



Hamilton Police Service
 155 King William St.
 P.O. Box 1060, LCD 1
 Hamilton, Ontario L8N 4C1
Application for Employment - Civilian

FOR OFFICE USE ONLY

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

CIVILIAN POSITION(S) APPLIED FOR:

Clerical Communications Special Constable Other _____
 Admin. Info. Technology Facilities _____
(Please specify)

PERSONAL INFORMATION

APPLICANT NUMBER: _____ (For office use only)

Last Name	Given Name (1)	Given Name (2)
Complete Address		
City or Town	Province	Postal Code
Business or Day Phone Number ()	Home or Evening Phone Number ()	
Are you legally eligible to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you between the ages of 18 and 65? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you possess valid: CPR Certification <input type="checkbox"/> Yes <input type="checkbox"/> No		First Aid Certification <input type="checkbox"/> Yes <input type="checkbox"/> No

To determine your qualification for employment, please provide below, information related to your academic and other achievements including voluntary work, as well as employment history. Additional information may be attached on a separate sheet, using the same format as below.

EDUCATION:

Secondary School

Highest Grade or level completed:	Name of Program:	Length of Program:
Diploma awarded: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Honours	Type:	

Business School, Trade School, or Other

Highest Grade or level completed:	Name of Program:	Length of Program:
Diploma, certificate or licence awarded: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Honours	Type:	

Community College

Major Subject:	Name of Program:	Length of Program:
Diploma awarded: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Honours	Type:	

University

Major Subject:	Name of Program:	Length of Program:
Degree awarded <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Honours	Type:	

NOTE: You may be required to produce original transcripts, diplomas and degrees to verify the above.

Other Licences, Certificates, Degrees:
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List working knowledge of software packages:
Keyboarding: _____ w.p.m.
Electronic Transcription Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT HISTORY (Indicate most current employment first.)
 (Please attach additional sheets as required, using the same format as below.)

Name of Present or Previous Employer	Telephone Number
Address	Job Title
Supervisor's Name and Title	Date of Employment From/To (MMDDYYYY): From: _____ To: _____
Brief Description of Duties	
Reason for leaving	

Name of Present or Previous Employer	Telephone Number
Address	Job Title
Supervisor's Name and Title	Date of Employment From/To (MMDDYYYY): From: _____ To: _____
Brief Description of Duties	
Reason for leaving	

Name Previous Employer	Telephone Number
Address	Job Title
Supervisor's Name and Title	Date of Employment From/To (MMDDYYYY): From: _____ To: _____
Brief Description of Duties	
Reason for leaving	

Name Previous Employer	Telephone Number
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