



Employment Application

606 Stanley St Nelson BC V1L 1N4

Phone: 250-505-5653

nelsonpolice.ca

Engagement with the Nelson Police Department is contingent upon successful completion of all steps of the selection process. False or omitted information may result in disqualification of an applicant for appointment.

Complete document legibly, in "black" ink, in your own handwriting.

Answer ALL questions as completely as possible.

If you have any questions, please ask a member of the Recruiting Section –
DO NOT ASSUME OR GUESS.

Attach a separate sheet if there is insufficient space for your answer to any of the questions.

In order for your application to be considered, **copies** of the following documents must be submitted with this application:

- Birth Certificate and/or Canadian Citizenship or Landed Immigrant Status documentation
- Driver's Licence
- Recent photograph
- Driver's abstract or equivalent for out of province applicants (last three years)
- Social Insurance Number card
- Standard First Aid Certificate (current certification within last 36 months)
- POPAT certificate (within last 6 months)
- Post Secondary School Transcripts (if applicable)
- Pardon Documentation (if applicable)

Position applied for: Police Officer
 Reserve

PARTICULARS

Last Name

First Name

Middle Name

Canadian Name

Maiden Name

Nickname

Home Address

City

Province

Postal Code

Home Phone Number

Business Phone Number

Other Number [] cel [] pager []

Email Address

Date of Birth

S.I.N.

Place of Birth

Address

City

Province

Country

PHYSICAL DESCRIPTION

Height _____ Weight _____ Eye Colour _____ Hair Colour _____

Blood Type _____ Right Handed [] Left Handed []

MARITAL STATUS

Single [] Married [] Separated [] Divorced [] Widow/Widower []

Other [] Comments _____

SOCIAL MEDIA

Online user name _____

Nickname _____

Online date of birth _____

Social Media user names:

*****Please circle YES or NO and provide user names*****

Facebook Yes/No _____

Twitter Yes/No _____

Instagram Yes/No _____

Snapchat Yes/No _____

Kik Yes/No _____

Other Yes/No _____

Other Yes/No _____

Other Yes/No _____

Email address(es) used in last 5 years:

DRIVER'S LICENCE INFORMATION

Driver's Licence Number _____ Class _____ Expiry Date _____

List all Driving Offences

| Date | Province | Offence |
|-------|----------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Have you ever had your Driver's Licence revoked or suspended?

Yes [] No []

Reason _____

CITIZENSHIP

Birth _____ Landed Immigrant _____ by Naturalization Certificate # _____

Issued at _____ Date _____

FAMILY*Spouse/Partner*

| | | | |
|------------|-------|---------------|-------|
| Name | _____ | Date of Birth | _____ |
| Address | _____ | Phone | _____ |
| Employer | _____ | Phone | _____ |
| Occupation | _____ | Address | _____ |

Dependents

(include date of birth and address if different)

Parents and Siblings

Name _____ Relationship _____

Date of Birth _____ Phone _____

Address _____

Name _____ Relationship _____

Date of Birth _____ Phone _____

Address _____

Name _____ Relationship _____

Date of Birth _____ Phone _____

Address _____

Name _____ Relationship _____

Date of Birth _____ Phone _____

Address _____

Name _____ Relationship _____

Date of Birth _____ Phone _____

Address _____

Name _____ Relationship _____

Date of Birth _____ Phone _____

Address _____

If separated or divorced, list details about former spouse:

Name _____ Date of Birth _____

Address _____ Phone _____

RESIDENCES

List previous residences over the past 10 years in chronological order.

| From | To | Address | Province |
|------|----|---------|----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

List any residences outside of Canada where you have lived as an adult.

| From | To | Address | Country |
|------|----|---------|---------|
| | | | |
| | | | |
| | | | |
| | | | |

EDUCATION *(proof of education will be required prior to interview)*

High School _____ Year of Graduation _____

Diploma [] GED []

Post Secondary

Name of Institution: _____

Date from (year/month): _____

Program of Study: _____ Years Completed: _____

Diploma [] Certificate [] Degree [] GPA _____ Credits _____

Post Secondary

Name of Institution: _____

Date from (year/month): _____

Program of Study: _____ Years Completed: _____

Diploma [] Certificate [] Degree [] GPA _____ Credits _____

Additional related education/courses:

EMPLOYMENT

List from present day your employment history for the previous 10 years.

From _____ To _____

Employer's Name _____

Address _____

Supervisor's Name _____ Phone _____

Position _____ Duties _____

What did you like best about this position? _____

What did you like least about this position? _____

What was your reason for leaving? _____

From _____ To _____

Employer's Name _____

Address _____

Supervisor's Name _____ Phone _____

Position _____ Duties _____

What did you like best about this position? _____

What did you like least about this position? _____

What was your reason for leaving? _____

From _____ To _____

Employer's Name _____

Address _____

Supervisor's Name _____ Phone _____

Position _____ Duties _____

What did you like best about this position? _____

What did you like least about this position? _____

What was your reason for leaving? _____

From _____ To _____

Employer's Name _____

Address _____

Supervisor's Name _____ Phone _____

Position _____ Duties _____

What did you like best about this position? _____

What did you like least about this position? _____

What was your reason for leaving? _____

From _____ To _____

Employer's Name _____

Address _____

Supervisor's Name _____ Phone _____

Position _____ Duties _____

What did you like best about this position? _____

What did you like least about this position? _____

What was your reason for leaving? _____

(print extra copies of this page if required)

VOLUNTEER WORK

From _____ To _____

Organization _____ Address _____

Phone _____ Supervisor _____ Title _____

Duties _____

Average number of hours per week or month: _____

Reason for leaving _____

From _____ To _____

Organization _____ Address _____

Phone _____ Supervisor _____ Title _____

Duties _____

Average number of hours per week or month: _____

Reason for leaving _____

From _____ To _____

Organization _____ Address _____

Phone _____ Supervisor _____ Title _____

Duties _____

Reason for leaving _____

_____What did you like best about volunteer work?

_____What did you like least about volunteer work?

APPLICATIONS TO THIS OR OTHER POLICE AGENCIES

Police Agency _____ Date applied (year/month) _____

Current Status: _____

If application deferred or terminated, or otherwise closed, provide reason: _____

Police Agency _____ Date applied (year/month) _____

Current Status: _____

If application deferred or terminated, or otherwise closed, provide reason: _____

Police Agency _____ Date applied (year/month) _____

Current Status: _____

If application deferred or terminated, or otherwise closed, provide reason: _____

_____**MILITARY AND/OR POLICE SERVICE**

From _____ To _____

Service/Branch/Trade _____

Address _____

Rand/Regimental Number _____ Commanding Officer _____

From _____ To _____

Service/Branch/Trade _____

Address _____

Rand/Regimental Number _____ Commanding Officer _____

Are you still engaged? Yes [] No []

Type of discharge _____

Place of discharge _____

Are you a member of the Reserve Forces? Yes [] No []

Are you engaged in any business as an owner or partner (active or silent)? Yes [] No []

If so, please provide details _____

FINANCIAL BACKGROUND

Have you ever been bonded? Yes [] No []
Have you ever declared bankruptcy? Yes [] No []
Have your wages ever been garnished? Yes [] No []
Have you ever written an NSF cheque? Yes [] No []
Do you own your own home? Yes [] No []

Mortgage owing: _____ Monthly Payment: _____ Rent: _____

Do you have any credit cards? Yes [] No []

| Card Company | Credit Limit | Balance | Monthly Payments |
|--------------|--------------|---------|------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Do you have any loans? Yes [] No []

| Lender | Purpose | Amount | Monthly Payments |
|--------|---------|--------|------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

List your assets and the values of same:

MEDICAL

Family Doctor _____

Address _____ Phone _____

Have you ever broken any bones? Yes [] No []

Age _____ Injury _____

Age _____ Injury _____

Do you have any diseases or medical conditions now or in the past? Yes [] No []

Condition: _____

Are you taking any pills or medication? Yes [] No []

Type: _____

Do you wear corrective lenses? Yes [] No []

Are you aware of any deficiency with your colour vision? Yes [] No []

Have you had eye surgery? Yes [] No []

GENERAL INFORMATION

What is your current physical fitness routine: _____

List any individual sports that you play: _____

List any team sports that you play: _____

Have you ever won any awards or do you have special achievements? _____

Do you belong to any clubs or organizations (other than religious or political)? _____

List your hobbies, recreational activities, or special interests and amount of time spent on each:

Name three things you have done of which you are most proud:

Name three things you have done of which you are not proud of:

What are your plans for the future?

What actions have you taken to implement these plans?

What magazines do you currently read? Indicate number of issues read per year and any books you have recently read:

Do you have access to the Internet at home?

Yes []

No []

What websites do you visit?

Do you correspond with or visit your parents? Yes [] No []

Do you correspond with or visit your brothers/sisters? Yes [] No []

At what age did you leave home? []

What activities do you share with your family?

Do you smoke? Yes [] No []

Has any member of your immediate family ever been arrested, charged or convicted of a criminal offence?

Yes [] No []

If yes, provide brief details (include year, place and offence):

Are you proficient in any other language other than English? Yes [] No []

Specify:

What association have you had with Police Officers or Police work?

Detail your reasons for wishing to become a member of the Nelson Police Department:

I hereby certify the above to be correct and that all statements in this application are true. I agree and understand that any misstatement of material facts herein will cause forfeiture on my part of all rights to employment by the Nelson Police Department.

Applicants Signature

Date



Consent to Release of Personal and/or Private Information, Waiver and Release

606 Stanley St Nelson BC V1L 1N4

Phone: 250-505-5653

nelsonpolice.ca

FULL NAME: _____

FORMERLY KNOWN AS: _____

DATE OF BIRTH: _____

SOCIAL INSURANCE #: _____

I, _____, having applied for a position with the Nelson Police Department, and recognizing that I am required to furnish information to be used to determine my qualifications, moral character, honesty and suitability for employment with the Department, hereby request and authorize the full disclosure of any and all records, files, notes, reports, opinions or other information concerning me, including employment files and records, performance evaluations, discipline records, background investigation files, polygraph reports, medical, psychiatric and psychological files and reports, complaints or grievances filed by or against me, training files, education files, school records and transcripts, credit rating and history files, income tax files, records and returns, driving records, military records, criminal records and police, probation and parole reports.

I waive the right to read or review any information received by the Nelson Police Department.

I release any individual, company, government agency, or public body and their representatives, agents and employees from any claim or action whatsoever which may result from furnishing the above information to the Nelson Police Department.

A photocopy of this release is to be considered as valid as an original waiver even though it does not contain an original of my signature.

SIGNATURE: _____

DATE: _____

WITNESS SIGNATURE: _____

Print Name: _____

Address: _____

Occupation: _____