

APPLICATION Position of Constable / Cadet

Important

1. Carefully review and follow application instructions issued with this application form.

2. Please print clearly, complete fully, and use additional paper if space is insufficient.

I. Personal Information

Last Name	Given Name (1)		Given Name (2)	3rd, 6th & 9th digits		ligits of	of SIN#	
Complete Address (including Number, Street, Apt. Number, Lot, Concessions, Rural Route #)						ı		
City or Town		Province Postal Code			le			
Business or Day Phone Number:		Cell Phone Number:						
Home or Evening Phone Number:		E-Mail Ad	dress:					
					Yes	No		
Are you at least 18 years of age?								
Are you legally aliable to work in Coned	<u></u>							
Are you legally eligible to work in Canada?								
Are you a Canadian citizen or a permanent resident of Canada?								
Do you possess a valid driver's license that permits you to drive an automobile in Ontario with full driving privileges and do you have six or fewer demerit points?								
Ferringer man are just and a server accessing								
Have you ever been convicted of any criminal offence under a federal statue 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)								
If you were previously convicted under a federal statute (this does not involve a finding guilt under the YCJA or the								
YOA, or a finding of delinquency under the JDA), have you been granted or issued a pardon? If yes, please provide details of the circumstance:					ide			
or in the event of a discharge relating to a finding of guilt (this does not involve a finding guilt under the YCJA or						or		
the YOA, or a finding of delinquency under the JDA), have the records been sealed by the R.C.M.P.?								
Will you possess a valid CPR and First Aid Certificate by the time a job offer is given?								
will you possess a valid CFK and First Aid Certificate by the time a job offer is given?								

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Confidential

II. Education

Secondary School Attended		Highest Grade or Level Completed (If applicable, attach equivalency certificate)					
Type of Certificate or Diploma Obtained							
Business, Trade or Technical School Attended							
Course Name]		Dates and number of years attended				
Specify License, Certificate or Diploma Awarded							
Community College Attended							
Program Name	Dates and			number of years attended			
Specify License, Certificate or Diploma Awarded							
University Attended							
Specify Major Area of Study		Dates and number of years attended					
Degree Awarded			General	Honors			
Other relevant Courses, Workshops, Seminars, Training, Licenses, Certificates or Degrees							

III. Employment History

- **Note:** 1. Beginning with your present or previous employer and continuing in reverse time order, list and describe every position you have held since the beginning of your work experience. If you have held two or more positions with the same employer, list and describe each position separately. Include military, part-time and summer employment. (**Please attach additional sheets as required**)
 - 2. Is your current employer(s) aware you are seeking employment? Please be advised they may be contacted at a further point in the selection process.

Present or Previous Employer		
Telephone Number	Date of Employment: From To	
Complete Mailing Address (include Postal Code)		
Supervisor's Name and Title	Your Position Title	
Brief Description of Duties		
Reason for Leaving		
Present or Previous Employer		
Telephone Number	Date of Employment: From To	
Complete Mailing Address (include Postal Code)		
Supervisor's Name and Title	Your Position Title	
Brief Description of Duties		
Reason for Leaving		
Present or Previous Employer		
Telephone Number	Date of Employment: From To	
Complete Mailing Address (include Postal Code)		
Supervisor's Name and Title	Your Position Title	
Brief Description of Duties		
Reason for Leaving		

1 V. List any qualifications you have which you believe are relevan	t to this position:				
Have you ever applied to any other police service(s)		Yes		No	
If yes, complete the following:					
Name of Service(s)	Date(s)	Is you	ır appl	lication curren	tly active?
1.		Yes		No	
2.		Yes		No	
3.		Yes		No	
4.		Yes		No	
5.		Yes		No	
6.		Yes		No	
7.		Yes		No	
8.		Yes		No	
Declaration: I hereby declare that the foregoing information is true an that a false statement or omission may disqualify me from further const be appointed as a police constable / cadet. It is understood and accept I may be declined at any stage of the process.	sideration for empl	loyme	nt or 1	result in dism	issal should
Personal information obtained through the completion of this form is collect the purpose of assessing qualifications and suitability for employment as a the purpose for which it was obtained or for a consistent purpose. Question should be addressed to:	police officer. Infor	rmatio	n colle	ected may be o	disclosed for
OACP CSS Administrator, C/O ATS Inc. 540 Clarke Road, Unit 14 London, ON N5V 2C7 Tel: 1-800-513-9652 Email: cssadmin@oacp.ca					
Applicant's Signature:	Date:				