



## **DAKOTA OJIBWAY POLICE SERVICE**

### **RECRUITMENT APPLICATION (Application for Engagement)**

***Applications submitted to:***

**Chief of Police**

**Dakota Ojibway Police Service**

**P.O. Box 37**

**5000 Crescent Road West**

**Portage la Prairie, MB R1N 3B2**

**Fax: (204) 856-5389**

**Email: [dops@dops.org](mailto:dops@dops.org)**

Telephone Inquiries should be directed to: (204) 856-5370

[www.dops.org](http://www.dops.org)

An Equal Opportunity Employer

# DAKOTA OJIBWAY POLICE SERVICE

## APPLICATION FOR ENGAGEMENT

SURNAME:		GIVEN NAMES:	
MAIDEN NAME (IF APPLICABLE)	PREVIOUSLY USED NAMES	NICKNAME(S)	
DATE OF BIRTH	PLACE OF BIRTH		
MARITAL STATUS:		DATE MARRIED:	

PRESENT ADDRESS	CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE:	WORK TELEPHONE:	CELL-PHONE:	
E-MAIL:	PLEASE DO NOT CONTACT ME AT WORK <input type="checkbox"/>		

OCCUPATION:		EMPLOYER:		
DRIVER'S LICENCE #:	PROVINCE:	CLASS:		
IS YOUR LICENCE RESTRICTED IN ANY WAY <input type="checkbox"/> YES <input type="checkbox"/> NO		SOCIAL INSURANCE NUMBER:		
CITIZENSHIP:	CANADIAN BY BIRTH <input type="checkbox"/>	CANADIAN CITIZENRY BY NATURALIZATION <input type="checkbox"/>	PERMANENT RESIDENT <input type="checkbox"/>	OTHER (SPECIFY) <input type="checkbox"/>
IF FOREIGN, DATE OF ENTRY INTO PORT	PORT OF ENTRY		ETHNIC ORIGIN	
HAVE YOU EVER CHANGED YOUR NAME?				<input type="checkbox"/> YES <input type="checkbox"/> NO
CHANGED FROM:		CHANGED TO:		YEAR:
CHANGED FROM:		CHANGED TO:		YEAR:
DO YOU POSSESS A VALID/CURRENT FIRST AID CERTIFICATE AND CPR? <input type="checkbox"/> YES <input type="checkbox"/> NO				

# EDUCATION AND TRAINING

## HIGH SCHOOL

Name of School		Diploma or GED Obtained? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Address	City	Province	Postal Code
Grade Point Average	Start Date (YYYY / MM / DD)	Finish Date (YYYY / MM / DD)	

## COLLEGE, BUSINESS OR TECHNICAL SCHOOL

Name of School			
Address	City	Province	Postal Code
Program			
Start Date (YY/MM/DD)		Finish Date (YY/MM/DD)	
Length of Course	Grade Point Average	Certificate, Diploma or Licence Awarded (If no, provide details) <input type="checkbox"/> YES <input type="checkbox"/> NO	

## COLLEGE, BUSINESS OR TECHNICAL SCHOOL

Name of School			
Address	City	Province	Postal Code
Program			
Start Date (YY/MM/DD)		Finish Date (YY/MM/DD)	
Length of Course	Grade Point Average	Certificate, Diploma or Licence Awarded (If no, provide details) <input type="checkbox"/> YES <input type="checkbox"/> NO	

**UNIVERSITY**

Name of University			
Address	City	Province	Postal Code
Program of Course		Start Date (YYYY/MM/DD)	Finish Date (YYYY/MM/DD)
Major/Minor			
Length of Course	Grade Point Average	Certificate, Diploma or Licence Awarded (If no, provide details)	

**UNIVERSITY**

Name of University			
Address	City	Province	Postal Code
Program of Course		Start Date (YYYY/MM/DD)	Finish Date (YYYY/MM/DD)
Major/Minor			
Length of Course	Grade Point Average	Certificate, Diploma or Licence Awarded (If no, provide details)	

**ADDITIONAL EDUCATION, COURSES, WORKSHOPS AND SEMINARS**  
(ATTACH AN ADDITIONAL SHEET IF FURTHER SPACE IS REQUIRED)


**COMPUTER SKILLS AND TRAINING**  
 (ATTACH AN ADDITIONAL SHEET IF FURTHER SPACE IS REQUIRED)


**OTHER POLICE AGENCIES APPLIED TO**

HAVE YOU APPLIED TO ANY OTHER POLICE AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF POLICE AGENCY	
DATE APPLIED (YYYY/MM/DD)	CURRENT STATUS
IF APPLICATION IS DEFERRED OR TERMINATED, OR OTHERWISE CLOSED, PROVIDE REASON WHY (IF KNOWN)	

NAME OF POLICE AGENCY	
DATE APPLIED (YYYY/MM/DD)	CURRENT STATUS
IF APPLICATION IS DEFERRED OR TERMINATED, OR OTHERWISE CLOSED, PROVIDE REASON WHY (IF KNOWN)	

NAME OF POLICE AGENCY	
DATE APPLIED (YYYY/MM/DD)	CURRENT STATUS
IF APPLICATION IS DEFERRED OR TERMINATED, OR OTHERWISE CLOSED, PROVIDE REASON WHY (IF KNOWN)	

**SERVICE IN OTHER POLICE SERVICE**

HAVE YOU SERVED IN ANY OTHER POLICE AGENCY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
NAME OF POLICE AGENCY		
DATE OF ENGAGEMENT	DATE OF SEPARATION:	
REASON FOR DISCHARGE		

NAME OF POLICE AGENCY	
DATE OF ENGAGEMENT	DATE OF SEPARATION:
REASON FOR DISCHARGE	

## SERVICE IN ARMED FORCES

HAVE YOU SERVED IN THE ARMED FORCES?

YES

NO

NAME OF FORCE:

DATE OF ENGAGEMENT

DATE OF SEPARATION:

REASON FOR DISCHARGE

## POLYGRAPH EXAMINATION

HAVE YOU EVER BEEN POLYGRAPHED

YES

NO

EXAMINATION DATE (YYYY/MM/DD)

AGENCY WHERE POLYGRAPH WAS COMPLETED

REASON FOR POLYGRAPH EXAMINATION

## FINGERPRINTING

HAVE YOU EVER BEEN FINGERPRINTED

YES

NO

AGENCY COMPLETING FINGERPRINTING

DATE (YYYY/MM/DD)

REASON FOR FINGERPRINTING

**EMPLOYMENT HISTORY**  
(LIST FROM MOST RECENT TO LAST)

<b>1<sup>ST</sup></b>	EMPLOYER'S NAME	TELEPHONE NUMBER	
EMPLOYER'S ADDRESS			POSTAL CODE
NAME OF IMMEDIATE SUPERVISOR		TELEPHONE NUMBER	
TITLE/POSITION	DATE STARTED (YYYY/MM/DD)	DATE LEFT (YYYY/MM/DD)	
DUTIES/RESPONSIBILITIES			
REASON FOR LEAVING			

<b>2<sup>ND</sup></b>	EMPLOYER'S NAME	TELEPHONE NUMBER	
EMPLOYER'S ADDRESS			POSTAL CODE
NAME OF IMMEDIATE SUPERVISOR		TELEPHONE NUMBER	
TITLE/POSITION	DATE STARTED (YYYY/MM/DD)	DATE LEFT (YYYY/MM/DD)	
DUTIES/RESPONSIBILITIES			
REASON FOR LEAVING			



3 <sup>RD</sup>	EMPLOYER'S NAME	TELEPHONE NUMBER	
EMPLOYER'S ADDRESS			POSTAL CODE
NAME OF IMMEDIATE SUPERVISOR		TELEPHONE NUMBER	
TITLE/POSITION	DATE STARTED (YYYY/MM/DD)	DATE LEFT (YYYY/MM/DD)	
DUTIES/RESPONSIBILITIES			
REASON FOR LEAVING			

4 <sup>TH</sup>	EMPLOYER'S NAME	TELEPHONE NUMBER	
EMPLOYER'S ADDRESS			POSTAL CODE
NAME OF IMMEDIATE SUPERVISOR		TELEPHONE NUMBER	
TITLE/POSITION	DATE STARTED (YYYY/MM/DD)	DATE LEFT (YYYY/MM/DD)	
DUTIES/RESPONSIBILITIES			
REASON FOR LEAVING			

5 <sup>TH</sup>	EMPLOYER'S NAME	TELEPHONE NUMBER	
EMPLOYER'S ADDRESS			POSTAL CODE
NAME OF IMMEDIATE SUPERVISOR		TELEPHONE NUMBER	
TITLE/POSITION	DATE STARTED (YYYY/MM/DD)	DATE LEFT (YYYY/MM/DD)	
DUTIES/RESPONSIBILITIES			
REASON FOR LEAVING			

6 <sup>TH</sup>	EMPLOYER'S NAME	TELEPHONE NUMBER	
EMPLOYER'S ADDRESS			POSTAL CODE
NAME OF IMMEDIATE SUPERVISOR		TELEPHONE NUMBER	
TITLE/POSITION	DATE STARTED (YYYY/MM/DD)	DATE LEFT (YYYY/MM/DD)	
DUTIES/RESPONSIBILITIES			
REASON FOR LEAVING			

7 <sup>TH</sup>	EMPLOYER'S NAME	TELEPHONE NUMBER	
EMPLOYER'S ADDRESS			POSTAL CODE
NAME OF IMMEDIATE SUPERVISOR		TELEPHONE NUMBER	
TITLE/POSITION	DATE STARTED (YYYY/MM/DD)	DATE LEFT (YYYY/MM/DD)	
DUTIES/RESPONSIBILITIES			
REASON FOR LEAVING			

8 <sup>TH</sup>	EMPLOYER'S NAME	TELEPHONE NUMBER	
EMPLOYER'S ADDRESS			POSTAL CODE
NAME OF IMMEDIATE SUPERVISOR		TELEPHONE NUMBER	
TITLE/POSITION	DATE STARTED (YYYY/MM/DD)	DATE LEFT (YYYY/MM/DD)	
DUTIES/RESPONSIBILITIES			
REASON FOR LEAVING			

HAVE YOU EVER BEEN ASKED TO RESIGN FROM A JOB	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PROVIDE DETAILS/EXPLANATION		

HAVE YOU EVER BEEN FIRED FROM A JOB	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PROVIDE DETAILS/EXPLANATION		

HAVE YOU EVER DISCIPLINED AT WORK FOR ANY REASON?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PROVIDE DETAILS/EXPLANATION		

## REFERENCES

List 10 adults not related to you, excluding employers, whom we may contact and who are competent to judge your character, temperament, and work habits. They must have definite knowledge of your qualifications and fitness for the position of a Police Officer.

SURNAME	GIVEN NAMES	OCCUPATION	
Address		City	Province Postal Code
RESIDENCE TELEPHONE (    )	BUSINESS TELEPHONE (    )	E-MAIL YEARS KNOWN	

SURNAME	GIVEN NAMES	OCCUPATION	
Address		City	Province Postal Code
RESIDENCE TELEPHONE (    )	BUSINESS TELEPHONE (    )	E-MAIL YEARS KNOWN	

SURNAME	GIVEN NAMES	OCCUPATION	
Address		City	Province Postal Code
RESIDENCE TELEPHONE (    )	BUSINESS TELEPHONE (    )	E-MAIL YEARS KNOWN	

SURNAME	GIVEN NAMES	OCCUPATION	
Address		City	Province Postal Code
RESIDENCE TELEPHONE (    )	BUSINESS TELEPHONE (    )	E-MAIL YEARS KNOWN	

SURNAME	GIVEN NAMES	OCCUPATION	
Address		City	Province Postal Code
RESIDENCE TELEPHONE (    )	BUSINESS TELEPHONE (    )	E-MAIL YEARS KNOWN	

SURNAME	GIVEN NAMES		OCCUPATION	
Address		City	Province	Postal Code
RESIDENCE TELEPHONE (    )	BUSINESS TELEPHONE (    )	E-MAIL		YEARS KNOWN

SURNAME	GIVEN NAMES		OCCUPATION	
Address		City	Province	Postal Code
RESIDENCE TELEPHONE (    )	BUSINESS TELEPHONE (    )	E-MAIL		YEARS KNOWN

SURNAME	GIVEN NAMES		OCCUPATION	
Address		City	Province	Postal Code
RESIDENCE TELEPHONE (    )	BUSINESS TELEPHONE (    )	E-MAIL		YEARS KNOWN

SURNAME	GIVEN NAMES		OCCUPATION	
Address		City	Province	Postal Code
RESIDENCE TELEPHONE (    )	BUSINESS TELEPHONE (    )	E-MAIL		YEARS KNOWN

SURNAME	GIVEN NAMES		OCCUPATION	
Address		City	Province	Postal Code
RESIDENCE TELEPHONE (    )	BUSINESS TELEPHONE (    )	E-MAIL		YEARS KNOWN

## FAMILY

<b>PARTNER</b>	SURNAME	GIVEN NAMES		
MAIDEN NAME	DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH		
<input type="checkbox"/> SPOUSE	<input type="checkbox"/> COMMON-LAW	<input type="checkbox"/> GIRL/BOYFRIEND	<input type="checkbox"/> OTHER	
ADDRESS (SAME AS APPLICANT) <input type="checkbox"/>		CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE	WORK TELEPHONE	E-MAIL		
EMPLOYER		OCCUPATION		
EMPLOYER ADDRESS				

## EX-BOY/GIRLFRIEND / EX-COMMON-LAW / SEPARATED / DIVORCED PARTNER

SURNAME	GIVEN NAMES			
MAIDEN NAME	DATE OF BIRTH (YYYY/MM/DD)	DATE OF SEPARATION/DIVORCE		
ADDRESS	CITY	PROVINCE	POSTAL CODE	
HOME TELEPHONE	WORK TELEPHONE	E-MAIL		
EMPLOYER		OCCUPATION		
TO WHAT DEGREE DO YOU SUPPORT YOUR FORMER PARTNER/CHILDREN?				

SURNAME		GIVEN NAMES			
MAIDEN NAME		DATE OF BIRTH (YYYY/MM/DD)		DATE OF SEPARATION/DIVORCE	
ADDRESS			CITY		PROVINCE
HOME TELEPHONE			WORK TELEPHONE		E-MAIL
EMPLOYER			OCCUPATION		
TO WHAT DEGREE DO YOU SUPPORT YOUR FORMER PARTNER/CHILDREN?					

SURNAME		GIVEN NAMES			
MAIDEN NAME		DATE OF BIRTH (YYYY/MM/DD)		DATE OF SEPARATION/DIVORCE	
ADDRESS			CITY		PROVINCE
HOME TELEPHONE			WORK TELEPHONE		E-MAIL
EMPLOYER			OCCUPATION		
TO WHAT DEGREE DO YOU SUPPORT YOUR FORMER PARTNER/CHILDREN?					

SURNAME		GIVEN NAMES			
MAIDEN NAME		DATE OF BIRTH (YYYY/MM/DD)		DATE OF SEPARATION/DIVORCE	
ADDRESS			CITY		PROVINCE
HOME TELEPHONE			WORK TELEPHONE		E-MAIL
EMPLOYER			OCCUPATION		
TO WHAT DEGREE DO YOU SUPPORT YOUR FORMER PARTNER/CHILDREN?					



## CHILDREN

(INCLUDE ALL NATURAL OR ADOPTED CHILDREN REGARDLESS OF AGE)

SURNAME		GIVEN NAMES				
MAIDEN NAME		DATE OF BIRTH (YYYY/MM/DD)		RELATIONSHIP		
ADDRESS (IF DIFFERENT FROM APPLICANT)			CITY		PROVINCE	POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE		E-MAIL		

SURNAME		GIVEN NAMES				
MAIDEN NAME		DATE OF BIRTH (YYYY/MM/DD)		RELATIONSHIP		
ADDRESS (IF DIFFERENT FROM APPLICANT)			CITY		PROVINCE	POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE		E-MAIL		

SURNAME		GIVEN NAMES				
MAIDEN NAME		DATE OF BIRTH (YYYY/MM/DD)		RELATIONSHIP		
ADDRESS (IF DIFFERENT FROM APPLICANT)			CITY		PROVINCE	POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE		E-MAIL		

SURNAME		GIVEN NAMES				
MAIDEN NAME		DATE OF BIRTH (YYYY/MM/DD)		RELATIONSHIP		
ADDRESS (IF DIFFERENT FROM APPLICANT)			CITY		PROVINCE	POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE		E-MAIL		

SURNAME		GIVEN NAMES			
MAIDEN NAME		DATE OF BIRTH (YYYY/MM/DD)		RELATIONSHIP	
ADDRESS (IF DIFFERENT FROM APPLICANT)			CITY		PROVINCE
					POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	

SURNAME		GIVEN NAMES			
MAIDEN NAME		DATE OF BIRTH (YYYY/MM/DD)		RELATIONSHIP	
ADDRESS (IF DIFFERENT FROM APPLICANT)			CITY		PROVINCE
					POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	

SURNAME		GIVEN NAMES			
MAIDEN NAME		DATE OF BIRTH (YYYY/MM/DD)		RELATIONSHIP	
ADDRESS (IF DIFFERENT FROM APPLICANT)			CITY		PROVINCE
					POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	

SURNAME		GIVEN NAMES			
MAIDEN NAME		DATE OF BIRTH (YYYY/MM/DD)		RELATIONSHIP	
ADDRESS (IF DIFFERENT FROM APPLICANT)			CITY		PROVINCE
					POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	

## SIBLINGS

BROTHER & SISTERS (NATURAL OR OTHERWISE)

SURNAME		GIVEN NAMES			
RELATIONSHIP	DATE OF BIRTH (YYYY/MM/DD)		PLACE OF BIRTH		
ADDRESS			CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	
OCCUPATION					

SURNAME		GIVEN NAMES			
RELATIONSHIP	DATE OF BIRTH (YYYY/MM/DD)		PLACE OF BIRTH		
ADDRESS			CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	
OCCUPATION					

SURNAME		GIVEN NAMES			
RELATIONSHIP	DATE OF BIRTH (YYYY/MM/DD)		PLACE OF BIRTH		
ADDRESS			CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	
OCCUPATION					

SURNAME		GIVEN NAMES			
RELATIONSHIP	DATE OF BIRTH (YYYY/MM/DD)		PLACE OF BIRTH		
ADDRESS			CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	
OCCUPATION					

SURNAME		GIVEN NAMES			
RELATIONSHIP	DATE OF BIRTH (YYYY/MM/DD)		PLACE OF BIRTH		
ADDRESS			CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	
OCCUPATION					

SURNAME		GIVEN NAMES			
RELATIONSHIP	DATE OF BIRTH (YYYY/MM/DD)		PLACE OF BIRTH		
ADDRESS			CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	
OCCUPATION					

SURNAME		GIVEN NAMES			
RELATIONSHIP	DATE OF BIRTH (YYYY/MM/DD)		PLACE OF BIRTH		
ADDRESS			CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	
OCCUPATION					

**PARENTS**  
(NATURAL)

<b>MOTHER'S SURNAME</b>		GIVEN NAMES			
MAIDEN NAME		DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH		
ADDRESS			CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE	E-MAIL		
OCCUPATION					

<b>FATHER'S SURNAME</b>		GIVEN NAMES			
DATE OF BIRTH (YYYY/MM/DD)		PLACE OF BIRTH			
ADDRESS			CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE	E-MAIL		
OCCUPATION					

**PARENTS**  
(OTHER)

<b>MOTHER'S SURNAME</b>		GIVEN NAMES			
MAIDEN NAME		DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH		
TYPE <input type="checkbox"/> ADOPTIVE <input type="checkbox"/> STEP-PARENT					
ADDRESS			CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE	E-MAIL		
OCCUPATION					

<b>FATHER'S SURNAME</b>		GIVEN NAMES			
DATE OF BIRTH (YYYY/MM/DD)		PLACE OF BIRTH			
TYPE		<input type="checkbox"/> ADOPTIVE		<input type="checkbox"/> STEP-PARENT	
ADDRESS		CITY	PROVINCE	POSTAL CODE	
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	
OCCUPATION					

**EXTENDED FAMILY**

<b>MOTHER-IN-LAW SURNAME</b>		GIVEN NAMES			
MAIDEN NAME		DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH		
ADDRESS		CITY	PROVINCE	POSTAL CODE	
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	
OCCUPATION					

<b>FATHER-IN-LAW SURNAME</b>		GIVEN NAMES			
DATE OF BIRTH (YYYY/MM/DD)		PLACE OF BIRTH			
ADDRESS		CITY	PROVINCE	POSTAL CODE	
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	
OCCUPATION					

<b>EX-MOTHER-IN-LAW SURNAME</b>		GIVEN NAMES			
MAIDEN NAME		DATE OF BIRTH (YYYY/MM/DD)		PLACE OF BIRTH	
ADDRESS			CITY		PROVINCE
					POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	
OCCUPATION					

<b>EX-FATHER-IN-LAW SURNAME</b>		GIVEN NAMES			
DATE OF BIRTH (YYYY/MM/DD)		PLACE OF BIRTH			
ADDRESS			CITY		PROVINCE
					POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	
OCCUPATION					

<b>EX-MOTHER-IN-LAW SURNAME</b>		GIVEN NAMES			
MAIDEN NAME		DATE OF BIRTH (YYYY/MM/DD)		PLACE OF BIRTH	
ADDRESS			CITY		PROVINCE
					POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	
OCCUPATION					

<b>EX-FATHER-IN-LAW SURNAME</b>		GIVEN NAMES			
DATE OF BIRTH (YYYY/MM/DD)		PLACE OF BIRTH			
ADDRESS			CITY		PROVINCE
					POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	
OCCUPATION					

## SIBLING-IN-LAWS

SURNAME		GIVEN NAMES			
RELATIONSHIP	DATE OF BIRTH (YYYY/MM/DD)		PLACE OF BIRTH		
ADDRESS			CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	
OCCUPATION					

SURNAME		GIVEN NAMES			
RELATIONSHIP	DATE OF BIRTH (YYYY/MM/DD)		PLACE OF BIRTH		
ADDRESS			CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	
OCCUPATION					

SURNAME		GIVEN NAMES			
RELATIONSHIP	DATE OF BIRTH (YYYY/MM/DD)		PLACE OF BIRTH		
ADDRESS			CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	
OCCUPATION					



SURNAME		GIVEN NAMES			
RELATIONSHIP	DATE OF BIRTH (YYYY/MM/DD)		PLACE OF BIRTH		
ADDRESS			CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	
OCCUPATION					

SURNAME		GIVEN NAMES			
RELATIONSHIP	DATE OF BIRTH (YYYY/MM/DD)		PLACE OF BIRTH		
ADDRESS			CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	
OCCUPATION					

SURNAME		GIVEN NAMES			
RELATIONSHIP	DATE OF BIRTH (YYYY/MM/DD)		PLACE OF BIRTH		
ADDRESS			CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	
OCCUPATION					

SURNAME		GIVEN NAMES			
RELATIONSHIP	DATE OF BIRTH (YYYY/MM/DD)		PLACE OF BIRTH		
ADDRESS			CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	
OCCUPATION					

## RESIDENCE HISTORY

(ALL QUESTIONS MUST BE ANSWERED UNLESS THE INFORMATION CANNOT BE OBTAINED. INDICATE IF DATES ARE AN APPROXIMATION. LIST FROM MOST RECENT TO LAST)

<b>CURRENT RESIDENCE</b>	FROM (YYYY/MM/DD)	<input type="checkbox"/> RENT <input type="checkbox"/> OWN		
ADDRESS		CITY	PROVINCE	POSTAL CODE
CURRENT NET INCOME \$	MONTHLY PAYMENT	LANDLORD / LOAN MANAGER NAME (SURNAME/FIRST NAME)		
LANDLORD / LOAN MANAGER ADDRESS		CITY	PROVINCE	POSTAL CODE

FROM (YYYY/MM/DD)	TO (YYYY/MM/DD)	<input type="checkbox"/> RENT <input type="checkbox"/> OWN		
ADDRESS		CITY	PROVINCE	POSTAL CODE
<input type="checkbox"/> LANDLORD <input type="checkbox"/> LOAN MANAGER	SURNAME	FIRST NAME		
LANDLORD/ LOAN MANAGER ADDRESS		CITY	PROVINCE	POSTAL CODE

FROM (YYYY/MM/DD)	TO (YYYY/MM/DD)	<input type="checkbox"/> RENT <input type="checkbox"/> OWN		
ADDRESS		CITY	PROVINCE	POSTAL CODE
<input type="checkbox"/> LANDLORD <input type="checkbox"/> LOAN MANAGER	SURNAME	FIRST NAME		
LANDLORD/ LOAN MANAGER ADDRESS		CITY	PROVINCE	POSTAL CODE

FROM (YYYY/MM/DD)	TO (YYYY/MM/DD)	<input type="checkbox"/> RENT <input type="checkbox"/> OWN		
ADDRESS		CITY	PROVINCE	POSTAL CODE
<input type="checkbox"/> LANDLORD <input type="checkbox"/> LOAN MANAGER	SURNAME	FIRST NAME		
LANDLORD/ LOAN MANAGER ADDRESS		CITY	PROVINCE	POSTAL CODE

FROM (YYYY/MM/DD)	TO (YYYY/MM/DD)	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	
ADDRESS	CITY	PROVINCE	POSTAL CODE
<input type="checkbox"/> LANDLORD <input type="checkbox"/> LOAN MANAGER	SURNAME	FIRST NAME	
LANDLORD/ LOAN MANAGER ADDRESS	CITY	PROVINCE	POSTAL CODE

FROM (YYYY/MM/DD)	TO (YYYY/MM/DD)	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	
ADDRESS	CITY	PROVINCE	POSTAL CODE
<input type="checkbox"/> LANDLORD <input type="checkbox"/> LOAN MANAGER	SURNAME	FIRST NAME	
LANDLORD/ LOAN MANAGER ADDRESS	CITY	PROVINCE	POSTAL CODE

FROM (YYYY/MM/DD)	TO (YYYY/MM/DD)	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	
ADDRESS	CITY	PROVINCE	POSTAL CODE
<input type="checkbox"/> LANDLORD <input type="checkbox"/> LOAN MANAGER	SURNAME	FIRST NAME	
LANDLORD/ LOAN MANAGER ADDRESS	CITY	PROVINCE	POSTAL CODE

FROM (YYYY/MM/DD)	TO (YYYY/MM/DD)	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	
ADDRESS	CITY	PROVINCE	POSTAL CODE
<input type="checkbox"/> LANDLORD <input type="checkbox"/> LOAN MANAGER	SURNAME	FIRST NAME	
LANDLORD/ LOAN MANAGER ADDRESS	CITY	PROVINCE	POSTAL CODE

## ROOMMATES / BOARDERS

LIST ALL PERSONS (OTHER THAN YOUR PARTNER AND FAMILY) WITH WHOM YOU HAVE RESIDED OVER THE PAST 5 YEARS

SURNAME		GIVEN NAMES			
RELATIONSHIP	DATE OF BIRTH (YYYY/MM/DD)		PLACE OF BIRTH		
ADDRESS			CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	

SURNAME		GIVEN NAMES			
RELATIONSHIP	DATE OF BIRTH (YYYY/MM/DD)		PLACE OF BIRTH		
ADDRESS			CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	

SURNAME		GIVEN NAMES			
RELATIONSHIP	DATE OF BIRTH (YYYY/MM/DD)		PLACE OF BIRTH		
ADDRESS			CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	

SURNAME		GIVEN NAMES			
RELATIONSHIP	DATE OF BIRTH (YYYY/MM/DD)		PLACE OF BIRTH		
ADDRESS			CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	

## CREDIT HISTORY

HAVE YOU EVER BEEN BONDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	YEAR?
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DETAILS:

HAVE YOU EVER DECLARED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	YEAR?
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DETAILS:

HAVE YOUR WAGES EVER BEEN GARNISHED? <input type="checkbox"/> YES <input type="checkbox"/> NO	YEAR?
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DETAILS:

HAS A COLLECTION AGENCY EVER COLLECTED OR ATTEMPTED TO COLLECT AN OUTSTANDING DEBT FROM YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO	YEAR?
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DETAILS:

HAVE YOU EVER KNOWINGLY WRITTEN AN NSF CHEQUE? <input type="checkbox"/> YES <input type="checkbox"/> NO	YEAR?
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DETAILS:

HAVE YOU EVER BEEN AN OWNER OR PART OWNER OF ANY BUSINESS? IF YES, PROVIDE DETAILS BELOW.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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BUSINESS NAME		FROM (YYYY/MM/DD)	TO (YYYY/MM/DD)	
ADDRESS		CITY	PROVINCE	POSTAL CODE
PARTNERS SURNAME (IF APPLICABLE)		GIVEN NAMES		
RELATIONSHIP	DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH		
ADDRESS		CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE	WORK TELEPHONE	E-MAIL		
POSITION/TITLE				

BUSINESS NAME		FROM (YYYY/MM/DD)	TO (YYYY/MM/DD)	
ADDRESS		CITY	PROVINCE	POSTAL CODE
PARTNERS SURNAME (IF APPLICABLE)		GIVEN NAMES		
RELATIONSHIP	DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH		
ADDRESS		CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE	WORK TELEPHONE	E-MAIL		
POSITION/TITLE				

ARE YOU AN OWNER OR PART OWNER OF ANY REVENUE PROPERTY? IF YES, PROVIDE DETAILS BELOW.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

HAVE YOU EVER BEEN DECLINED A CREDIT CARD, LOAN, OR ANY OTHER TYPE OF CREDIT?  
 IF YES, PROVIDE DETAILS BELOW.  YES  NO

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DO YOU HAVE CREDIT CARDS?  
 IF YES, PROVIDE DETAILS BELOW.  YES  NO

CREDIT CARD COMPAY	CREDIT LIMIT	CURRENT BALANCE OWING
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

DO YOU HAVE ANY OUTSTANDING LOANS?  
 IF YES, PROVIDE DETAILS BELOW.  YES  NO

NAME OF LENDER				
ADDRESS OF LENDER		CITY	PROVINCE	POSTAL CODE
LOAN MANAGER	WORK TELEPHONE	E-MAIL		
PURPOSE OF LOAN				
ORIGINAL AMOUNT \$		CURRENT BALANCE \$	PAYMENT/MONTH \$	

NAME OF LENDER				
ADDRESS OF LENDER		CITY	PROVINCE	POSTAL CODE
LOAN MANAGER	WORK TELEPHONE	E-MAIL		
PURPOSE OF LOAN				
ORIGINAL AMOUNT \$	CURRENT BALANCE \$	PAYMENT/MONTH \$		

NAME OF LENDER				
ADDRESS OF LENDER		CITY	PROVINCE	POSTAL CODE
LOAN MANAGER	WORK TELEPHONE	E-MAIL		
PURPOSE OF LOAN				
ORIGINAL AMOUNT \$	CURRENT BALANCE \$	PAYMENT/MONTH \$		

NAME OF LENDER				
ADDRESS OF LENDER		CITY	PROVINCE	POSTAL CODE
LOAN MANAGER	WORK TELEPHONE	E-MAIL		
PURPOSE OF LOAN				
ORIGINAL AMOUNT \$	CURRENT BALANCE \$	PAYMENT/MONTH \$		

NAME OF LENDER				
ADDRESS OF LENDER		CITY	PROVINCE	POSTAL CODE
LOAN MANAGER	WORK TELEPHONE	E-MAIL		
PURPOSE OF LOAN				
ORIGINAL AMOUNT \$	CURRENT BALANCE \$	PAYMENT/MONTH \$		





HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENCE IN CANADA OR IN ANY OTHER COUNTRY FOR WHICH A PARDON OR THE EQUIVALENT OF A PARDON HAS / HAS NOT BEEN GRANTED? (ATTACH PARDON DOCUMENTATION) IF YES, PROVIDE DETAILS.  YES  NO


ARE YOU NOW, OR HAVE YOU EVER BEEN INVESTIGATED, ARRESTED OR CHARGED IN CANADA OR IN ANY OTHER COUNTRY FOR AN OFFENCE OF ANY KIND? IF YES, PROVIDE DETAILS BELOW.  YES  NO


HAVE YOU EVER BEEN FOUND GUILTY OF ANY CRIMINAL OFFENCE IN CANADA OR IN ANY OTHER COUNTRY WHEN YOU WERE UNDER THE AGE OF 18? (IF YES, PROVIDE DETAILS BELOW)  YES  NO


ARE YOU ASSOCIATED WITH ANY COMPANIES, OR BUSINESSES, NOT LISTED ON YOUR APPLICATION? IF YES, PROVIDE DETAILS BELOW.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

IN THE PAST TEN YEARS HAVE YOU EVER BEEN INVOLVED IN ANY LEGAL SUITS? IF YES, PROVIDE DETAILS BELOW.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

**GENERAL INTEREST**

DO YOU CURRENTLY HAVE A FITNESS REGIME? IF YES, PROVIDE DETAILS BELOW.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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HOW LONG HAS PHYSICAL FITNESS BEEN A PART OF YOUR LIFESTYLE?	YEARS?

LIST ANY SPORTS YOU PLAY, INDICATE IF PARTICIPATION IS CURRENT OR PAST.

LIST HOBBIES, RECREATIONAL ACTIVITIES OR SPECIAL INTERESTS.

LIST CLUBS, ORGANIZATIONS YOU BELONG TO, INCLUDE YOUR LEVEL OF COMMITMENT TO THEM.

LIST THREE THINGS THAT YOU ARE MOST PROUD OF.

WHAT MAGAZINES DO YOU COMMONLY READ? (IF ANY).

WHAT BOOKS HAVE YOU READ OVER THE PAST YEAR?

HAVE YOU EVER BEEN EXPELLED OR SUSPENDED FROM ANY EDUCATIONAL SETTING? IF YES, PROVIDE DETAILS BELOW. <input type="checkbox"/> YES <input type="checkbox"/> NO
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HAVE YOU EVER BEEN EXPELLED, DISMISSED OR SUSPENDED FROM ANY CLUB OR ORGANIZATION? IF YES, PROVIDE DETAILS BELOW.  YES  NO


DO YOU SPEAK, READ, OR WRITE ANY LANGUAGE OTHER THAN ENGLISH NAME LANGUAGE?  YES  NO

SPEAK	<input type="checkbox"/> BEGINNER	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> EXPERT
WRITE	<input type="checkbox"/> BEGINNER	<input type="checkbox"/> NTERMEDIATE	<input type="checkbox"/> EXPERT
READ	<input type="checkbox"/> BEGINNER	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> EXPERT

DO YOU SPEAK, READ, OR WRITE ANY LANGUAGE OTHER THAN ENGLISH NAME LANGUAGE?  YES  NO

SPEAK	<input type="checkbox"/> BEGINNER	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> EXPERT
WRITE	<input type="checkbox"/> BEGINNER	<input type="checkbox"/> NTERMEDIATE	<input type="checkbox"/> EXPERT
READ	<input type="checkbox"/> BEGINNER	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> EXPERT

DO YOU SPEAK, READ, OR WRITE ANY LANGUAGE OTHER THAN ENGLISH NAME LANGUAGE?  YES  NO

SPEAK	<input type="checkbox"/> BEGINNER	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> EXPERT
WRITE	<input type="checkbox"/> BEGINNER	<input type="checkbox"/> NTERMEDIATE	<input type="checkbox"/> EXPERT
READ	<input type="checkbox"/> BEGINNER	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> EXPERT

WHAT ASSOCIATION HAVE YOU HAD WITH POLICE OFFICERS AND POLICE WORK?

WHAT DO YOU THINK ABOUT THE VALUE OF THE POLYGRAPH EXAMINATION FOR APPLICANTS?

DO YOU DRINK ALCOHOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	AVERAGE NUMBER OF DRINKS PER WEEK?
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UNDER WHAT CIRCUMSTANCES ARE YOU MOST LIKELY TO CONSUME ALCOHOL?

HAVE YOU EVER BEEN ARRESTED, CHARGED, OR CONVICTED OF A CRIMINAL OFFENCE? IF YES, PROVIDE DETAILS (INCLUDE YEAR, PLACE AND OFFENCE).	<input type="checkbox"/> YES	<input type="checkbox"/> NO

HAVE YOU EVER BEEN ARRESTED, CHARGED, OR CONVICTED OF A CRIMINAL OFFENCE? IF YES, PROVIDE DETAILS (INCLUDE YEAR, PLACE AND OFFENCE).	<input type="checkbox"/> YES	<input type="checkbox"/> NO

HAVE YOU EVER BEEN ARRESTED, CHARGED, OR CONVICTED OF A CRIMINAL OFFENCE? IF YES, PROVIDE DETAILS (INCLUDE YEAR, PLACE AND OFFENCE).	<input type="checkbox"/> YES	<input type="checkbox"/> NO

HAVE YOU EVER BEEN DETAINED OR QUESTIONED BY THE POLICE FOR ANY REASON? IF YES, PROVIDE DETAILS (INCLUDE YEAR, PLACE AND OFFENCE).	<input type="checkbox"/> YES	<input type="checkbox"/> NO



HAVE YOU EVER BEEN PARDONED FOR ANY OFFENCE? IF YES  YES  NO  
 PROVIDE DETAILS (INCLUDE YEAR PARDON RECEIVED AND FOR WHAT OFFENCES).


HAVE ANY ONE IN YOUR FAMILY OR EXTENDED FAMILY EVER BEEN ARRESTED, CHARGED, CONVICTED OF A CRIMINAL OFFENCE? IF YES, PROVIDE BREIF DETAILS (INCLUDE YEAR, PLACE AND OFFENCE).  YES  NO


LIST ALL COUNTRIES YOU HAVE VISITED:

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COUNTRY	PURPOSE OF TRAVEL	DATE FROM (YYYY/MM)	DATE TO (YYYY/MM)

HAVE YOU EVER BEEN REFUSED ENTRY INTO ANY COUNTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE DETAILS (INCLUDE YEAR, COUNTRY PORT OF ENTRY DENIED INTO AND REASON.

HAVE YOU EVER BEEN DISMISSED OR FIRED FROM ANY VOLUNTEER POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE DETAILS.

REGARDING YOUR FAMILIARTY WITH COMPUTERS, CHECK THE APPROPRIATE BOXES.
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MICROSOFT WINDOWS	<input type="checkbox"/>	BEGINNER	<input type="checkbox"/>	INTERMEDIATE	<input type="checkbox"/>	EXPERT
MICROSOFT WORD	<input type="checkbox"/>	BEGINNER	<input type="checkbox"/>	INTERMEDIATE	<input type="checkbox"/>	EXPERT
MICROSOFT OUTLOOK	<input type="checkbox"/>	BEGINNER	<input type="checkbox"/>	INTERMEDIATE	<input type="checkbox"/>	EXPERT
GENERAL COMPUTER USE	<input type="checkbox"/>	BEGINNER	<input type="checkbox"/>	INTERMEDIATE	<input type="checkbox"/>	EXPERT

KEYBOARDING SKILL: <input type="checkbox"/> YES <input type="checkbox"/> NO	WORDS PER MINUTE WITHOUT ERRORS:
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HOW MANY HOURS DO YOU SPEND ON A COMPUTER?	HOURS PER DAY?	HOURS PER WEEK?
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