



THE CITY OF KAWARTHA LAKES POLICE SERVICE APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Personal information relating to the recruitment and selection process is collected under the authority of the Police Services Act sections 38, 43, 52 & 53 and will be used to determine suitability for employment. Information is subject to verification and confirmation with corresponding documents at various points in the selection process. Continuation in the selection process is dependent upon receipt of various documents at different stages. Questions about this collection of personal information should be directed to the Chief of Police.

Please **PRINT** clearly and answer **ALL** questions fully.
Incomplete applications may not be considered.

POSITION APPLIED FOR:

- Civilian Job Title: _____
- Constable

PERSONAL DATA:

Last Name	Given Name	Middle Name
Address	Apt No.	Home Phone No.
City Province	Postal Code	Business Phone No.
Are you legally eligible to work in Canada Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever been convicted of a criminal offence for which a pardon has not been granted? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes give details _____		

EMPLOYMENT HISTORY: List ALL previous employers, attach additional pages if required.

YOUR PRESENT OR LAST JOB		BRIEFLY DESCRIBE YOUR DUTIES
Employer:		
Address:		
Phone No:	Present/Last Salary	
Job Title:		
Employed From:	To:	
Supervisor:	Supervisor's Title:	
Reason for Leaving:		
YOUR JOB BEFORE THAT		BRIEFLY DESCRIBE YOUR DUTIES
Employer:		
Address:		
Job Title:		
Phone No:	Present/Last Salary	
Employed From:	To:	
Supervisor:	Supervisor's Title:	
Reason for Leaving:		
YOUR JOB BEFORE THAT		BRIEFLY DESCRIBE YOUR DUTIES
Employer:		
Address:		
Phone No:	Present/Last Salary	
Job Title:		
Employed From:	To:	
Supervisor:	Supervisor's Title:	
Reason for Leaving:		
IF NOW EMPLOYED, MAY WE CONTACT YOUR PRESENT EMPLOYER?		YES <input type="checkbox"/> NO <input type="checkbox"/>

Are you 18 years of age or older and less than 65 years of age	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you willing to work shift work as required by the position?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you applied here previously? If yes, when? _____ (mth/yr) What Position(s) _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Education: Circle the highest grade successfully **completed**. ***Copy of High school Transcript is required at Testing Phase.***

Grade: 9 10 11 12 13 College: 1 2 3 4 University: 1 2 3 4

List below any details which you feel might help us to further evaluate your application, including special skills, hobbies, certificates, diplomas or degrees, memberships in professional associations, computer skills, computer software skills, any languages fluently spoken and written and skills acquired through offices held in community organizations. List specific skills as per position requirements. (If more space required attach additional pages).

Skills (to be completed by Constable and Special Constable Applicants ONLY, Attach photocopy of certificates)

First Aid Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Issue Date: _____
C.P.R. Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Issue Date: _____
O.A.C.P. Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Issue Date: _____

Character References: List three (3) people whom we may personally contact or write, for a character reference

(DO NOT LIST RELATIVES, FORMER EMPLOYERS, PRIESTS, PASTORS, MINISTERS OF RELIGION, OR POLITICAL LEADERS)

NAME	HOME PHONE NUMBER
ADDRESS	BUSINESS PHONE NUMBER
	YEARS KNOWN

Character References Continued:

NAME	HOME PHONE NUMBER
ADDRESS	BUSINESS PHONE NUMBER
	YEARS KNOWN
NAME	HOME PHONE NUMBER
ADDRESS	BUSINESS PHONE NUMBER
	YEARS KNOWN

APPLICANT - PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

I confirm that the information given is true and correct to the best of my knowledge. I authorize the Kawartha Lakes Police Service to collect personal information concerning myself including academic records, pre-employment testing results and assessments, aptitude test(s) results, employment history, disciplinary records, financial records, character statements, and non-pardoned criminal records from sources other than myself. I understand the Kawartha Lakes Police Service will require me to perform job related academic, aptitude, attitude and physical testing, and after a written offer of employment to undergo job related medical tests. Furthermore, I hereby absolve and save harmless the Kawartha Lakes Police Service and all its individual employees from all liability, causes of action, or damages resulting from the release of any or all such information. I agree to comply with all Kawartha Lakes Police Service directives, Rules and Regulations, safety procedures, the Ontario Police Services Act and such other Terms and Conditions of Employment as may be instituted or revised by the Kawartha Lakes Police Service from time to time. I also agree that continuing employment is conditional upon the satisfactory completion of a probationary period, and I agree that I must enroll in such Welfare and Pension Plans, Kawartha Lakes Police Service, etc. as may be obligatory for **paid** Kawartha Lakes Police Service Employees.

REFERENCES:

For employment and/or character references, I, _____ (Print Name) authorize the Kawartha Lakes Police Service to contact and collect information concerning my job performance and character from employers/supervisors and persons named herein. The persons named herein may furnish information they may have concerning my suitability for the position applied for to the Kawartha Lakes Police Service, and I do release such individual from any and all liability by reason of furnishing such information.

I agree and understand that any misrepresentation of facts shall constitute just cause for the termination of my employment and/or association with the Kawartha Lakes Police Service, at any time.

Dated _____ Applicant's Signature _____

The City of Kawartha Lakes Police Service

WAIVER FOR COLLECTION OF PERSONAL INFORMATION

I, _____

the undersigned, hereby authorize any physician, psychologist, employer, organization or person to whom a signed copy of this authorization or a photocopy or fax thereof is delivered, 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 City of Kawartha Lakes Police Service, and any subsequent training and employment. Personal information about me that is obtained through this selection process is collected under the authority of section 43 of the *Police Services Act*.

I understand that information about me will be used to assess my qualifications and suitability in relation to my application for employment as a police officer. I consent to the collection, use, disclosure, transmittal and examination by the City of Kawartha Lakes Police Service, of all information compiled about me, including:

- Academic records and transcripts
- Employment records
- Police records and history of law involvement
- Police service applications
- Medical information
- Background and security checks (including CPIC, NCIC, Interpol, etc.)
- Financial information including credit bureau check
- Driving record
- Physical, psychological, visual, aptitude and other employment-related tests and interview information provided during the selection process
- Applicant survey information
- Training records
- Police service performance review records

Personal information about me that is obtained during the selection process and during any subsequent training and employment may be disclosed for the purpose for which it was obtained or for a consistent purpose.

I further understand that any questions that I may have concerning the collection, use or disclosure of this information should be addressed to:

City of Kawartha Lakes Police Service
Attention: Chief of Police
6 Victoria Avenue North
LINDSAY, Ontario K9V 4E5

I hereby acknowledge and declare that the terms of this authorization for release of information are fully understood by me.

Candidate's Signature _____ Date _____