



Annapolis Royal Police Service

"Service to the Community"

Dear Applicant,

Thank you for your interest in joining the Annapolis Royal Police Service (ARPS).

We consider our organization a progressive leader in policing whose mission is to keep our community safe by enforcing the law, and preventing and reducing crime. We are looking for the best qualified candidates to assist us in our efforts to improve the quality of life in our community and, as such, our selection process for Police Constables is extensive. Only those candidates who submit a complete application that meets all of the minimum requirements will be contacted and considered .

Our people are our most valued resource and our goal is to seek candidates whose talents and experience will thrive in our service orientated organization. We welcome your application and interest in joining our team. Please refer to the instructions and application package that follow this letter.

Sincerely,

ARPS Administration



APPLICATION INSTRUCTIONS FOR POLICE CONSTABLE

Please follow the instructions below carefully.

1. Ensure that you meet our minimum requirements prior to commencing the application process.
2. All questions must be answered and answered by the applicant only. Incomplete application forms will not be processed. If a question is not applicable use "N/A" in the appropriate space. If an entire section is not applicable, one "N/A" in the first available space is sufficient.
3. This Application Form covers numerous areas necessary to determine the suitability of applicants, and also serves as a basis for determining your security clearance.
4. Ensure you fully read and complete the Consent to Release of Personal and/or Private Information Waiver and Release form.
5. All addresses must include the postal code. Use area codes for all phone numbers. Date of births should be YY-MMM-DD format [85-JAN-04]. All other date formats should follow YY-MMM [10-JUN].
6. Unless otherwise instructed, list items in chronological order, beginning with the most recent. Leave no gaps in dates, between educational institutions, places of employment, etc.
7. All information is subject to verification by investigation. False, misleading, or undisclosed information in this document or at any other stage in the application process will result in the termination of your application, or dismissal.
8. By completing this application, you acknowledge and understand that honesty, integrity, and background are areas that are scrutinized closely when considering applications, and that all questions in this document are necessary for this purpose.
9. Ensure that you have submitted all documents in order as listed on the Application Checklist.
10. Submit your completed application to policeservice@annapolisroyal.com If you have any questions related to your application please contact the ARPS .



APPLICANT MINIMUM REQUIREMENTS FOR POLICE CONSTABLE

APPLICANTS MUST MEET ALL OF THE FOLLOWING **MINIMUM REQUIREMENTS** IN ORDER TO HAVE THEIR APPLICATION ACCEPTED.

CITIZENSHIP	Canadian Citizen or Permanent Resident
MINIMUM AGE	19 years of age or older
HEIGHT & WEIGHTS	Proportionate
DRIVER'S LICENSE	Valid Nova Scotia Class 5 Driver's License
HIGH SCHOOL EDUCATION	High School graduation certificate or GED
POST SECONDARY EDUCATION	<p>Post Secondary education with a minimum of 30-credits in academic, university transferable courses. Other course work of an equivalent level and duration may be considered.</p> <p>Education completed outside of Canada must be evaluated by the International Credential Evaluation Service (ICES)</p>
FIRST AID CERTIFICATE	<p>Must possess and maintain a current basic first aid certificate</p> <p>Acceptable First Aid Certificates include: Emergency, Survival, Standard, Level 1, or First Responder 1 or 2</p> <p>A CPR Certificate alone does not suffice</p>
VISION	<p>Minimum unaided vision 6/12(20/40) in one eye, 6/30(20/100) in the other</p> <p>Correctable to 6/6(20/20) and 6/9(20/30)</p> <p>Depth perception and colour vision must be normal</p> <p>Excimer Corneal Laser Surgery is acceptable</p> <p>Radial Keratotomy is not acceptable</p>
HEARING	Hearing loss in one ear not greater than 50dB and the other ear not greater than 30dB in the 500 - 3000 CPS range
PHYSICAL ABILITIES	<p>Must be able to complete the Physical Abilities Requirement Evaluation Test (PARE) and a comprehensive medical examination, if required (Experienced officers maybe exempt)</p> <p>Ability to successfully complete a thorough background investigation</p>
BACKGROUND LOCATION	At time of enlistment, you must live within a 20-kilometers of the Town of Annapolis Royal limits



APPLICANT PREFERRED QUALIFICATIONS FOR POLICE CONSTABLE

APPLICANTS POSSESSING ANY OF THE **PREFERRED QUALIFICATIONS** NOTED BELOW, IN ADDITION TO ALL OF THE REQUIRED MINIMUM QUALIFICATIONS, WILL BE GIVEN PREFERENCE IN THE SELECTION PROCESS.

WORK HISTORY	We are looking for employees who are the top performers in their present work role, whose work history is stable, dependable and discipline free. Experience interacting with the public in both positive and negative situations is an advantage.
VOLUNTEER EXPERIENCE	Demonstrated commitment to the community through preferred volunteer experience. Police Reserves/Auxiliary, Victim Assistance, Crime Watch, Blockwatch, and Community Police Office Volunteer, or any service club participation would be an asset.
EDUCATION	Post-secondary education beyond the minimum, particularly, completion of a university degree is a definite asset. Preferred areas of study include Criminology, Psychology, Sociology, Business, Recreation and Service/Hospitality.
SECOND LANGUAGE	Individuals from a wide variety of cultural backgrounds who live, work and play in The Town of Annapolis Royal Fluency in a language other than English is a definite asset.
FIRST AID	Industrial First Aid or Level 3 First Aid. These intensive first aid training programs expose the candidate to a greater variety of first aid scenarios.
COMMUNICATION SKILLS	Excellent verbal and written communication skills.
SENSITIVITY	Ability to demonstrate sensitivity to people of diverse cultures, lifestyles and ethnicity.
INTERPERSONAL SKILLS	Our department places great emphasis on the Constable's ability to positively interact with all members of our community. In previous work, volunteer and social settings, candidates must have consistently demonstrated the traits of tact, diplomacy, and common sense.



POLICE CONSTABLE APPLICATION CHECKLIST

APPLICANT'S NAME: _____ DATE OF APPLICATION: (YY-MMM-DD) _____

The majority of ARPS communication will be done via email and may be sent to you from several different people within the department. Unfortunately a lot of our emails end up in applicants spam folders and invitations and important communications are missed. **It is your responsibility to check your email inbox and spam folder frequently.** It is also recommended that once you receive an email from ARPS that you add that person to your contact list and identify them as a safe contact.

I HAVE READ THE ABOVE AND WOULD ALSO LIKE TO CONFIRM MY EMAIL ADDRESS:

Please place a check mark in the following boxes to indicate that you have submitted each document with your application. The following documentation is required to be completed in full:

- Police Constable Application Checklist [this form]
- Two Passport Size Photographs in Color and Digital Copy (SENT TO ARPS EMAIL)
(Please print your last name on the back of each photo & attach them to this checklist with a paperclip)
- Application for Police Constable
- Consent to Release of Personal and/or Private Information, Waiver and Release
- ARPS Vision Report Form
- ARPS Audiometric Report Form
- Driver's License and Drivers Abstract from the last 6 months - copy
- Birth Certificate - copy
- S.I.N. Card or confirmation of S.I.N. letter issued by Service Canada - copy
- Proof of Citizenship or Permanent Residency - if applicable - copy
- First Aid Certificate - copy
- Official High School Education Transcript*
- Typing Certificate, minimum 25 word per minute with 5% error in a 3 minute test.

PARE Test Certificate with passing time of 3:45 within the last 12 months.

Official Police Service training record (if applicable) **EXPERIENCED OFFICERS ONLY**

***Please include a resume and Cover letter with this application. This must include 3 letters of reference.**

- *Transcripts are only official if they are submitted to the ARPS in a sealed envelope from the school/institution you attended.
- Please note that it is your responsibility to check and complete all documents prior to submission.
- **Incomplete or illegible applications will not be reviewed.**

NOTE: All documents submitted with your application become property of the ARPS and will not be returned to the applicant.



CONSENT TO RELEASE OF PERSONAL and/or PRIVATE INFORMATION, WAIVER, and RELEASE

FULL NAME: _____ DATE OF BIRTH: (YY-MMM-DD) _____

FORMERLY KNOWN AS: _____

I, _____, having applied for a position with the ARPS, and recognizing that I am required to supply information to be used to determine my qualifications, moral character, honesty and suitability for employment with the Department, hereby request and authorize the full disclosure of any and all records, files, notes, reports, opinions or other information concerning me, including employment files and records, performance evaluations, discipline records, background investigation files, polygraph reports, medical, psychiatric and psychological files and reports, complaints or grievances filed by or against me, training files, education files, school records and transcripts, credit rating and history files, income tax files, records and returns, driving records, military records, criminal records and police, probation and parole reports.

I hereby authorize the ARPS to make such investigations as they deem necessary to determine approval or disapproval of this application. I understand that the ARPS will have the final say in the approval or rejection of this application, and the criteria and method they use in arriving at their decision, will not be questioned or objected to by me and I will have no grievance against the ARPS or the Town of Annapolis Royal in this regard.

I waive the right to read or review any information received by the ARPS.

I release any individual, company, government agency, or public body and their representatives, agents and employees from any claim or action whatsoever which may result from furnishing the above information to the ARPS.

A photocopy of this release is to be considered as valid as an original waiver even though it does not contain an original of my signature. This waiver is valid for a period of one year from the date of signature.

Applicant's Signature: _____ Date: _____



APPLICATION FOR POLICE CONSTABLE

PLEASE ANSWER EACH QUESTION COMPLETELY AND TO THE BEST OF YOUR ABILITY.

Note: Certain fields throughout the application are formatted to auto-expand, vertically, if necessary. Continue entering text into a field and it will expand, if capable.

PERSONAL INFORMATION

Add Photo below

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. SURNAME <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss		GIVEN NAME(S)		Add a passport-sized photograph here (i.e. 2" x 2")	
NICKNAME(S)					
MAIDEN/FORMER NAME		SOCIAL INSURANCE NUMBER			
DATE OF BIRTH (YY-MMM-DD)	CURRENT AGE	PLACE OF BIRTH (City Province Country)			
CANADIAN CITIZEN:					
<input type="checkbox"/> Canadian Citizen by Birth <input type="checkbox"/> Canadian Citizen by Naturalization		<input type="checkbox"/> Permanent Resident <input type="checkbox"/> If not born in Canada, please provide year you entered Canada: _____			
MARITAL STATUS:					
<input type="checkbox"/> Single <input type="checkbox"/> Separated		<input type="checkbox"/> Committed Relationship <input type="checkbox"/> Divorced		<input type="checkbox"/> Common-Law <input type="checkbox"/> Widow(er) <input type="checkbox"/> Married <input type="checkbox"/> Other: _____	
RESIDENTIAL ADDRESS			CITY	PROVINCE	POSTAL CODE
HOME PHONE	CELL PHONE	WORK PHONE		RANK PREFERRED NUMBER FOR CONTACT	
				#1:	#2:
				#3:	
EMAIL ADDRESS					

1. How did you hear that the ARPS was hiring? _____
(i.e. ARPS employee, Other Police Dept Employee, Friend, Social Media, Billboards, Google Search, Other)

2. Have you been referred to us by someone who works at the ARPS? YES NO
 If "Yes," please provide their name and indicate if they are aware of your application. _____

3. Have you ever been on a Ride-Along with the ARPS? YES NO
 If "Yes," please provide date and details, below:

- FOR INTERNAL USE ONLY -

REVIEWED BY:	DATE:	DECISION:
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Application for Police Constable

OFFENCE RECORD

1. Have you ever been charged with a federal, provincial or municipal offence? YES NO
2. Have you ever been convicted of any offence under a federal or provincial statute for which a pardon has not been granted or issued? (This means any fine, period of imprisonment, or period of probation offered by the court; other than minor driving offences). YES NO
3. Have you ever been convicted of any offence outside of Canada under a federal or provincial/state law for which a pardon has not been granted or issued? (This means any fine, period of imprisonment, or period of probation offered by the court; other than minor driving offences). YES NO

If a criminal pardon has been granted, include a copy of the pardon with your application.

Note: Conviction of an offence does not necessarily preclude consideration for the position of police constable.

IF YOU ANSWERED 'YES' TO ANY OF THE QUESTIONS ABOVE, PLEASE PROVIDE THE DATE AND PARTICULARS OF EACH CHARGE AND/OR CONVICTION BELOW:

DATE (YY-MMM)	PARTICULARS OF CHARGE(S) AND/OR CONVICTION(S)

DRIVING INFORMATION

DRIVER'S LICENSE NUMBER #1	CLASS	PROVINCE OF ISSUE
EXPIRY DATE (YY-MMM-DD)	RESTRICTIONS	
DRIVER'S LICENSE NUMBER #2	CLASS	PROVINCE OF ISSUE
EXPIRY DATE (YY-MMM-DD)	RESTRICTIONS	
DRIVER'S LICENSE NUMBER #3	CLASS	PROVINCE OF ISSUE
EXPIRY DATE (YY-MMM-DD)	RESTRICTIONS	

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Application for Police Constable

► LIST ALL OF YOUR DRIVING CONVICTIONS BELOW:

DATE or YEAR	CONVICTION	LOCATION (City & Province/State)	
_____	_____	_____	X
_____	_____	_____	X
_____	_____	_____	X
_____	_____	_____	X
_____	_____	_____	X
_____	_____	_____	X
_____	_____	_____	X
_____	_____	_____	X
_____	_____	_____	X

FIRST AID

FIRST AID TRAINING: Do you hold a valid and current First Aid Certificate? If yes, specify below.

YES NO

TYPE OF FIRST AID CERTIFICATE	EXPIRY DATE (YY-MMM-DD)	TYPE OF FIRST AID CERTIFICATE	EXPIRY DATE (YY-MMM-DD)
_____	_____	_____	_____
TYPE OF FIRST AID CERTIFICATE	EXPIRY DATE (YY-MMM-DD)	TYPE OF FIRST AID CERTIFICATE	EXPIRY DATE (YY-MMM-DD)
_____	_____	_____	_____

LANGUAGE SKILLS

Do you speak a second language?

YES NO

IF YES, WHAT LANGUAGE(S)

INDICATE LEVEL OF PROFICIENCY:

Speak: _____ Basic Adequate Day to Day Fluent

Write: _____ Basic Adequate Day to Day Fluent

Read: _____ Basic Adequate Day to Day Fluent

EDUCATION

PLEASE PROVIDE DETAILS OF YOUR EDUCATION.

► HIGH SCHOOL

NAME OF SCHOOL ATTENDED	CITY/PROVINCE	FROM (YY-MMM)	TO (YY-MMM)
_____	_____	_____	_____
HIGHEST GRADE COMPLETED:	ORGANIZATIONS/ACTIVITIES (If Applicable)		
DID YOU GRADUATE HIGH SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	_____		

Initial



Application for Police Constable

► COLLEGE

NAME OF SCHOOL ATTENDED	CITY/PROVINCE	FROM (YY-MMM)	TO (YY-MMM)
PROGRAM/COURSE NAME	TOTAL CREDITS EARNED/OBTAINED	STUDIED: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
LICENCE(S), CERTIFICATE(S) OR DIPLOMA AWARDED			

► UNIVERSITY

NAME OF SCHOOL ATTENDED	CITY/PROVINCE	FROM (YY-MMM)	TO (YY-MMM)
MAJOR AREA OF STUDY	TOTAL CREDITS EARNED/OBTAINED	STUDIED: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
DEGREE(S) AWARDED			

► BUSINESS, TRADE or TECHNICAL SCHOOL

NAME OF SCHOOL ATTENDED	CITY/PROVINCE	FROM (YY-MMM)	TO (YY-MMM)
PROGRAM/COURSE NAME	TOTAL CREDITS EARNED/OBTAINED	STUDIED: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
LICENCE(S), CERTIFICATE(S) OR DIPLOMA AWARDED			

► OTHER / ADDITIONAL SCHOOL

NAME OF SCHOOL ATTENDED	CITY/PROVINCE	FROM (YY-MMM)	TO (YY-MMM)
PROGRAM/COURSE NAME	TOTAL CREDITS EARNED/OBTAINED	STUDIED: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
LICENCE(S), CERTIFICATE(S) OR DIPLOMA AWARDED			

► OTHER / ADDITIONAL SCHOOL

NAME OF SCHOOL ATTENDED	CITY/PROVINCE	FROM (YY-MMM)	TO (YY-MMM)
PROGRAM/COURSE NAME	TOTAL CREDITS EARNED/OBTAINED	STUDIED: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
LICENCE(S), CERTIFICATE(S) OR DIPLOMA AWARDED			

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Application for Police Constable

▶ OTHER / ADDITIONAL SCHOOL

NAME OF SCHOOL ATTENDED	CITY/PROVINCE	FROM (YY-MMM)	TO (YY-MMM)
PROGRAM/COURSE NAME	TOTAL CREDITS EARNED/OBTAINED	STUDIED: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
LICENCE(S), CERTIFICATE(S) OR DIPLOMA AWARDED			

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Please list other relevant educational courses, workshops, seminars, training, licenses, and certificates. Include completion date.

--

2. Please answer the following questions in reference to your most recent post-secondary educational experience.

Name of School Attended	Program
Reason for choosing program of study:	
Course(s) liked <u>best</u> & why:	
Course(s) liked <u>least</u> & why:	
Did your grades represent your best achievements?	
How was your post-secondary education financed?	

POLICE EMPLOYMENT

PLEASE DETAIL ANY CURRENT AND PREVIOUS POLICE EMPLOYMENT INCLUDING ANY CIVILIAN POSITIONS. PLEASE NOTE, RESERVE AND AUXILIARY POLICE EXPERIENCE SHOULD BE LISTED UNDER THE UPCOMING **VOLUNTEER** SECTION. N/A

Initial



Application for Police Constable

Police Agency	DATES OF SERVICE From: _____ To: _____
Police Agency Address	Position
Present/Last Location	
Brief description of your duties:	
What did you like <u>best</u> about your position?	
What did you like <u>least</u> about your position?	
Reason for leaving?	

Police Agency	DATES OF SERVICE From: _____ To: _____
Police Agency Address	Position
Present/Last Location	
Brief description of your duties:	
What did you like <u>best</u> about your position?	
What did you like <u>least</u> about your position?	
Reason for leaving?	

Initial



Application for Police Constable

Police Agency	DATES OF SERVICE From: _____ To: _____
Police Agency Address	Position
Present/Last Location	
Brief description of your duties:	
What did you like <u>best</u> about your position?	
What did you like <u>least</u> about your position?	
Reason for leaving?	

EMPLOYMENT

BEGINNING WITH YOUR PRESENT EMPLOYER, PLEASE LIST & DESCRIBE EVERY POSITION YOU HAVE HELD. IF YOU HAVE HELD MULTIPLE POSITIONS WITH THE SAME EMPLOYER, PLEASE DETAIL EACH POSITION SEPARATELY. INCLUDE ANY PART-TIME EMPLOYMENT & EMPLOYMENT WHILE AT SCHOOL.

Employer _____ ▶ <input type="checkbox"/> Present <input type="checkbox"/> Previous	No. of Hrs/Month	DATE OF EMPLOYMENT From: _____ To: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Employer Address	Employer Phone Number	
Supervisor's Name & Title	Your Title	
Brief description of your duties:		
What did you like <u>best</u> about your position?		
What did you like <u>least</u> about your position?		

Initial



Application for Police Constable

Reason for leaving?

Employer ▶ <input type="checkbox"/> Present <input type="checkbox"/> Previous	No. of Hrs/Month	DATE OF EMPLOYMENT From: _____ To: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Employer Address		Employer Phone Number
Supervisor's Name & Title	Your Title	
Brief description of your duties:		
What did you like <u>best</u> about your position?		
What did you like <u>least</u> about your position?		
Reason for leaving?		

Employer ▶ <input type="checkbox"/> Present <input type="checkbox"/> Previous	No. of Hrs/Month	DATE OF EMPLOYMENT From: _____ To: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Employer Address		Employer Phone Number
Supervisor's Name & Title	Your Title	
Brief description of your duties:		
What did you like <u>best</u> about your position?		
What did you like <u>least</u> about your position?		

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Application for Police Constable

Reason for leaving?

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. If applicable, please note any employers you ***do not*** want us to contact at this time.

2. Do you engage in any business as an owner or partner (active or silent)?

YES NO

If yes, please provide details [when, where & circumstances].

3. Have you ever been unemployed for extended periods of time?

YES NO

If yes, please provide details [when, where & circumstances].

4. Have you collected employment insurance benefits or welfare?

YES NO

If yes, please provide details [when, where & circumstances].

5. Have you ever filed for or received workers' compensation for an "on the job injury"?

YES NO

If yes, please provide details [when, where & circumstances].

6. Have you ever had problems with absenteeism or lateness when you were an employee or student?

YES NO

If yes, please provide details [when, where & circumstances].

7. Have you ever been unable to work for extended periods of time due to an illness or injury?

YES NO

If yes, please provide details [when, where & circumstances].

8. Have you ever received disability benefits or pension from any other source?

YES NO

If yes, please provide details [when, where & circumstances].

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Application for Police Constable

9. Have you been absent from work for any extended periods of time?

YES NO

If yes, please provide details [when, where & circumstances].

10. How many days of sick leave have you taken in each of the last three years?

MILITARY SERVICE

PLEASE DETAIL ANY CURRENT OR PREVIOUS MILITARY SERVICE.

N/A

Service/Branch/Trade		DATES OF SERVICE
		From: _____ To: _____
Address		Rank/Regimental #
Commanding Officer	Are You Still Engaged <input type="checkbox"/> YES <input type="checkbox"/> NO	Type of Discharge
Medals, Awards, and/or Decorations		

VOLUNTEER

PLEASE DETAIL ANY CURRENT OR PREVIOUS VOLUNTEER EXPERIENCE. INCLUDE ANY RESERVE AND AUXILIARY POLICE EXPERIENCE UNDER THIS SECTION.

N/A

Agency/Service/Club		YOUR INVOLVEMENT
		Started: _____ Ended: _____
Address		Phone Number
Type/Nature of Agency/Service/Club		Avg # of Hours Per Month You Volunteer
Supervisor's Name & Title	Your Title	
Brief description of your duties:		

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Application for Police Constable

Reason for leaving?

Agency/Service/Club		YOUR INVOLVEMENT	
		Started: _____ Ended: _____	
Address		Phone Number	
Type/Nature of Agency/Service/Club		Avg # of Hours Per Month You Volunteer	
Supervisor's Name & Title		Your Title	
Brief description of your duties:			
Reason for leaving?			

Agency/Service/Club		YOUR INVOLVEMENT	
		Started: _____ Ended: _____	
Address		Phone Number	
Type/Nature of Agency/Service/Club		Avg # of Hours Per Month You Volunteer	
Supervisor's Name & Title		Your Title	
Brief description of your duties:			
Reason for leaving?			

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Application for Police Constable

Agency/Service/Club		YOUR INVOLVEMENT	
		Started: _____ Ended: _____	
Address		Phone Number	
Type/Nature of Agency/Service/Club		Avg # of Hours Per Month You Volunteer	
Supervisor's Name & Title		Your Title	
Brief description of your duties:			
Reason for leaving?			

Agency/Service/Club		YOUR INVOLVEMENT	
		Started: _____ Ended: _____	
Address		Phone Number	
Type/Nature of Agency/Service/Club		Avg # of Hours Per Month You Volunteer	
Supervisor's Name & Title		Your Title	
Brief description of your duties:			
Reason for leaving?			

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Application for Police Constable

FAMILY & ASSOCIATION

PLEASE PROVIDE FULL INFORMATION (INCLUDING MAIDEN OR MARRIED NAME, IF APPLICABLE) FOR THE FOLLOWING PEOPLE IN YOUR LIFE.

▶ **SPOUSE/PARTNER** **GIRLFRIEND/BOYFRIEND** N/A Deceased

SURNAME		MAIDEN NAME		GIVEN NAME 1		GIVEN NAME 2	
ADDRESS						DATE OF BIRTH (YY-MMM-DD)	
HOME PHONE NUMBER		CELL PHONE NUMBER		GENDER	# YRS IN RELATIONSHIP	FROM (YY-MMM)	TO (YY-MMM)
OCCUPATION (If Applicable)				EMPLOYER (If Applicable)			

▶ **MOTHER** Deceased

SURNAME		MAIDEN NAME		GIVEN NAME 1		GIVEN NAME 2	
ADDRESS						DATE OF BIRTH (YY-MMM-DD)	
HOME PHONE NUMBER		CELL PHONE NUMBER		OCCUPATION & EMPLOYER (If Applicable)			

▶ **FATHER** Deceased

SURNAME		GIVEN NAME 1		GIVEN NAME 2			
ADDRESS						DATE OF BIRTH (YY-MMM-DD)	
HOME PHONE NUMBER		CELL PHONE NUMBER		OCCUPATION & EMPLOYER (If Applicable)			

▶ **CHILD (1)** Deceased

SURNAME		GIVEN NAME 1		GIVEN NAME 2		GENDER	
ADDRESS						DATE OF BIRTH (YY-MMM-DD)	
HOME PHONE NUMBER		CELL PHONE NUMBER		OCCUPATION & EMPLOYER (If Applicable)			

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Application for Police Constable

▶ CHILD (2)

 Deceased

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER
ADDRESS		DATE OF BIRTH (YY-MMM-DD)	
HOME PHONE NUMBER	CELL PHONE NUMBER	OCCUPATION & EMPLOYER (If Applicable)	

▶ CHILD (3)

 Deceased

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER
ADDRESS		DATE OF BIRTH (YY-MMM-DD)	
HOME PHONE NUMBER	CELL PHONE NUMBER	OCCUPATION & EMPLOYER (If Applicable)	

▶ CHILD (4)

 Deceased

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER
ADDRESS		DATE OF BIRTH (YY-MMM-DD)	
HOME PHONE NUMBER	CELL PHONE NUMBER	OCCUPATION & EMPLOYER (If Applicable)	

▶ CHILD (5)

 Deceased

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER
ADDRESS		DATE OF BIRTH (YY-MMM-DD)	
HOME PHONE NUMBER	CELL PHONE NUMBER	OCCUPATION & EMPLOYER (If Applicable)	

▶ CHILD (6)

 Deceased

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER
ADDRESS		DATE OF BIRTH (YY-MMM-DD)	
HOME PHONE NUMBER	CELL PHONE NUMBER	OCCUPATION & EMPLOYER (If Applicable)	

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Application for Police Constable

► SIBLING (1)

 Deceased

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER
ADDRESS			DATE OF BIRTH (YY-MMM-DD)
HOME PHONE NUMBER	CELL PHONE NUMBER	OCCUPATION & EMPLOYER (If Applicable)	

► SIBLING (2)

 Deceased

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER
ADDRESS			DATE OF BIRTH (YY-MMM-DD)
HOME PHONE NUMBER	CELL PHONE NUMBER	OCCUPATION & EMPLOYER (If Applicable)	

► SIBLING (3)

 Deceased

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER
ADDRESS			DATE OF BIRTH (YY-MMM-DD)
HOME PHONE NUMBER	CELL PHONE NUMBER	OCCUPATION & EMPLOYER (If Applicable)	

► SIBLING (4)

 Deceased

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER
ADDRESS			DATE OF BIRTH (YY-MMM-DD)
HOME PHONE NUMBER	CELL PHONE NUMBER	OCCUPATION & EMPLOYER (If Applicable)	

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Application for Police Constable

► STEP OR HALF PARENT

 N/A Deceased

SURNAME		GIVEN NAME 1		GIVEN NAME 2		
ADDRESS					DATE OF BIRTH (YY-MMM-DD)	
HOME PHONE NUMBER	CELL PHONE NUMBER	GENDER	# OF YRS KNOWN	FROM (YY-MMM)	TO (YY-MMM)	
OCCUPATION (If Applicable)			EMPLOYER (If Applicable)			

► STEP OR HALF PARENT

 N/A Deceased

SURNAME		GIVEN NAME 1		GIVEN NAME 2		
ADDRESS					DATE OF BIRTH (YY-MMM-DD)	
HOME PHONE NUMBER	CELL PHONE NUMBER	GENDER	# OF YRS KNOWN	FROM (YY-MMM)	TO (YY-MMM)	
OCCUPATION (If Applicable)			EMPLOYER (If Applicable)			

► MOTHER-IN-LAW

 N/A Deceased

SURNAME		GIVEN NAME 1		GIVEN NAME 2		
ADDRESS					DATE OF BIRTH (YY-MMM-DD)	
HOME PHONE NUMBER	CELL PHONE NUMBER		# OF YRS KNOWN	FROM (YY-MMM)	TO (YY-MMM)	
OCCUPATION (If Applicable)			EMPLOYER (If Applicable)			

► FATHER-IN-LAW

 N/A Deceased

SURNAME		GIVEN NAME 1		GIVEN NAME 2		
ADDRESS					DATE OF BIRTH (YY-MMM-DD)	
HOME PHONE NUMBER	CELL PHONE NUMBER		# OF YRS KNOWN	FROM (YY-MMM)	TO (YY-MMM)	
OCCUPATION (If Applicable)			EMPLOYER (If Applicable)			

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PLEASE PROVIDE FULL INFORMATION ON ANY **"FORMER SPOUSE OR PARTNER"** THAT YOU WERE INVOLVED WITH IN THE LAST 10 YEARS, BELOW. SPOUSE OR PARTNER IS DEFINED AS YOU WERE MARRIED OR YOU LIVED WITH ANOTHER PERSON IN A MARRIAGE-LIKE RELATIONSHIP, SOMETIMES CALLED COMMON-LAW, FOR A CERTAIN PERIOD OF TIME.

► **FORMER SPOUSE or PARTNER (1)**

Deceased

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	
ADDRESS			DATE OF BIRTH (YY-MMM-DD)	
HOME PHONE NUMBER	CELL PHONE NUMBER	# OF YEARS IN RELATIONSHIP	FROM (YY-MMM)	TO (YY-MMM)
OCCUPATION (If Applicable)		EMPLOYER (If Applicable)		

► **FORMER SPOUSE or PARTNER (2)**

Deceased (

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	
ADDRESS			DATE OF BIRTH (YY-MMM-DD)	
HOME PHONE NUMBER	CELL PHONE NUMBER	# OF YEARS IN RELATIONSHIP	FROM (YY-MMM)	TO (YY-MMM)
OCCUPATION (If Applicable)		EMPLOYER (If Applicable)		

► **FORMER SPOUSE or PARTNER (3)**

Deceased

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	
ADDRESS			DATE OF BIRTH (YY-MMM-DD)	
HOME PHONE NUMBER	CELL PHONE NUMBER	# OF YEARS IN RELATIONSHIP	FROM (YY-MMM)	TO (YY-MMM)
OCCUPATION (If Applicable)		EMPLOYER (If Applicable)		

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► **ROOMMATE or ANYONE ELSE LIVING WITH YOU (1)**

Deceased

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	
ADDRESS			DATE OF BIRTH (YY-MMM-DD)	
HOME PHONE NUMBER	CELL PHONE NUMBER	# OF YEARS LIVING TOGETHER	FROM (YY-MMM)	TO (YY-MMM)
OCCUPATION (If Applicable)		EMPLOYER (If Applicable)		

► **ROOMMATE or ANYONE ELSE LIVING WITH YOU (2)**

Deceased

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	
ADDRESS			DATE OF BIRTH (YY-MMM-DD)	
HOME PHONE NUMBER	CELL PHONE NUMBER	# OF YEARS LIVING TOGETHER	FROM (YY-MMM)	TO (YY-MMM)
OCCUPATION (If Applicable)		EMPLOYER (If Applicable)		

► **ROOMMATE or ANYONE ELSE LIVING WITH YOU (3)**

Deceased

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	
ADDRESS			DATE OF BIRTH (YY-MMM-DD)	
HOME PHONE NUMBER	CELL PHONE NUMBER	# OF YEARS LIVING TOGETHER	FROM (YY-MMM)	TO (YY-MMM)
OCCUPATION (If Applicable)		EMPLOYER (If Applicable)		

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PLEASE USE THE "OTHER" SECTION BELOW FOR ANY STEP-CHILDREN THAT YOU HAVE AND FOR SPOUSES/PARTNERS OF ALL OF THE ABOVE MENTIONED PEOPLE IF YOU HAVE NOT ALREADY LISTED THEM. FOR EXAMPLE, IF YOUR DAUGHTER IS MARRIED, PLEASE LIST HER SPOUSE AS "OTHER" OR IF YOUR SIBLINGS ARE MARRIED, PLEASE INCLUDE THEIR SPOUSE/PARTNER HERE.

► **OTHER (1) - PLEASE SPECIFY THE RELATIONSHIP:**

Deceased

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	
ADDRESS			DATE OF BIRTH (YY-MMM-DD)	
HOME PHONE NUMBER	CELL PHONE NUMBER	# OF YEARS KNOWN	FROM (YY-MMM)	TO (YY-MMM)
OCCUPATION (If Applicable)		EMPLOYER (If Applicable)		

► **OTHER (2) - PLEASE SPECIFY THE RELATIONSHIP:**

Deceased

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	
ADDRESS			DATE OF BIRTH (YY-MMM-DD)	
HOME PHONE NUMBER	CELL PHONE NUMBER	# OF YEARS KNOWN	FROM (YY-MMM)	TO (YY-MMM)
OCCUPATION (If Applicable)		EMPLOYER (If Applicable)		

LIST ALL PERSONS (OTHER THAN YOUR SPOUSE/PARTNER OR FAMILY) WITH WHOM YOU HAVE RESIDED WITH OVER THE PAST 5 YEARS (I.E. ROOMMATES, INTERNATIONAL STUDENTS, ETC.).

SURNAME	GIVEN NAME	DATE OF BIRTH (YY-MMM-DD)	GENDER
_____	_____	_____	X
_____	_____	_____	X
_____	_____	_____	X
_____	_____	_____	X
_____	_____	_____	X
_____	_____	_____	X
_____	_____	_____	X
_____	_____	_____	X

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Do you correspond with or visit your parents?

YES NO N/A

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2. Do you correspond with or visit your siblings?

YES NO N/A

3. At what age did you leave home? _____

Still living at home

4. Describe the activities you share with your family?

--

5. Has any member of your family ever been arrested, charged or convicted of a criminal offence?

YES NO

If yes, please provide details [when, where & circumstances].

--

RESIDENCE

IN CHRONOLOGICAL ORDER, LIST ALL RESIDENCE(S) YOU HAVE LIVED AT IN THE LAST **10** YEARS; INCLUDE ANY OUT OF COUNTRY RESIDENCE(S).

ADDRESS		CITY/PROVINCE/STATE	COUNTRY
FROM (YY-MMM)	TO (YY-MMM)	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	IF RENTED, NAME AND PHONE NUMBER OF LANDLORD

ADDRESS		CITY/PROVINCE/STATE	COUNTRY
FROM (YY-MMM)	TO (YY-MMM)	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	IF RENTED, NAME AND PHONE NUMBER OF LANDLORD

ADDRESS		CITY/PROVINCE/STATE	COUNTRY
FROM (YY-MMM)	TO (YY-MMM)	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	IF RENTED, NAME AND PHONE NUMBER OF LANDLORD

ADDRESS		CITY/PROVINCE/STATE	COUNTRY
FROM (YY-MMM)	TO (YY-MMM)	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	IF RENTED, NAME AND PHONE NUMBER OF LANDLORD

ADDRESS		CITY/PROVINCE/STATE	COUNTRY
FROM (YY-MMM)	TO (YY-MMM)	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	IF RENTED, NAME AND PHONE NUMBER OF LANDLORD

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HEALTH

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Have you experienced any type of illness, injury or accident which may affect your ability to perform the duties of a police constable? YES NO

If yes, please provide details.

2. Have you had eye surgery? YES NO

- If Yes, was the type of surgery radial keratotomy?

YES NO

Please provide date of eye surgery, type of surgery and the problem corrected.

3. Have you ever had a broken bone? YES NO

If yes, state your age when this happened and what kind of injury.

4. Are you currently being treated for any medical conditions? YES NO

If yes, please provide details.

5. Are you currently taking any pills or medication? YES NO

If yes, please provide type & details.

6. Please provide your current height and weight.

HEIGHT (in cm): _____ WEIGHT (in kg): _____

7. What do you do to maintain your physical fitness?

8. Are you aware of any reason which may affect your ability to perform the physical & mental duties of a Police Constable? YES NO

If yes, please provide type & details.

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PLEASE PROVIDE THE FOLLOWING DETAILS FOR YOUR FAMILY DOCTOR:

N/A

Family Doctor Name		Patient Since	Telephone Number
Address	City	Postal Code	

WHAT MEDICAL CONCERNS/CONDITIONS DO YOU CURRENTLY HAVE OR HAVE HAD IN THE PAST?

Medical Concern(s)/Condition(s)	Have or Had	Medication Currently Taking or Have Taken
Allergies	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Asthma Lung Disorder	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Back Neck	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Blackouts	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Blood Pressure	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Depression	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Diabetes	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Epilepsy	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Headaches Migranes	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Hearing	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Heart	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Injuries (Head, Chest, Stomach)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Kidney	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Mental Health/Psychological Issues	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Serious Illness	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Surgery	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Ulcer	<input type="checkbox"/> YES <input type="checkbox"/> NO	

9. Are you presently under a doctor's care?

YES NO

If yes, please provide details.

10. Have you ever smoked or consumed tobacco products?

YES NO

If yes, please provide details.

11. Do you have any mental health or psychological concerns that may impact your ability to perform the full range of duties as a police constable?

YES NO

If so what methods are being taken to manage these concerns?

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12. Have you ever contemplated suicide? YES NO
 If yes, please provide details [when, where & circumstances].

13. Are there any past experiences that may hinder your ability to perform the full range of duties as a police constable? YES NO
 If yes, please provide details.

14. Do you have any phobias that may impact your ability to perform the full range of duties as a police constable? YES NO
 If yes, please provide details.

FINANCIAL

PLEASE LIST ALL OF YOUR ASSETS (I.E. HOME, VEHICLE, PERSONAL EFFECTS, INVESTMENTS, ETC.).

ASSETS	VALUE (\$)	
		X
		X
		X
		X
		X
		X
		X
		X
TOTAL:		

PLEASE LIST ALL OF YOUR DEBTS (MORTGAGES, LOANS, CREDIT CARDS, LINE OF CREDIT, ETC.).

DEBT	ORIGINAL AMOUNT (\$)	CURRENT AMOUNT (\$)	MONTHLY PAYMENT (\$)	
				X
				X
				X
				X
				X
				X
				X
				X
TOTAL:				

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PLEASE LIST ALL OF YOUR CREDIT CARDS.

CREDIT CARD COMPANY	CREDIT LIMIT (\$)	CURRENT BALANCE (\$)	MONTHLY PAYMENT (\$)	
				X
				X
				X
				X
				X
TOTAL:				

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Do you own your own home? YES NO

2. What is your monthly mortgage payment or rental payment? \$ _____

3. Do you rent out part or whole of any building or property you own (e.g. Airbnb, vacation rental, rental property/suite)? YES NO
If yes, for how long, how much do you receive in rent and have you declared all rental income with Canada revenue?

4. If you have a rental property (includes Basement suite, lane house, etc.) Is it legally registered? YES NO

5. Do you own your own car? If so, indicate the make, model and year:

MAKE	MODEL	YEAR	MAKE	MODEL	YEAR
MAKE	MODEL	YEAR	MAKE	MODEL	YEAR

6. To what extent are you personally insured (life insurance)?

7. What is your current net income per month? \$ _____

8. What is your current net family/household income per month? \$ _____

9. Have you ever been bonded? YES NO
If yes, please provide details [when, where & circumstances].

10. Have you ever declared bankruptcy? YES NO
If yes, please provide details [when, where & circumstances].

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11. Have your wages ever been garnished?

YES NO

If yes, please provide details [when, where & circumstances].

12. Has a collection agency ever been assigned to any of your outstanding debts?

YES NO

If yes, please provide details [when, where & circumstances].

13. Have you ever had anything repossessed as a result of bad debt?

YES NO

If yes, please provide details [when, where & circumstances].

14. Have you ever had or do you currently have a problem with debt?

YES NO

If yes, outline how you handle this debt problem. Please provide details [when, where & circumstances].

FIREARMS

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Do you **currently** own any firearms?

YES NO

If yes, provide an itemized list below:

2. Have you **previously** owned any firearms?

YES NO

If yes, please provide details:

3. Do you currently have a valid license to possess or own firearms?

YES NO

4. Have you ever applied for a permit to possess or carry a firearm?

YES NO

If yes, please provide details [when, where & circumstances].

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LIFESTYLE

PLEASE ANSWER THE FOLLOWING QUESTIONS IN EACH SECTION BELOW:

ALCOHOL & MARIJUANA USE

1. Do you drink alcohol? YES NO
If yes, how much and how often do you drink (daily, weekly, monthly)?

2. When and why are you most likely to consume alcohol? YES NO
Please provide details [when, where & circumstances].

3. How does your personality change after you have been drinking?

4. When was the last time you were drunk? N/A
Please provide details [when, where & circumstances].

5. Have you ever been in a verbal or physical altercation while under the influence of alcohol? YES NO
If yes, please provide details [when, where & circumstances].

6. Has your consumption of alcohol ever caused a problem in your job, home, school, or community? YES NO
If yes, please provide details [when, where & circumstances].

7. Has anyone ever told you that your consumption of alcohol is excessive? YES NO
If yes, please provide details [when, where & circumstances].

8. Have you ever received counselling or treatment for alcohol abuse? YES NO
If yes, please provide details [when, where & circumstances].

9. What is your own definition of being drunk / intoxicated?

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10. Do you use marijuana?

YES NO

If yes, how much and how often do you use it (daily, weekly, monthly)?

11. When and why are you most likely to use marijuana?

Please provide details [when, where & circumstances].

12. How does your personality change after you have used marijuana?

13. When was the last time you were high from using marijuana?

Please provide details [when, where & circumstances].

14. Has your use of marijuana ever caused a problem in your job, home, school, or community?

YES NO

If yes, please provide details [when, where & circumstances].

15. Has anyone ever told you that your use of marijuana is excessive?

YES NO

If yes, please provide details [when, where & circumstances].

16. Have you ever received counselling or treatment for marijuana abuse?

YES NO

If yes, please provide details [when, where & circumstances].

17. What is your own definition of being high?

18. What is the worst thing you have done while under the influence of drugs or alcohol?

Please provide details [when, where & circumstances].

19. What is the most embarrassing thing you have done while under the influence of drugs or alcohol?

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Please provide details [when, where & circumstances].

AFFILIATIONS

1. Do you belong to any clubs or organizations (other than religious or political)?

YES NO

If yes, please provide details.

GAMBLING

1. Do you ever gamble?

YES NO

If yes, please provide details [when, where & circumstances].

2. Do you have any debts that were caused by gambling?

YES NO

If yes, please provide details.

3. Has your gambling ever had a negative impact on your life or your family's lives?

YES NO

If yes, please provide details.

PERSONAL

1. What are your plans for the future? (5 and 10 year goals)

2. What actions have you taken to implement these plans?

3. Describe three things in your life that you are most proud of (work or non-work related).

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4. Describe the worst experience of your life?

5. What is the one thing in your life that you are most ashamed of?

6. What is your biggest fear in life?

7. What associations have you had with police officers or police work?

8. When did you make the decision to pursue a career as a Police Constable? (YY-MMM) _____

9. In two hundred words or less please tell us why you want to become a Police Constable?

10. Please tell us why you want to become a Police Constable with the ARPS?

POLICE AGENCY APPLICATIONS

PLEASE COMPLETE THE FOLLOWING:

1. Have you applied with a police agency before?

- Yes, as a Member
 Yes, as a Reserve/Auxiliary Constable
 Yes, as a Civilian
 Yes, as a Volunteer
 No

IF YOU ANSWERED 'YES' TO THE ABOVE QUESTION, PLEASE LIST ALL CURRENT AND PAST APPLICATIONS MADE WITHIN THE PAST FIVE YEARS – PLEASE BE SURE TO INDICATE IF YOU HAVE A PREVIOUS ARPS APPLICATION.

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Agency Applied To		Date of Application (YY-MMM)	
Position Applied For			
CURRENT STATUS OF APPLICATION - Please select one of the three options below:			
<input type="checkbox"/> ACTIVE/OPEN	Provide details on the status of your application and what stage you are at:		
<input type="checkbox"/> DEFERRED	Date of Deferral (YY-MMM)	Length of Deferral	Reason for Deferral
<input type="checkbox"/> CLOSED/TERMINATED	Date File Closed (YY-MMM)	Reason for File Being Closed/Terminated	
Are you welcome to re-apply to this agency in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not know			

Agency Applied To		Date of Application (YY-MMM)	
Position Applied For			
CURRENT STATUS OF APPLICATION - Please select one of the three options below:			
<input type="checkbox"/> ACTIVE/OPEN	Provide details on the status of your application and what stage you are at:		
<input type="checkbox"/> DEFERRED	Date of Deferral (YY-MMM)	Length of Deferral	Reason for Deferral
<input type="checkbox"/> CLOSED/TERMINATED	Date File Closed (YY-MMM)	Reason for File Being Closed/Terminated	
Are you welcome to re-apply to this agency in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not know			

2. Have you previously attended a PARE session?

Yes No

If Yes, please answer the following ►
for your most recent PARE.

Date (YY-MMM)	Score (MIN. & SEC.)	Sponsoring Agency
---------------	---------------------	-------------------

3. Have you previously written an Entrance Exam with any other Municipal Police Agency in NS?

Yes No

IF YOU ANSWERED 'YES' TO QUESTION 3, PLEASE COMPLETE THE FOLLOWING FOR EACH TIME YOU HAVE WRITTEN A MUNICIPAL POLICE AGENCY ENTRANCE EXAM. IF YOU HAVE WRITTEN FOR THE SAME AGENCY MORE THAN ONCE, PLEASE INCLUDE THE DETAILS FOR EACH TIME YOU HAVE WRITTEN.

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Agency:	Agency:
Date of Exam (YY-MMM):	Date of Exam (YY-MMM):
Score (as a %):	Score (as a %):
Agency:	Agency:
Date of Exam (YY-MMM):	Date of Exam (YY-MMM):
Score (as a %):	Score (as a %):

4. If you have written an exam and scored 70% or higher please provide proof of your exam score with your application. Proof of your exam score can be an email from the Municipal Agency identifying your name, date of exam and score (as a %). The email can be addressed to you and you can attach it to your application. This will help us assess and determine if you have a transferable score. Please note, this does not automatically mean that your score is transferable and you may still be required to write our exam.

Yes, I will attach an email No, I have not achieved a score of 70% or higher N/A

EXEMPT AND/OR LATERAL CANDIDATE QUESTIONS

IF YOU ARE CURRENT POLICE OFFICER, PLEASE COMPLETE THE FOLLOWING SECTION.

N/A

1. When and where did you receive your police constable recruit training?

Please provide details.

2. In total, how many years of service do you have?

Please provide details.

3. What is your current rank? _____

4. Why do you want to leave your current agency?

Please provide details.

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ADDITIONAL INFORMATION

Please add any additional information to this sheet and ensure you advise us what question it relates to.

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APPLICANT DECLARATION

I hereby declare that the foregoing information is true and complete to the best of my knowledge. I understand that a false statement or omission may disqualify me from further consideration for employment or result in dismissal should I be appointed as a Police Constable. It is understood and accepted that I am involved in a competitive process and that I may be declined at any stage of the process.

Personal information obtained through the completion of this form is collected for the purpose of assessing qualifications and suitability for employment as a police constable and is collected, protected and retained in compliance with the **Freedom of Information and Protection of Privacy Act**. Information collected may be disclosed for the purpose for which it was obtained or for a consistent purpose.

Questions concerning collection or disclosure of this information should be addressed to:

Freedom of Information and Protection of Privacy Act
Annapolis Royal Police Service
285 Saint George Street, PO Box 310
Annapolis Royal, Nova Scotia B0S 1A0
902-532-2427

SIGNATURE OF APPLICANT: _____ DATE: _____

NAME OF APPLICANT: _____