

APPLICATION
Position of Auxiliary Constable

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

I. Personal Information

Last Name	Given Name (1)	Given Name (2)	
Maiden Name	Any Previous Names? (If yes, please list any previous surnames)		
Complete Address (including Number, Street, Apt. Number, Lot, Concessions, Rural Route #)			
City or Town	Province	Postal Code	
Business or Day Phone Number: ()			
Home or Evening Phone Number: ()			
Are you at least 18 years of age?	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	
Are you legally eligible to work in Canada?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you a Canadian citizen or a permanent resident of Canada?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you possess a valid driver's licence that permits you to drive an automobile in Ontario with full driving privileges and do you have six (6) or fewer demerit points?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been convicted of any criminal offence 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).	<input type="checkbox"/>	<input type="checkbox"/>	
If you were previously convicted under a federal statute, have you been granted or issued a pardon; or in the event of a discharge related to a finding of guilt, have the records been sealed by the R.C.M.P.?	N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you possess a CPR certificate? (If Yes , please provide the expiry date. If no, please provide date of scheduled training).	<input type="checkbox"/>	<input type="checkbox"/>	
Do you possess a first-aid certificate? (If Yes , please provide the expiry date. If no, please provide date of scheduled training).	<input type="checkbox"/>	<input type="checkbox"/>	

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		Length of Course	
Licence, Certificate or Diploma Awarded			
Community College Attended			
Program Name		Length of Program	
Licence, Certificate or Diploma Awarded			
University Attended			
Major Area of Study		Length of Course	
Degree Awarded		General	Honours
Other relevant Courses, Workshops, Seminars, Training, Licences, Certificates or Degrees			
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III. Employment History

Note: 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)

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

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

IV. List any qualifications you have which you believe are relevant to this position:

<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

Have you ever applied to any other police service(s) for employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, complete the following:		
Name of Service(s)	Date(s)	Is your application currently active?
		Yes No
1.	<input type="checkbox"/> <input type="checkbox"/>
2.	<input type="checkbox"/> <input type="checkbox"/>
3.	<input type="checkbox"/> <input type="checkbox"/>
4.	<input type="checkbox"/> <input type="checkbox"/>

Declaration: I hereby declare that the foregoing information is true and complete to the best of my knowledge. I understand that a false statement may result in dismissal should I be appointed as an auxiliary constable. It is understood and accepted that I am involved in a competition process and that I may be declined at any stage of the process.

Applicant's Signature:	Date:
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