

STRATFORD POLICE SERVICE AUXILIARY POLICE CONSTABLE APPLICATION FORM



PERSONAL INFORMATION – Please print legibly

Surname:

Given:

Middle

Gender: Male Female

Date of Birth:(dd/mm/yy)

Address:

City:

Province:

Phone :

Email Address:

Occupation:

Have you ever been charged with a criminal offence? Yes _____ No _____
Please explain briefly:

How did you hear about the Stratford Police Service Auxiliary Police Constable program?

Have you applied in the past for an Auxiliary Police Constable program? YES _____ NO _____

Why do you wish to participate in this program?

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PLEASE ANSWER THE FOLLOWING QUESTIONS

- **MANDATORY ATTENDANCE** - ARE YOU WILLING AND ABLE TO COMMIT TO THIS PROGRAM AND ATTEND TRAINING CLASSES AS REQUIRED ONCE A WEEK FOR A 10 WEEK PERIOD? YES _____ NO _____
- **PROOF OF IDENTITY** - ATTACHED IS A PHOTOGRAPH OF PHOTO IDENTIFICATION YES _____ NO _____

PLEASE READ CAREFULLY BEFORE SIGNING:

AS AN APPLICANT FOR THE STRATFORD POLICE SERVICE AUXILIARY CONSTABLE PROGRAM, I HEREBY AUTHORIZE THE STRATFORD POLICE SERVICE TO CONDUCT A CRIMINAL HISTORY BACKGROUND INVESTIGATION. I UNDERSTAND THAT THIS CRIMINAL HISTORY CHECK IS BEING CONDUCTED DUE TO THE NATURE OF THE TRAINING AND WORK AS AN AUXILIARY POLICE CONSTABLE.

I UNDERSTAND THAT ALL THE POLICE AND CRIMINAL RECORDS WILL BE CHECKED AND THAT THE INFORMATION WILL BE USED IN DETERMINING ELIGIBILITY OF APPLICANTS FOR THE AUXILIARY POLICE CONSTABLE PROGRAM. I UNDERSTAND THAT MY ACCEPTANCE IN THE AUXILIARY CONSTABLE PROGRAM WILL BE AT THE SOLE DISCRETION OF THE STRATFORD POLICE SERVICE.

I UNDERSTAND THAT THE OBJECTIVE OF THIS PROGRAM IS NOT TO PREPARE OR TRAIN GRADUATES TO BECOME POLICE OFFICERS, BUT INSTEAD, TO PROVIDE CITIZENS AN OPPORTUNITY TO PROVIDE VOLUNTEER SERVICE TO THE STRATFORD POLICE SERVICE.

I UNDERSTAND THAT ONLY SUCCESSFUL CANDIDATES WILL BE NOTIFIED

DATE: _____ / _____ / _____

SIGNATURE: _____

**COMPLETED APPLICATIONS MUST BE RETURNED TO THE STRATFORD POLICE
SERVICE HEADQUARTERS AT 17 GEORGE ST WEST**

POLICE USE ONLY

RECORD CHECK: CPIC _____ RMS _____ PARIS _____ OTHER _____

COMMENTS: _____

Completed by: _____

Date: _____