

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:

1. An essential component in the selection process is a background investigation. Information 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.
2. Engagement with the Port Moody Police Department is contingent upon successful completion of all steps of the selection process.
3. False statements or omitted information can result in disqualification of an applicant.
4. Complete the document legibly, in "black" ink, in your own handwriting.
5. All questions must be answered. Mark N/A in cases where the question is not applicable.
6. Attach a separate sheet if there is insufficient space for your answer to any of the questions.
7. No information received from inquiries concerning information in this application will be released to 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:

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

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

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

PERSONAL INFORMATION

Last Name			First name		Middle Names		
Home address				E-Mail Address			
Home phone number ()		Business phone no. ()		Other number ()			
Social Insurance number		Drivers licence number			Province of origin		
Date of birth		Place of birth			Address		
Citizenship				Landed Immigrant Yes () No ()			
By Naturalization Certificate No.				Issued at			
Height	Weight	Eye colour		Hair colour			
Right handed ()			Left handed ()				
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Other Comments (include applicable dates)							
Drivers License Information							
License No.		Province	Class			Expiry date	
List all driving offences (including roadside suspensions)							
Date		Province		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
Middle names	Date of birth (YY – MM – DD)
Address	Phone number (residential)
Phone number (other)	Occupation

Parents - Mother

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

Parents – Father

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

Mother-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-law

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

Siblings

Surname	First name
Middle name	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

FAMILY (continued)

Siblings

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 former spouses, if you are separated or divorced

Name	Date of birth (YYY – MM – DD)
Address	Phone Number
Name	Date of birth (YYY – MM – DD)
Address	Phone Number
Comments	

RESIDENCES

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

RESIDENCES (continued)

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

EDUCATION AND TRAINING

High School (circle highest year completed) 9 10 11 12 13	Name of School	City	Diploma or GED obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No
College, Business School or Technical School	Name of School	City	
Program or Course		Start Date YYY - MM	Finish Date YYY - MM
Length of the Course		Certificate, Diploma or License awarded? (If no, provide details) <input type="checkbox"/> Yes <input type="checkbox"/> No	
College, Business School or Technical School	Name of School	City	
Program or Course		Start Date YYY - MM	Finish Date YYY - MM
Length of Course		Certificate, Diploma or License awarded? (If no, provide details) <input type="checkbox"/> Yes <input type="checkbox"/> No	
University	Name of School	City	
Program or Course		Start Date YYY - MM	Finish Date YYY - MM
Major/Minor			
Length of Course		Certificate, Diploma, Degree or License awarded? (If no, provide details) <input type="checkbox"/> Yes <input type="checkbox"/> No	
University	Name of School	City	
Program or Course		Start Date YYY - MM	Finish Date YYY - MM
Major/Minor			
Length of Course		Certificate, Diploma, Degree or License awarded? (If no, provide details) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional related education/courses (night school, special courses 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	To
Employers name	Address
Supervisor	Phone
Position you hold	
Duties	
Reason for leaving	
<hr style="border: 2px solid black;"/>	
From	To
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	To
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	To
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	To
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	To
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	To
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	To
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	To
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	

APPLICATIONS TO THIS AND OTHER POLICE AGENCIES

Date	Police Agency	Result

MILITARY SERVICE

From		To	
Service/Branch/Trade			
Address			
Rank/Regimental Number		Commanding Officer	
Are you still engaged?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Type of discharge?			
Place of discharge?			
Are you a member of the Reserve Force?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If you answered yes, please provide details			

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	To
Organization	Address
Phone number	Hours volunteered weekly
Supervisor	Title
Address	Phone number
Your duties	
Reason for leaving	
<hr style="border: 1px solid black;"/>	
From	To
Organization	Address
Phone number	Hours volunteered weekly
Supervisor	Title
Address	Phone number
Your duties	
Reason for leaving	
<hr style="border: 1px solid black;"/>	
From	To
Organization	Address
Phone number	Hours volunteered weekly
Supervisor	Title
Address	Phone number
Your duties	
Reason for leaving	

From	To
Organization	Address
Phone number	Hours volunteered weekly
Supervisor	Title
Address	Phone number
Your duties	
Reason for leaving:	

From	To
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?

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	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
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?

List year and make.

Year:

Make:

List your current net income per month:

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		Given Names	
Full Address			Postal Code
Residential Telephone ()	Business Telephone ()	Occupation	Years Known
Relationship to applicant			
Surname		Given Names	
Full Address			Postal Code
Residential Telephone ()	Business Telephone ()	Occupation	Years Known
Relationship to applicant			
Surname		Given Names	
Full Address			Postal Code
Residential Telephone ()	Business Telephone ()	Occupation	Years Known
Relationship to applicant			
Surname		Given Names	
Full Address			Postal Code
Residential Telephone ()	Business Telephone ()	Occupation	Years Known
Relationship to applicant			

Surname		Given Names	
Full Address			Postal Code
Residential Telephone ()	Business Telephone ()	Occupation	Years Known
Relationship to applicant			
Surname		Given Names	
Full Address			Postal Code
Residential Telephone ()	Business Telephone ()	Occupation	Years Known
Relationship to applicant			
Surname		Given Names	
Full Address			Postal Code
Residential Telephone ()	Business Telephone ()	Occupation	Years Known
Relationship to applicant			
Surname		Given Names	
Full Address			Postal Code
Residential Telephone ()	Business Telephone ()	Occupation	Years Known
Relationship to applicant			
Surname		Given Names	
Full Address			Postal Code
Residential Telephone ()	Business Telephone ()	Occupation	Years Known
Relationship to applicant			
Surname		Given Names	
Full Address			Postal Code

Residential Telephone ()	Business Telephone ()	Occupation	Years Known
Relationship to applicant			
Surname		Given Names	
Full Address			Postal Code
Residential Telephone ()	Business Telephone ()	Occupation	Years Known
Relationship to applicant			
Surname		Given Names	
Full Address			Postal Code
Residential Telephone ()	Business Telephone ()	Occupation	Years Known
Relationship to applicant			
Surname		Given Names	
Full Address			Postal Code
Residential Telephone ()	Business Telephone ()	Occupation	Years Known
Relationship to applicant			
Surname		Given Names	
Full Address			Postal Code
Residential Telephone ()	Business Telephone ()	Occupation	Years Known
Relationship to applicant			

MEDICAL

Family Doctor			
Address		Phone ()	
Have you ever broken any bones?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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?

Are you proficient in any languages other than English? Yes No

Explanation

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 Statute?
 Yes No

Describe the circumstances and disposition of any legal matters you are, or have been involved in, including traffic, criminal and civil:

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 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 Port Moody Police Department and any subsequent training.

Personal information about me will be used to assess my qualifications and suitability in relation to my application as a police officer, as well as research purposes. I consent to the collection, use, disclosure, transmittal and examination of all information compiled by the Port Moody Police Department.

Personal information about me that is obtained during the selection process, or any subsequent training and employment, 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.

Applicants signature	Date
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Witness signature	Date
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Witness name (printed here)

Witness address	Phone number
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