



MEDICINE HAT POLICE SERVICE

EMPLOYMENT APPLICATION

MAIL COMPLETED APPLICATION TO:

**MEDICINE HAT POLICE SERVICE
ATTN: RECRUITING
884 2 ST, SE
MEDICINE HAT, AB, T1A 8H2**

Or scan and send to recruiting@mhps.ca

Receipt No.	
For Office Use Only	

For more information about opportunities with the Medicine Hat Police Service
www.mhps.ca

1. An essential component in the selection process of the Medicine Hat Police Service is a background investigation. Information gathered will be used to assess the suitability of the Applicant for a police career. There will be a security check on the Applicant and members of their family.
2. All questions must be answered. If a question is not applicable, mark N/A. attach a note explaining the reason any question is left blank.
3. All information supplied is subject to verification by investigation. False statements can disqualify or result in dismissal if employed.
4. Complete this form by printing in ink. Neatness and legibility are of the utmost importance.
5. If extra space is required, attach additional pages to this application.
6. Postal codes must be supplied for each address given.
7. No information received from inquiries concerning information in this application will be released to the applicant.

All the items below must be submitted with your application:

- | | |
|---|--|
| <input type="checkbox"/> Copy of High School Diploma | <input type="checkbox"/> Pardon (if applicable) |
| <input type="checkbox"/> Certified copy of High School Transcript | <input type="checkbox"/> Copy of Vision Report |
| <input type="checkbox"/> Completed Personal Disclosure Form | <input type="checkbox"/> Copy of Hearing Report |
| <input type="checkbox"/> Driving Record Abstract – last three years
<small>(Out of Province Applicants must supply their Provincial Equivalent)</small> | <input type="checkbox"/> Post-Secondary Documents (if applicable) |
| <input type="checkbox"/> Copy of Birth Certificate and/or Canadian Citizenship or Legal Permanent Resident documentation | |

LAST NAME		GIVEN NAME		MIDDLE NAME	
FULL ADDRESS			CITY	PROVINCE	POSTAL CODE
EMAIL ADDRESS		TELEPHONE NO. (RES.) []	TELEPHONE NO. (BUS.) []	SOCIAL INSURANCE NUMBER	
Other than the name(s) listed above, please list any name change(s), or name(s) you may have used in the past.					DATE OF BIRTH YYY MM DD
NAME CHANGE FROM:		NAME CHANGE TO:		DATE OF CHANGE YYY YYY YYY	
DRIVER'S LICENCE	PROVINCE	CLASS(ES)	LICENCE NUMBER		DATE OF ISSUE YYY MM DD

Personal information on this Employment Application is being collected under the authority of the Freedom of Information & Protection of Privacy Act (FOIPP) Section 33(c). It will be used to determine your suitability, eligibility, or qualifications for employment. Questions about the use or collection of this information should be directed to the FOIP Program Administrator.

The Medicine Hat Police Service is constantly reviewing recruiting initiatives across Canada. To assist us with our future planning, please indicate how you learned about this employment opportunity:

- | | | | |
|---|---------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Career Fair | <input type="checkbox"/> Radio/T.V. | <input type="checkbox"/> Police Officer | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> College/University Visit | <input type="checkbox"/> Social Media | | |

EDUCATION AND TRAINING										Proof of education will be required prior to engagement									
HIGH SCHOOL		Circle highest grade completed		NAME OF SCHOOL						LOCATION		<input type="checkbox"/> HIGH SCHOOL DIPLOMA <input type="checkbox"/> EQUIVALENCY DIPLOMA							
10 11 12 13																			
COLLEGE, BUSINESS SCHOOL, OR TECHNICAL SCHOOL				NAME OF SCHOOL						LOCATION									
PROGRAM OR COURSE								START DATE		FINISH DATE									
LENGTH OF COURSE		GRADE POINT AVERAGE		CERTIFICATE, DIPLOMA, OR LICENCE AWARDED? (IF NOT – PLEASE PROVIDE DETAILS)															
				<input type="checkbox"/> YES <input type="checkbox"/> NO															
UNIVERSITY				NAME OF SCHOOL						LOCATION									
PROGRAM OR COURSE								START DATE		FINISH DATE									
LENGTH OF COURSE		GRADE POINT AVERAGE		CERTIFICATE, DIPLOMA, OR LICENCE AWARDED? (IF NOT – PLEASE PROVIDE DETAILS)															
				<input type="checkbox"/> YES <input type="checkbox"/> NO															
UNIVERSITY				NAME OF SCHOOL						LOCATION									
PROGRAM OR COURSE								START DATE		FINISH DATE									
LENGTH OF COURSE		GRADE POINT AVERAGE		CERTIFICATE, DIPLOMA, OR DEGREE AWARDED? (IF NOT – PLEASE PROVIDE DETAILS)															
				<input type="checkbox"/> YES <input type="checkbox"/> NO															
UNIVERSITY				NAME OF SCHOOL						LOCATION									
PROGRAM OR COURSE								START DATE		FINISH DATE									
LENGTH OF COURSE		GRADE POINT AVERAGE		CERTIFICATE, DIPLOMA, OR DEGREE AWARDED? (IF NOT – PLEASE PROVIDE DETAILS)															
				<input type="checkbox"/> YES <input type="checkbox"/> NO															
I. Q. A. S.				(International Qualifications Assessment Standards – Certificate - if applicable) For International applicants only – Please state the highest level education achieved.															
				NAME OF SCHOOL						LOCATION									
PROGRAM OR COURSE								START DATE		FINISH DATE									
LENGTH OF COURSE		GRADE POINT AVERAGE		CERTIFICATE, DIPLOMA, OR DEGREE AWARDED? (IF NOT – PLEASE PROVIDE DETAILS)															
				<input type="checkbox"/> YES <input type="checkbox"/> NO															
LANGUAGES SPOKEN																			
LANGUAGES WRITTEN																			

ADDITIONAL EDUCATION INCLUDING COURSES, WORKSHOPS, AND SEMINARS. (ATTACH AN ADDITIONAL PAPER IF NECESSARY)

ADDITIONAL COMPUTER SKILLS, TRAINING, COURSES, ETC ... (ATTACH AN ADDITIONAL PAPER IF NECESSARY)

HAVE YOU EVER WRITTEN THE ACT (ALBERTA COMMUNICATION TEST), THE CAAT (CANADIAN ADULT ACHIEVEMENT TEST), OR THE WCT (WRITTEN COMMUNICATION TEST)? YES (if YES – Where & When) NO

HAVE YOU EVER WRITTEN THE APCAT (ALBERTA POLICE APPLICANT COGNITIVE ABILITY TEST)? YES (if YES – Where & When) NO

HAVE YOU EVER APPLIED FOR A POSITION WITH THIS OR ANY OTHER POLICE AGENCY? YES (if YES – Where & When) NO

LIST ALL APPLICATIONS TO THIS OR ANY OTHER POLICE AGENCIES

POLICE AGENCY	APPLICATION DATE			STATUS (describe reason for non-selection)
	YYYY	MM	DD	

HAVE YOU EVER TAKEN A POLYGRAPH OR COMPUTER VOICE STRESS ANALYSIS EXAMINATION? YES NO

AGENCY WHERE POLYGRAPH OR COMPUTER VOICE STRESS ANALYSIS EXAMINATION WAS COMPLETED	YYYY	MM	DD
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REASON FOR POLYGRAPH OR COMPUTER VOICE STRESS ANALYSIS EXAMINATION

HAVE YOU EVER BEEN FINGERPRINTED? YES NO

REASON FOR FINGERPRINTING

EMPLOYMENT HISTORY

Begin with your most recent employer and continue in reverse time order.
Provide history for the last ten (10) years if applicable.
Provide an explanation for all gaps in employment.

MOST RECENT	EMPLOYER'S NAME			TELEPHONE NUMBER []
	EMPLOYER'S ADDRESS			POSTAL CODE
NAME OF IMMEDIATE SUPERVISOR			TELEPHONE NUMBER []	
START DATE YYYY MM	FINISH DATE YYYY MM	POSITION HELD		
DUTIES/RESPONSIBILITIES				
REASON FOR LEAVING				
2nd	EMPLOYER'S NAME			TELEPHONE NUMBER []
	EMPLOYER'S ADDRESS			POSTAL CODE
NAME OF IMMEDIATE SUPERVISOR			TELEPHONE NUMBER []	
START DATE YYYY MM	FINISH DATE YYYY MM	POSITION HELD		
DUTIES/RESPONSIBILITIES				
REASON FOR LEAVING				
3rd	EMPLOYER'S NAME			TELEPHONE NUMBER []
	EMPLOYER'S ADDRESS			POSTAL CODE
NAME OF IMMEDIATE SUPERVISOR			TELEPHONE NUMBER []	
START DATE YYYY MM	FINISH DATE YYYY MM	POSITION HELD		
DUTIES/RESPONSIBILITIES				
REASON FOR LEAVING				

REFERENCES

Please list five (5) adults, not related to you and not previous employers, whom we may contact as references to provide competent judgment of your personal character, temperament, and work habits.

NAME		GIVEN NAMES	RELATIONSHIP	
FULL ADDRESS			POSTAL CODE	
TELEPHONE NO. (RES.) []	TELEPHONE NO. (BUS.) []	OCCUPATION		YEARS KNOWN

NAME		GIVEN NAMES	RELATIONSHIP	
FULL ADDRESS			POSTAL CODE	
TELEPHONE NO. (RES.) []	TELEPHONE NO. (BUS.) []	OCCUPATION		YEARS KNOWN

NAME		GIVEN NAMES	RELATIONSHIP	
FULL ADDRESS			POSTAL CODE	
TELEPHONE NO. (RES.) []	TELEPHONE NO. (BUS.) []	OCCUPATION		YEARS KNOWN

NAME		GIVEN NAMES	RELATIONSHIP	
FULL ADDRESS			POSTAL CODE	
TELEPHONE NO. (RES.) []	TELEPHONE NO. (BUS.) []	OCCUPATION		YEARS KNOWN

NAME		GIVEN NAMES	RELATIONSHIP	
FULL ADDRESS			POSTAL CODE	
TELEPHONE NO. (RES.) []	TELEPHONE NO. (BUS.) []	OCCUPATION		YEARS KNOWN

CREDIT HISTORY

Please complete the following information.

NAME											
MAIDEN NAME / OTHER NAMES USED											
DATE OF BIRTH YYYY M M D D			EMPLOYER'S NAME								
CURRENT ADDRESS					FROM YYYY MM DD			TO YYYY MM DD			
CITY			PROVINCE		COUNTRY			POSTAL CODE			
PREVIOUS ADDRESS					FROM YYYY MM DD			TO YYYY MM DD			
CITY			PROVINCE		COUNTRY			POSTAL CODE			
PREVIOUS ADDRESS					FROM YYYY MM DD			TO YYYY MM DD			
CITY			PROVINCE		COUNTRY			POSTAL CODE			
PREVIOUS ADDRESS					FROM YYYY MM DD			TO YYYY MM DD			
CITY			PROVINCE		COUNTRY			POSTAL CODE			
PREVIOUS ADDRESS					FROM YYYY MM DD			TO YYYY MM DD			
CITY			PROVINCE		COUNTRY			POSTAL CODE			
DRIVER'S LICENCE	PROVINCE		CLASS(ES)		LICENCE NUMBER			DATE OF ISSUE YYYY M M D D			
CREDIT CARDS	TYPE		ISSUING INSTITUTION			CURRENT BALANCE OWING			EXPIRATION DATE YYYY M M		
2	TYPE		ISSUING INSTITUTION			CURRENT BALANCE OWING			EXPIRATION DATE YYYY M M		
3	TYPE		ISSUING INSTITUTION			CURRENT BALANCE OWING			EXPIRATION DATE YYYY M M		
4	TYPE		ISSUING INSTITUTION			CURRENT BALANCE OWING			EXPIRATION DATE YYYY M M		
OFFICE USE ONLY											
FILE MANAGER											
DATE SENT (Fax)			YYYY	MM	DD	DATE RECEIVED (Fax)			YYYY	MM	DD

SECURITY CLEARANCE DECLARATION**FILE
MANAGER****OFFICE USE ONLY**

This page contains detailed information regarding you, your family, and associates.

This information is required to determine your eligibility for employment.

THIS INFORMATION WILL BE HELD IN STRICTEST CONFIDENCE.

Please print legibly. Ensure that all sections are completed. Additional sheets should follow suggested format.

LAST NAME			FIRST NAME			MIDDLE NAME			PREFERRED FIRST NAME						
MAIDEN / OTHER NAMES USED															
FULL ADDRESS				CITY			PROVINCE			POSTAL CODE		TELEPHONE NUMBER []			
DATE OF BIRTH YYYY MM DD			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female			PLACE OF BIRTH (INCLUDE CITY / COUNTRY BORN)									
MARITAL STATUS															
<input type="checkbox"/> Single			<input type="checkbox"/> Married			<input type="checkbox"/> Common-law / Domestic Partner			<input type="checkbox"/> Separated		<input type="checkbox"/> Divorced				
If you checked married, common-law or domestic partner, please give full name and date of birth of your partner.															
SURNAME / MAIDEN NAME / OTHER NAMES USED				FIRST NAME			MIDDLE NAME			DATE OF BIRTH YYYY MM DD					
YOU MUST PROVIDE A PHOTOCOPY OF ONE OF THE FOLLOWING DOCUMENTS:															
<input type="checkbox"/> DRIVER'S LICENCE				<input type="checkbox"/> PASSPORT				<input type="checkbox"/> CITIZENSHIP							
HAVE YOU APPLIED FOR EMPLOYMENT/CONTRACT WORK/VOLUNTEER WORK WITH ANY POLICE SERVICE IN THE PAST?															
<input type="checkbox"/> YES				<input type="checkbox"/> NO											
POSITION APPLIED FOR						DIVISION / SECTION									
IN CHRONOLOGICAL ORDER, <i>MOST RECENT FIRST</i> , PLEASE PROVIDE THE ADDRESSES OF EVERY LOCATION WHERE YOU HAVE LIVED IN THE LAST 10 YEARS, AND THE NAMES OF PERSONS WHOM LIVED WITH YOU. PLEASE ESTIMATE THE AGE IF THE EXACT DATE(S) OF BIRTH CANNOT BE OBTAINED. USE NEXT PAGE OR ATTACH ADDITIONAL SHEETS IF REQUIRED.															
ADDRESS			CITY			PROVINCE			POSTAL CODE			FROM YYYY MM DD		TO YYYY MM DD	
NAME OF PERSON(S) WHO SHARE ADDRESS WITH YOU				TELEPHONE NUMBER []			RELATIONSHIP			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH YYYY MM DD			
				TELEPHONE NUMBER []			RELATIONSHIP			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH YYYY MM DD			
				TELEPHONE NUMBER []			RELATIONSHIP			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH YYYY MM DD			
ADDRESS			CITY			PROVINCE			POSTAL CODE			FROM YYYY MM DD		TO YYYY MM DD	
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU				TELEPHONE NUMBER []			RELATIONSHIP			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH YYYY MM DD			
				TELEPHONE NUMBER []			RELATIONSHIP			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH YYYY MM DD			
				TELEPHONE NUMBER []			RELATIONSHIP			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH YYYY MM DD			

**SECURITY CLEARANCE DECLARATION
(Continued)**
Attach an additional sheet(s) if required – following the suggested format.

ADDRESS				CITY	PROVINCE	POSTAL CODE	FROM YYYY	M M	D D	TO YYYY	M M	D D
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU					TELEPHONE NUMBER []		RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH YYYY M M D D		
					TELEPHONE NUMBER []		RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH YYYY M M D D		
					TELEPHONE NUMBER []		RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH YYYY M M D D		
ADDRESS				CITY	PROVINCE	POSTAL CODE	FROM YYYY	M M	D D	TO YYYY	M M	D D
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU					TELEPHONE NUMBER []		RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH YYYY M M D D		
					TELEPHONE NUMBER []		RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH YYYY M M D D		
					TELEPHONE NUMBER []		RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH YYYY M M D D		
ADDRESS				CITY	PROVINCE	POSTAL CODE	FROM YYYY	M M	D D	TO YYYY	M M	D D
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU					TELEPHONE NUMBER []		RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH YYYY M M D D		
					TELEPHONE NUMBER []		RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH YYYY M M D D		
					TELEPHONE NUMBER []		RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH YYYY M M D D		
ADDRESS				CITY	PROVINCE	POSTAL CODE	FROM YYYY	M M	D D	TO YYYY	M M	D D
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU					TELEPHONE NUMBER []		RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH YYYY M M D D		
					TELEPHONE NUMBER []		RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH YYYY M M D D		
					TELEPHONE NUMBER []		RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH YYYY M M D D		
ADDRESS				CITY	PROVINCE	POSTAL CODE	FROM YYYY	M M	D D	TO YYYY	M M	D D
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU					TELEPHONE NUMBER []		RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH YYYY M M D D		
					TELEPHONE NUMBER []		RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH YYYY M M D D		
					TELEPHONE NUMBER []		RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH YYYY M M D D		

SECURITY CLEARANCE DECLARATION (Continued)

Attach an additional sheet(s) if required – following the suggested format.

ADDRESS	CITY	PROVINCE	POSTAL CODE	FROM YYYY	M M	D D	TO YYYY	M M	D D	
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU			TELEPHONE NUMBER []	RELATIONSHIP			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
			TELEPHONE NUMBER []	RELATIONSHIP			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
			TELEPHONE NUMBER []	RELATIONSHIP			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
ADDRESS	CITY	PROVINCE	POSTAL CODE	FROM YYYY	M M	D D	TO YYYY	M M	D D	
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU			TELEPHONE NUMBER []	RELATIONSHIP			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
			TELEPHONE NUMBER []	RELATIONSHIP			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
			TELEPHONE NUMBER []	RELATIONSHIP			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
ADDRESS	CITY	PROVINCE	POSTAL CODE	FROM YYYY	M M	D D	TO YYYY	M M	D D	
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU			TELEPHONE NUMBER []	RELATIONSHIP			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
			TELEPHONE NUMBER []	RELATIONSHIP			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
			TELEPHONE NUMBER []	RELATIONSHIP			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
ADDRESS	CITY	PROVINCE	POSTAL CODE	FROM YYYY	M M	D D	TO YYYY	M M	D D	
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU			TELEPHONE NUMBER []	RELATIONSHIP			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
			TELEPHONE NUMBER []	RELATIONSHIP			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
			TELEPHONE NUMBER []	RELATIONSHIP			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		

SECURITY CLEARANCE DECLARATION (Continued)

Attach an additional sheet(s) if required – following the suggested format.

Applicants must list all names, relationship, sex, date of birth, address and phone number of the applicant's immediate relatives AND of the immediate relatives of the current and/or former spouse, domestic partner, common-law, or significant other. Attach additional sheets if required.

- Immediate relatives include parents, stepparents, guardians, current and/or former spouse, domestic partner, common-law, or significant other, as well as, children, stepchildren, adopted children, brothers, sisters, step-brothers/sisters, adopted brothers/sisters, who are age 12 or over. This includes individuals who are alive or deceased.

SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		

FAMILY MEMBERS

SECURITY CLEARANCE DECLARATION (Continued)

Attach an additional sheet(s) if required – following the suggested format.

SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		

SECURITY CLEARANCE DECLARATION (Continued)

Attach an additional sheet(s) if required – following the suggested format.

1. Have you ever been convicted of any criminal offence in Canada or in any other country for which a pardon, or the equivalent, of a pardon was or was not granted? (Attach Pardon Document)	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Are you now, or have you ever been investigated, arrested, or charged in Canada or in any other country for an offence of any kind? If yes – explain on separate sheet.	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Have you ever been found guilty of an offence in Canada or in any other country when you were under the age of 18? If yes – explain on separate sheet.	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Are you associated with any companies, or businesses, not listed on your application? <input type="checkbox"/> Owner <input type="checkbox"/> Director <input type="checkbox"/> Controlling Share Holder <input type="checkbox"/> Other _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Are you a member of any clubs or organizations? If yes – explain which _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. If you answered yes to the previous question, do you hold a position in that club or organization? <input type="checkbox"/> President <input type="checkbox"/> Chair <input type="checkbox"/> Director <input type="checkbox"/> Other _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. In the past 10 years, have you been involved in any lawsuits or civil actions?	<input type="checkbox"/> YES <input type="checkbox"/> NO

If you have answered "YES" to any of the above questions, attach an additional sheet providing complete details regarding the specific incident, including what occurred, when, where, and why. If pardoned, attach Pardon documentation.

STATEMENT OF CONSENT

I HEREBY CONSENT THAT any and all information pertaining to a Criminal Record registered in my name with the National Repository for Criminal Records in Canada may be provided to authorized persons at the Medicine Hat Police Service. I recognize that an employee of the Medicine Hat Police is in a position of trust within the community and I hereby consent to the Medicine Hat Police Service performing a VS (Vulnerable Sector) search of my name in the National Repository for Criminal Records. I understand that a VS search is a search that will check for pardoned sex offences. I further consent, if requested, to attend the Identification Section of the Medicine Hat Police Service for fingerprint confirmation. I further agree to absolutely release, discharge, and absolve the Medicine Hat Police Service, the City of Medicine Hat 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.

Dated this _____ day of _____, 20_____

SIGNATURE

PRINTED NAME OF WITNESS

WITNESS SIGNATURE



Alberta

VISION REPORT

*Examination **MUST** have been completed within 12 months of application.*

NAME OF APPLICANT		SURNAME	GIVEN NAMES	INITIAL
ADDRESS OF APPLICANT				
CITY	PROVINCE	POSTAL CODE	DATE OF BIRTH YYYY	MM DD

VISION STANDARDS FOR POLICE OFFICER APPLICANTS

OPTOMETRIST / OPHTHALMOLOGIST	NAME OF OPTOMETRIST/OPHTHALMOLOGIST	DATE OF EXAMINATION YYYY	MM DD
ADDRESS OF OPTOMETRIST / OPTHALMOLOGIST			
			TELEPHONE NUMBER []
UNCORRECTED VISUAL ACUITY – NORMAL At least 20/40 (6/12) with both eyes open		APPLICANT STANDARD <input type="checkbox"/> YES <input type="checkbox"/> NO	
FARSIGHTEDNESS – NORMAL Not greater than +2.00 D, spherocivalent in the least hyperopic eye		APPLICANT STANDARD <input type="checkbox"/> YES <input type="checkbox"/> NO	
BEST CORRECTED VISUAL ACUITY – NORMAL At least 20/20 (6/6) with both eyes open		APPLICANT STANDARD <input type="checkbox"/> YES <input type="checkbox"/> NO	
COLOUR VISION – NORMAL Pass Ishihara (Book or Titmus) without any colour corrective (e.g. X-Chrom, Chromagen) lenses		APPLICANT STANDARD <input type="checkbox"/> YES <input type="checkbox"/> NO	
<i>NOTE: Farnsworth Vision Test – is recommended for unsuccessful Ishihara Tests</i>		APPLICANT STANDARD	
Pass Farnsworth D-15 without any colour corrective (e.g. X-Chrom, Chromagen) lenses		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DEPTH PERCEPTION – NORMAL Stereo acuity of 80 seconds of arc or better		APPLICANT STANDARD <input type="checkbox"/> YES <input type="checkbox"/> NO	
LATERAL PHORIA FAR – NORMAL No more than 5 eso or 5 exo		APPLICANT STANDARD <input type="checkbox"/> YES <input type="checkbox"/> NO	
	If No – please provide additional information, which documents that the person is unlikely to experience double vision when fatigued or functioning in reduced visual environments...		
LATERAL PHORIA NEAR – NORMAL No more than 6 eso or 10 exo		APPLICANT STANDARD <input type="checkbox"/> YES <input type="checkbox"/> NO	
	If No – please provide additional information, which documents that the person is unlikely to experience double vision when fatigued or functioning in reduced visual environments...		

PERIPHERAL VISION Peripheral visual field limits with a 5 mm white target at 33cm (or a target with similar angular size with respect to the candidate's viewing distance) should be no less than the limits given below. In addition, no blind spots should be present within these limits other than the physiological blind spot. Limits for the various meridians are: <ul style="list-style-type: none"> • Temporal (0° meridian) 75° • Superior-temporal (45° meridian) 40° • Superior (90° meridian) 35° • Superior-nasal (135° meridian) 35° • Nasal (180° meridian) 45° • Nasal-inferior (225° meridian) 35° • Inferior (270° meridian) 55° • Inferior-temporal (315° meridian) 70° 		APPLICANT STANDARD <input type="checkbox"/> YES <input type="checkbox"/> NO	
OCULAR DISEASE – NORMAL Free from diseases that impair visual performance as indicated by the standards above, or will produce sudden, unpredictable incapacitation of the visual system.		APPLICANT STANDARD <input type="checkbox"/> YES <input type="checkbox"/> NO	
CORRECTIVE SURGERY		HAVE YOU EVER HAD CORRECTIVE SURGERY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PROCEDURE TYPE – Please indicate which procedure from the list below...		DATE OF PROCEDURE YYYY MM DD	
<input type="checkbox"/> Corneal Refractive Surgery	Allowed; however, the candidate must meet additional requirements and must provide specific documentation on vision stability and night vision using Recruit Selection Standards approved forms available through any Alberta Municipal Police Service, or from the Manager of First Nations Policing for the Alberta Solicitor General and Public Security.		
<input type="checkbox"/> Pseudophakic Intra-Ocular Lenses	Allowed; however, the candidate must meet additional requirements and must provide specific documentation on Alberta Police Recruit Selection Standards approved forms...		
<input type="checkbox"/> Phakic Intra-Ocular Lens Implants (Piol)	Certain designs are allowed; however, the candidate must meet additional requirements and must provide specific documentation on vision stability and night vision using the Alberta Police Recruit Selection Standards approved forms...		
<input type="checkbox"/> Orthokeratology, Corneal Transplants, and Intra-Stromalcorneal Rings	Not allowed.		
NIGHT VISION – Only required if an Applicant had Corrective Surgery Obtain minimum scores on at least 2 of the 3 following tests (all testing is done binocularly with, or without, any spectacle or contact lens correction): <ol style="list-style-type: none"> 1. Bailey-Lovie Low Contrast Acuity in Room Illumination: minimum acuity of 0.20 logMAR 2. Bailey-Lovie High Contrast Acuity in Dim Illumination: minimum acuity of 0.30 logMAR 3. Bailey-Lovie Low Contrast Acuity in Dim Illumination: minimum acuity of 0.58 logMAR 		APPLICANT STANDARD <input type="checkbox"/> YES <input type="checkbox"/> NO	
SIGNATURE OF DOCTOR		DATE YYYY MM DD	
SIGNATURE OF APPLICANT		DATE YYYY MM DD	

Note: *All vision test results will be verified by a Pre-Employment Occupational Health and Safety Medical prior to employment.*



Alberta

**HEARING
REPORT**

*Examination **MUST** have been completed within 12 months of application.*

NAME OF APPLICANT		SURNAME	GIVEN NAMES	INITIAL
ADDRESS OF APPLICANT				
CITY	PROVINCE	POSTAL CODE	DATE OF BIRTH YYYY	MM DD

HEARING STANDARDS FOR POLICE OFFICER APPLICANTS

AUDIOLOGIST / OTOLARYNGOLOGIST	NAME OF AUDIOLOGIST/OTOLARYNGOLOGIST:	DATE OF EXAMINATION YYYY MM DD
ADDRESS OF AUDIOLOGIST/OTOLARYNGOLOGIST:		
		TELEPHONE NUMBER []

PURE TONE THRESHOLDS IN HL	500	1000	2000	3000	4000
RIGHT EAR					
LEFT EAR					

PLACE A LARGE "X" IN THE APPROPRIATE BOX

I certify that the above named individual Meets Does Not Meet
the hearing requirements for a Police Officer applicant as indicated in Unaided Criteria .

SIGNATURE OF TECHNICIAN/NURSE/DOCTOR	DATE YYYY MM DD
SIGNATURE OF APPLICANT	DATE YYYY MM DD

Note: *All hearing test results will be verified by a Pre-Employment Occupational Health and Safety Medical prior to employment.*



ALBERTA POLICE RECRUIT SELECTION STANDARDS

SUPPLEMENTARY HEARING INFORMATION FOR AUDIOLOGISTS

The auditory requirements of a police constable's routine duties are such that the constable's life may depend on the ability to hear, localize and understand a variety of environmental and speech sounds, including soft sounds. The constable should hear well enough to avoid undue risk to bystanders and to herself/himself and to protect the public from harm

The hearing requirements of the Alberta Police Recruit Selection Standards were developed based on task and job analysis and an expert opinion. The standard is based on the recognition that, for the police constable, hearing acuity, word discrimination and sound localization are important dimensions of hearing competency required to perform job-related tasks safely and effectively.

Alberta Police Recruit Selection Standards – Hearing Standards

Unaided Criteria I

Pure-tone threshold measured under audiometric earphones shall not exceed 25dB HL in each ear at the following frequencies: 500, 1000, 2000, 3000 and 4000 Hz.

Unaided Criteria II

For each ear, pure-tone thresholds measured under audiometric earphones shall not exceed a four-frequency average (500, 1000, 2000, 3000 Hz) of 25dB HL, thresholds at none of these single frequencies shall exceed 35 dB HL and thresholds at 4000 Hz shall not exceed 45 dB HL. In addition, speech recognition scores shall be 88% or better in each ear at 50dB HL in quiet, using half lists (25 test words) of recorded monosyllabic words presented under standard audiometric earphones. The lists of Northwestern University Test No. 6 are to be used for word discrimination testing, to achieve consistency across test sites. Furthermore, speech recognition scores measured with both ears open in sound field shall be 68% or better at a 5+ signal-to-noise (S/N) ration, when a half-list (25 test words) of recorded monosyllabic words is presented at 50 dB HL. For measurement, both the word list and competing speech noise shall be presented at 0° azimuth (i.e. from one speaker located directly in front of the candidate).

Unaided Criteria IA

Pure-tone thresholds measured under audiometric earphones shall not exceed 40 dB HL in each ear at the following frequencies: 500, 1000, 2000, 3000; and shall not exceed 55 dB HL at 4000 Hz.

- If the standards are met the applicant can proceed to Aided Criteria with a Completely in Canal (CIC) hearing aid.
- If the application does not meet hearing standards, accommodation with a CIC is not allowed.

Aided Criteria

NOTE: Accommodation with CIC hearing aides is allowed. Use of other types of hearing aids is not allowed.

For each ear, narrow-band or warbled-tone thresholds measured in a calibrated sound field at 0° azimuth shall not exceed a four-frequency average (500, 1000, 2000 and 3000 Hz) of 25 dB HL; thresholds at none of these single frequencies shall exceed 35 dB HL, and threshold at 4000 Hz shall not exceed 45 dB HL. Measurements shall be made monaurally in an audiometric sound field with the aided (non-test) ear plugged or, when necessary, effectively masked. (Measurements of aided threshold may also be expressed as real-ear aided response, using probe-microphone measurements with sound pressure levels appropriately converted to hearing levels). In addition, speech recognition scores in sound field shall be 88% or higher in each aided ear (with the non-test ear plugged or appropriately masked) using half-lists (25 words) or recorded, monosyllabic words (Northwestern University NU-6 lists) presented at 50 dB HL in quiet at 0° azimuth. Furthermore, monaurally or binaurally aided speech recognition scores measured in sound field shall be 68% or higher at a +5 dB S/N ration, when NU-6 half lists are presented at 50 dB HL. Both the word list and competing speech noise shall be presented at 0° azimuth. Hearing aids worn shall be adjusted to those settings used in the "Hearing Acuity" portion of this criterion.



ALBERTA POLICE RECRUIT SELECTION STANDARDS

AUTHORIZATION FOR RELEASE OF INFORMATION

NAME OF APPLICANT		SURNAME	GIVEN NAMES	INITIAL			
ADDRESS OF APPLICANT							
CITY	PROVINCE	POSTAL CODE	DATE OF BIRTH <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">YYYY</td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">M M</td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">D D</td> </tr> </table>		YYYY	M M	D D
YYYY	M M	D D					

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 Medicine Hat Police Service 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 Medicine Hat Police Service.

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.

SIGNATURES		SIGNATURE OF APPLICANT:		DATE: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">YYYY</td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">M M</td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">D D</td> </tr> </table>			YYYY	M M	D D
YYYY	M M	D D							
NAME OF WITNESS:		SIGNATURE OF WITNESS:		DATE: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">YYYY</td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">M M</td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">D D</td> </tr> </table>			YYYY	M M	D D
YYYY	M M	D D							
NOTE: The Witness must be 18 years or older									



ALBERTA POLICE RECRUIT SELECTION STANDARDS

POLYGRAPH

EXAMINATION CONSENT

NAME OF APPLICANT	SURNAME	GIVEN NAMES	INITIAL		
ADDRESS OF APPLICANT					
CITY	PROVINCE	POSTAL CODE	DATE OF BIRTH		
			YYYY	MM	DD

I, _____, the undersigned, hereby voluntarily, without threats, promises of immunity or reward and without duress, coercion of force, agree to take a Polygraph examination, to be given to me by a Member of Medicine Hat Police Service.

I fully realize I am not obligated to say anything and that anything I say may be given in evidence.

SIGNATURES	SIGNATURE OF APPLICANT:		DATE:		
			YYYY	MM	DD
NAME OF WITNESS:		SIGNATURE OF WITNESS:	DATE:		
			YYYY	MM	DD
NOTE: The Witness must be 18 years or older					

Agency Police Service

PERSONAL DISCLOSURE FORM

SURNAME:						
GIVEN NAME:				SECOND NAME:		
ADDRESS:				PROVINCE:		
CITY/TOWN:				POSTAL CODE:		
PHONE:	HOME:		WORK:		OTHER: (cell phone)	
SIGNATURE:						
DATE:						

IMPORTANT INSTRUCTIONS FOR COMPLETING THIS DOCUMENT

1. Download and print this document in original format.
2. Answer all questions completely and provide **specific** information. Be thorough and do not assume an incident is too minor to include. The Recruiting Unit will review the document to make that determination.
3. Complete this document **in your own handwriting or printing**.
4. Use back of page or additional pages if more space is required.
5. Be completely **honest**.



PERSONAL DISCLOSURE FORM

The Agency Police Service is collecting, on a voluntary basis, personal information on the Personal Disclosure Form (PDF) to assist in determining the suitability, eligibility and qualifications of the Applicant for employment as a police officer with the Agency Police Service. The information requested is essential for making these employment determinations. Applicants must generally be **at least three (3) years clear** of any detected or undetected criminal activity to be considered for employment as a police officer.

NOTICE REGARDING PRIOR SERIOUS CRIMINAL OFFENCES AND SERIOUS RISK TO THE SAFETY OF OTHERS

The information you provide during the Recruiting Process is collected by the Agency Police Service for the purpose of an employment application. However, if an Applicant admits to having committed a serious and undetected criminal offence, or is deemed to pose a serious risk to the safety of others, the Agency Police Service may use or disclose specific information for a law enforcement or public safety purpose. While cases of such use and disclosure outside of the Recruiting Process are rare and exceptional, the Agency Police Service **strongly discourages** an Applicant from completing the PDF or attending the Pre-Employment Polygraph (PEP) examination if you believe this Notice applies to you.

EXAMPLES OF SERIOUS CRIMINAL OFFENCES INCLUDE, BUT ARE NOT LIMITED TO:

- Murder
- Any crime involving children (includes physical or sexual abuse)
- Impaired driving
- Sexual assault
- Crimes relating to domestic violence
- Child pornography (includes accessing, possession, distribution, or the making of)
- Offences contrary to the *Controlled Drugs and Substances Act*
- Robbery
- Arson resulting in loss of life or substantial damage
- Treason or high treason
- Crime committed with a facial covering and/or a weapon
- Forcible confinement

Should you be uncertain if this Notice applies to you, please consult the Police Service Recruiting Office for clarification

Any information provided in this PDF regarding serious criminal activity, or that indicates you may pose a serious threat to others, may be investigated by the Agency Police Service or disclosed to entities with lawful authority to collect such information (e.g., police of jurisdiction or child protection agency).

Such disclosures could lead to an investigation, arrest, charge(s), criminal prosecution, conviction, and ultimately, imposition of a sentence.

Such disclosures may also lead to incident reports being entered into police databases, which could impact future employment or volunteering opportunities, or other activities that require security screening.



PERSONAL DISCLOSURE FORM and TRUTH VERIFICATION

Before writing answers to the questions contained in this Personal Disclosure Form, Applicants are advised to:

- Carefully read all information and notices on Pages 1, 2, 3 and 4;
- Read and sign the Declaration, Acknowledgment and Consent on Page 5;
- Follow the instructions listed on Page 1.

Honesty, Integrity and Ethics are scrutinized closely in considering police officer applications. The PDF and Truth Verification are used to assist in determining an applicant's suitability for employment as a police officer with the Agency Police Service.

The PDF pertains to your **ethics** and your **integrity**. You, as the applicant, must first complete the PDF by answering all questions accurately, completely, thoroughly and honestly. Minimizing, blaming, and failure to accept responsibility will be closely monitored. Should you be considered to continue in the process, your answers will be verified by a variety of methods including a detailed background investigation and Truth Verification.

Should you be successful at all preceding stages of the Recruiting process, you will be requested to participate in Truth Verification by means of a PEP. The purpose of the PEP is to assist in verifying your truthfulness, and in verifying that you are the person you claim to be in your employment application forms, questionnaires, and interviews.

Be advised that deceit, dishonesty or non-disclosure concerning questions in any part of the application process will likely result in disqualifying you from this and any future employment competitions with the Agency Police Service.

You are under **no obligation** to disclose any information regarding a crime where you were a victim.

Your decision to complete the PDF and to participate in the PEP must be voluntary, based on your desire to pursue a career as a police officer. You may withdraw or stop the application process at any time. You may refuse to provide answers to any or all of the questions contained in the PDF or at the PEP. Such a refusal may result in your disqualification from the Recruiting Process.

You may amend your response(s) to any question(s) in the PDF at any time prior to the scheduled date for your PEP, by contacting your Recruiting Officer.



NOTICE FOR APPLICANTS

WHO ARE CURRENTLY EMPLOYED BY THE AGENCY POLICE SERVICE OR THE CITY OF AGENCY

If you are currently employed by the Agency Police Service or the City of Agency, please be advised that:

- deceit, dishonesty or non-disclosure concerning questions in this PDF, or
- disclosure of serious, recent or ongoing criminal or illegal activity,

may result in discipline up to and including dismissal from your current employment with the Agency Police Service or the City of Agency.

NOTICE REGARDING FUTURE APPLICATIONS

If you apply for any other employment with, or at, the Agency Police Service at any time in the future, the information provided in the PDF or at the PEP may be used to determine your suitability, eligibility and qualifications for employment. This may result in your disqualification from the employment process in question.

NOTICE REGARDING COLLECTION, USE AND DISCLOSURE OF INFORMATION

Personal information on this PDF is being collected under the authority of the *Freedom of Information and Protection of Privacy Act* (FOIP) Section 33(c). It will be used to determine your suitability, eligibility, and qualifications for employment with the Agency Police Service.

Questions about the collection, use or disclosure of this information may be directed to the Officer in Charge – Recruitment Unit, *Agency Police Service*.



DECLARATION, ACKNOWLEDGMENT AND CONSENT

Should you have any questions concerning what you have read in the preceding pages please contact your Recruiting Office to clarify before proceeding any further.

I, the undersigned, have read and understand the information and notices on Pages 1, 2, 3 and 4 of this PDF.

I complete this PDF voluntarily, based on my desire to pursue a career as a police officer.

I declare that I will provide, in this PDF, information that is up-to-date, accurate, complete, and honest, to the best of my knowledge and belief.

I understand that I may amend my answer(s) to any question(s) in the PDF at any time prior to the scheduled date for a PEP by contacting my Recruiting Officer.

I understand that the information provided in this PDF may affect my possibilities for any other employment with, or at, the Agency Police Service at any time in the future, and/or where applicable, may affect my current employment with, or work at, the Agency Police Service or the City of Agency.

I understand that if I admit in this PDF or at the PEP to having committed one or a number of serious criminal offence(s), actions may be taken which could lead, ultimately, to the imposition of a sentence.

I understand that if in light of the answers provided in this PDF, I am deemed to pose a serious risk to the safety of others, actions may be taken which could lead, ultimately, to the imposition of a sentence.

I consent to my personal information being collected, used and disclosed for the purposes identified on the foregoing pages 1, 2, 3 and 4 of this PDF.

Name of Applicant (Print)

Signature of Applicant

Date



1. Have you ever taken a pre-employment or Criminal (*Forensic*) Polygraph test or CVSA (*Computer Voice Stress Analyser*)?

No

Yes

If yes, please provide details...

2. Have you ever been asked to take a Polygraph test or CVSA (*Computer Voice Stress Analyser*)?

No

Yes

If yes, please provide details...



3. Have you received any information or instruction, not including medical assistance, designed to assist you in overcoming the truth verification test (Polygraph or CVSA), or improving your score on the psychological test.

No

Yes

If yes, please provide details...

4. Have you ever attempted to influence or alter the results of an employment related drug test (e.g. altering a sample, substitution or other means)

No

Yes

If yes, please provide details...



DRIVING:

5. Do you possess a valid driver's licence at this time? *(This does not include a Graduated Licence)*

No

Yes

If yes, from which province or territory?

- List all traffic offences, including any photo enforcement offences, you have been charged with **since your driver's abstract was submitted.**

6. In the past, have you ever possessed a valid driver's licence from any other Canadian province or territory?

No

Yes

If yes, from which province or territory?

7. Has your current or any past driver's license ever been suspended for alcohol-related and/or drug offences, demerits, overdue fines, Maintenance Enforcement, etc.?

No

Yes

If yes, provide specific details of each incident including:

- Was your licence suspended...? - Places, dates and times of each incident...?

- The reason for suspension...? - The name of the investigating police agency...?



8. Have you been involved in any motor vehicle accidents during the past five years?

No

Yes

If yes, provide specific details of the accident(s) including:

- *Places, dates and times of each accident...?*
- *Were you at fault...?*
- *The name of the investigating police agency...?*
- *Were you charged...?*
- *Is there any outstanding litigation concerning these...?*

9. Have you ever been a driver or passenger in a motor vehicle when it was involved in a hit and run accident, even when damage was minor?

No

Yes

If yes, provide specific details including:

- *Places, dates and times of each incident...?*
- *Any other relevant details...?*
- *The name of the investigating police agency...?*



NOTE:

In questions 8 and 9, "impaired" includes but is not limited to occasions where, because of alcohol and/or drug consumption, you knew or physically felt that you were not able to drive the vehicle in the same manner as you would have been able to without consuming alcohol/drugs.

10. In the last 3 years, have you driven a motor vehicle, boat, or other vehicle while impaired?

No

Yes

In order to accurately assess level of impairment, please provide specific details including:

- *The amount of alcohol consumed...?* - *Consumed over what period of time...?*
- *Places, dates and times of each incident...?* - *Any other relevant details...?*

11. When was the last time you drove impaired?

Please provide specific details...



12. Have you ever caused damage to private or public property, other than that mentioned in the motor vehicle accident section, either deliberately or accidentally? i.e. Bus shelters, public & private signs, motor vehicles (scratched, keyed, dented)

No

Yes

If yes, please explain...

13. Have you ever been chased or pursued by the police, I.E., a foot or motor vehicle chase?

No

Yes

If yes, please explain...



14. (a) How many motor vehicle accidents have you been involved in as the driver of the vehicle?

(b) **Referring to question 11(a)**, in how many of those accidents were you impaired by a drug or alcohol? *If any, please provide dates, location and circumstances...*

Date	Location (City, Province/State, Country)	Circumstances



DRUG USE:

15. Have you ever used or experimented with any illegal drugs?

No

Yes

If yes, please provide requested information for each drug and explain circumstances of use below...

Drug Type	Used		Date of First Use	Date of Last Use	Total # of Times Used
	Yes	No			
Marijuana					
Hash					
Hash Oil					
Weed Oil					
Cocaine					
Crack/Rock/Powder					
Heroin					
Anabolic/growth hormone steroids					
Methamphetamine					
Mushrooms					
Acid/LSD					
PCP					
Crystal Meth					
Inhalants (glue, gasoline, paint)					
Mescaline					
Ketamine					
Designer (homemade)					
Date Rape (DMX, GHB, Rohyphonol)					
Ecstasy					
Other (specify) _____					
Other (specify) _____					
Other (specify) _____					



17. Have you ever illegally purchased street or pharmaceutical drugs?

No

Yes

If yes, please provide specific details and dates regarding the purchase and your involvement...

18. Have you ever sold, given away or offered illegal street or pharmaceutical drugs?

No

Yes

If yes, please provide specific details including dates, type of drug(s) and circumstances...



19. Have you ever grown illegal drugs?

No

Yes

If yes, please provide specific details including dates, type of drug(s) and circumstances...

20. Have you ever manufactured illegal drugs?

No

Yes

If yes, please provide specific details including dates, type of drug(s) and circumstances...



21. Have you ever imported or exported any illegal street or pharmaceutical drugs?

No

Yes

If yes, please provide specific details including dates, type of drug(s) and circumstances...

22. Do you associate with anyone who uses illegal drugs, *I.E., friends, girlfriends, boyfriends, relatives, coworkers etc...?*

No

Yes

If yes, please explain...

23. Have you ever been in a place where you knew illegal drugs were being used by someone else?

No

Yes

If yes, what was your reaction?



24. Have you ever transported, held or stored any illegal drugs?

No

Yes

If yes, please explain...

FINANCIAL / CREDIT

25. Have you ever declared bankruptcy?

No

Yes

If yes, please provide specific details including location, date(s) filed and discharge dates...

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

No

Yes

If yes, please provide specific details including location, dates and amounts...



27. Have you ever knowingly written an NSF (*Non-Sufficient Funds*) cheque, deposited an empty envelope into a bank machine, or taken part in any other fraudulent banking transaction?

No

Yes

If yes, please provide specific details including dates and amounts...

28. Do you now or have you ever had a problem with debt?

No

Yes

If yes, please provide specific details including dates and circumstances...



29. Are you currently having financial difficulties?

No

Yes

If yes, please provide specific details including dates and circumstances...

30. Please list all loans, mortgages, credit cards and lines of credit that you have.

LENDER	PURPOSE	ORIGINAL AMOUNT	BALANCE	MONTHLY PAYMENTS
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
	TOTALS	\$	\$	\$

31. Do you contribute to the payment of loans, mortgages, credit cards or lines of credit in the name of any other person?

No

Yes

If yes, please provide details of to whom payments were made to and the time period...



SCHOOL & EMPLOYMENT HABITS:

32. Have you ever been suspended or formally reprimanded by an educational institution or have you ever engaged in any form of academic misconduct (cheating, plagiarism)?

No

Yes

If yes, please provide specific details including:

- What was the nature of the incident...? - When did it occur...?

- What, if any, disciplinary action was taken...? - Where did it occur...?

33. Other than for valid medical reasons, have you ever had problems with absenteeism or late attendance while you were a student or an employee?

No

Yes

If yes, please provide specific details including date, frequency and reason...



34. Apart from valid medical reasons, how many **days** have you been absent from work without proper authorization over the past 12 months?

	Days
--	------

Please provide an explanation for these days you were absent...

35. Other than for valid medical reasons or family related matters, have you been unemployed for any periods of time in excess of one (1) month?

- No
- Yes

If yes, please provide specific details explaining dates, reason, duration and what you did during your unemployment period...

36. Have you held any employment that you have not disclosed on your application for employment with this Police Service?

- No
- Yes

If yes, please provide specific details including dates, employer(s) and reason why...



37. Have you ever held any employment, or earned cash income, where you did not report this income as required by law or intentionally did not pay income taxes?

No

Yes

If yes, please provide specific details including dates, employer(s) and reason why...

38. (a) Have you ever been disciplined or documented for inappropriate behaviour at work?

No

Yes

If yes, please provide specific details explaining the behaviour and any action taken...

(b) If yes, please explain why you behaved inappropriately at work that caused you to be disciplined or documented for this behaviour.



(c) In your opinion, was the action taken against you justified? Why or why not?

39. Have you ever been dismissed or asked to resign from a job?

No

Yes

*If yes, **please provide specific details** including your position, the employer and the reason for your dismissal or resignation...*

40. Have you ever lied to an employer on a job-related matter?

No

Yes

If yes, please explain...



PROSTITUTION:

41. Have you ever communicated for the purpose of prostitution, secured the sexual services of a prostitute or an escort, or engaged in any sexual act for a monetary purpose, in Canada or elsewhere?

No

Yes

If yes, please provide specific details including:

- How many times did it occur...?

- When and where did this occur...?

- Who was your employer at the time...?

42. Have you ever obtained sexual services in exchange for payment, *E.G., at a strip club, live sex show, massage parlour, or other place?*

No

Yes

If yes, please provide specific details including:

- How many times did it occur...?

- When and where did this occur...?

- Who was your employer at the time...?



43. Have you ever accepted the earnings of a prostitute?

No

Yes

If yes, please explain...

ILLEGAL SEXUAL ACTIVITY

44. Have you ever had sexual contact / involvement with any person without their knowledge or consent, which includes persons who were unable to give consent due to a medical condition, mental health issue, alcohol or drug, or other reason?

No

Yes

If yes, please provide specific details including dates, location and circumstances...



NOTE:

Questions 43 and 44 do not include situations where ALL of the following apply:

- *the other person was over the age of 12,*
- *you were less than two years older than the other person,*
- *you were not in a position of trust or authority towards that person, AND*
- *both parties consented to the activity.*

45. Have you ever been involved in a sexual manner with a person under the age of 16, whether in person or via internet, email, chat lines, or any other device or form of technology?

No

Yes

If yes, please provide specific details including dates, location, your age at the time, relationship to the person who was under 16, and circumstances...

46. Have you ever asked or persuaded a person under the age of 16 to participate in any sexual activity?

No

Yes

If yes, please provide specific details including dates, location, your age at the time, relationship to the person who was under 16, and circumstances...



47. Have you ever participated directly or indirectly in sexual activity with any person under the age of 18 years while being in a position of trust or authority over that person? *A position of trust and authority over a person includes babysitter, coach, boss, etc.*

No

Yes

If yes, please provide specific details including dates, location and circumstances...

48. Have you ever committed incest? ***(Not including your own victimization...)***

No

Yes

If yes, please explain...



49. Have you ever engaged in bestiality, *I.E.*, sexual contact with an animal?

No

Yes

If yes, please explain...

50. Have you ever given anyone some type of drug or substance, without their knowledge, prior to engaging in sexual activity?

No

Yes

If yes, please explain...

51. Have you ever made anonymous or unwanted sexual texts or phone calls?

No

Yes

If yes, please explain...



52. Have you ever videotaped, or observed in any form i.e. peeping, telescopes, binoculars, electronically captured – cell phones, cameras etc., or via the naked eye , sexual acts of another person without their knowledge?

No

Yes

If yes, please explain...

53. Have you deliberately exposed yourself to anyone in public, or sent/displayed images of a sexual nature to a non-consenting recipient?

No

Yes

If yes, please explain...



54. Have you ever accessed, viewed, purchased, manufactured, made, distributed, sold, possessed or produced child pornography in any form, *I.E., materials that are written, visual, audio, photographic, film, video, and/or electronic materials showing a person who is or appears to be under 18 years of age?*

No

Yes

If yes, please explain...

55. Have you ever attempted to lure a person under the age of 18 to meet you for the purpose of any sexual activity, including communication over the internet?

No

Yes

If yes, please explain...



USE OF FORCE

56. Have you ever been in a physical altercation with a spouse, partner or any other person associated to you in a domestic or family relationship?

No

Yes

If yes, please provide specific details including whether alcohol or drugs were involved, dates and relationship.

57. Have you ever been in a physical altercation with an adult person?

No

Yes

If yes, please provide specific details including whether alcohol or drugs were involved, dates and relationship.



58. Have you ever been physically violent toward a child?

No

Yes

If yes, please provide specific details including whether alcohol or drugs were involved, dates and relationship.

59. Have you ever resisted, assaulted, been in a fight with, or acted aggressively toward a Police Officer?

No

Yes

If yes, please provide specific details including whether alcohol or drugs were involved, dates and relationship.



60. Have you ever been verbally abusive, or threatened anyone, *I.E., intimidation, bullying, road rage, etc...?*

No

Yes

If yes, please provide specific details including whether alcohol or drugs were involved, dates and relationship.

61. Have you ever used a weapon or firearm to intimidate or threaten another person?

No

Yes

If yes, please explain...

62. Have you ever injured yourself or someone else with a firearm or weapon?

No

Yes

If yes, please explain...



63. Have you ever carried a concealed weapon?

No

Yes

If yes, please explain...

THEFT:

64. Have you ever been involved, directly or indirectly, in a theft, E.G., shoplifting, theft of/from vehicle, theft of services or theft from family member/friend?

No

Yes

If yes, please provide specific details – including:

- *What was stolen...?* - *From whom it was stolen...?*
- *The date(s) of the offence(s) ...?* - *Why you committed this/these thefts...?*
- *What happened to the property...?* - *How and when was it disposed of...?*
- *If you are no longer in possession of this property, what did you do with it...?*



65. Have you ever been involved in any criminal behaviour at any of your workplaces, E.G., theft of merchandise, office supplies, money, misappropriation of funds, fraud, or converting anything to your personal use without authorization?

No

Yes

If yes, please provide specific details including dates, position within company, employer and type of property...

66. Have you ever purchased anything or were given anything you thought or knew was stolen or obtained from a crime?

No

Yes

If yes, please provide specific details including dates, type of property, how you obtained it and if you are still in possession of this property...



67. Are you currently in possession of any stolen property?

No

Yes

If yes, provide specific details including what property and where/how it was obtained...

NOTE:

Possession of stolen property may be of concern. These situations will be examined on a case-by-case basis.

68. Have you ever been a passenger or driver of a stolen vehicle?

No

Yes

If yes, please provide specific details...



TECHNOLOGICAL CRIME:

69. Have you ever illegally obtained, sold or given away any software?

No

Yes

If yes, please provide specific details – including dates...

70. Have you ever hacked, or attempted to hack, or gained unauthorized access into any computer system, wireless network, device or someone's online profile?

No

Yes

If yes, please provide specific details – including dates...



71. Have you ever configured or used wireless technology for the purpose of gaining unauthorized access for a malicious purpose, to mask your identity, or for financial gain?

No

Yes

If yes, please provide specific details – including dates...

72. Have you ever downloaded or otherwise obtained commercial software and manipulated it with patches, cracks or registration keys that allow it to work without paying for it?

No

Yes

If yes, please provide specific details – including dates...



73. Have you ever sold, given away or otherwise distributed commercial software that has been manipulated with patches, cracks, or registration keys that allow it to work without paying for it?

No

Yes

If yes, please provide specific details – including dates...

74. Have you ever threatened, harassed, or stalked anyone over the internet or any other form of social media, including forwarding naked/sexually explicit pictures unbeknownst to the person depicted in the image?

No

Yes

If yes, please provide specific details – including dates...



75. Have you ever written, compiled or otherwise created, or knowingly distributed, a computer virus, worm, spam, Trojan, via the internet or through e-mail?

No

Yes

If yes, please provide specific details – including dates...

76. Have you ever used the internet for the purpose of committing fraud or any other Criminal Code offence?

No

Yes

If yes, please provide specific details including dates...



OTHER CRIMINAL ACTIVITY:

77. What is the most serious undetected crime you have ever been involved in?

78. Have you ever committed perjury while giving testimony under oath as a witness, victim or accused, or ever affirmed or sworn to a false document?

- No
- Yes

Please provide specific details including dates...

79. Have you ever committed or participated in any of the following Criminal Code offences:

- | | | |
|--------------------------------|-----------------------------|------------------------------|
| <i>Arson.....</i> | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <i>Murder.....</i> | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <i>Robbery.....</i> | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <i>Kidnapping.....</i> | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <i>Break and Enter.....</i> | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <i>Harassment/stalking...</i> | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <i>Cruelty to animals.....</i> | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

If you marked yes to any offence, please provide details of the offence(s) below...



80. Have you ever been involved in any type of fraud, E.G., insurance fraud, price tag switching, vehicle odometer tampering, counterfeiting, Income Tax fraud, Employment Insurance, WCB, etc...?

- No
- Yes

Please provide specific details including dates...



81. Have you ever deliberately falsified any official documents, E.G., Income Tax, Customs, Employment Insurance, WCB, student loans, credit applications, mortgage documents, bank documents, insurance claims, etc.?

No

Yes

Please provide specific details including dates...

82. Have you ever, or do you currently, associate with individuals or groups who are/were engaged in criminal activity?

No

Yes

Please provide specific details including dates, individuals and criminal activity...



83. Have you ever been associated to, or been a member of, any militant, subversive organization or individual, *I.E., racial gangs, motorcycle gangs, street gangs, organized crime groups, white supremacist groups, protest action groups, terrorist networks or cells, freedom fighters?*

No

Yes

Please provide specific details including dates...

84. Have you ever researched, manufactured, used or threatened to use, an explosive device or incendiary device, E.G., bombs, Molotov cocktails, pipe bombs, etc.?

No

Yes

Please provide specific details including dates and circumstances...



INVOLVEMENT WITH LAW ENFORCEMENT:

85. Other than traffic violations or for your work capacity, *I.E., Security Clearance Check*, have you ever been checked by the police where information about you was documented in any manner?

- No
- Yes

Please provide specific details including dates and circumstances...

86. Have you been involved in or in attendance at any circumstance where police were called or responded?

- No
- Yes

Please provide specific details including dates and circumstances...



87. Have you ever been refused security clearance or bond?

No

Yes

Please provide specific details including dates and circumstances...

88. Have you ever impersonated a police officer?

No

Yes

If yes, please explain...

89. Have you ever lied to a police officer during an investigation; this includes as a witness to an offence, or as a victim making a false complaint?

No

Yes

If yes, please explain...



90. Have you ever hidden anyone from the police or helped anyone to avoid being arrested?

No

Yes

If yes, please explain...

91. Have you ever been charged or otherwise involved with an offence in a foreign country?

No

Yes

If yes, please explain...



FIREARMS:

92. Do you own or possess any firearms?

No

Yes

If yes, please describe product...

93. If you own or possess a firearm, do you currently have a valid firearms license for that firearm?

No

Yes

Not applicable

Please provide circumstances if applicable...

94. If you own a firearm, is it stored in accordance with current legislation?

No

Yes

Not applicable

If no, please describe how the firearm is stored...



95. Have you ever been refused a firearms license?

No

Yes

If yes, please provide specific details...

96. Do you possess any unlicensed firearms?

No

Yes

Please provide product information and circumstances if applicable...

97. Do you possess or own any prohibited weapons, *E.G., brass knuckles, crossbow, morning star, spike wristband, switch blade, Nunchaku sticks, etc...?*

No

Yes

If yes, please provide specific details...



TELECOMMUNICATIONS:

BACKGROUND:

NOTE:
A background check is part of the selection process. It involves a detailed and thorough investigation of your history.

98. Are you aware of any reasons that may disqualify you from becoming a Police Officer with the Police Service?

- No
- Yes

Please provide specific details...

99. Have you ever been involved in ANY criminal activity that you have not previously disclosed or documented?

- No
- Yes

Please provide specific details including dates, circumstances and type of crime...



100. Have you knowingly provided any false information or deliberately withheld any information in your application to this Police Service?

- No
- Yes

Please provide specific details...

101. Is there any information you wish to add or disclose that you feel the Police Service should be aware of at this time? *Non-disclosure may affect the status of your application.*

- No
- Yes

Please provide specific details...



NOTE:
The following section is intended for candidates with previous law enforcement experience and addresses issues reflective of their ethics and integrity.
“Law enforcement” includes police officer, peace officer, special constable, sheriff, corrections officer, bylaw officer or military police officer.

**If you DO NOT HAVE previous police experience ...
Please proceed to Declaration on Page 65, and continue with this form.**

FOR PREVIOUS LAW ENFORCEMENT EXPERIENCE ONLY

NOTE:
The following section is intended for candidates with previous law enforcement experience and addresses issues reflective of their ethics and integrity.
“Law enforcement” includes police officer, peace officer, special constable, sheriff, corrections officer, bylaw officer or military police officer.



***Criminal activity, detected or undetected, may be of concern;
however, it will be examined on a case-by-case basis.***

102. Where and when did you receive your law enforcement recruit training?

Please provide specific details...

103. How many years of law enforcement experience have you accumulated?

Please provide circumstances if applicable...

104. Presently, what rank do you hold? If promoted, please identify when this occurred?



105. Have you been, or are you now, the subject of civil litigation as a result of your duties as a law enforcement officer?

- No
- Yes

Please provide specific details if applicable...

106. Have you been, or are you now, the subject of an internal or external investigation as a result of your duties as a law enforcement officer?

- No
- Yes

Please provide specific details if applicable...



107. Were you ever disciplined for inappropriate conduct or unauthorized conduct while employed as a law enforcement officer?

No

Yes

Please provide specific details if applicable...

108. Were you ever absent from duty for any extended periods of time other than for authorized purposes or medical reasons?

No

Yes

Please provide specific details if applicable...



109. Have you ever deliberately committed any criminal act while employed as a law enforcement officer that, if detected, you could / would face prosecution?

No

Yes

Provide specific details if applicable...

110. (a) As a law enforcement officer, were you ever with another officer when they committed a crime?

No

Yes

If yes, please explain and complete question 112 (b)...



(b) Did you report the incident?

No

Yes

If no, please explain...

111. Have you ever been involved in a situation where you deliberately neglected your duties or intentionally violated policy and procedure?

No

Yes

If yes, please explain...



112. As a law enforcement officer, have you ever received a kickback or accepted a bribe?

No

Yes

If yes, please explain...

113. As a law enforcement officer, have you ever falsified a police report, *E.G., evidence receipts, criminal investigations, falsified written statements, police log, etc...?*

No

Yes

If yes, please explain...



114. As a law enforcement officer, have you ever intentionally made a false arrest?

No

Yes

If yes, please explain...

115. As a law enforcement officer, have you ever used excessive force?

No

Yes

If yes, please explain...



116. As a law enforcement officer, have you ever illegally destroyed any seized evidence?

No

Yes

If yes, please explain...

117. As a law enforcement officer, have you ever, *with or without authorization*, taken exhibits for your own personal use or gain?

No

Yes

If yes, please explain...



118. As a law enforcement officer, have you ever stolen anything from your department?

No

Yes

If yes, please explain...

119. As a law enforcement officer, have you ever stolen anything from a crime scene, accident scene, property room, vehicle, victim or accused person?

No

Yes

If yes, please explain...



120. As a law enforcement officer, have you ever unlawfully used, sold or possessed any illegal drugs?

No

Yes

If yes, please explain...

121. As a law enforcement officer, have you ever used your position for personal gain?

No

Yes

If yes, please explain...



122. Have you ever engaged in a sexual act with a prisoner or anyone else in your custody, or with anyone directly related to your investigation, *E.G., a witness, etc..?*

No

Yes

If yes, please explain...

123. Have you ever told a relative, friend or acquaintance about an active investigation that involved them or someone they knew, *I.E., tipped someone off?*

No

Yes

If yes, please explain...



124. Have you ever intentionally covered up an offence for a relative, friend or acquaintance?

No

Yes

If yes, please explain...



DECLARATION – NOTICE TO APPLICANT

1. Deceit, dishonesty or non-disclosure concerning questions in this Personal Disclosure Form will result in your disqualification from this employment competition and any future employment competitions with the Agency Police Service.
2. If you are currently employed by the Agency Police Service or the City of Agency.
 - deceit, dishonesty or non-disclosure concerning questions in this Personal Disclosure Form, or
 - disclosure of serious, recent or ongoing criminal activity, may result in discipline up to and including dismissal from your current employment with the Agency Police Service or the City of Agency.
3. The information provided in this Personal Disclosure Form will be verified by a detailed background investigation and a Polygraph examination.
4. Any information provided in this Personal Disclosure Form regarding serious, recent or ongoing criminal activity may be investigated by the Agency Police Service and/or disclosed to another law enforcement agency, and could result in arrest and criminal charges.
5. Any information provided in this Personal Disclosure Form regarding unlawful activity may be disclosed by the Agency Police Service as required by law.
6. You may amend your response(s) to any question(s) in this Personal Disclosure Form at any time prior to the scheduled date for your Polygraph examination, by contacting your Recruiting Officer.

DECLARATION:

I, _____, hereby declare as follows:

The information that I have provided in this Personal Disclosure Form is complete, honest, and accurate. I have read and fully understood this Notice to Applicant.

Applicant's Signature: _____

Applicant's Name: _____

Date: _____

Witnessed by: _____



Agency Police Service

REQUIREMENT – NOTICE TO APPLICANT

TO: RECRUIT APPLICANTS

FROM: RECRUITMENT UNIT

Please **read the instructions carefully** on this document.

Upon receipt of your application package, you will officially be in the recruit selection process. After your application package has been reviewed, you will be contacted regarding the next steps you must take in the process.

DO NOT send in your package if you are not at least THREE (3) years clear of any detected or undetected criminal activity. This includes the items that are disclosed in your Personal Disclosure Form. Should you need to make further disclosure, you will be allowed to notify your Recruiting Officer or any member of the Recruiting Unit to update this information *BEFORE* you go to the Polygraph examination. Any failure to do so may result in a Lifetime Deferral.

You may be deferred as a result of disclosures made in your Personal Disclosure Form. Once your deferral period has expired, you will be eligible to reapply; however, if you have been deferred beyond a period of one year, you will have to submit a new application package.

Please read and sign the following declaration. **Return this letter with your application.**

“I have read the above information and understand that I must be three years clear of any detected or undetected criminal activity in order to proceed with my application.”

Signature: _____

Date: _____





MEDICINE HAT POLICE SERVICE

The following documents are **not** to be submitted with your application package, however they are required to complete the APREP.

Part 1 is to be submitted to your physician for completion. This form is for doctor's use only and does not have to be returned to the Medicine Hat Police Service.

Part 2 is to be completed by your physician, and returned to you. Bring **Part 2** with you when you attend your APREP testing. **Failure to bring this document will result in you not being able to participate in the APREP.**

LETTER TO PHYSICIAN

Dear Physician,

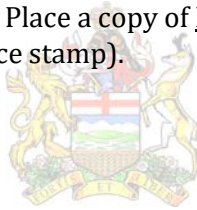
This patient is seeking your Medical Clearance to undertake the Alberta Physical Readiness Evaluation for Police (A-PREP).

A-PREP is an occupational physical abilities test directly linked to police work and training. **It is a maximal exertion test equivalent to an exercise stress test at the 11.9 MET level.** A-PREP is a test which simulates a scenario where a police officer engages in a foot chase, takes physical control of the suspect, and then drags a person or an object away from the scene while wearing a 7.5kg weighted belt around their waist. It is divided into the following sections:

- 1. Obstacle Circuit:** Completing a 100m run including four sets of stairs and scaling 1.52m fences.
- 2. Push/Pull:** 34kg weight on a Body Control Simulator as well as 14.5 kg and 16 kg on an Arm Restraint Simulator.
- 3. Victim Drag:** dragging a 68kg mannequin 7.5 meters and back for a total of a 15 meter drag.
- 4. Aerobic Fitness Component:** complete Stage 7 of the Leger 20m Aerobic Shuttle Run

The first three sections are timed; A-PREP Applicants must complete these sections in 2:10 minutes. During the 4th section, A-PREP Applicants must reach Stage 7 of the 20m Leger Shuttle Run, which is equivalent to an exercise stress test of 11.9 METS.

Please complete, sign and date the attached form. Place a copy of **Part 1** on the patient's medical file and give **Part 2** to the patient (Signed, dated, and with your office stamp).



A-PREP INSTRUCTIONS FOR APPLICANTS

Alberta Physical Readiness Evaluation for Police (A-PREP) is a physically demanding test, which incorporates the physical tasks often carried out by police officers. The test includes running, climbing, vaulting, pushing, pulling and dragging. A-PREP is a very strenuous test that may require maximal effort. Applicants should be training regularly for 4-6 weeks prior to taking the test.

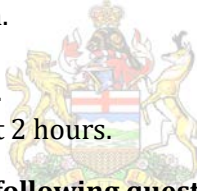
Pre-Test Instructions

Applicants must:

- Government issued photo ID such as a driver's license
- Bring completed Medical Clearance form Part 2 (signed, stamped, and dated)
- Come dressed in suitable physical activity attire
- Bring clean shoes that are suitable for physical activity and allow for grip.

Prior to the test, Applicants should:

- **Abstain from using short-acting bronchodilators for at least 2 hours**
- **Abstain from using any stimulants for at least 24 hours prior to the test, (e.g. products containing ephedrine, pseudoephedrine, ephedra, or other similar stimulants).**
- Abstain from vigorous exercise in the preceding 24 hours.
- Avoid eating a large meal before completing the test. A light meal or snack approximately **2 hours** before the test begins is recommended. As the session might be lengthy, Applicants may bring a snack with them, in case they get hungry during the session.
- Abstain from alcohol for at least **6 hours**.
- Abstain from smoking for at least 2 hours.
- Abstain from caffeine products for at least 2 hours.



Applicants should be prepared to answer the following questions at time of test:

Since your most recent Medical Clearance:

- Have you had any significant changes in your health?
- Have you had any new illnesses or injuries?
- Are you regularly taking any new medications?

If the Applicant answered **YES** to any of these questions, they may be asked to obtain a new A-PREP Medical Clearance to determine their suitability for A-PREP.

A-PREP MEDICAL CLEARANCE FORM: PART 1 - For Doctors Use Only

Patient Information							
Surname:		Given Names:		Gender		Age (YRS)	
				M	F	Other	
Height (cm)	Weight (kg)	Resting Heart Rate (BPM)		Resting Blood Pressure (mmHg)			
Risk Factors							
Note to Physician : The A-PREP is a physically demanding test and is equivalent to an Exercise Stress Test at an 11.9 Metabolic Equivalents (MET) level . The following risk factors must be considered when assessing patient suitability for A-PREP.							
Section A: Pulmonary and Musculoskeletal Restrictions for all individuals							
If YES to any risk factor in Section A, patient should not undertake A-PREP.							
Pulmonary obstruction, restriction that would prevent maximal testing						YES	NO
Needs to use a short acting inhaler immediately prior to participation in maximal testing. Short acting inhalers can only be used after the test, if needed. Long acting or combined inhalers are allowed.						YES	NO
Musculoskeletal restrictions that could interfere with strenuous activities or maximal testing						YES	NO
Section B: High or Very High Cardiovascular Risk Factors for all individuals							
If YES to one or more risk factors in Section B, it is recommended to send the patient to an Exercise Stress Test before clearing for A-PREP.							
Previous CVA, MI, vascular surgery or any clinical evidence of atherosclerosis						YES	NO
Diabetes ³						YES	NO
Metabolic Syndrome						YES	NO
Section C: Coronary Artery Disease Risk Factors for Men > Age 40 and Women > 50							
If YES to two or more risk factors in Section C, it is recommended to send patient to an Exercise Stress Test before clearing for A- PREP.							
Family history of premature cardiovascular disease						YES	NO
Cigarette smoking						YES	NO
Hypertension ⁶						YES	NO
Dyslipidemia						YES	NO
Abnormal fasting glucose level						YES	NO
Obesity ⁷						YES	NO
Physical Inactivity						YES	NO
Section D- Exercise Stress Test (when required)							
Clinically Positive for ischemia						YES	NO
Electrically positive for ischemia						YES	NO
Number of MET reached (11.9 MET are required prior to undertaking A-PREP)							
Additional tests (if needed, specify):							

A-PREP MEDICAL CLEARANCE FORM: PART 2 - **Must Bring To Testing**

PATIENT INFORMATION					
SURNAME	GIVEN NAMES	GENDER			AGE (YEARS)
		M	F	Other	
HEIGHT (CM)	WEIGHT (KG)	RESTING HEART RATE (BPM)	RESTING BLOOD PRESSURE (MMHG)		

PHYSICIAN'S RECOMMENDATIONS	
<p>After reviewing A-PREP Medical Clearance PART 1 and evaluating the following risk factors:</p> <ul style="list-style-type: none"> Pulmonary Obstruction/ Restriction Coronary Artery Disease Risk Factors Musculoskeletal Restrictions Exercise Stress Test to 11.9 MET, if applicable High or Very High Cardiovascular Risk Factors <p>It is in my professional opinion that the above named patient is (select opinion below):</p>	
SELECT	OPINION
<input type="checkbox"/>	MEDICALLY FIT to undertake the Alberta Physical Readiness Evaluation for Police
<input type="checkbox"/>	NOT MEDICALLY FIT to undertake the Alberta Physical Readiness Evaluation for Police

Comments:



PHYSICIAN SIGNATURE: MANDATORY	Physician stamp: MANDATORY
DATE: DD / MM / YYYY MANDATORY	