

# APPLICANT REGISTRATION FORM

## Police Constable / Cadet



Last Name	3 <sup>rd</sup> , 6 <sup>th</sup> & 9 <sup>th</sup> digits of SIN #	First Name	Middle Initial
Complete Address (include Number, Street, Apt., Lot, Concession Rural Route #)		City	Province
Postal Code			
Home (or evening) (include area code) Telephone ( ) Fax ( )	Business (or day) (include area code) Telephone ( ) Fax ( )	E-Mail Address:  Cell Phone: ( )	
<p>I have read the <i>Applicant Information</i> document of the OACP Constable Selection System and, in particular, the section entitled <i>What it Takes to Become a Police Constable</i>. I confirm (tick box) that I:</p> <p><input type="checkbox"/> am a Canadian citizen or permanent resident of Canada;</p> <p><input type="checkbox"/> am at least 18 years of age;</p> <p><input type="checkbox"/> am physically and mentally able to perform the duties of the position, having regard to my own safety and the safety of members of the public;</p> <p><input type="checkbox"/> have successfully completed at least four years of secondary school education or its equivalent;</p> <p><input type="checkbox"/> possess a valid driver's license with no more than six accumulated demerit points, permitting me to drive an automobile in Ontario with full driving privileges;</p> <p><input type="checkbox"/> have/will have current certification in CPR and first aid by the time an offer of employment is given;</p> <p><input type="checkbox"/> am of good moral character and habits, meaning that I am an individual other people would look upon as being trustworthy and having integrity.</p> <p>I now hereby apply to take the pre-interview qualifying tests and enclose the required non-refundable applicant fee. I acknowledge that photo-identification will be required for all testing. I understand that success in these tests will determine my eligibility for an interview, but will in no way obligate any police service to either grant me an interview or offer me employment.</p>			
<p>I was previously assessed for employment as a police constable by:</p> <p><input type="checkbox"/> a Police Service, the OPP (Ontario Provincial Police) and the OACP (Ontario Association of Chief of Police)</p> <p><input type="checkbox"/> the OACP-licensed private vendor, ATS (Applicant Testing Services Inc.)</p>			
<p>I have an OACP Certificate of Results: <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>                  (If <b>Yes</b>, provide certificate number: _____ and indicate expiry dates below)                  PATI <input type="checkbox"/> Expiry Date _____ WCT <input type="checkbox"/> Expiry Date _____ PREP <input type="checkbox"/> Expiry Date _____ BPAD <input type="checkbox"/> Expiry Date _____</p>			
<p>Indicate the test(s) required:  <span style="float: right;">All <input type="checkbox"/> PATI <input type="checkbox"/> WCT <input type="checkbox"/> PREP <input type="checkbox"/> BPAD <input type="checkbox"/></span></p>			
<p>Due to a disability, I require consideration for testing accommodation. (If <b>Yes</b>, supporting documentation will be required from your doctor prior to testing.)  <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p>			
<p>Prior to submitting your application you must read and understand the Self Assess for the Constable Selection System. You can obtain these guidelines from Applicant Testing Services Inc. (<a href="http://www.applicanttesting.com">www.applicanttesting.com</a>), The Ministry of Community Safety and Correctional Services (<a href="http://www.mcscs.jus.gov.on.ca">www.mcscs.jus.gov.on.ca</a>) or the Ontario Provincial Police (<a href="http://www.opp.ca">www.opp.ca</a>).</p>			
<p><b>Disclosure</b>  <b>I hereby declare that the foregoing information is true and complete. I understand that a false statement or omission may disqualify me from employment or result in dismissal.</b></p>			
Applicant's Signature			Date

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Personal information obtained through the completion of this form is collected pursuant to section 43 of the Police Services Act for the purpose of assessing qualifications and suitability for employment as a police officer. Information may be disclosed for the purpose for which it was obtained or for a consistent purpose. Questions concerning the collection, use or disclosure of this information should be addressed to:

OACP CSS Administrator, C/O ATS Inc.,  
 540 Clarke Road, Unit 14  
 London, ON N5V 2C7  
 Tel: 1-800-513-9652  
 Email: [cssadmin@oacp.ca](mailto:cssadmin@oacp.ca)