



Hamilton Police Service, 155 King William Street, Hamilton, Ontario L8R 1A7
 (905) 546-3862 fax (905) 540-5354

APPLICATION Position of Constable / Cadet

- Important:
1. Carefully review and follow application instructions issued with this application form.
 2. Please print clearly, complete fully, and use additional paper if space is insufficient.

I. Personal Information

Last Name	Given Name (1)	Given Name (2)
Complete Address (including Number, Street, Apt. Number, Lot, Concessions, Rural Route #)		
City or Town	Province	Postal Code
Business or Day Phone Number ()		
Home or Evening Phone Number ()		Yes No
Are you at least 18 years of age?		
Are you legally eligible to work in Canada?		
Are you a Canadian citizen or a permanent resident of Canada?		
Do you possess a valid driver's license that permits you to drive an automobile in Ontario with full driving privileges and do you have six or fewer demerit points?		
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)		
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 ()
Do you possess a CPR certificate? (If Yes, please provide the expiry date. If no, please provide date of scheduled training.)		
Do you possess a first-aid certificate? (If Yes, please provide the expiry date. If no, please provide date of scheduled training.)		

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	From	To
License, Certificate or Diploma Awarded			
Community College Attended			
Program Name	Length of Program	From	To
License, Certificate or Diploma Awarded			
University Attended			
Major Area of Study	Length of Course	From	To
Degree Awarded		General	Honours
Other relevant Courses, Workshops, Seminars, Training, Licenses, Certificates or Degrees			

III. Employment History
 OACP Constable Selection System
 February 26, 1998
 CSS 00797

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

Present or Previous Employer		Part time	Full time
Telephone Number ()	Date of Employment: From		To
Complete Mailing Address (include Postal Code)			
Supervisor's Name and Title		Position Title	
Brief Description of Duties			
Reason for Leaving			
Present or Previous Employer		Part time	Full time
Telephone Number ()	Date of Employment: From		To
Complete Mailing Address (include Postal Code)			
Supervisor's Name and Title		Position Title	
Brief Description of Duties			
Reason for Leaving			
Present or Previous Employer		Part time	Full time
Telephone Number ()	Date of Employment: From		To
Complete Mailing Address (include Postal Code)			
Supervisor's Name and Title		Position Title	
Brief Description of Duties			
Reason for Leaving			

IV. List any qualifications you have which you believe are relevant to this position:

<p> </p> <p> </p> <p> </p> <p> </p> <p> </p>			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Have you ever applied to any other police service(s)</td> <td style="width: 20%; text-align: center;">Yes</td> <td style="width: 20%; text-align: center;">No</td> </tr> </table>	Have you ever applied to any other police service(s)	Yes	No
Have you ever applied to any other police service(s)	Yes	No	

If yes, complete the following:

Name of Service(s)	Date(s)	Is Your application currently Active?	
1.		Yes	No
2.		Yes	No
3.		Yes	No
4.		Yes	No
5.		Yes	No
6.		Yes	No

Declaration: I hereby declare that the foregoing information is true and complete to the best of my knowledge. I understand that a false statement 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 competition Process and that I may be declined at any stage of the process.

Applicant's Signature:	Date
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POLICE CONSTABLE SELECTION

Authorization For Release of Information

PLEASE PRINT

I, _____
First Name Last Name 3rd, 6th & 9th digits of S.I.N.

the undersigned, hereby authorize the Ontario Association of Chiefs of Police (OACP), the OACP Constable Selection System-licensed assessment firm, the Ministry of the Solicitor General, and any police service, physician, psychologist, employer, organization or person to whom a signed copy of this Authorization or a photocopy or fax thereof is delivered, to provide to the requester any information, opinions, reports, records, documents or copies thereof, in any form which may be requested, in connection with my application for employment as a police officer with police services in Ontario and/or in connection with or during any subsequent training and employment, including:

<ul style="list-style-type: none">• Academic records and transcripts• Employment records (Police Service and other), including performance evaluation / reviews, discipline, complaint and attendance information• Police records and history of law involvement, including criminal and provincial reports and convictions, and intelligence information• Police service applications• Medical information• Background and security checks (including CPIC, NCIC, Interpol, etc.)	<ul style="list-style-type: none">• Financial information, including credit bureau check• Driving record• Physical, psychological, visual, aptitude and other employment-related tests, including but not limited to MMPI-2 questions, answers and scores, and the interview notes, summaries, opinions, assessments and evaluations of psychologists• Applicant survey information• Training record
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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, as well as for research purposes. With regard to research, I understand that I will in no way be personally identifiable in any research document, and that data on me will be combined with data from other candidates for the purpose of conveying general findings or trends. I CONSENT to the collection, use, examination, disclosure and transmittal by the OACP, the OACP Constable Selection System-licensed assessment firm, the Ministry of the Solicitor General and the police services which I have applied or may apply, of all information compiled about me,

I also **CONSENT** to all information about me that is obtained during the selection process being transmitted to, and stored in, a central database maintained by the OACP, which information will be accessed by, and disclosed to, the OACP, the OACP Constable Selection System-licensed assessment firm, the Ministry of the Solicitor General and police services to which I have applied, or may apply, for the purposes authorized in this document.

I hereby **ACKNOWLEDGE AND DECLARE** that the terms of this Authorization for release of information are fully understood by me. I understand that all information about me that is obtained during the selection process and/or during any subsequent training and employment, may be disclosed for the purpose for which it was obtained or for a consistent purpose. I **WAIVE** any right of action against any person or institution which may provide information, opinions, reports, records and/or documents in compliance with this Authorization. Furthermore, I **RELEASE, WAIVE and DISCHARGE** the OACP, the OACP Constable Selection System-licensed assessment firm, the Ministry of the Solicitor General and any police service, physician, psychologist, employer, organization or person to whom a signed copy of this Authorization or a photocopy or a fax thereof is delivered, from any and all liability for the collection, disclosure and transmittal of information in accordance with this Authorization, and from any and all liability for the use of, or reliance upon, information in accordance with this Authorization, and from any and all liability for the use of, or reliance upon, information obtained in accordance with this Authorization.

Candidate's Signature

Date

Signature of Witness

Name of Witness (please print)

Personal information about me that is obtained through the OACP Constable Selection System is collected under the authority of section 43 of the Police Services Act. Questions concerning the collection, use or disclosure of this information should be addressed to:
Hamilton Police Service
Freedom of Information
155 King William Street
P.O. Box 1060, LCD1
Hamilton, Ont L8N 4C1

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