ADDRESS				

If at any time you have used a last name or given name other than the one listed above, list change.	NAME CHANGED FROM		NAME CHANGED TO		DATE OF CHANGE YY MM DD	
	NAME CHANGED FROM		NAME CHANGED TO		DATE OF CHANGE YY MM DD	

DRIVER'S LICENCE	PROVINCE	CLASS(ES)	DRIVER'S LICENCE NUMBER	NUMBER OF YEARS DRIVING
Have you ever had your driver's licence suspended? <input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes, provide details.		

EDUCATION AND TRAINING (PROOF OF EDUCATION WILL BE REQUIRED PRIOR TO ENGAGEMENT)				
HIGH SCHOOL (Circle highest year completed) 9 10 11 12 13	NAME OF SCHOOL		DIPLOMA OR GED OBTAINED? <input type="checkbox"/> YES <input type="checkbox"/> NO	FINISH DATE

POST SECONDARY EDUCATION	NAME OF SCHOOL		CITY	
PROGRAM OR COURSE			START DATE YY MM	FINISH DATE YY MM
LENGTH OF COURSE	DEGREE, CERTIFICATE, DIPLOMA OR LICENCE AWARDED? (If No, provide details) <input type="checkbox"/> YES <input type="checkbox"/> NO			

POST SECONDARY EDUCATION	NAME OF SCHOOL		CITY	
PROGRAM OR COURSE			START DATE YY MM	FINISH DATE YY MM
LENGTH OF COURSE	DEGREE, CERTIFICATE, DIPLOMA OR LICENCE AWARDED? (If No, provide details) <input type="checkbox"/> YES <input type="checkbox"/> NO			

POST SECONDARY EDUCATION	NAME OF SCHOOL		CITY	
PROGRAM OR COURSE			START DATE YY MM	FINISH DATE YY MM
LENGTH OF COURSE	DEGREE, CERTIFICATE, DIPLOMA OR LICENCE AWARDED? (If No, provide details) <input type="checkbox"/> YES <input type="checkbox"/> NO			

ADDITIONAL EDUCATION INCLUDING COURSES, WORKSHOPS AND SEMINARS.
(ATTACH AN ADDITIONAL SHEET IF FURTHER SPACE IS REQUIRED).

MOST RECENT	EMPLOYER'S NAME	TELEPHONE NUMBER
EMPLOYER'S ADDRESS	CITY	POSTAL CODE
NAME OF DIRECT SUPERVISOR		TELEPHONE NUMBER
DATE STARTED YY MM	DATE LEFT YY MM	POSITION HELD
DUTIES/RESPONSIBILITIES		
REASON FOR LEAVING		

2	EMPLOYER'S NAME	TELEPHONE NUMBER
EMPLOYER'S ADDRESS	CITY	POSTAL CODE
NAME OF DIRECT SUPERVISOR		TELEPHONE NUMBER
DATE STARTED YY MM	DATE LEFT YY MM	POSITION HELD
DUTIES/RESPONSIBILITIES		
REASON FOR LEAVING		

3	EMPLOYER'S NAME	TELEPHONE NUMBER
EMPLOYER'S ADDRESS	CITY	POSTAL CODE
NAME OF DIRECT SUPERVISOR		TELEPHONE NUMBER
DATE STARTED YY MM	DATE LEFT YY MM	POSITION HELD
DUTIES/RESPONSIBILITIES		
REASON FOR LEAVING		

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME(S)	PREFERRED FIRST NAME
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> COMMON-LAW <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> DOMESTIC PARTNER If you have checked married, common-law or domestic partner, give full name, date of birth, and address and address of your partner.			
LAST NAME/MAIDEN NAME/OTHER LAST NAMES USED	FIRST NAME	MIDDLE NAME	DATE OF BIRTH YY MM DD
FULL ADDRESS	CITY & PROVINCE	POSTAL CODE	TELEPHONE NO.

Starting with the most recent, list the 3 previous addresses where you have resided. Estimate age of cohabitant if exact date of birth cannot be obtained. Use next page or attach additional sheet if required.

1	ADDRESS	CITY	PROV	FROM YY MM DD	TO YY MM DD
	NAMES OF PERSON(S) WHO SHARED ADDRESS WITH YOU	TELEPHONE NUMBER		RELATIONSHIP	DATE OF BIRTH YY MM DD
				RELATIONSHIP	DATE OF BIRTH YY MM DD
				RELATIONSHIP	DATE OF BIRTH YY MM DD
				RELATIONSHIP	DATE OF BIRTH YY MM DD

2	ADDRESS	CITY	PROV	FROM YY MM DD	TO YY MM DD
	NAMES OF PERSON(S) WHO SHARED ADDRESS WITH YOU	TELEPHONE NUMBER		RELATIONSHIP	DATE OF BIRTH YY MM DD
				RELATIONSHIP	DATE OF BIRTH YY MM DD
				RELATIONSHIP	DATE OF BIRTH YY MM DD
				RELATIONSHIP	DATE OF BIRTH YY MM DD

3	ADDRESS	CITY	PROV	FROM YY MM DD	TO YY MM DD
	NAMES OF PERSON(S) WHO SHARED ADDRESS WITH YOU	TELEPHONE NUMBER		RELATIONSHIP	DATE OF BIRTH YY MM DD
				RELATIONSHIP	DATE OF BIRTH YY MM DD
				RELATIONSHIP	DATE OF BIRTH YY MM DD
				RELATIONSHIP	DATE OF BIRTH YY MM DD

Have you ever been convicted of any criminal offence in Canada or in any other country ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been granted a pardon or the equivalent of a pardon? (Attach Pardon Documentation).	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you now, or have you ever been investigated, arrested, or charged in Canada or in any other country for an offence of any kind? (Criminal Code, Provincial and Municipal offences)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been found guilty of any criminal offence in Canada or in any other country when you were under the age of 18?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you associated with any companies or businesses not listed on your application?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you a member of any clubs or organizations? If yes, what position do you hold?	<input type="checkbox"/> YES <input type="checkbox"/> NO
In the past ten years have you been involved in any civil law suits?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If you have answered "Yes" to any of the above questions, attach an additional sheet providing complete details regarding the specific incident, including what occurred, when, where, and why.	

FINANCIAL STATUS

Have you any loans or debts? <input type="checkbox"/> YES <input type="checkbox"/> NO						
If yes, provide details.						
Name of Creditor	Type (Loans, Credit Cards, Mortgages)	When Occurred	Original Amount	Monthly Payment	Amount of arrears if any	Balance Outstanding
Have you ever been sued for non-payment of a debt? <input type="checkbox"/> YES <input type="checkbox"/> NO						
If yes, provide details.						
Have you ever been subject to wage garnishee or financial judgment against you? <input type="checkbox"/> YES <input type="checkbox"/> NO						
If yes, provide details.						

This is confidential information and will be treated as such.

I hereby certify that the foregoing information is true and complete to the best of my knowledge and belief.

_____ Date

_____ Applicant's Signature

FAMILY MEMBERS

Include your immediate family (Natural Father, Natural Mother, Adoptive Father, Adoptive Mother, Brother(s), Sister(s), Son(s), Daughter(s)). Attach additional sheet if required, follow suggested format.

1	LAST NAME/MAIDEN NAME/OTHER LAST NAMES USED	FIRST NAME	MIDDLE NAME	DATE OF BIRTH YY MM DD
RELATIONSHIP	ADDRESS	CITY	PROV	TELEPHONE NO.

2	LAST NAME/MAIDEN NAME/OTHER LAST NAMES USED	FIRST NAME	MIDDLE NAME	DATE OF BIRTH YY MM DD
RELATIONSHIP	ADDRESS	CITY	PROV	TELEPHONE NO.

3	LAST NAME/MAIDEN NAME/OTHER LAST NAMES USED	FIRST NAME	MIDDLE NAME	DATE OF BIRTH YY MM DD
RELATIONSHIP	ADDRESS	CITY	PROV	TELEPHONE NO.

4	LAST NAME/MAIDEN NAME/OTHER LAST NAMES USED	FIRST NAME	MIDDLE NAME	DATE OF BIRTH YY MM DD
RELATIONSHIP	ADDRESS	CITY	PROV	TELEPHONE NO.

5	LAST NAME/MAIDEN NAME/OTHER LAST NAMES USED	FIRST NAME	MIDDLE NAME	DATE OF BIRTH YY MM DD
RELATIONSHIP	ADDRESS	CITY	PROV	TELEPHONE NO.

6	LAST NAME/MAIDEN NAME/OTHER LAST NAMES USED	FIRST NAME	MIDDLE NAME	DATE OF BIRTH YY MM DD
RELATIONSHIP	ADDRESS	CITY	PROV	TELEPHONE NO.

7	LAST NAME/MAIDEN NAME/OTHER LAST NAMES USED	FIRST NAME	MIDDLE NAME	DATE OF BIRTH YY MM DD
RELATIONSHIP	ADDRESS	CITY	PROV	TELEPHONE NO.

8	LAST NAME/MAIDEN NAME/OTHER LAST NAMES USED	FIRST NAME	MIDDLE NAME	DATE OF BIRTH YY MM DD
RELATIONSHIP	ADDRESS	CITY	PROV	TELEPHONE NO.

9	LAST NAME/MAIDEN NAME/OTHER LAST NAMES USED	FIRST NAME	MIDDLE NAME	DATE OF BIRTH YY MM DD
RELATIONSHIP	ADDRESS	CITY	PROV	TELEPHONE NO.

10	LAST NAME/MAIDEN NAME/OTHER LAST NAMES USED	FIRST NAME	MIDDLE NAME	DATE OF BIRTH YY MM DD
RELATIONSHIP	ADDRESS	CITY	PROV	TELEPHONE NO.



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Prince Albert Police Service Authorization for Release of Information and Statement of Consent

I, _____, the undersigned, hereby authorize any person, employer, organization or physician to provide any information, opinion, reports, records, documents, or copies thereof in any form which may be requested in connection with my application for employment with the Prince Albert Police Service and any subsequent recruit training.

Personal information about me will be used to assess my qualifications and suitability in relation to my application as a police officer. I consent to the collection, use, disclosure, transmittal and examination of all information compiled by the Prince Albert Police Service.

Personal information about me that is obtained during the selection process, may be disclosed to any law enforcement agency for the purpose for which it was obtained or for any other reason.

I agree to waive any right of action against any person or organization providing information or opinions in compliance with this authorization. I hereby acknowledge and declare the terms of this authorization for release of information are fully understood by me.

STATEMENT OF CONSENT

I hereby consent that any and all information pertaining to a Criminal Record registered in my name with National Repository for Criminal Records in Canada may be provided to authorized persons at the Prince Albert Police Service. I recognize that a police officer is in a position of trust within the community and I hereby consent to the Prince Albert Police Service performing a VS (Vulnerable Sector) search of my name in the National Repository for Criminal Records. I understand that a VS search is a search that will check for pardoned sex offences. I further consent, if requested, to attend the Identification Section of the Prince Albert Police Service for fingerprint confirmation. I further agree to absolutely release, discharge, and absolve the Prince Albert Police Service, the City of Prince Albert, and its employees from all claims, losses, or damages including indirect or consequential, occasioned by me during, or as a result of any investigation for a Criminal Record.

Applicant Signature

Date

Printed Name of Witness

Witness Signature

Date



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Self Identification Questionnaire

To better reflect the cultural diversity of Prince Albert and to fully benefit from the value of diversity, we are committed to the employment of women, Aboriginal people, visible minorities and individuals with disabilities.

Completion of this document is VOLUNTARY and all information is confidential. If you wish to declare yourself, please check the appropriate box(es).

LAST NAME	FIRST NAME

WOMAN Yes

ABORIGINAL

FIRST NATIONS Yes

MÉTIS Yes

INUIT Yes

VISIBLE MINORITY Yes

PERSON WITH A DISABILITY Yes

The information collected on this form will be used by the Prince Albert Police Service and the City of Prince Albert for statistical purposes only.

Personal References

List 10 adults who are not related to you, whom we may contact and who are competent to judge your character and temperament. They must have definite knowledge of your qualifications, fitness and suitability for the position of a Police Officer.

1	Surname	Given Names			
Full Address					
Residence Telephone		Business Telephone		Occupation	Years Known

2	Surname	Given Names			
Full Address					
Residence Telephone		Business Telephone		Occupation	Years Known

3	Surname	Given Names			
Full Address					
Residence Telephone		Business Telephone		Occupation	Years Known

4	Surname	Given Names			
Full Address					
Residence Telephone		Business Telephone		Occupation	Years Known

5	Surname	Given Names			
Full Address					
Residence Telephone		Business Telephone		Occupation	Years Known

6	Surname	Given Names			
Full Address					
Residence Telephone		Business Telephone		Occupation	Years Known

7	Surname	Given Names			
Full Address					
Residence Telephone		Business Telephone		Occupation	Years Known

8	Surname	Given Names			
Full Address					
Residence Telephone		Business Telephone		Occupation	Years Known

9	Surname	Given Names			
Full Address					
Residence Telephone		Business Telephone		Occupation	Years Known

10	Surname	Given Names			
Full Address					
Residence Telephone		Business Telephone		Occupation	Years Known

Professional References

List 5 professional references who can speak of your work duties, work ethic, skills and abilities, competencies and level of professionalism. These can include present or past teachers, instructors, professors, and supervisors. If currently employed, please list your immediate supervisor.

1	Surname	Given Names			
Full Address					
Residence Telephone		Business Telephone		Occupation	Years Known

2	Surname	Given Names			
Full Address					
Residence Telephone		Business Telephone		Occupation	Years Known

3	Surname	Given Names			
Full Address					
Residence Telephone		Business Telephone		Occupation	Years Known

4	Surname	Given Names			
Full Address					
Residence Telephone		Business Telephone		Occupation	Years Known

5	Surname	Given Names			
Full Address					
Residence Telephone		Business Telephone		Occupation	Years Known