



# NEW WESTMINSTER POLICE DEPARTMENT

555 Columbia Street, New Westminster, BC, V3L 1B2  
P: 604-525-5411 F: 604-529-2401 W: www.nwpolice.org

PLEASE SELECT THE ONE POSITION YOU ARE APPLYING FOR:  
 Reserve Constable Program Application

## PERSONAL INFORMATION

SURNAME: \_\_\_\_\_  Mr.  Ms.  
 Mrs.  Miss

GIVEN NAME(S): \_\_\_\_\_

NICKNAME(S): \_\_\_\_\_

MAIDEN/FORMER NAME: \_\_\_\_\_

SOCIAL INSURANCE NUMBER: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

RANK PREFERRED PHONE NUMBER FOR CONTACT: [IE. #1 CELL, #2 HOME...] #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: YY-MMM-DD \_\_\_\_\_

PLACE OF BIRTH: City | Province | Country \_\_\_\_\_

CANADIAN CITIZEN:  Canadian Citizen by birth  Canadian Citizen by naturalization  
 Permanent Resident  
 If not born in Canada, please provide year you entered Canada \_\_\_\_\_

MARITAL STATUS:  Single  Committed Relationship  Common-Law  Married  
 Separated  Divorced  Widow(er)  Other \_\_\_\_\_

NWPD NOTES

-CONFIDENTIAL-

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REVIEWED BY:

DECISION:

DATE:



# NWPD Reserve Constable Program Application

## FIRST AID

FIRST AID TRAINING: Do you hold a valid and current First Aid Certificate?  Yes  No

Type of First Aid Certificate: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Type of First Aid Certificate: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

## LANGUAGE SKILLS

DO YOU SPEAK A SECOND LANGUAGE?  Yes  No IF YES, WHAT LANGUAGE(S): \_\_\_\_\_

INDICATE LEVEL OF PROFICIENCY: Speak: \_\_\_\_\_  Basic  Adequate Day to Day  Fluent

Write: \_\_\_\_\_  Basic  Adequate Day to Day  Fluent

Read: \_\_\_\_\_  Basic  Adequate Day to Day  Fluent

## OFFENCE RECORD

1. HAVE YOU EVER BEEN CHARGED WITH A FEDERAL, PROVINCIAL OR MUNICIPAL OFFENCE?  Yes  No  
(THIS MEANS ANY FINE, PERIOD OF IMPRISONMENT OR PERIOD OF PROBATION OFFERED BY THE COURT; OTHER THAN MINOR DRIVING OFFENCES).

IF A CRIMINAL PARDON HAS BEEN GRANTED, ATTACH A COPY OF THE PARDON TO THIS PAGE.

NOTE: CONVICTION OF AN OFFENCE DOES NOT NECESSARILY PRECLUDE CONSIDERATION FOR THE POSITION OF POLICE CONSTABLE.

IF YOU HAVE ANSWERED YES TO THIS QUESTION, PLEASE INSERT A PAGE OUTLINING THE DATE AND PARTICULARS OF EACH CHARGE AND OR CONVICTION.





**DRIVING INFORMATION**

5. HAVE YOU EVER DRIVEN WHILE UNDER SUSPENSION, PROHIBITION, OR WITHOUT A LICENSE?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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6. HAVE YOU EVER BEEN INVOLVED IN ANY MOTOR VEHICLE ACCIDENTS? WERE YOU AT FAULT?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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7. HAVE YOU EVER RECEIVED ANY INSURANCE SETTLEMENTS RESULTING FROM A MOTOR VEHICLE ACCIDENT?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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8. HAVE YOU EVER FALSIFIED, EXAGGERATED, OR LIED ABOUT AN INSURANCE CLAIM OF ANY KIND?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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**DRIVING INFORMATION**

9. HAVE YOU EVER BEEN REFUSED AUTOMOBILE INSURANCE OR HAVE HAD IT CANCELLED OR SUSPENDED?  Yes  No  
IF YES, PLEASE PROVIDE DETAILED [WHEN, WHERE & CIRCUMSTANCES].

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10. HAVE YOU EVER BEEN INVOLVED IN A HIT AND RUN ACCIDENT, NO MATTER HOW MINOR THE DAMAGE?  Yes  No  
IF YES, PLEASE PROVIDE DETAILED [WHEN, WHERE & CIRCUMSTANCES].

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11. HAVE YOU EVER DELIBERATELY LEFT THE SCENE OF AN ACCIDENT?  Yes  No  
IF YES, PLEASE PROVIDE DETAILED [WHEN, WHERE & CIRCUMSTANCES].

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HEALTH

12. WHAT MEDICAL CONCERNS DO YOU HAVE OR HAVE HAD IN THE PAST?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	ALLERGIES	MEDICATION:	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	ASTHMA   LUNG DISORDER	MEDICATION:	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	BACK   NECK	MEDICATION:	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	BLACKOUTS	MEDICATION:	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	BLOOD PRESSURE	MEDICATION:	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	DEPRESSION	MEDICATION:	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	DIABETES	MEDICATION:	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	EPILEPSY	MEDICATION:	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	HEADACHES   MIGRANES	MEDICATION:	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	HEARING	MEDICATION:	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	HEART	MEDICATION:	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	INJURIES [HEAD, CHEST, STOMACH]	MEDICATION:	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	KIDNEY	MEDICATION:	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	PSYCHOLOGICAL ISSUES	MEDICATION:	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	MENTAL HEALTH ISSUES	MEDICATION:	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	SERIOUS ILLNESS	MEDICATION:	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	SURGERY	MEDICATION:	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	ULCER	MEDICATION:	_____

13. PLEASE PROVIDE YOUR CURRENT HEIGHT, WEIGHT, EYE COLOUR & HAIR COLOUR.

HEIGHT IN CM: \_\_\_\_\_ WEIGHT IN KG: \_\_\_\_\_

EYE COLOUR: \_\_\_\_\_ HAIR COLOUR: \_\_\_\_\_



HEALTH

14. HAVE YOU EXPERIENCED ANY TYPE OF ILLNESS, INJURY OR ACCIDENT WHICH MAY AFFECT YOUR ABILITY TO PERFORM THE DUTIES OF A RESERVE CONSTABLE?  Yes  No

IF YES, PLEASE EXPLAIN.

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15. HAVE YOU HAD EYE SURGERY?  Yes  No

IF YES, WAS THE TYPE OF SURGERY RADIAL KERATOTOMY?  Yes  No

PLEASE PROVIDE DATE OF EYE SURGERY, TYPE OF SURGERY AND THE PROBLEM CORRECTED.

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16. HAVE YOU EVER HAD A BROKEN BONE?  Yes  No

IF YES, BRIEFLY STATE WHEN AND WHAT KIND OF INJURY.

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17. ARE YOU CURRENTLY BEING TREATED FOR ANY MEDICAL CONDITIONS?  Yes  No

IF YES, PLEASE PROVIDE DETAILS.

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# NWPD Reserve Constable Program Application

## HEALTH

18. ARE YOU CURRENTLY TAKING ANY PILLS OR MEDICATION? IF YES, PLEASE PROVIDE DETAILS.  Yes  No

19. ANY PHYSICAL OR MENTAL HEALTH DISORDERS NOT DISCLOSED? IF YES, PLEASE PROVIDE DETAILS.  Yes  No

20. ANY MEDICATION NOT DISCLOSED? IF YES, PLEASE PROVIDE DETAILS.  Yes  No

21. ARE YOU PRESENTLY UNDER A DOCTOR'S CARE?  
IF YES, PLEASE PROVIDE DETAILS.  Yes  No





HEALTH

22. HAVE YOU EVER DELIBERATELY CONCEALED ANY MEDICAL PROBLEMS YOU HAVE, HAVE HAD OR MAY HAVE HAD?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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23. HAVE YOU EVER SMOKED OR CONSUMED TOBACCO PRODUCTS?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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24. WHAT DO YOU DO TO MAINTAIN YOUR PHYSICAL FITNESS?  
PLEASE PROVIDE DETAILS.

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25. ARE YOU AWARE OF ANY REASON THAT YOU WOULD NOT BE ABLE TO PERFORM THE PHYSICAL AND MENTAL DUTIES OF A RESERVE CONSTABLE?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS.

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HEALTH

26. HAVE YOU EVER CONTEMPLATED SUICIDE?

IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

Yes

No

27. PLEASE PROVIDE THE FOLLOWING DETAILS ON YOUR FAMILY DOCTOR:

FAMILY DOCTOR:

ADDRESS:

CITY:

POSTAL CODE:

TELEPHONE NUMBER:

KNOWN SINCE:



## NWPD Reserve Constable Program Application

### FAMILY & ASSOCIATIONS

28. PLEASE PROVIDE FULL INFORMATION (INCLUDING MAIDEN OR MARRIED NAME IF APPLICABLE) FOR THE FOLLOWING PEOPLE IN YOUR LIFE. IF YOU REQUIRE EXTRA SPACE PLEASE REPRINT THE PAGE OR INSERT A BLANK PAGE.

SPOUSE/PARTNER

N/A

GIRLFRIEND/BOYFRIEND

SURNAME	MAIDEN NAME	GIVEN NAME 1	GIVEN NAME 2
ADDRESS			DATE OF BIRTH: YY-MMM-DD
PHONE NUMBER – HOME	PHONE NUMBER – CELL	GENDER	
# OF YEARS IN RELATIONSHIP	FROM: YY-MMM	TO: YY-MMM	
OCCUPATION	EMPLOYER		

**MOTHER**

SURNAME	MAIDEN NAME	GIVEN NAME 1	GIVEN NAME 2
ADDRESS			DATE OF BIRTH: YY-MMM-DD
PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER	

**FATHER**

SURNAME	GIVEN NAME 1	GIVEN NAME 2	
ADDRESS			DATE OF BIRTH: YY-MMM-DD
PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER	



# NWPD Reserve Constable Program Application

## FAMILY & ASSOCIATIONS

<b>CHILD</b>				<input type="checkbox"/> N/A
SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	
ADDRESS			DATE OF BIRTH: YY-MMM-DD	
PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER		

<b>CHILD</b>				<input type="checkbox"/> N/A
SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	
ADDRESS			DATE OF BIRTH: YY-MMM-DD	
PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER		

<b>CHILD</b>				<input type="checkbox"/> N/A
SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	
ADDRESS			DATE OF BIRTH: YY-MMM-DD	
PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER		

<b>CHILD</b>				<input type="checkbox"/> N/A
SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	
ADDRESS			DATE OF BIRTH: YY-MMM-DD	
PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER		



# NWPD Reserve Constable Program Application

## FAMILY & ASSOCIATIONS

<b>SIBLING</b>				<input type="checkbox"/> N/A
SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	
ADDRESS			DATE OF BIRTH: YY-MMM-DD	
PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER		

<b>SIBLING</b>				<input type="checkbox"/> N/A
SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	
ADDRESS			DATE OF BIRTH: YY-MMM-DD	
PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER		

<b>SIBLING</b>				<input type="checkbox"/> N/A
SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	
ADDRESS			DATE OF BIRTH: YY-MMM-DD	
PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER		

<b>SIBLING</b>				<input type="checkbox"/> N/A
SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	
ADDRESS			DATE OF BIRTH: YY-MMM-DD	
PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER		



# NWPD Reserve Constable Program Application

## FAMILY & ASSOCIATIONS

<b>STEP OR HALF PARENT</b>			<input type="checkbox"/> N/A
SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER
ADDRESS			DATE OF BIRTH: YY-MMM-DD
PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER	
# OF YEARS KNOWN	FROM: YY-MMM	TO: YY-MMM	

<b>STEP OR HALF PARENT</b>			<input type="checkbox"/> N/A
SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER
ADDRESS			DATE OF BIRTH: YY-MMM-DD
PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER	
# OF YEARS KNOWN	FROM: YY-MMM	TO: YY-MMM	

<b>MOTHER-IN-LAW</b>			<input type="checkbox"/> N/A
SURNAME	MAIDEN NAME	GIVEN NAME 1	GIVEN NAME 2
ADDRESS			DATE OF BIRTH: YY-MMM-DD
PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER	
# OF YEARS KNOWN	FROM: YY-MMM	TO: YY-MMM	

<b>FATHER-IN-LAW</b>			<input type="checkbox"/> N/A
SURNAME	GIVEN NAME 1	GIVEN NAME 2	
ADDRESS			DATE OF BIRTH: YY-MMM-DD
PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER	
# OF YEARS KNOWN	FROM: YY-MMM	TO: YY-MMM	



# NWPD Reserve Constable Program Application

## FAMILY & ASSOCIATIONS

<b>FORMER SPOUSE OR PARTNER</b>				<input type="checkbox"/> N/A
SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	
ADDRESS			DATE OF BIRTH: YY-MMM-DD	
PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER		
# OF YEARS IN RELATIONSHIP	FROM: YY-MMM	TO: YY-MMM		

<b>FORMER SPOUSE OR PARTNER</b>				<input type="checkbox"/> N/A
SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	
ADDRESS			DATE OF BIRTH: YY-MMM-DD	
PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER		
# OF YEARS IN RELATIONSHIP	FROM: YY-MMM	TO: YY-MMM		

<b>ROOMMATE OR ANYONE ELSE LIVING WITH YOU</b>				<input type="checkbox"/> N/A
SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	
ADDRESS			DATE OF BIRTH: YY-MMM-DD	
PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER		
# OF YEARS LIVING TOGETHER	FROM: YY-MMM	TO: YY-MMM		

<b>ROOMMATE OR ANYONE ELSE LIVING WITH YOU</b>				<input type="checkbox"/> N/A
SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	
ADDRESS			DATE OF BIRTH: YY-MMM-DD	
PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER		
# OF YEARS LIVING TOGETHER	FROM: YY-MMM	TO: YY-MMM		



# NWPD Reserve Constable Program Application

## FAMILY & ASSOCIATIONS

PLEASE USE THE "OTHER" FIELD FOR SPOUSES/PARTNERS FOR ALL OF THE ABOVE MENTIONED PEOPLE IF YOU HAVE NOT ALREADY LISTED THEM. FOR EXAMPLE IF YOUR DAUGHTER IS MARRIED, PLEASE LIST HER SPOUSE ON THIS PAGE AS "OTHER" OR IF YOUR SIBLINGS ARE MARRIED PLEASE INCLUDE THEIR SPOUSE/PARTNER HERE. IF YOU REQUIRE EXTRA SPACE PLEASE REPRINT THIS PAGE OR INSERT A BLANK PAGE.

<b>OTHER – PLEASE SPECIFY RELATIONSHIP:</b>				<input type="checkbox"/> N/A
SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	
ADDRESS			DATE OF BIRTH: YY-MMM-DD	
PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER		
# OF YEARS KNOWN	FROM: YY-MMM	TO: YY-MMM		

<b>OTHER – PLEASE SPECIFY RELATIONSHIP:</b>				<input type="checkbox"/> N/A
SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	
ADDRESS			DATE OF BIRTH: YY-MMM-DD	
PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER		
# OF YEARS KNOWN	FROM: YY-MMM	TO: YY-MMM		

<b>OTHER – PLEASE SPECIFY RELATIONSHIP:</b>				<input type="checkbox"/> N/A
SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	
ADDRESS			DATE OF BIRTH: YY-MMM-DD	
PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER		
# OF YEARS KNOWN	FROM: YY-MMM	TO: YY-MMM		





# NWPD Reserve Constable Program Application

## FAMILY & ASSOCIATIONS

29. LIST ALL PERSONS (OTHER THAN YOUR SPOUSE/PARTNER OR FAMILY) WITH WHOM YOU HAVE RESIDED WITH OVER THE PAST 5 YEARS (I.E. ROOMATES, INTERNATIONAL STUDENTS)

SURNAME	GIVEN NAME	DATE OF BIRTH (YY-MMM-DD)

30. DO YOU CORRESPOND WITH OR VISIT YOUR PARENTS?  Yes  No  N/A

31. DO YOU CORRESPOND WITH OR VISIT YOUR SIBLINGS?  Yes  No  N/A

32. AT WHAT AGE DID YOU LEAVE HOME? \_\_\_\_\_  Still living at home

33. DESCRIBE THE ACTIVITIES YOU SHARE WITH YOUR FAMILY?

34. HAS ANY MEMBER OF YOUR FAMILY EVER BEEN ARRESTED, CHARGED OR CONVICTED OF A CRIMINAL OFFENCE? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].  Yes  No



## NWPD Reserve Constable Program Application

### RESIDENCES

35. IN CHRONOLOGICAL ORDER, LIST ALL RESIDENCE(S) YOU HAVE LIVED AT IN THE LAST 10 YEARS, INCLUDE ANY OUT OF COUNTRY RESIDENCE(S).

ADDRESS	CITY/PROVINCE//STATE	COUNTRY	DATE: YY-MMM	
			FROM	TO



## NWPD Reserve Constable Program Application

### EDUCATION

36. PLEASE PROVIDE DETAILS ON YOUR EDUCATION. IF YOU REQUIRE EXTRA SPACE PLEASE REPRINT THIS PAGE OR INSERT A BLANK PAGE.

HIGH SCHOOL ATTENDED: \_\_\_\_\_ CITY/PROVINCE: \_\_\_\_\_

HIGHEST GRADE COMPLETED: \_\_\_\_\_ DID YOU GRADUATE GRADE 12 :  YES  NO

FROM: YY-MMM \_\_\_\_\_ TO: YY-MMM \_\_\_\_\_

COMMUNITY COLLEGE ATTENDED: \_\_\_\_\_ CITY/PROVINCE: \_\_\_\_\_

COURSE NAME: \_\_\_\_\_ TOTAL CREDITS OBTAINED: \_\_\_\_\_

LICENSE, CERTIFICATE OR DIPLOMA AWARDED: \_\_\_\_\_

FROM: YY-MMM \_\_\_\_\_ TO: YY-MMM \_\_\_\_\_ STUDIED:  Full Time  Part Time

UNIVERSITY ATTENDED: \_\_\_\_\_ CITY/PROVINCE: \_\_\_\_\_

MAJOR AREA OF STUDY: \_\_\_\_\_ TOTAL CREDITS OBTAINED: \_\_\_\_\_

DEGREE AWARDED: \_\_\_\_\_

FROM: YY-MMM \_\_\_\_\_ TO: YY-MMM \_\_\_\_\_ STUDIED:  Full Time  Part Time

BUSINESS, TRADE OR TECHNICAL SCHOOL ATTENDED: \_\_\_\_\_ CITY/PROVINCE: \_\_\_\_\_

COURSE NAME: \_\_\_\_\_ TOTAL CREDITS OBTAINED: \_\_\_\_\_

LICENSE, CERTIFICATE OR DIPLOMA AWARDED: \_\_\_\_\_

FROM: YY-MMM \_\_\_\_\_ TO: YY-MMM \_\_\_\_\_ STUDIED:  Full Time  Part Time



**EDUCATION**

37. PLEASE LIST OTHER RELEVANT EDUCATIONAL COURSES, WORKSHOPS, SEMINARS, TRAINING, LICENSES, AND CERTIFICATES. INCLUDE COMPLETION DATE.

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38. PLEASE ANSWER THE FOLLOWING QUESTIONS IN REFERENCE TO YOUR MOST RECENT **POST-SECONDARY EDUCATIONAL EXPERIENCE**:

SCHOOL ATTENDED: \_\_\_\_\_ PROGRAM: \_\_\_\_\_

REASON FOR CHOOSING PROGRAM OF STUDY: \_\_\_\_\_

COURSE(S) LIKED BEST & WHY: \_\_\_\_\_

COURSE(S) LIKED LEAST & WHY: \_\_\_\_\_

DID YOUR GRADES REPRESENT YOUR BEST ACHIEVEMENTS? \_\_\_\_\_

HOW WAS YOUR POST-SECONDARY EDUCATION FINANCED? \_\_\_\_\_



**EDUCATION**

39. HAVE YOU EVER CHEATED ON AN EXAM?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

40. HAVE YOU EVER PLAGIARIZED AN ESSAY OR ANY SCHOOL WORK?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

41. HAVE YOU EVER BEEN SUSPENDED OR FORMALLY REPRIMANDED BY AN EDUCATIONAL INSTITUTION?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].



# NWPD Reserve Constable Program Application

## EMPLOYMENT

42. BEGIN WITH YOUR PRESENT EMPLOYER. PLEASE LIST & DESCRIBE EVERY POSITION YOU HAVE HELD. IF YOU HAVE HELD MULTIPLE POSITIONS WITH THE SAME EMPLOYER PLEASE DETAIL EACH POSITION SEPERATELY. INCLUDE ANY PART-TIME EMPLOYMENT & EMPLOYMENT WHILE AT SCHOOL. IF YOU REQUIRE EXTRA SPACE REPRINT THIS PAGE / INSERT A BLANK PAGE.

EMPLOYER:

- PRESENT
- PREVIOUS \_\_\_\_\_

- FULL-TIME
- PART-TIME #\_\_\_ HRS/MONTH

EMPLOYER ADDRESS: \_\_\_\_\_

EMPLOYER PHONE NUMBER: \_\_\_\_\_

DATE OF EMPLOYMENT  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_

SUPERVISOR'S NAME & TITLE: \_\_\_\_\_

YOUR TITLE: \_\_\_\_\_

BRIEF DESCRIPTION OF YOUR DUTIES: \_\_\_\_\_

WHAT DID YOU LIKE BEST ABOUT YOUR POSITION? \_\_\_\_\_

WHAT DID YOU LIKE LEAST ABOUT YOUR POSITION? \_\_\_\_\_

REASON FOR LEAVING? \_\_\_\_\_

EMPLOYER:

- PRESENT
- PREVIOUS \_\_\_\_\_

- FULL-TIME
- PART-TIME #\_\_\_ HRS/MONTH

EMPLOYER ADDRESS: \_\_\_\_\_

EMPLOYER PHONE NUMBER: \_\_\_\_\_

DATE OF EMPLOYMENT  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_

SUPERVISOR'S NAME & TITLE: \_\_\_\_\_

YOUR TITLE: \_\_\_\_\_

BRIEF DESCRIPTION OF YOUR DUTIES: \_\_\_\_\_

WHAT DID YOU LIKE BEST ABOUT YOUR POSITION? \_\_\_\_\_

WHAT DID YOU LIKE LEAST ABOUT YOUR POSITION? \_\_\_\_\_

REASON FOR LEAVING? \_\_\_\_\_

NWPD NOTES:

-CONFIDENTIAL-



# NWPD Reserve Constable Program Application

## EMPLOYMENT

EMPLOYER:

PRESENT

PREVIOUS

FULL-TIME

PART-TIME #\_\_\_HRS/MONTH

EMPLOYER ADDRESS: \_\_\_\_\_

EMPLOYER PHONE NUMBER: \_\_\_\_\_

DATE OF EMPLOYMENT

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

SUPERVISOR'S NAME & TITLE: \_\_\_\_\_

YOUR TITLE: \_\_\_\_\_

BRIEF DESCRIPTION OF YOUR DUTIES: \_\_\_\_\_

WHAT DID YOU LIKE BEST ABOUT YOUR POSITION? \_\_\_\_\_

WHAT DID YOU LIKE LEAST ABOUT YOUR POSITION? \_\_\_\_\_

REASON FOR LEAVING? \_\_\_\_\_

EMPLOYER:

PRESENT

PREVIOUS

FULL-TIME

PART-TIME #\_\_\_HRS/MONTH

EMPLOYER ADDRESS: \_\_\_\_\_

EMPLOYER PHONE NUMBER: \_\_\_\_\_

DATE OF EMPLOYMENT

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

SUPERVISOR'S NAME & TITLE: \_\_\_\_\_

YOUR TITLE: \_\_\_\_\_

BRIEF DESCRIPTION OF YOUR DUTIES: \_\_\_\_\_

WHAT DID YOU LIKE BEST ABOUT YOUR POSITION? \_\_\_\_\_

WHAT DID YOU LIKE LEAST ABOUT YOUR POSITION? \_\_\_\_\_

REASON FOR LEAVING? \_\_\_\_\_

NWPD NOTES:

-CONFIDENTIAL-



**POLICE EMPLOYMENT**

43. PLEASE DETAIL ANY CURRENT OR PREVIOUS POLICE EMPLOYMENT. PLEASE NOTE, RESERVE AND AUXILIARY POLICE EXPERIENCE SHOULD BE LISTED UNDER VOLUNTEER EXPERIENCE ON THE NEXT PAGE. IF YOU REQUIRE EXTRA SPACE PLEASE REPRINT THIS PAGE OR INSERT A BLANK PAGE.

POLICE AGENCY: \_\_\_\_\_

POLICE AGENCY ADDRESS: \_\_\_\_\_

DATES OF SERVICE: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

RANK ATTAINED: \_\_\_\_\_ PRESENT/LAST LOCATION: \_\_\_\_\_

BRIEF DESCRIPTION OF YOUR DUTIES: \_\_\_\_\_

WHAT DID YOU LIKE BEST ABOUT YOUR POSITION? \_\_\_\_\_

WHAT DID YOU LIKE LEAST ABOUT YOUR POSITION? \_\_\_\_\_

REASON FOR LEAVING? \_\_\_\_\_

**MILITARY SERVICE**

44. PLEASE DETAIL ANY CURRENT OR PREVIOUS MILITARY SERVICE. IF YOU REQUIRE EXTRA SPACE PLEASE REPRINT THIS PAGE OR INSERT A BLANK PAGE.

SERVICE/BRANCH/TRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATES OF SERVICE: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

RANK /REGIMENTAL #: \_\_\_\_\_ COMMANDING OFFICER: \_\_\_\_\_

ARE YOU STILL ENGAGED:  YES  NO TYPE OF DISCHARGE: \_\_\_\_\_

MEDALS AWARDED AND/OR DECORATIONS: \_\_\_\_\_





# NWPD Reserve Constable Program Application

## VOLUNTEER

45. PLEASE DETAIL ANY CURRENT OR PAST VOLUNTEER EXPERIENCE.  
IF YOU REQUIRE EXTRA SPACE PLEASE REPRINT THIS PAGE OR INSERT A BLANK PAGE.

**AGENCY/SERVICE/CLUB:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

TYPE/NATURE OF AGENCY/SERVICE/CLUB: \_\_\_\_\_

AVERAGE # OF HOURS PER MONTH YOU VOLUNTEER: \_\_\_\_\_ YOUR INVOLVEMENT STARTED: \_\_\_\_\_ ENDED: \_\_\_\_\_

YOUR TITLE: \_\_\_\_\_ SUPERVISOR'S NAME & TITLE: \_\_\_\_\_

BRIEF DESCRIPTION OF YOUR DUTIES: \_\_\_\_\_

REASON FOR LEAVING? \_\_\_\_\_

**AGENCY/SERVICE/CLUB:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

TYPE/NATURE OF AGENCY/SERVICE/CLUB: \_\_\_\_\_

AVERAGE # OF HOURS PER MONTH YOU VOLUNTEER: \_\_\_\_\_ YOUR INVOLVEMENT STARTED: \_\_\_\_\_ ENDED: \_\_\_\_\_

YOUR TITLE: \_\_\_\_\_ SUPERVISOR'S NAME & TITLE: \_\_\_\_\_

BRIEF DESCRIPTION OF YOUR DUTIES: \_\_\_\_\_

REASON FOR LEAVING? \_\_\_\_\_



**EMPLOYMENT**

46. OF THE EMPLOYERS YOU HAVE LISTED, PLEASE NOTE IF THERE ARE ANY EMPLOYERS THAT YOU DO NOT WANT US TO CONTACT AT THIS TIME:

47. ARE YOU ENGAGED IN ANY BUSINESS AS AN OWNER OR PARTNER (ACTIVE OF SILENT)?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

48. HAVE YOU EVER FILED FOR OR RECEIVED WORKERS COMPENSATION FOR AN "ON THE JOB INJURY"?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

49. HAVE YOU EVER RECEIVED DISABILITY BENEFITS OR PENSION FROM ANY OTHER SOURCE?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].



**EMPLOYMENT**

50. HAVE YOU HELD ANY EMPLOYMENT OR VOLUNTEER WORK THAT YOU HAVE NOT DISCLOSED?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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51. HAVE YOU EVER HELD EMPLOYMENT UNDER ANOTHER NAME?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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52. HAVE YOU EVER BEEN DISCIPLINED AND OR DOCUMENTED FOR INAPPROPRIATE BEHAVIOUR AT WORK?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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53. HAVE YOU EVER BEEN THE COMPLAINANT OR RESPONDENT OF A WORKPLACE HARASSMENT COMPLAINT?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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**EMPLOYMENT**

54. HAVE YOU EVER BEEN UNEMPLOYED FOR EXTENDED PERIODS?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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55. HAVE YOU COLLECTED EMPLOYMENT INSURANCE BENEFITS OR WELFARE?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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56. HAVE YOU WORKED WHILE ON EMPLOYMENT INSURANCE OR WELFARE AND NOT REPORTED YOUR FULL EARNINGS? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].  Yes  No

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57. HAVE YOU EVER BEEN FIRED, LAID OFF OR LET GO FROM A JOB?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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**EMPLOYMENT**

58. HAVE YOU EVER HAD PROBLEMS WITH ABSENTEEISM OR LATENESS WHEN YOU WERE AN EMPLOYEE OR STUDENT? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].  Yes  No

59. HAVE YOU EVER BOOKED OFF SICK WHEN YOU HAVE NOT BEEN? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].  Yes  No

60. HAVE YOU EVER BEEN UNABLE TO WORK FOR EXTENDED PERIODS OF TIME DUE TO AN ILLNESS OR INJURY? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].  Yes  No



## NYPD Reserve Constable Program Application

### FINANCIAL

61. PLEASE LIST ALL OF YOUR ASSETS (I.E. HOME, VEHICLE, PERSONAL EFFECTS, INVESTMENTS, ETC.)

ASSETS	\$ VALUE
<b>TOTAL</b>	<b>\$</b>

62. PLEASE LIST ALL OF YOUR DEBTS (MORTGAGES, LOANS, CREDIT CARDS, LINE OF CREDIT, ETC.)

DEBT	\$ ORIGINAL AMOUNT	\$ CURRENT AMOUNT	\$ MONTHLY PAYMENT
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>



# NWPD Reserve Constable Program Application

## FINANCIAL

63. PLEASE LIST ALL OF YOUR CREDIT CARDS

CREDIT CARD COMPANY	\$ CREDIT LIMIT	\$ CURRENT BALANCE	\$ MONTHLY PAYMENT
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

64. DO YOU OWN YOUR OWN HOME?  Yes  No

65. WHAT IS YOUR MONTHLY MORTGAGE PAYMENT OR RENTAL PAYMENT? \_\_\_\_\_

66. DO YOU OWN YOUR OWN CAR? IF SO WHAT IS THE MAKE, MODEL AND YEAR:  Yes  No

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

67. TO WHAT EXTENT ARE YOU PERSONALLY INSURED (LIFE INSURANCE)? \_\_\_\_\_

68. WHAT IS YOUR CURRENT NET INCOME PER MONTH? \_\_\_\_\_

69. WHAT IS YOUR CURRENT NET FAMILY/HOUSEHOLD INCOME PER MONTH? \_\_\_\_\_



**FINANCIAL**

70. HAVE YOU EVER BEEN BONDED?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

71. HAVE YOU EVER DECLARED BANKRUPTCY?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

72. HAVE YOUR WAGES EVER BEEN GARNISHED?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

73. HAVE YOU EVER WRITTEN AN NSF CHEQUE?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].





**FINANCIAL**

74. HAS A COLLECTION AGENCY EVER BEEN ASSIGNED TO ANY OF YOUR OUTSTANDING DEBTS?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

75. HAVE YOU EVER USED AN NAME OTHER THAN YOUR OWN FOR ANY PURPOSE?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

76. HAVE YOU EVER HAD ANYTHING REPOSSESSED AS A RESULT OF DEFAULTING ON PAYMENTS?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

77. HAVE YOU EVER HAD OR DO YOU CURRENTLY HAVE A PROBLEM WITH DEBT? IF SO, OUTLINE HOW YOU HANDLE THIS PROBLEM, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].  Yes  No



# NWPD Reserve Constable Program Application

## DRUG & ALCOHOL

78. HAVE YOU EVER THOUGHT YOU WERE USING, TESTED, SNIFFED, SMOKED, INGESTED, INHALED, INJECTED, SWALLOWED, ATTEMPTED TO USE OR EXPERIMENTED WITH ANY FORM OF AN ILLEGAL DRUG OR SUBSTANCE SUCH AS BUT NOT LIMITED TO:

COCAINE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	# OF TIMES: _____	WHEN: YY-MMM _____
CRACK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	# OF TIMES: _____	WHEN: YY-MMM _____
ECSTASY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	# OF TIMES: _____	WHEN: YY-MMM _____
HASHISH	<input type="checkbox"/> YES	<input type="checkbox"/> NO	# OF TIMES: _____	WHEN: YY-MMM _____
HEROIN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	# OF TIMES: _____	WHEN: YY-MMM _____
LSD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	# OF TIMES: _____	WHEN: YY-MMM _____
MARIJUANA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	# OF TIMES: _____	WHEN: YY-MMM _____
METHAMPHETAMINE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	# OF TIMES: _____	WHEN: YY-MMM _____
MUSHROOMS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	# OF TIMES: _____	WHEN: YY-MMM _____
PCP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	# OF TIMES: _____	WHEN: YY-MMM _____
SPEED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	# OF TIMES: _____	WHEN: YY-MMM _____
DESIGNER DRUGS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	# OF TIMES: _____	WHEN: YY-MMM _____
INHALENTS [GAS/GLUE]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	# OF TIMES: _____	WHEN: YY-MMM _____
OTHER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	# OF TIMES: _____	WHEN: YY-MMM _____

79. PLEASE PROVIDE FURTHER DETAILS ON YOUR DRUG USE, FREQUENCY AND TIME FRAMES:  N/A

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**DRUGS & ALCOHOL**

80. WHEN DID YOU LAST USE AN ILLEGAL DRUG?  N/A  
WHAT WERE THE CIRCUMSTANCES [WHEN, WHERE] & WHAT TYPE OF DRUG DID YOU USE?

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81. HAVE YOU EVER PURCHASED ILLEGAL DRUGS?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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82. HAVE YOU EVER SOLD ILLEGAL DRUGS?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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83. HAVE YOU EVER GROWN, MANUFACTURED, IMPORTED, AND OR TRANSPORTED ILLEGAL DRUGS?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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**DRUGS & ALCOHOL**

84. DO YOU KNOW ANYONE WHO HAS EVER SOLD, GROWN, MANUFACTURED, IMPORTED, OR TRANSPORTED ILLEGAL DRUGS? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].  Yes  No

85. HAVE YOU EVER REMAINED AT A PARTY OR GATHERING WHERE ILLEGAL DRUGS, NARCOTICS OR SUBSTANCES INCLUDING MARIJUANA WERE BEING USED? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].  Yes  No

86. WHEN WAS THE LAST TIME YOU WERE AT A PRIVATE GATHERING WHERE ILLEGAL DRUGS WERE BEING USED? PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

87. HAVE YOU EVER ALLOWED SOMEONE TO USE ILLEGAL DRUGS AT YOUR RESIDENCE OR IN YOUR VEHICLE? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].  Yes  No



**DRUGS & ALCOHOL**

88. HAVE YOU EVER USED OR SOLD STEROIDS AND OR PERFORMANCE ENHANCING DRUGS?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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89. HAVE YOU EVER ADMINISTERED A DRUG TO A PERSON WITHOUT THEIR KNOWLEDGE OR CONSENT?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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90. HAVE YOU EVER MISUSED PRESCRIPTION DRUGS?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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91. HAVE YOU EVER MISUSED NON-PRESCRIPTION DRUGS?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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**DRUGS & ALCOHOL**

92. HAVE YOU EVER DRIVEN WHILE YOU HAVE BEEN UNDER THE INFLUENCE OF DRUGS?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES] & WHAT DRUG DID YOU USE?

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93. HAVE YOU EVER WORKED WHILE UNDER THE INFLUENCE OF DRUGS?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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94. HAVE YOU EVER RECEIVED COUNSELLING OR TREATMENT FOR DRUGS ABUSE?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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**DRUGS & ALCOHOL**

95. DO YOU DRINK ALCOHOL?  Yes  No  
IF YES, HOW MUCH AND HOW OFTEN [DAILY, WEEKLY, MONTHLY] DO YOU DRINK?

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96. WHEN AND WHY ARE YOU MOST LIKELY TO CONSUME ALCOHOL?  
PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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97. HOW DOES YOUR PERSONALITY CHANGE AFTER YOU HAVE BEEN DRINKING?

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98. WHEN WAS THE LAST TIME YOU WERE DRUNK? PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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**DRUGS & ALCOHOL**

99. HAVE YOU EVER BEEN IN A VERBAL OR PHYSICAL ALTERCATION WHILE UNDER THE INFLUENCE OF ALCOHOL? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].  Yes  No

100. HAS YOUR CONSUMPTION OF ALCOHOL EVER CAUSED A PROBLEM IN YOUR JOB, HOME, SCHOOL OR COMMUNITY? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].  Yes  No

101. HAVE YOU EVER CONSUMED ALCOHOL WHILE YOU WERE WORKING? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].  Yes  No

102. HAVE YOU EVER PURCHASED ALCOHOL WITH FAKE ID, PURCHASED ALCOHOL FOR MINORS OR GIVEN ALCOHOL TO MINORS? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].  Yes  No





**DRUGS & ALCOHOL**

103. HAVE YOU EVER BEEN CHARGED FOR AN OFFENCE INVOLVING THE CONSUMPTION, TRANSPORTATION, OR DISTRIBUTION OF ALCOHOL? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].  Yes  No

104. WHAT IS THE WORST THING YOU HAVE DONE WHILE UNDER THE INFLUENCE OF DRUGS OR ALCOHOL? PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

105. WHAT IS THE MOST EMBARRASSING THING YOU HAVE DONE WHILE UNDER THE INFLUENCE OF DRUGS OR ALCOHOL? PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

106. HAS ANYONE EVER TOLD YOU THAT YOUR CONSUMPTION OF ALCOHOL IS EXCESSIVE? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].  Yes  No



**DRUGS & ALCOHOL**

107. HOW MANY TIMES HAVE YOU DRIVEN WHILE YOU HAVE BEEN UNDER THE INFLUENCE OF ALCOHOL AND THOUGHT YOU WERE OVER THE LEGAL ALCOHOL LIMIT?

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108. PLEASE PROVIDE DETAILS ABOUT THE LAST TIME YOU DROVE WHEN YOU THOUGHT YOU WERE OVER THE LEGAL ALCOHOL LIMIT? HOW MANY DRINKS DID YOU CONSUME AND OVER WHAT PERIOD OF TIME? WHEN DID THIS OCCUR?

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109. HAVE YOU EVER RECEIVED COUNSELLING OR TREATMENT FOR ALCOHOL ABUSE?  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

Yes     No

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## NWPD Reserve Constable Program Application

### FIREARMS

110. DO YOU CURRENTLY OWN ANY FIREARMS? IF YES, PROVIDE AN ITEMIZED LIST BELOW:

Yes

No

111. HAVE YOU PREVIOUSLY OWNED ANY FIREARMS? IF YES, PLEASE PROVIDE DETAILS:

Yes

No

112. DO YOU CURRENTLY HAVE A VALID LICENSE TO POSSESS OR OWN FIREARMS?

Yes

No

113. HAVE YOU EVER APPLIED FOR A PERMIT TO POSSESS OR CARRY A FIREARM?  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

Yes

No

114. HAVE YOU EVER HAD POSSESSION OF AN ILLEGAL OR UNREGISTERED FIREARM?  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

Yes

No



LIFESTYLE & INTEGRITY

115. HAVE YOU EVER BEEN IN A PHYSICAL ALTERCATION WITH A SPOUSE OR PARTNER OR ANYONE ASSOCIATED TO YOU IN A DOMESTIC OR FAMILY RELATIONSHIP?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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116. HAVE YOU EVER USED PHYSICAL VIOLENCE TOWARD ANY ADULT PERSON? (SPORTS OR OTHERWISE)  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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117. HAVE YOU EVER BEEN PHYSICALLY VIOLENT TOWARD A CHILD?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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118. HAVE YOU EVER HAD SEXUAL INVOLVEMENT WITH ANYONE WITHOUT THEIR CONSENT?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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LIFESTYLE & INTEGRITY

119. HAVE YOU EVER BEEN INVOLVED IN SEXUAL ACTIVITY WHERE MONEY HAS BEEN EXCHANGED?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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120. HAVE YOU EVER BEEN INVOLVED IN THE SEX TRADE INDUSTRY IN ANY CAPACITY?  Yes  No  
[DRIVER, DOORMAN, RECEPTIONIST, ANSWERING PHONES, SEX TRADE WORKERS, ESCORT...]  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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121. HAVE YOU EVER RETAINED OR PARTICIPATED IN THE SERVICE OF AN ESCORT AGENCY, SERVICES OF A MASSAGE PARLOUR OR HAVE "CRUISED" FOR SEX TRADE WORKERS FOR YOURSELF OR OTHERS?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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122. HAVE YOU EVER BEEN INVOLVED IN A SEXUAL MANNER WITH A CHILD OR UNDERAGE PERSON OR ANYONE PURPORTED TO BE A CHILD OR UNDERAGE PERSON?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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LIFESTYLE & INTEGRITY

123. HAVE YOU EVER COMMITTED A SEXUAL ACT THAT IF YOU WERE CAUGHT, YOU MIGHT HAVE BEEN PROSECUTED? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].  Yes  No

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124. HAS ANYONE HAD ANY SEXUAL INVOLVEMENT WITH YOU WITHOUT YOUR CONSENT? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].  Yes  No

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125. INDICATE YOUR INVOLVEMENT IN A SEXUAL ACT FOR WHICH, IF YOU WERE CAUGHT, YOU MAY HAVE BEEN PROSECUTED. IF YOU HAVE SELECTED YES TO ANY ONE OF THE FOLLOWING, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

- A. EXPOSING YOURSELF IN PUBLIC  Yes  No
- B. INCEST  Yes  No
- C. SEXUALLY EXPLICIT ANONYMOUS PHONE CALLS  Yes  No
- D. VOYERISM [PEEKING INTO SOMEONE'S WINDOW FOR SEXUAL PURPOSES]  Yes  No
- E. SEXUAL CONTACT WITH AN ANIMAL  Yes  No

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LIFESTYLE & INTEGRITY

126. HAVE YOU EVER BEEN THE VICTIM OF SEXUAL ABUSE? PLEASE **DO NOT** PROVIDE DETAILS AT THIS TIME.  Yes  No

127. HAVE YOU EVER USED THE INTERNET OR TELEPHONE TO COMMUNICATE WITH ANYONE FOR A SEXUAL PURPOSE? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].  Yes  No

128. HAVE YOU EVER PARTICIPATED IN SEXTING? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].  Yes  No

129. HAVE YOU EVER USED THE INTERNET TO COMMUNICATE IN AN INAPPROPRIATE MANNER WITH A CHILD OR UNDERAGE PERSON OR ANYONE PURPORTED TO BE A CHILD OR UNDERAGE PERSON? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].  Yes  No

130. HAVE YOU EVER HAD POSSESSION OF ANY MATERIAL THAT COULD BE CONSIDERED CHILD PORNOGRAPHY? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].  Yes  No



LIFESTYLE & INTEGRITY

131. DO YOU HAVE ANY TATTOOS ON YOUR BODY?  Yes  No  
IF YES, PLEASE DESCRIBE EACH TATTOO.

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132. DO YOU BELONG TO ANY CLUBS OR ORGANIZATIONS [OTHER THAN RELIGIOUS OR POLITICAL]?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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133. WHAT TYPE OF MAGAZINES AND BOOKS DO YOU COMMONLY READ?

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LIFESTYLE & INTEGRITY

134. DO YOU CURRENTLY ASSOCIATE WITH, OR HAVE YOU IN THE PAST ASSOCIATED WITH, INDIVIDUALS OR GROUPS WHO ARE IN ENGAGED IN CRIMINAL ACTIVITY?  Yes  No

IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

135. HAVE YOU EVER VISITED A "CLUBHOUSE", RESIDENCE, OR OTHER PLACES USED BY A GANG OR PERSONS INVOLVED IN CRIMINAL ACTIVITY?  Yes  No

IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

136. DO YOU CURRENTLY ASSOCIATE WITH OR ARE YOU CONNECTED IN ANY WAY TO ANY GANG OR MEMBER OF A GANG? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].  Yes  No

137. HAVE YOU IN THE PAST ASSOCIATED OR BEEN CONNECTED IN ANY WAY TO A GANG? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].  Yes  No



LIFESTYLE & INTEGRITY

138. DO YOU EVER GAMBLE? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].  Yes  No

139. DO YOU HAVE ANY GAMBLING DEBTS? IF YES, PLEASE PROVIDE DETAILS.  Yes  No

140. HAVE YOU EVER FILED AN INACCURATE TAX RETURN? [DID NOT DECLARE ALL INCOME, PADDED EXPENSES, ETC] IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].  Yes  No

141. HAVE YOU EVER FAILED TO DECLARE ALL OF YOUR GOODS AT THE BORDER? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].  Yes  No



LIFESTYLE & INTEGRITY

142. HAVE YOU EVER COMMITTED A THEFT FROM ANY OF YOUR EMPLOYERS?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

143. HAVE YOU EVER BEEN INVOLVED IN ANY OTHER THEFTS? [SHOPLIFTING, PRICE TAG SWITCHING, THEFT FROM PARENTS] IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].  Yes  No

144. HAVE YOU EVER HAD POSSESSION OF ANYTHING OBTAINED THROUGH THE COMMISSION OF ANY OFFENCE? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].  Yes  No

145. DO YOU CURRENTLY HAVE ANY OUTSTANDING FINES? [TRAFFIC, PARKING VIOLATIONS, ETC] IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].  Yes  No



LIFESTYLE & INTEGRITY

146. HAVE YOU EVER INTENTIONALLY DAMAGED SOMEONE ELSE'S PROPERTY?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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147. HAVE YOU EVER BEEN ARRESTED, CHARGED OR CONVICTED OF A CRIMINAL OFFENCE?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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148. HAVE YOU EVER BEEN ARRESTED, DETAINED, QUESTIONED, OR DRIVEN HOME BY THE POLICE? THIS INCLUDES ANY POLICE INVESTIGATION THAT YOU MAY BE ASSOCIATED WITH INCLUDING IN A FOREIGN COUNTRY. IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].  Yes  No

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149. HAVE YOU EVER BEEN CHASED BY, PURSUED BY, OR HIDDEN FROM THE POLICE?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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LIFESTYLE & INTEGRITY

150. HAVE YOU EVER HIDDEN ANYONE OR HELPED ANYONE AVOID BEING ARRESTED OR FOUND BY THE POLICE? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].  Yes  No

151. PRIOR TO 18 YEARS OF AGE, WERE YOU EVER CHECKED, QUESTIONED, APPREHENDED, AND OR ARRESTED BY A POLICE OFFICER OR CHARGED WITH A CRIMINAL OFFENCE? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].  Yes  No

152. DO YOU CURRENTLY OR HAVE YOU EVER WORKED OR VOLUNTEERED IN A POLICING ENVIRONMENT?  Yes  No

IF YOU HAVE ANSWERED YES TO THIS QUESTION, PLEASE ANSWER THE FOLLOWING TWO QUESTIONS AND PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

A. ARE YOU CURRENTLY THE SUBJECT OF AN INTERNAL OR EXTERNAL INVESTIGATION?  Yes  No

B. HAVE YOU EVER BEEN FORMALLY INVESTIGATED FOR ANY SITUATIONS WHILE WORKING OR VOLUNTEERING IN A POLICING ENVIRONMENT?  Yes  No



LIFESTYLE & INTEGRITY

153. HAVE YOU EVER CAUSED THE DEATH OF ANOTHER PERSON?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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154. HAVE YOU EVER CONTRIBUTED IN ANY WAY TO THE DEATH OF ANOTHER PERSON?  Yes  No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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155. ARE YOU AWARE OF ANYTHING THAT MAY DISQUALIFY YOU AS A CANDIDATE FOR THE RESERVE  
CONSTABLE PROGRAM? IF YES, PLEASE PROVIDE DETAILS.  Yes  No

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156. DESCRIBE THE WORST EXPERIENCE OF YOUR LIFE?

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LIFESTYLE & INTEGRITY

157. WHAT IS THE ONE THING IN YOUR LIFE THAT YOU ARE MOST ASHAMED OF?

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158. DO YOU HAVE ANY PHOBIAS? IF YES, PLEASE PROVIDE DETAILS:

Yes  No

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159. WHAT IS YOUR BIGGEST FEAR IN LIFE?

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LIFESTYLE & INTEGRITY

160. WHAT ARE YOUR PLANS FOR THE FUTURE?

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161. WHAT ACTIONS HAVE YOU TAKEN TO IMPLEMENT THESE PLANS?

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162. DESCRIBE THREE THINGS IN YOUR LIFE THAT YOU ARE MOST PROUD OF [WORK OR NON-WORK RELATED]:

1.

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2.

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3.

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POLICE AGENCY APPLICATIONS

163. HAVE YOU APPLIED WITH A POLICY AGENCY BEFORE?

- YES, AS A MEMBER YES, AS A RESERVE CONSTABLE YES, AS A CIVILIAN YES, AS A VOLUNTEER NO

IF YOU ANSWERED YES TO THE ABOVE QUESTION, PLEASE LIST ALL CURRENT AND PAST APPLICATIONS MADE WITHIN THE PAST FIVE YEARS - PLEASE BE SURE TO INDICATE IF YOU HAVE A PREVIOUS NWPD APPLICATION. IF YOU REQUIRE EXTRA SPACE PLEASE REPRINT THIS PAGE OR INSERT A BLANK PAGE.

AGENCY APPLIED TO: \_\_\_\_\_

DATE OF APPLICATION: YY-MMM \_\_\_\_\_ POSITION APPLIED FOR: \_\_\_\_\_

CURRENT STATUS OF APPLICATION: PLEASE SELECT ONE OF THE THREE OPTIONS BELOW:

PROVIDE DETAILS ON THE STATUS OF YOUR APPLICATION AND WHAT STAGE YOU ARE AT:

ACTIVE/OPEN

DATE OF DEFERRAL: YY-MMM LENGTH OF DEFERRAL: REASON FOR DEFERRAL:

DEFERRED

DATE FILE CLOSED: YY-MMM REASON FOR FILE BEING CLOSED/TERMINATED:

CLOSED/TERMINATED

AGENCY APPLIED TO: \_\_\_\_\_

DATE OF APPLICATION: YY-MMM \_\_\_\_\_ POSITION APPLIED FOR: \_\_\_\_\_

CURRENT STATUS OF APPLICATION: PLEASE SELECT ONE OF THE THREE OPTIONS BELOW:

PROVIDE DETAILS ON THE STATUS OF YOUR APPLICATION AND WHAT STAGE YOU ARE AT:

ACTIVE/OPEN

DATE OF DEFERRAL: YY-MMM LENGTH OF DEFERRAL: REASON FOR DEFERRAL:

DEFERRED

DATE FILE CLOSED: YY-MMM REASON FOR FILE BEING CLOSED/TERMINATED:

CLOSED/TERMINATED



# NWPD Reserve Constable Program Application

164. HAVE YOU PREVIOUSLY ATTENDED A POPAT SESSION?

YES

NO

DATE (YY-MMM): \_\_\_\_\_

SCORE (MIN. & SEC.): \_\_\_\_\_

SPONSORING AGENCY: \_\_\_\_\_

165. HAVE YOU PREVIOUSLY ATTENDED THE ASSESSMENT CENTRE?

YES

NO

DATE (YY-MMM): \_\_\_\_\_

SCORE: \_\_\_\_\_

SPONSORING AGENCY: \_\_\_\_\_

166. WHAT ASSOCIATION HAVE YOU HAD WITH POLICE OFFICERS OR POLICE WORK?

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167. WHAT ARE YOUR THOUGHTS ABOUT THE VALUE OF THE POLYGRAPH WITH RESPECT TO APPLICATION PROCESS?

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168. HAVE YOU BEEN REFERRED TO US BY SOMEONE WHO WORKS AT NWPD?

Yes

No

IF YES, PLEASE PROVIDE THEIR NAME AND INDICATE IF THEY ARE AWARE OF YOUR APPLICATION.

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169. HAVE YOU EVER BEEN ON A RIDE-ALONG WITH THE NWPD?

Yes

No

IF YES, PLEASE PROVIDE DATE AND DETAILS.

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## NWPD Reserve Constable Program Application

170. BRIEFLY DESCRIBE YOUR REASONS FOR WANTING TO BECOME A RESERVE CONSTABLE FOR THE NEW WESTMINSTER POLICE DEPARTMENT?

171. WHEN DID YOU MAKE THE DECISION TO PURSUE A POSITION IN A POLICING ENVIRONMENT?  
IN ONE HUNDRED WORDS OR LESS PLEASE TELL US WHY YOU WANT TO BECOME A RESERVE CONSTABLE?

WHEN (YY-MMM):

DETAILS (PLEASE PRINT):



## NWPD Reserve Constable Program Application

I HEREBY CERTIFY THE ANSWERS GIVEN BY ME IN THIS APPLICATION ARE CORRECT AND THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE. ENLISTMENT WITH THE NEW WESTMINSTER POLICE DEPARTMENT IS CONTINGENT UPON SUCCESSFUL COMPLETION OF ALL PHASES OF THE RECRUITMENT PROCESS. I UNDERSTAND THAT DECIET, DISHONESTY OR NON-DISCLOSURE CONCERNING QUESTIONS IN THIS DOCUMENT, OR DURING ANY OTHER STAGE OF THE RECRUITMENT PROCESS, WILL RESULT IN MY DISQUALIFICATION FROM THIS AND ANY OTHER FUTURE COMPETITIONS, OR WILL RESULT IN DISMISSAL. NO INFORMATION RECEIVED FROM INQUIRIES MADE CONCERNING STATEMENTS IN THIS QUESTIONNAIRE WILL BE RELEASED TO THE APPLICANT. I UNDERSTAND THAT INFORMATION SUPPLIED IN THIS DOCUMENT AND OBTAINED DURING THE RECRUITMENT PROCESS WILL BE CONSIDERED IN THE CONTEXT OF THE COMPETITION AND WILL BE HELD IN CONFIDENCE UNDER THOSE CIRCUMSTANCES; WITH THE EXCEPTION THAT THIS INFORMATION MAY BE MADE AVAILABLE TO OTHER POLICE AGENCIES IN CANADA AND IF APPLICABLE ANY FUTURE EMPLOYMENT OR VOLUNTEER POSITIONS WITH THE NEW WESTMINSTER POLICE DEPARTMENT. I UNDERSTAND REGULAR SECURITY CLEARANCES ARE NECESSARY TO VOLUNTEER AND WILL BE COMPLETED AT THE DISCRETION OF THE NEW WESTMINSTER POLICE DEPARTMENT WITHOUT FURTHER WRITTEN CONSENT FOR AS LONG AS I AM A VOLUNTEER WITH THE NEW WESTMINSTER POLICE DEPARTMENT.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE OF APPLICATION (YY-MMM-DD)

\_\_\_\_\_  
NAME OF APPLICANT