

STRATFORD POLICE SERVICE APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Personal information relating to the recruitment and selection process is collected under the authority of the Police Services Act sections 38, 43, 52 & 53 and will be used to determine suitability for employment. Information is subject to verification and confirmation with corresponding documents at various points in the selection process. Continuation in the selection process is dependent upon receipt of various documents at different stages. Questions about this collection of personal information should be directed to the Chief of Police.

Please **PRINT** clearly and answer **ALL** questions fully.
Incomplete applications may not be considered.

POSITION APPLIED FOR:

Civilian Job Title: _____

PERSONAL DATA:

| | | |
|--|------------|----------------|
| Last Name | Given Name | Middle Name |
| Address | Apt No. | Home Phone No. |
| City | Province | Postal Code |
| Business Phone No. | | |
| Are you legally eligible to work in Canada Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Have you ever been convicted of a criminal offence for which a pardon has not been granted? | | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| If Yes give details _____ | | |

For Clerk-Communicator or Clerk positions: Are you able to type a minimum of 55 WPM?

Yes No

EMPLOYMENT HISTORY: List ALL previous employers, attach additional pages if required.

YOUR PRESENT OR LAST JOB

BRIEFLY DESCRIBE YOUR DUTIES

Employer:

Address:

Phone No: Present/Last Salary

Job Title:

Employed From: To:

Supervisor: Supervisor's Title:

Reason for Leaving:

YOUR JOB BEFORE THAT

BRIEFLY DESCRIBE YOUR DUTIES

Employer:

Address:

Job Title:

Phone No: Present/Last Salary

Employed From: To:

Supervisor: Supervisor's Title:

Reason for Leaving:

YOUR JOB BEFORE THAT

BRIEFLY DESCRIBE YOUR DUTIES

Employer:

Address:

Phone No: Present/Last Salary

Job Title:

Employed From: To:

Supervisor: Supervisor's Title:

Reason for Leaving:

IF NOW EMPLOYED, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

| | | |
|---|------------------------------|-----------------------------|
| Are you 18 years of age or older and less than 65 years of age | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you willing to work shift work as required by the position? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you applied here previously? If yes, when? _____ (mth/yr) What Position(s) _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Education: Circle the highest grade successfully **completed**. ***Copy of High school Transcript is required at Testing Phase.***

Grade: 9 10 11 12 13 College: 1 2 3 4 University: 1 2 3 4

List below any details which you feel might help us to further evaluate your application, including special skills, hobbies, certificates, diplomas or degrees, memberships in professional associations, computer skills, computer software skills, any languages fluently spoken and written and skills acquired through offices held in community organizations. List specific skills as per position requirements. (If more space required attach additional pages).

Skills (to be completed by Constable and Special Constable Applicants ONLY, Attach photocopy of certificates)

First Aid Certificate Yes No Issue Date: _____

C.P.R. Certificate Yes No Issue Date: _____

| | |
|--|-----------------------|
| Character References: List three (3) people whom we may personally contact or write, for a character reference | |
| (DO NOT LIST RELATIVES, FORMER EMPLOYERS, PRIESTS, PASTORS, MINISTERS OF RELIGION, OR POLITICAL LEADERS) | |
| NAME | HOME PHONE NUMBER |
| ADDRESS | BUSINESS PHONE NUMBER |
| | YEARS KNOWN |

Character References Continued:

| | |
|---------|-----------------------|
| NAME | HOME PHONE NUMBER |
| ADDRESS | BUSINESS PHONE NUMBER |
| | YEARS KNOWN |
| NAME | HOME PHONE NUMBER |
| ADDRESS | BUSINESS PHONE NUMBER |
| | YEARS KNOWN |

APPLICANT - PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

I confirm that the information given is true and correct to the best of my knowledge. I authorize the Stratford Police Service to collect personal information concerning myself including academic records, pre-employment testing results and assessments, aptitude test(s) results, employment history, disciplinary records, financial records, character statements, non-pardoned criminal records, any sexual offences for which a pardon has been granted, and from sources other than myself. I understand the Stratford Police Service will require me to perform job related academic, aptitude, attitude and physical testing, and after a written offer of employment to undergo job related medial tests. Furthermore, I hereby absolve and save harmless the Stratford Police Service and all its individual employees from all liability, causes of action, or damages resulting from the release of any or all such information. I agree to comply with all Stratford Police Service directives, Rules and Regulations, safety procedures, the Ontario Police Services Act and such other Terms and Conditions of Employment as may be instituted or revised by the Stratford Police Service from time to time. I also agree that continuing employment is conditional upon the satisfactory completion of a probationary period, and I agree that I must enroll in such Welfare and Pension Plans, Stratford Police Service, etc. as may be obligatory for **paid** Stratford Police Service Employees.

REFERENCES:

For employment and/or character references, I, _____ (Print Name) authorize the Stratford Police Service to contact and collect information concerning my job performance and character from employers/supervisors and persons named herein. The persons named herein may furnish information they may have concerning my suitability for the position applied for to the Stratford Police Service, and I do release such individual from any and all liability by reason of furnishing such information.

I agree and understand that any misrepresentation of facts shall constitute just cause for the termination of my employment and/or association with the Stratford Police Service, at any time.

Dated _____ Applicant's Signature _____



STRATFORD POLICE SERVICE WAIVER FOR COLLECTION OF PERSONAL INFORMATION *

I, _____ authorize the Stratford Police Service
(*Print Name In Full*)

to collect personal information from sources to whom the signed original or a photocopy of this waiver is furnished concerning my academic background, pre-employment testing results and assessments, aptitude test(s) results, employment history including references and disciplinary records, medical assessments, financial records, character statements, criminal record data (including sexual offences for which a pardon has been granted) and negative police contacts.

I further authorize the release of this information to the Stratford Police Service by the person(s) or organization(s) who possess it.

Signature

Witness

Date

* The personal information listed in this waiver is being collected under the authority of sections 38, 43 and 53 of the Police Services Act and the Consumer Reporting Act, for the purpose of assessing your suitability for employment. Questions about this collection should be directed to:

Chief of Police
Stratford Police Service
17 George Street West, Box 21041
Stratford, ON
N5A 7V4