



Pursuant to s.29(2) of the *Municipal Freedom of Information and Protection of Privacy Act*, you are hereby informed that information about you, including academic, employment, medical, physical, financial, character and personal data is being collected during the recruitment process for the purpose of assessing your qualifications in relation to this application. The authority for this collection is the *Police Services Act*, Sections 38 and 52. Please address any questions concerning the collection of this information to the Manager, Human Resources, Hamilton Police Service, 155 King William Street, P.O. Box 1060, LCD 1, Hamilton, Ontario, L8N 4C1; phone (905) 546-3862.

- IMPORTANT:** 1. Carefully review and follow instructions issued with this application form.
 2. Please print clearly. Complete fully. Please use Comments lines on page 5 if additional space is required.

Personal Information

Surname	Given 1	Given 2
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Complete address (Number, street, apt., lot, concession, township, rural route #)

City, Town, Province	Postal Code	How long at this address?
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Residence telephone	Work telephone
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List last **three** addresses at which you resided prior to the above:

1. Number, street, apt., lot, concession, township, rural route #	From (Yr./Mo./Dy.)	To (Yr./Mo./Dy.)
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City, Town, Province	Postal Code
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2. Number, street, apt., lot, concession, township, rural route #	From (Yr./Mo./Dy.)	To (Yr./Mo./Dy.)
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City, Town, Province	Postal Code
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3. Number, street, apt., lot, concession, township, rural route #	From (Yr./Mo./Dy.)	To (Yr./Mo./Dy.)
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City, Town, Province	Postal Code
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Are you at least 18 years of age and less than 65? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you a Canadian citizen or permanent resident? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you legally entitled to work in Canada? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Are you willing to commit a minimum of 2 years to the Auxiliary program? YES NO

Are you aware that possession of a valid driver's licence with full privileges is an essential requirement of the auxiliary constable position and do you have six or fewer driving demerit points? YES NO

Have you ever been convicted of any criminal offence for which a pardon has not been granted or issued?

YES NO

If YES, specify offence, location, date and disposition:

Have you ever been discharged absolutely or on conditions in relation to a finding of guilt for the commission of a criminal offence, and in respect of which the R.C.M.P. has not yet sealed the records. (If the discharge was ordered prior to July 24, 1992, and a pardon has not yet been granted, you will have to apply to the R.C.M.P. to have the records sealed; after July 24, 1992, records are sealed automatically after one year in the case of an absolute discharge, and after three years in the case of a conditional discharge.)

YES NO

If YES, specify offence, location, date and disposition:

Have you been convicted of any offence under any provincial statute within the last five years?

YES NO

If YES, specify offence, location, date and disposition:

Education, Credentials, Involvements

<u>ELEMENTARY SCHOOL</u>	Grade Completed	
<u>SECONDARY SCHOOL</u> Type of Certificate or Diploma Received <input type="checkbox"/> OSSGD <input type="checkbox"/> OSSHGD <input type="checkbox"/> OSSD <input type="checkbox"/> OSSD with 6 Ontario Academic Credits <input type="checkbox"/> Equivalency (give details):	Highest Grade or Level Completed	
<u>COMMUNITY COLLEGE</u> Name of Program	Length of Program:	Diploma Received YES <input type="checkbox"/> NO <input type="checkbox"/>
	If currently attending, indicate year of study:	Certificate Received YES <input type="checkbox"/> NO <input type="checkbox"/> Give details:
<u>BUSINESS OR TECHNICAL SCHOOL</u> Name of Program	Length of Program:	Licence, Certificate, Diploma Awarded YES <input type="checkbox"/> NO <input type="checkbox"/>
	If currently attending, indicate year of study:	
<u>UNIVERSITY</u> Degree Awarded YES <input type="checkbox"/> NO <input type="checkbox"/> GENERAL <input type="checkbox"/> HONOURS <input type="checkbox"/> Details:	Length of Program:	Major Subject
	If currently attending, indicate year of study:	Licences, Degrees, Certificates

Were you ever expelled or suspended from any school attended?

NO YES (Details):

Professional Licences or Memberships	DATE OF ACCEPTANCE				DATE OF ACCEPTANCE				DATE OF ACCEPTANCE		
	Yr.	Mo.	Dy.		Yr.	Mo.	Dy.		Yr.	Mo.	Dy.

Work related training or skills:

List hobbies or other qualifications relevant to this position:

Activities — Clubs, athletic, civic organizations, military cadets/reserves
(Applicants should not list activities which would disclose race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, record of offences, marital status, family status or handicap)

Name or Organization	Nature of Organization	Position Held	Membership Dates

Have you been in previous volunteer work? If YES, explain in number of years and months how you have done it. NO YES (Details):

Character References (Do not include employers or serving police officers)

List five persons not related to you who we may consult and who are competent to judge your character, temperament and industrious habits and who have definite knowledge of your qualifications and fitness for the position for which you are applying.

1.	Full name	Occupation	Years Known
	Complete mailing address	Postal code	Telephone
2.	Full name	Occupation	Years Known
	Complete mailing address	Postal code	Telephone
3.	Full name	Occupation	Years Known
	Complete mailing address	Postal code	Telephone
4.	Full name	Occupation	Years Known
	Complete mailing address	Postal code	Telephone
5.	Full name	Occupation	Years Known
	Complete mailing address	Postal code	Telephone

Optional References:

You may list name(s) of police officers or former police officers you know personally and who are willing to provide a character reference pertaining to your suitability as a Police Auxiliary Constable:

Full Name and Rank	Complete Mailing Address (include postal code)	Police Agency	Years Known

Employee Family References:

Are any members of your family employed by a Police Service in Ontario? NO YES (Give details - Name, employing Police Service):

Employment History

Note: Beginning with your present or last employment and continuing in reverse 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. (Provide an account for periods of unemployment.)

Present or last employer		Telephone	Date of employment (d/m/y) Dates: From _____ To _____
Complete mailing address (include postal code)			
Supervisor's name and title	Your position title		May employer be contacted for further information? <input type="checkbox"/> YES <input type="checkbox"/> NO
Brief description of your duties	Reason for leaving		
Present or last employer		Telephone	Date of employment (d/m/y) Dates: From _____ To _____
Complete mailing address (include postal code)			
Supervisor's name and title	Your position title		May employer be contacted for further information? <input type="checkbox"/> YES <input type="checkbox"/> NO
Brief description of your duties	Reason for leaving		
Present or last employer		Telephone	Date of employment (d/m/y) Dates: From _____ To _____
Complete mailing address (include postal code)			
Supervisor's name and title	Your position title		May employer be contacted for further information? <input type="checkbox"/> YES <input type="checkbox"/> NO
Brief description of your duties	Reason for leaving		
Employer		Telephone	Date of employment (d/m/y) Dates: From _____ To _____
Complete mailing address (include postal code)			
Supervisor's name and title	Your position title		
Brief description of your duties	Reason for leaving		
Employer		Telephone	Date of employment (d/m/y) Dates: From _____ To _____
Complete mailing address (include postal code)			
Supervisor's name and title	Your position title		
Brief description of your duties	Reason for leaving		

Employer	Telephone	Date of employment (d/m/y)
		Dates:

Complete mailing address (include postal code)	From	To
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Supervisor's name and title	Your position title
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Brief description of your duties	Reason for leaving
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Employer	Telephone	Date of employment (d/m/y)
		Dates:

Complete mailing address (include postal code)	From	To
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Supervisor's name and title	Your position title
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Brief description of your duties	Reason for leaving
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Have you ever been suspended or dismissed or asked to resign from any position? NO YES (Give details):

Have you ever before made an application to the Hamilton Police or other Police Service? NO YES (Give details):

Have you ever applied for enlistment in the armed forces or any other police agency and been declined? NO YES (Give details):

Have you ever served in the armed forces of Canada or any other nation? NO YES

If YES, REGULAR or RESERVE

From (Yr./Mo./Dy.) _____ To (Yr./Mo./Dy.) _____

Rank Attained: _____

Details of Service: _____

Do you have any current applications in progress with the armed forces or any other police agency? NO YES (Give details):

Additional Comments:

Please use this space for any additional comments or to complete sections of the form where insufficient room was provided.

