

APPLICATION FOR POSITION OF FIRST NATION CONSTABLE

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City Prov. Postal Code*

How long have you lived at this address? _____ Years _____ Months
Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____ Health Card Number: _____

Social Insurance Number: _____ Status Card Number: _____

Birth Date: _____ Marital Status: (include common-law) _____

Spouse's Full Name: _____

Spouse's Birth Date: _____ Spouse's Citizenship _____

Do you possess a valid Driver's Licence that permits you to operate a motor vehicle in Ontario? Yes No

Driver's Licence Number: _____

Have you ever been convicted of any Criminal Offence for which a pardon has not been granted or issued?
(i.e. a fine, imprisonment or probation) Yes No

IF you have been convicted under a Federal Statute, have you been granted or issued a pardon? Yes No
(dd/mmm/yr)

Do you possess a valid CPR Certificate? Yes No If "Yes" what is the expiry date? _____
(dd/mmm/yr)

Do you possess a valid First Aid Certificate? Yes No If "Yes" what is the expiry date? _____

Education

What is the highest level of education you have successfully completed? _____

Name of School: _____ Location (Province/Country) _____

Have you ever been expelled or suspended from any school attended? Yes No

List relevant Courses, Workshops, Seminars, Training, Licences, Certificates of Degrees:

List any work related training or skills applicable to this position:

List any other hobbies, qualifications which are applicable to this position:

Activities – Clubs, athletic, civic organizations, military cadets/reserves, etc.

Organization Name	Nature of Organization	Position Held	Dates of Membership	
			From:	To:
			From:	To:
			From:	To:
			From:	To:
			From:	To:

References

You may list name(s) of police officers who you know personally and who are willing to provide a written character reference pertaining to your suitability as a First Nation Constable Applicant. For each reference, please provide the following.

Full Name: Last First M.I.

Address: Street Address Apartment/Unit # City Prov. Postal Code

Primary Phone: () Alternate Phone: ()

Rank: Police Agency:

Full Name: Last First M.I.

Address: Street Address Apartment/Unit # City Prov. Postal Code

Primary Phone: () Alternate Phone: ()

Rank: Police Agency:

Full Name: Last First M.I.

Address: Street Address Apartment/Unit # City Prov. Postal Code

Primary Phone: () Alternate Phone: ()

Rank: Police Agency:

Have you ever been sued for non-payment of a debt? Yes No If answer is "Yes" provide details below.

Employment History

- List, beginning with your present or most recent employer, every position you have held since the beginning of your employment history. If you have held more than 1 position with the same employer, list and describe each position separately. Include part-time and summer employment. (Use extra paper if necessary).
- You should be aware that your current employer may be contacted at a further point in the selection process.

Present or Previous Employer:

Complete Mailing Address (include postal code)	Date of Employment From: _____ To: _____
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Telephone Number: _____

Supervisor's Name and Title:	Your Position Title:
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Brief Description of Your Duties:

Reason for Leaving:

Present or Previous Employer:

Complete Mailing Address (include postal code)	Date of Employment From: _____ To: _____
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Telephone Number: _____

Supervisor's Name and Title:	Your Position Title:
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Brief Description of Your Duties:

Reason for Leaving:

Present or Previous Employer:

Complete Mailing Address *(include postal code)*

Date of Employment

From:

To:

Telephone Number:

Supervisor's Name and Title:

Your Position Title:

Brief Description of Your Duties:

Reason for Leaving:

Present or Previous Employer:

Complete Mailing Address *(include postal code)*

Date of Employment

From:

To:

Telephone Number:

Supervisor's Name and Title:

Your Position Title:

Brief Description of Your Duties:

Reason for Leaving:

Present or Previous Employer:

Complete Mailing Address *(include postal code)*

Date of Employment

From:

To:

Telephone Number:

Supervisor's Name and Title:

Your Position Title:

Brief Description of Your Duties:

Reason for Leaving:

Have you ever been dismissed or asked to resign from any position? Yes No If "Yes" provide details.

Have you made any previous application to a First Nation Territory within the First Nation Constable Program?

Yes No If "Yes" provide details.

Have you ever applied for enlistment in the armed forces and been declined? Yes No If "Yes" provide details.

Have you ever applied for any other police agency and been declined? Yes No If "Yes" provide details.

Do you have any current applications in progress with the armed forces or any other police agency? Yes No
If "Yes" provide details.

Declaration

I hereby declare that the foregoing information is true and complete. I understand that a false statement may disqualify me from employment or result in dismissal. It is understood and accepted that I am involved in a competitive recruitment selection and that my offer of employment may be declined at any processing stage.

Applicant Signature

Date

Witness Signature

Date