APPLICATION DATE			
YEAR	MONTH	DAY	



PORT MOODY POLICE DEPARTMENT

EMPLOYMENT APPLICATION (EXEMPT CANDIDATE)

Carefully read the following instructions before commencing the task of completing the application form:

- An essential component in the selection process is a background investigation. garnered will be used to assess the suitability of the applicant for employment. There will be a security check on applicants and members of their families.
- Engagement with the Port Moody Police Department is contingent upon successful completion of all steps of the selection process.
- False statements or omitted information can result in disqualification of an applicant.
- Complete the document legibly, in "black" ink, in your own handwriting.

 All questions must be answered. Mark N/A is cases where the question is not applicable. 5.
- Attach a separate sheet if there is insufficient space for your answer to any of the questions.
- No information received from inquiries concerning information in this application will be released to 7 the applicant.
- 8 Postal codes must be included for all addresses given.

In order for your application to be considered, copies of the following documents must be submitted with this application:

- Α Birth certificate and/or Canadian citizenship or Landed Immigrant Status documentation
- В Current drivers' license
- Certificates verifying basic police training
- All certificates of police-related training
- **Post Secondary School Transcripts**
- F Valid First Aid/CPR Certificate
- Pardon documentation (if applicable) G
- **Social Insurance Card**
- Letter from eye care professional confirming minimum vision requirements met

I have read and understand the instructions above		
Signature:	Dated:	
Name:		
Address:		
Phone No:	FMΔII •***	

***We use email extensively to contact applicants. Please check regularly.**

PERSONAL INFORMATION

Last Name			First na	me		Middle Names
Home address				E-Mail	Addres	ss
Home phone number		Business phone	e no.		Other	number
()		()			()
Social Insurance number	er	Drivers licence	number			Province of origin
Date of birth		Place of birth				Address
Citizenship	1		Land	ded Imn	nigrant	Yes () No ()
By Naturalization Certifi	cate No.		Issu	ed at		
Height	Weight	Eye colo	ur	Hair c	colour	
Right han	ded ()					Left handed ()
Marital Status	Single □ Marri	ied □ Divorced	□ Sepa	rated □	l Widow	ved □ Other
Comments (include applicable dates)						
Drivers License Information						
License No.	Province	Class				Expiry date
List all driving offences (including roadside suspensions)						
Da	te	Pro	vince			Offence

FAMILY

Attach additional sheets as required, using prescribed format. In the event a family member listed is deceased, note this in same box as surname. Include the date of death.

Spouse / partner	
Surname	First / middle names
Date of birth (YY – MM – DD)	Maiden name
Address	Phone number (residential)
Phone number (other)	Occupation
Children	!
Surname	First name
Middle names	Date of birth (YY – MM – DD)
Address	Phone number (residential)
Phone number (other)	Occupation
Children	
Surname	First name
Middle names	Date of birth (YY – MM – DD)
Address	Phone number (residential)
Phone number (other)	Occupation
Children	
Surname	First name
Middle names	Date of birth (YY – MM – DD)
Address	Phone number (residential)
Phone number (other)	Occupation

FAMILY (continued)

Children

Surname	First name
Samano	T HOL HAMIS
Middle names	Date of birth (YY – MM – DD)
Address	Phone number (residential)
Phone number (other)	Occupation

Parents - Mother

1 41 01110	·
Surname	First / middle names
Date of birth (YY – MM – DD)	Maiden name
Address	Phone number (residential)
Phone number (other)	Occupation

Parents – Father

First name
Date of birth (YY – MM – DD)
Phone number (residential)
Occupation

Mother-in-law

motion in law	
Surname	First / middle names
Date of birth (YY – MM – DD)	Maiden name
Address	Phone number (residential)
Phone number (other)	Occupation

FAMILY (continued)

Father-in-la	W
--------------	---

First name	
Date of birth (YY – MM – DD)	
Phone number (residential)	
Occupation	
First name	
Date of birth (YY - MIM - DD)	
Phone number (residential)	
Occupation	
	Date of birth (YY – MM – DD) Phone number (residential) Occupation First name Date of birth (YY – MM – DD) Phone number (residential)

Siblings

G.S90	
Surname	First name
Middle name	Date of birth (YY – MM – DD)
Address	Phone number (residential)
Phone number (other)	Occupation

Siblings

olbiniga		
Surname	First name	
Middle names	Date of birth (YY – MM – DD)	
Address	Phone number (residential)	
Phone number (other)	Occupation	

FAMILY (continued)

Siblings	Γ	
Surname	First name	
Middle Names	Date of birth (YY – MM – DD)	
Address	Phone number (residential)	
Phone number (other)	Occupation	
Siblings		
Surname	First name	
Middle names	Date of birth (YY – MM – DD)	
Address	Phone number (residential)	
Phone number (other)	Occupation	
List details about f	former spouses, if you are separated or divorced	
Name	Date of birth (YYY – MM – DD)	
Address	Phone Number	
	Date of birth (YYY – MM – DD)	
Name		
Name Address	Phone Number	
	Phone Number	

In chronological order, most recent first, indicate every place you have resided in the past 10 years. Include in this list any residence outside of Canada you have lived as an adult. Attach additional sheet if required.

From (M/Y)		To (M/Y)
Address		
Names of persons who shared address with you	`Relationship	Date of birth YYY- MM - DD
F (4400)		T (0400)
From (M/Y)		To (M/Y)
Address		
Names of persons who shared address with you	`Relationship	Date of birth YYY- MM - DD
From (M/Y)		To (M/Y)
		10 (10/1)
Address		
Names of persons who shared address with you	`Relationship	Date of birth YYY- MM - DD
From (M/Y)		To (M/Y)
		()
Address		
Names of persons who shared address with you	`Relationship	Date of birth YYY- MM - DD

RESIDENCES (continued)

From (M/Y)	To (M/Y)	
Address		
Names of persons who shared address with you	`Relationship	Date of birth YYY- MM - DD
From (M/Y)		To (M/Y)
Address		·
Names of persons who shared address with you	`Relationship	Date of birth YYY- MM - DD
From (M/Y)		To (M/Y)
Address		
Names of persons who shared address with you	`Relationship	Date of birth YYY- MM - DD
From (M/Y)		To (M/Y)
Address		
Names of persons who shared address with you	`Relationship	Date of birth YYY- MM - DD

EDUCATION AND TRAINING

	cle Na	ame of Sc	chool		(City	Diploma or	GED obtained?
highest year completed)							☐ Yes	□ No
9 10 11 12 13							163	L 140
College, Business School	ol Na	ame of Sc	chool		(City		
or Technical School								
Program or Course						Start Date	Finish Date	
						YYY - MM	YYY - MM	
Length of the Course		I	Cartifica	ote Dinloma or	License award	led? (If no, provic	le details)	
Length of the oodise			Ochinoc		Licerise aware	ica: (ii iio, provic	ic details)	
			☐ Yes	□ No				
College, Business School	ol Na	ame of So	chool		(City		
or Technical School								
Program or Course						Start Date	Finish Date	
-						YYY - MM	YYY - MM	
Length of Course		1	Certifica	ate Dinloma or	License award	led? (If no, provic	le details)	
Length of Course			Ochinoc	ito, Dipiorna or	Licerise aware	ica: (ii iio, provic	ic details)	
			☐ Yes	□ No				
University	Na	ame of So	chool		(City		
Program or Course						Start Date	Finish Date	
						YYY - MM	YYY - MM	
Major/Minor								
iviajoi/iviirioi								
Length of Course			Certifica	ate, Diploma, D	egree or Licen	se awarded? (If r	no, provide det	ails)
			□ Yes	□ No				
University	Na	ame of Sc		2110	(City		
						,		
D						Otant Data	Finish Data	
Program or Course						Start Date YYY - MM	Finish Date YYY - MM	
Major/Minor								
Length of Course			Certifica	ate Diploma D	earee or Licen	se awarded? (If r	no provide det	ails)
Longar or Course				•	og. 00 01 210011	oo anarada. (ii i	io, provido do	ano,
	. ,		☐ Yes	□ No				
Additional related educat	ion/cour	rses (nigh	t school,	special courses	s etc.)			

EMPLOYMENT HISTORY

Starting with your most recent job, list in reverse order your employment history for the past 10 years. Provide an explanation for all gaps in employment. If extra space is required attach additional pages to this application.

From	То	
Employers name	Address	
Supervisor	Phone	
Position you hold		
Duties		
Reason for leaving		
From	То	
Employers name	Address	
Supervisor	Phone	
Position you held		
What did you like best about your work?		
What did you like least about your work?		
Duties		
Reason for leaving		

From	То		
Employers name	Address		
Supervisor	Phone		
Position you held			
What did you like best about your work?			
What did you like least about your work?			
Duties			
Reason for leaving			
From	То		
Employers name	Address		
Supervisor	Phone		
Position you held			
What did you like best about your work?			
What did you like least about your work?			
Duties			
Reason for leaving			
From	I To		
	То		
Employers name	Address		
Supervisor	Phone		
Position you held			

What did you like best about your work?			
What did you like least about your work?			
Duties			
Reason for leaving			
From	То		
Employers name	Address		
Supervisor	Phone		
Position you held	L		
What did you like best about your work?			
What did you like least about your work?			
Duties			
Reason for leaving			
From	То		
Employers name	Address		
Supervisor	Phone		
Position you held			
What did you like best about your work?			
What did you like least about your work?			

Duties			
Reason for leaving			
From	То		
Employers name	Address		
Supervisor	Phone		
Position you held			
What did you like best about your work?			
What did you like least about your work?			
Duties			
Reason for leaving			
From	То		
Employers name	Address		
Supervisor	Phone		
Position you held			
What did you like best about your work?			
What did you like least about your work?			
Duties			

EMPLOYMENT HISTORY (continued)

Have you had previous e	employment or volunteered with the	City of Port Moody?	No □ Yes □ ((if yes, explain)
What do you like best ab	oout your current employment?			
What do you like least al	bout your present position?			
What do you me load.				
COMPLITED SVILLS				
COMPUTER SKILLS				
Describe your ability to work in a computer environment including your experience with software				
applications, electro	nic mail, word processing, yo	ur ability as a touch	typist and your	typing speed.
List two references wh	no have observed your skills.			
Name	Address	Relationship	Home Phor	ne Work Phone
	7100.000	11010110110111		

APPLICATIONS TO THIS AND OTHER POLICE AGENCIES

Date	Police A	Agency	Result	
	MIL	ITARY SERVICE		
From		То		
Service/Branch/Trade				
Address				
Rank/Regimental Number		Commanding Officer		
Are you still engaged?		□ Yes	□ No	
Type of discharge?				
Place of discharge?				
Are you a member of the Reserve Force?		□ Yes	□ No	
If you answered yes, please provide details				
İ				

VOLUNTEER DUTIES

Starting with the most recent and then in reverse order describe volunteer and/or community work you have been involved with for the past 10 years

From	То
Organization	Address
Phone number	Hours volunteered weekly
Supervisor	Title
Address	Phone number
Your duties	,
Reason for leaving	
From	То
Organization	Address
Phone number	Hours volunteered weekly
Supervisor	Title
Address	Phone number
Your duties	
Reason for leaving	
From	То
Organization	Address
Phone number	Hours volunteered weekly
Supervisor	Title
Address	Phone number
Your duties	
Reason for leaving	
I .	

From	То
Organization	Address
Phone number	Hours volunteered weekly
Supervisor	Title
Address	Phone number
Your duties	
Reason for leaving:	
From	То
Organization	Address
Phone number	Hours volunteered weekly
Supervisor	Title
Address	Phone number
Your duties	
Reason for leaving	
What did you like best about volunteer work?	
What do you like least about volunteering?	
This to you mo load about rolandomig.	

FINANCIAL BACKGROUND

List all loans you have

LENDER	PURPOSE	ORIGINAL AMOUNT	BALANCE	MONTHLY PAYMENTS
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
	Total	\$	\$	\$

List all present credit card or lines of credit debts

CARD COMPANY	CREDIT LIMIT	BALANCE	MONTHLY PAYMENTS
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total	\$	\$	\$

List all assets and the value of each

TYPE		VALUE
	\$	
	5	
	\$ \$	
	\$	
	Total \$	
		_,,
Do you own your residence?	□ No	☐ Yes
What is the amount of your monthly rental/mortgage payment?		
Do you own your car?	□ No	□ Yes
If leasing what is your monthly lease payment?		

Year:

List year and make.

List your current net income per month:

Make:

REFERENCES

List a maximum of 12 adults who are not related to you, excluding employers, whom we may contact and who are competent to judge your character, temperament and work habits. They must have definite knowledge of your qualifications and fitness for the position of a police officer.

Surname	Surname Given Names				
Full Address			Postal Code		
Residential	Business Telephone	Occupation	Years Known		
Telephone	()				
()					
Relationship to applica	ınt				
Surname		Given Name	98		
Full Address			Postal Code		
Residential Telephone	Business Telephone	Occupation	Years Known		
reiepriorie	()				
() Relationship to applica	unt .				
Trelationship to applica	un				
Curnomo		Civon Nom	20		
Surname		Given Name	98		
		Given Name			
Surname Full Address		Given Nam	Postal Code		
Full Address	Rusiness Telephone		Postal Code		
	Business Telephone	Given Name			
Full Address Residential	Business Telephone		Postal Code		
Full Address Residential	()		Postal Code		
Full Address Residential Telephone ()	()		Postal Code		
Full Address Residential Telephone ()	()		Postal Code Years Known		
Full Address Residential Telephone () Relationship to applica	()	Occupation	Postal Code Years Known		
Full Address Residential Telephone () Relationship to applica	()	Occupation	Postal Code Years Known		
Full Address Residential Telephone () Relationship to applicationship to applicationsh	()	Occupation	Postal Code Years Known es		
Full Address Residential Telephone () Relationship to applicate Surname Full Address Residential	()	Occupation	Postal Code Years Known es		
Full Address Residential Telephone () Relationship to applicate Surname Full Address	Business Telephone	Occupation Given Name	Postal Code Years Known es Postal Code		
Full Address Residential Telephone () Relationship to applicate Surname Full Address Residential Telephone ()	Business Telephone	Occupation Given Name	Postal Code Years Known es Postal Code		
Full Address Residential Telephone () Relationship to applica Surname Full Address Residential	Business Telephone	Occupation Given Name	Postal Code Years Known es Postal Code		

			Given Names		
Full Address				Postal Code	}
Residential	Business Telephone	Occupation	on		Years Known
Telephone	()				
()					
Relationship to applica	nt				
Surname			Given Names		
Full Address				Postal Code)
Residential Telephone	Business Telephone	Occupation	on		Years Known
Тетерноне	()				
() Relationship to applica	nt				
Relationship to applica	ii t				
•			O: N		
Surname			Given Names		
E. II Address			1	D4-1 O1-	
Full Address				Postal Code)
Decidential	Duainaga Talanhana	Occupation	20		Vaara Knaura
Residential Telephone	Business Telephone	Occupation	on		Years Known
Residential Telephone	Business Telephone	Occupation	on		Years Known
Telephone ()	()	Occupation	on		Years Known
	()	Occupation	on		Years Known
Telephone () Relationship to applica	()	Occupation			Years Known
Telephone ()	()	Occupation	on Given Names		Years Known
Telephone () Relationship to applicationship to	()	Occupation		Postal Code	
Telephone () Relationship to applica	()	Occupation		Postal Code	
Telephone () Relationship to applicate to	nt		Given Names	Postal Code	3
Telephone () Relationship to applicationship to	Business Telephone	Occupation	Given Names	Postal Code	
Telephone () Relationship to applicate application ship to application ship to applicate application ship to applicate appl	nt		Given Names	Postal Code	3
Telephone () Relationship to applicate application ship to application ship to applicate application ship to applicate appl	Business Telephone		Given Names	Postal Code	3
Telephone () Relationship to applicate and applicate an	Business Telephone		Given Names	Postal Code	3
Telephone () Relationship to applicate and applicate an	Business Telephone		Given Names	Postal Code	3
Telephone () Relationship to applicate surname Full Address Residential Telephone () Relationship to applicate surname	Business Telephone		Given Names	Postal Code	3
Telephone () Relationship to applicate surname Full Address Residential Telephone () Relationship to applicate surname	Business Telephone		Given Names	Postal Code	Years Known

Telephone	()				
()					
Relationship to applicant					
Surname		Give	en Names		
Full Address				Postal Code	
Residential	Business Telephone	Occupation			Years Known
Telephone	()				
()					
Relationship to applica	nt				
Surname		Give	en Names		
Carrianne					
Full Address				Postal Code	
Residential	Business Telephone	Occupation			Years Known
Telephone	()				
()					
Relationship to applica	nt				
Surname		Give	en Names		
Full Address				Postal Code	
Residential Telephone	Business Telephone	Occupation			Years Known
relephone	()				
()					
Relationship to applica	nt				
		MEDICAL			
Family Doctor					
Family Doctor					
Address			Phone		
			()		
Have you ever be	oken any bones?		/	□ Yes	□ No
Have you ever broken any bones? □ Yes □ No					

Occupation

Residential

Business Telephone

Years Known

Age	Injury						
Age	Injury						
Do you we	Do you wear corrective lenses? ☐ Yes ☐ No						
Are you av	Are you aware of any deficiency with your colour vision? ☐ Yes ☐ No						
Have you had eye surgery? □ Yes □ No			□No				
Have you	ever ha	ıd a hearing	examination?		□ Yes	□No	
Do you we	ear a he	earing aid?			□ Yes	□ No	
Is your hea	aring in	npaired in ar	ny way?		□ Yes	□ No	
Do you sm	Do you smoke? ☐ Yes (identify how many cigarettes you smoke each day) ☐ No ☐ 1 - 5 ☐ 6-10 ☐ 11-20 ☐ 21 or more			□ No			
the past constable?	Do you have any diseases or medical conditions now or in ☐ Yes ☐ No the past that may affect your performance as a police constable? (If yes, provide details)						
Do you pro	Do you presently take any pills or medication? ☐ Yes ☐ No (If yes, provide details)						

GENERAL INFORMATION

If you answer "yes" to any of the following questions, provide an explanation below with complete details regarding the specific incident. If there is insufficient space to properly explain in the area provided attach an additional sheet.

List any individual sports you play
List any team sports that you play
List any awards you have won and identify any special achievements
Other than political or religious list any clubs or organizations you belong to.
List your hobbies, recreational activities or special interests and amount of time spent on each
Name three things you have done of which you are most proud
Name three things you have done of which you are not proud
What are your plans for the future?
What actions have you taken to implement these plans?
What magazines do you currently read?

Do you own a computer?	□ Yes	□ No
Do you have the Internet?	□ Yes	□ No
What Web sites do you visit?		
Do you correspond with or visit your parents?	□ Yes	□ No
Do you correspond with or visit your brothers/sisters?	□ Yes	□ No
At what age did you leave home?		
What activities do you share with your family?		
Are you proficient in any languages other than English? □ Yes Explanation	□ No	
Do you have a criminal record? ☐ Yes ☐ No Have you received a pardon? ☐ Yes ☐ No (If yes, describe the offense and the circumstances)		
Are you presently facing criminal charges or charges under any Federal S \(\text{\texi\text{\text{\text{\te		en involved

Detail your reasons for wishing to become	a member of the Port Moody Police Department
I hereby certify that all statements in this a misstatement of material facts herein wi employment by the Port Moody Police Dep	application are true. I agree and understand that any ill cause forfeiture on my part of all rights to any partment.
Applicants signature	Date

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 Port Moody Police Department. I further consent, if requested, to attend the Identification Section of the Port Moody Police Department for fingerprint confirmation. I further agree to absolutely release, discharge and absolve the Port Moody Police Department, the City of Port Moody, 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.

Date	Signature
Printed name of witness	Witness signature

PORT MOODY POLICE DEPARTMENT AUTHORIZATION FOR RELEASE OF INFORMATION

I,, the ur employer, organization or physician to provide ar documents or copies thereof in any form which napplication for employment with the Port Moody training.	ndersigned, hereby authorize any person, ny information, opinion, reports, records, may be requested in connection with my Police Department and any subsequent
Personal information about me will be used to assess to my application as a police officer, as well as reservuse, disclosure, transmittal and examination of all Police Department.	s my qualifications and suitability in relation arch purposes. I consent to the collection, information compiled by the Port Moody
Personal information about me that is obtained during training and employment, may be disclosed to any lawhich it was obtained or for any other reason.	g the selection process, or any subsequent aw enforcement agency for the purpose for
I agree to waive any right of action against any pers opinions in compliance with this authorization.	on or organization providing information or
I hereby acknowledge and declare the terms of this fully understood by me.	authorization for release of information are
Applicants signature	Date
Witness signature	Date
Witness name (printed here)	
Witness address	Phone number