



File Hills First Nations Police Service

EMPLOYMENT APPLICATION

Submit completed application form and supporting documents in one of the following ways:

FAX: 1-866-209-6407

EMAIL: FileHillsPolice@GoToCareers.ca

For Office Use Only	

For more information about opportunities with the File Hills First Nations Police Service <http://www.filehillspolice.ca/>

1. An essential component in the selection process of the File Hills First Nations Police Service is a background investigation. Information gathered will be used to assess the suitability of the Applicant for a police career. There will be a security check on the Applicant and members of their family.
2. All questions must be answered. If a question is not applicable, mark *N/A*. attach a note explaining the reason any question is left blank.
3. All information supplied is subject to verification by investigation. False statements can disqualify or result in dismissal if employed.
4. Complete this form by printing in ink. Neatness and legibility are of the utmost importance.
5. If extra space is required, attach additional pages to this application.
6. Postal codes must be supplied for each address given.
7. No information received from inquiries concerning information in this application will be released to the applicant.

All of the items below must be submitted with your application:

- Copy of High School Diploma
- Certified copy of High School Transcript
- Completed Personal Disclosure Form
- Driving Record Abstract – last three years
(Out of Province Applicants must supply their Provincial Equivalent)
- Copy of Birth Certificate and/or Canadian Citizenship or Legal Permanent Resident documentation
- Copy of Certificate of Standard First Aid – *certified within the last 36 months*
- Copy of Certificate in Cardiopulmonary Resuscitation (CPR) “Level B” – *certified within the last 12 months*
- Applicants without Standard First Aid or CPR should check with the individual police agency he/she is applying to for additional information on how to meet this requirement...*
- Pardon *(if applicable)*
- Copy of Vision Report
- Copy of Hearing Report
- Post-Secondary Documents *(if applicable)*

LAST NAME	GIVEN NAME	MIDDLE NAME	
FULL ADDRESS	CITY	PROVINCE	POSTAL CODE
EMAIL ADDRESS	TELEPHONE NO. (RES.) []	TELEPHONE NO. (BUS.) []	TELEPHONE NO. (OTHER) []

Other than the name(s) listed above, please list any name change(s), or name(s) you may have used in the past.

NAME CHANGE FROM:	NAME CHANGE TO:	DATE OF CHANGE YYYY	YYYY	YYYY
DRIVER'S LICENCE	PROVINCE	CLASS(ES)	LICENCE NUMBER	DATE OF ISSUE YYYY MM DD

Personal information on this Employment Application is being collected under the authority of the Freedom of Information & Protection of Privacy Act (FOIP) Section 33(c). It will be used to determine your suitability, eligibility or qualifications for employment. Questions about the use or collection of this information should be directed to the FOIP Program Administrator.

The Human Resources Unit is constantly reviewing recruiting initiatives across Canada. To assist us with our future planning, please indicate how you learned about this employment opportunity:

Career Fair
 Newspaper
 Radio/TV
 College Posting
 Police Officer
 Other _____

EDUCATION AND TRAINING Proof of education will be required prior to engagement										
HIGH SCHOOL	Circle highest grade completed	NAME OF SCHOOL				LOCATION		<input type="checkbox"/> HIGH SCHOOL DIPLOMA <input type="checkbox"/> EQUIVALENCY DIPLOMA		
10 11 12 13										
COLLEGE, BUSINESS SCHOOL, OR TECHNICAL SCHOOL		NAME OF SCHOOL				LOCATION				
PROGRAM OR COURSE						START DATE <small>YYYY MM</small>		FINISH DATE <small>YYYY MM</small>		
LENGTH OF COURSE	GRADE POINT AVERAGE	CERTIFICATE, DIPLOMA, OR LICENCE AWARDED? <i>(IF NOT – PLEASE PROVIDE DETAILS)</i>								
		<input type="checkbox"/> YES <input type="checkbox"/> NO								
COLLEGE, BUSINESS SCHOOL, OR TECHNICAL SCHOOL		NAME OF SCHOOL				LOCATION				
PROGRAM OR COURSE						START DATE <small>YYYY MM</small>		FINISH DATE <small>YYYY MM</small>		
LENGTH OF COURSE	GRADE POINT AVERAGE	CERTIFICATE, DIPLOMA, OR LICENCE AWARDED? <i>(IF NOT – PLEASE PROVIDE DETAILS)</i>								
		<input type="checkbox"/> YES <input type="checkbox"/> NO								
UNIVERSITY		NAME OF SCHOOL				LOCATION				
PROGRAM OR COURSE						START DATE <small>YYYY MM</small>		FINISH DATE <small>YYYY MM</small>		
MAJOR/MINOR										
LENGTH OF COURSE	GRADE POINT AVERAGE	CERTIFICATE, DIPLOMA, OR DEGREE AWARDED? <i>(IF NOT – PLEASE PROVIDE DETAILS)</i>								
		<input type="checkbox"/> YES <input type="checkbox"/> NO								
UNIVERSITY		NAME OF SCHOOL				LOCATION				
PROGRAM OR COURSE						START DATE <small>YYYY MM</small>		FINISH DATE <small>YYYY MM</small>		
MAJOR/MINOR										
LENGTH OF COURSE	GRADE POINT AVERAGE	CERTIFICATE, DIPLOMA, OR DEGREE AWARDED? <i>(IF NOT – PLEASE PROVIDE DETAILS)</i>								
		<input type="checkbox"/> YES <input type="checkbox"/> NO								
UNIVERSITY		NAME OF SCHOOL				LOCATION				
PROGRAM OR COURSE						START DATE <small>YYYY MM</small>		FINISH DATE <small>YYYY MM</small>		
MAJOR/MINOR										
LENGTH OF COURSE	GRADE POINT AVERAGE	CERTIFICATE, DIPLOMA, OR DEGREE AWARDED? <i>(IF NOT – PLEASE PROVIDE DETAILS)</i>								
		<input type="checkbox"/> YES <input type="checkbox"/> NO								
I. Q. A. S.		<i>(International Qualifications Assessment Standards – Certificate - if applicable)</i> <i>For International applicants only – Please state the highest level education achieved.</i>								
		NAME OF SCHOOL				LOCATION				
PROGRAM OR COURSE						START DATE <small>YYYY MM</small>		FINISH DATE <small>YYYY MM</small>		
MAJOR/MINOR										
LENGTH OF COURSE	GRADE POINT AVERAGE	CERTIFICATE, DIPLOMA, OR DEGREE AWARDED? <i>(IF NOT – PLEASE PROVIDE DETAILS)</i>								
		<input type="checkbox"/> YES <input type="checkbox"/> NO								
LANGUAGES SPOKEN										
LANGUAGES WRITTEN										

ADDITIONAL EDUCATION INCLUDING COURSES, WORKSHOPS, AND SEMINARS. (ATTACH AN ADDITIONAL PAPER IF NECESSARY)

ADDITIONAL COMPUTER SKILLS, TRAINING, COURSES, ETC ... (ATTACH AN ADDITIONAL PAPER IF NECESSARY)

HAVE YOU EVER WRITTEN THE CAAT (CANADIAN ADULT ACHIEVEMENT TEST), OR THE WCT (WRITTEN COMMUNICATION TEST)? YES (if YES - Where & When) NO

HAVE YOU EVER WRITTEN THE RCMP Entrance EXAM (RPAB) or other equivalent test? YES (if YES - Where & When) NO

HAVE YOU EVER APPLIED FOR A POSITION WITH THIS OR ANY OTHER POLICE AGENCY? YES (if YES - Where & When) NO

LIST ALL APPLICATIONS TO THIS OR ANY OTHER POLICE AGENCIES

POLICE AGENCY	APPLICATION DATE			STATUS (describe reason for non-selection)
	YYYY	MM	DD	

HAVE YOU EVER TAKEN A POLYGRAPH OR COMPUTER VOICE STRESS ANALYSIS EXAMINATION? YES NO

AGENCY WHERE POLYGRAPH OR COMPUTER VOICE STRESS ANALYSIS EXAMINATION WAS COMPLETED YYYY MM DD

REASON FOR POLYGRAPH OR COMPUTER VOICE STRESS ANALYSIS EXAMINATION

HAVE YOU EVER BEEN FINGERPRINTED? YES NO

REASON FOR FINGERPRINTING

EMPLOYMENT HISTORY

*Begin with your most recent employer and continue in reverse time order.
Provide history for the last ten (10) years if applicable.
Provide an explanation for all gaps in employment.*

MOST RECENT		EMPLOYER'S NAME			TELEPHONE NUMBER []	
EMPLOYER'S ADDRESS					POSTAL CODE	
NAME OF IMMEDIATE SUPERVISOR					TELEPHONE NUMBER []	
START DATE YYYY MM		FINISH DATE YYYY MM		POSITION HELD		
DUTIES/RESPONSIBILITIES						
REASON FOR LEAVING						
2nd		EMPLOYER'S NAME			TELEPHONE NUMBER []	
EMPLOYER'S ADDRESS					POSTAL CODE	
NAME OF IMMEDIATE SUPERVISOR					TELEPHONE NUMBER []	
START DATE YYYY MM		FINISH DATE YYYY MM		POSITION HELD		
DUTIES/RESPONSIBILITIES						
REASON FOR LEAVING						
3rd		EMPLOYER'S NAME			TELEPHONE NUMBER []	
EMPLOYER'S ADDRESS					POSTAL CODE	
NAME OF IMMEDIATE SUPERVISOR					TELEPHONE NUMBER []	
START DATE YYYY MM		FINISH DATE YYYY MM		POSITION HELD		
DUTIES/RESPONSIBILITIES						
REASON FOR LEAVING						

REFERENCES

Please list five (5) adults, not related to you and not previous employers, whom we may contact as references to provide competent judgment of your personal character, temperament, and work habits.

NAME		GIVEN NAMES		RELATIONSHIP	
FULL ADDRESS				POSTAL CODE	
TELEPHONE NO. (RES.) []	TELEPHONE NO. (BUS.) []	OCCUPATION		YEARS KNOWN	

NAME		GIVEN NAMES		RELATIONSHIP	
FULL ADDRESS				POSTAL CODE	
TELEPHONE NO. (RES.) []	TELEPHONE NO. (BUS.) []	OCCUPATION		YEARS KNOWN	

NAME		GIVEN NAMES		RELATIONSHIP	
FULL ADDRESS				POSTAL CODE	
TELEPHONE NO. (RES.) []	TELEPHONE NO. (BUS.) []	OCCUPATION		YEARS KNOWN	

NAME		GIVEN NAMES		RELATIONSHIP	
FULL ADDRESS				POSTAL CODE	
TELEPHONE NO. (RES.) []	TELEPHONE NO. (BUS.) []	OCCUPATION		YEARS KNOWN	

NAME		GIVEN NAMES		RELATIONSHIP	
FULL ADDRESS				POSTAL CODE	
TELEPHONE NO. (RES.) []	TELEPHONE NO. (BUS.) []	OCCUPATION		YEARS KNOWN	

CREDIT HISTORY

Please complete the following information.

NAME											
MAIDEN NAME / OTHER NAMES USED											
DATE OF BIRTH YYYY MM DD			EMPLOYER'S NAME								
CURRENT ADDRESS					FROM YYYY MM DD			TO YYYY MM DD			
CITY			PROVINCE		COUNTRY			POSTAL CODE			
PREVIOUS ADDRESS					FROM YYYY MM DD			TO YYYY MM DD			
CITY			PROVINCE		COUNTRY			POSTAL CODE			
PREVIOUS ADDRESS					FROM YYYY MM DD			TO YYYY MM DD			
CITY			PROVINCE		COUNTRY			POSTAL CODE			
PREVIOUS ADDRESS					FROM YYYY MM DD			TO YYYY MM DD			
CITY			PROVINCE		COUNTRY			POSTAL CODE			
PREVIOUS ADDRESS					FROM YYYY MM DD			TO YYYY MM DD			
CITY			PROVINCE		COUNTRY			POSTAL CODE			
DRIVER'S LICENCE	PROVINCE		CLASS(ES)		LICENCE NUMBER			DATE OF ISSUE YYYY MM DD			
	CREDIT CARDS	TYPE	ISSUING INSTITUTION			CURRENT BALANCE OWING		EXPIRATION DATE YYYY MM			
2		TYPE	ISSUING INSTITUTION			CURRENT BALANCE OWING		EXPIRATION DATE YYYY MM			
3	TYPE	ISSUING INSTITUTION			CURRENT BALANCE OWING		EXPIRATION DATE YYYY MM				
4	TYPE	ISSUING INSTITUTION			CURRENT BALANCE OWING		EXPIRATION DATE YYYY MM				
OFFICE USE ONLY											
FILE MANAGER											
DATE SENT (Fax)			YYYY	MM	DD	DATE RECEIVED (Fax)			YYYY	MM	DD