



AUXILIARY APPLICATION

FOR AUXILIARY POSITION WITH THE SAULT STE. MARIE POLICE SERVICE

COMPLETED APPLICATION MAY BE LEFT WITH DUTY OFFICER

AT 580 SECOND LINE EAST OR MAILED TO:

HUMAN RESOURCES
SAULT STE. MARIE POLICE SERVICE
580 SECOND LINE EAST
SAULT STE. MARIE, ONTARIO, P6B 4K1

**** THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY ****

PERSONAL INFORMATION

SURNAME (PRINT):		GIVEN NAME:	
MAILING ADDRESS: _____ _____		TELEPHONE RESIDENCE: _____ BUSINESS: _____	
ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA? YES <input type="checkbox"/> NO <input type="checkbox"/>			
DO YOU HAVE ANY OBJECTIONS TO WORKING DAYS, NIGHTS, WEEKENDS OR HOLIDAYS? PLEASE SPECIFY: _____			
INDICATE IF YOU	SPEAK	READ	WRITE
ENGLISH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRENCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER (SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DESCRIBE ANY OF YOUR SKILLS, EXPERIENCE OR TRAINING THAT RELATES TO THE POSITION BEING APPLIED FOR. _____ _____ _____			

PERSONAL INFORMATION ON THIS FORM IS BEING COLLECTED DURING THE RECRUITMENT PROCESS UNDER THE AUTHORITY OF THE POLICE SERVICES ACT SECTION 43, FOR THE PURPOSE OF ASSESSING YOUR SUITABILITY FOR EMPLOYMENT. QUESTIONS ABOUT THIS COLLECTION SHOULD BE DIRECTED TO:

HUMAN RESOURCES
SAULT STE. MARIE POLICE SERVICE
580 SECOND LINE EAST
SAULT STE. MARIE, ONTARIO, P6B 4K1

EDUCATION

SECONDARY SCHOOL

SECONDARY SCHOOL ATTENDED	HIGHEST GRADE OR LEVEL COMPLETED	CERTIFICATE OR DIPLOMA RECEIVED YES <input type="checkbox"/> NO <input type="checkbox"/>
---------------------------	----------------------------------	---

IF NO, GIVE DETAILS _____

BUSINESS, TRADE OR TECHNICAL SCHOOL

NAME OF COURSE	LENGTH OF COURSE	CERTIFICATE OR DIPLOMA AWARDED YES <input type="checkbox"/> NO <input type="checkbox"/>
----------------	------------------	--

IF NO, GIVE DETAILS _____

COMMUNITY COLLEGE

NAME OF COURSE	LENGTH OF COURSE	CERTIFICATE OR DIPLOMA AWARDED YES <input type="checkbox"/> NO <input type="checkbox"/>
----------------	------------------	--

IF NO, GIVE DETAILS _____

UNIVERSITY

NAME OF COURSE	LENGTH OF COURSE	CERTIFICATE OR DIPLOMA AWARDED YES <input type="checkbox"/> NO <input type="checkbox"/>
----------------	------------------	--

IF NO, GIVE DETAILS _____

OTHER RELEVANT COURSES, SEMINARS, TRAINING, WORKSHOPS, LICENSES, CERTIFICATES

DETAILS: _____

EMPLOYMENT HISTORY - BEGIN WITH MOST RECENT EMPLOYER

NOTICE: DO YOU WISH THIS APPLICATION TO BE KEPT IN THE STRICTEST CONFIDENCE FROM YOUR PRESENT EMPLOYER? "YES " NO

1. PRESENT OR PREVIOUS EMPLOYER	FULL TIME	PART TIME
FROM: _____	TO: _____	
PHONE NO.: _____	ADDRESS: _____	
TYPE OF BUSINESS: _____		
DUTIES: _____		

JOB TITLE: _____	NAME OF SUPERVISOR: _____	
REASON FOR LEAVING: _____		

2. PRESENT OR PREVIOUS EMPLOYER	FULL TIME <input type="checkbox"/>	PART TIME <input type="checkbox"/>
FROM: _____	TO: _____	
PHONE NO.: _____	ADDRESS: _____	
TYPE OF BUSINESS: _____		
DUTIES: _____		

JOB TITLE: _____	NAME OF SUPERVISOR: _____	
REASON FOR LEAVING: _____		

3. PRESENT OR PREVIOUS EMPLOYER	FULL TIME	PART TIME
FROM: _____	TO: _____	
PHONE NO.: _____	ADDRESS: _____	
TYPE OF BUSINESS: _____		
DUTIES: _____		

JOB TITLE: _____	NAME OF SUPERVISOR: _____	
REASON FOR LEAVING: _____		

IF REQUIRED, PLEASE ATTACH SEPARATE SHEET

OUTSIDE INTERESTS

COMMUNITY / VOLUNTEER WORK, CLUBS.

SPORTS, HOBBIES ETC.

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE FOR WHICH A PARDON HAS NOT BEEN GRANTED?

YES NO

IF YES, GIVE DETAILS:

DECLARATION

I certify that the statements made by me in this application are true and complete to the best of my knowledge and belief and are made in good faith. I understand that if any of these statements are untrue, this application may be rejected or any appointment to a position to be nullified.

Date

Signature of applicant