



APPLICATION

Position of Police Constable / Cadet

Important

1. Carefully review and follow application instructions included in this application form.
2. Please print clearly, complete fully, and use additional paper if space is insufficient.
3. Forward the completed application form, along with a copy of a valid Certificate of Results, to the Sault Ste. Marie Police Service, 580 Second Line East, Sault Ste. Marie ON P6B 4K1, Attention: Human Resources.

I. Personal Information

Last Name	Given Name (1)	Given Name (2)
Complete Address (including Number, Street, Apt. Number, Lot, Concession, Rural Route #)		
City or Town	Province	Postal Code
Business or Daytime Phone Number ()		
Home or Evening Phone Number ()		

	Yes	No
Are you at least 18 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
Have you successfully completed at least 4 years of secondary school or equivalent?	<input type="checkbox"/>	<input type="checkbox"/>
Are you legally eligible to work in Canada?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a Canadian Citizen or permanent resident of Canada?	<input type="checkbox"/>	<input type="checkbox"/>
Do you possess a valid driver's licence that permits you to drive an automobile in Ontario with full driving privileges and do you have six or fewer demerit points?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of any criminal offence for which a pardon has not been granted or issued? (This means any fine, period of imprisonment, or period of probation offered by the court.)	<input type="checkbox"/>	<input type="checkbox"/>
If you were previously convicted under a federal statute, have you been granted or issued a pardon; or in the event of a discharge related to a finding of guilt, have the records been sealed by the R.C.M.P.?	N/A <input type="checkbox"/>	<input type="checkbox"/>
Do you possess a valid C.P.R. certificate? If yes , please provide the expiry date. If no , please provide date of scheduled training.	<input type="checkbox"/>	<input type="checkbox"/>
Do you possess a valid first aid certificate? If yes , please provide the expiry date. If no , please provide date of scheduled training.	<input type="checkbox"/>	<input type="checkbox"/>

II. Education

Secondary School Attended	Highest Grade or Level Completed (If applicable, attach equivalency certificate)
Type of Certificate or Diploma Obtained	

Business, Trade or Technical School Attended		
Course Name	Length of course in years	Number of years Completed
Licence, Certificate or Diploma Awarded Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of Award (eg Certificate – Medical Receptionist)	

Community College Attended		
Program Name	Length of program in years	Number of years completed
Licence, Certificate or Diploma Awarded Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of Award (eg Ontario College Diploma – Police Foundations)	

University Attended		
Major Area of Study	Length of program in years	Number of years completed
Degree Awarded Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of Degree Awarded (eg Bachelor of Arts - Geography)	

Other relevant Courses, Workshops, Seminars, Training, Licenses, certificates or Degrees		

III. Employment History

Note: 1. Beginning with your present or previous employer and continuing in reverse time order, list and describe every position you have held since the beginning of your work experience. If you have held two or more positions with the same employer, list and describe each position separately. Include military, part-time and summer employment. **(attach additional sheets as required)**

2. Is your current employer(s) aware you are seeking employment? Please be advised they may be contacted at a further point in the selection process.

Present or Previous Employer Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>		
Telephone Number ()	Date Employed : From	To
Complete Mailing Address (include Postal Code)		
Supervisor's Name and Title	Applicant's Position / Title	
Brief Description of Duties		
Reason for Leaving		
Present or Previous Employer Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>		
Telephone Number ()	Date Employed : From	To
Complete Mailing Address (include Postal Code)		
Supervisor's Name and Title	Applicant's Position / Title	
Brief Description of Duties		
Reason for Leaving		
Present or Previous Employer Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>		
Telephone Number ()	Date Employed : From	To
Complete Mailing Address (include Postal Code)		
Supervisor's Name and Title	Applicant's Position / Title	
Brief Description of Duties		
Reason for Leaving		

IV. COMMUNITY INVOLVEMENT

Note: 1. List all activities that you have volunteered for (did not receive compensation) and where, by volunteering, you gave of your time for a purpose or cause that benefited a particular individual, group or community. (**attach additional sheets as required**)

Present or Previous Organization		
Your Position	Dates –From	To
Hours _____ Per: Week <input type="checkbox"/> Month <input type="checkbox"/>	Total Volunteer Hours	Currently Active Yes <input type="checkbox"/> No <input type="checkbox"/>
Contact Person for verification (Name and Phone)		
Brief Description of Duties		
Reason for Leaving		
Present or Previous Organization		
Your Position	Dates –From	To
Hours _____ Per: Week <input type="checkbox"/> Month <input type="checkbox"/>	Total Volunteer Hours	Currently Active Yes <input type="checkbox"/> No <input type="checkbox"/>
Contact Person for verification (Name and Phone)		
Brief Description of Duties		
Reason for Leaving		
Present or Previous Organization		
Your Position	Dates –From	To
Hours _____ Per: Week <input type="checkbox"/> Month <input type="checkbox"/>	Total Volunteer Hours	Currently Active Yes <input type="checkbox"/> No <input type="checkbox"/>
Contact Person for verification (Name and Phone)		
Brief Description of Duties		
Reason for Leaving		

Have you ever applied to any other police service(s)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, complete the following			
Name of Service	Date(s)	Is your application currently active?	
1.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>Declaration: I hereby declare that the foregoing information is true and complete to the best of my knowledge. I understand that a false declaration may disqualify me from further consideration for employment or result in dismissal should I be appointed as a police constable / cadet. It is understood and accepted that I am involved in a competitive process and that I may be declined at any stage of the process.</p>			
Applicant's Signature:		Date:	

PERSONAL INFORMATION WHICH MAY INCLUDE ACADEMIC, EMPLOYMENT, MEDICAL, PHYSICAL, FINANCIAL, CHARACTER AND OTHER PERSONAL DATA IS BEING COLLECTED DURING THE RECRUITMENT PROCESS UNDER THE AUTHORITY OF THE POLICE SERVICES ACT SECTIONS 38, 43 AND 53, FOR THE PURPOSE OF ASSESSING YOUR SUITABILITY FOR EMPLOYMENT. QUESTIONS ABOUT THIS COLLECTION SHOULD BE DIRECTED TO THE HUMAN RESOURCES COORDINATOR, SAULT STE. MARIE POLICE SERVICE, 580 SECOND LINE EAST, SAULT STE. MARIE, ONTARIO, P6B 4K1, (705) 949-6300 Ext. 327.