



# New Westminister Police Department

Dear Applicant,

Thank you for your interest in the New Westminister Police Department (NWPD).

We consider our organization progressive leaders in policing whose mission is to keep our community safe by enforcing the law, and preventing and reducing crime. What is imperative for you to know, as a volunteer applicant, is that our mission embraces and includes our volunteers. We are looking for good, committed people to assist us in our efforts to improve the quality of life in our community. The New Westminister Police Department offers many learning opportunities and experiences. We invite you to be part of our team of dedicated professionals.

Please find attached the instructions and application package to join our organization.

If you have any questions about this application, please feel free to contact me.

Thank you for your interest and good luck.

Sincerely,

Jennifer Sanford  
Coordinator, Crime Prevention Services  
New Westminister Police Department

604-529-2528

[jsanford@nwpolice.org](mailto:jsanford@nwpolice.org)



# New Westminster Police Department

## Application Instructions

- 1) Ensure that you meet our minimum requirements prior to commencing the application process. The minimum requirements are attached.
- 2) All questions must be answered. If a question is not applicable use "N/A" in the appropriate space. Incomplete applications will not be reviewed.
- 3) All forms in this package are not intended for any other police agency; all police record checks will be performed by NWPD. Simply complete, sign and return all forms with your application.
- 4) Do not print the application double-sided.
- 5) Fill the form out by hand, use black ink and ensure your writing/printing is legible.  
If you make an error, do not use white-out. Place a single line through the error and write the correction above or beside.
- 6) All addresses must include the postal code. Use area codes for all phone numbers.  
Date of births should be YY-MMM-DD format [85-JAN-04]. All other date formats should follow YY-MMM [10-JUN].
- 7) List items in chronological order, beginning with the most recent. Leave no gaps in dates.
- 8) If extra space is required to answer questions, **do not write on the back/flip side of any pages**, choose one of the following:
  - a. If you have printed the application form from the website; just re-print the specific page and continue answering your question
  - b. If you picked up an application form from the police department, insert a blank page and continue answering your questionPlease make sure you indicate that you are continuing to answer on the following page, write the question # that you are continuing to answer and make sure to edit the page number. For example, if you reprinted page 24 then indicate on that page that it is page 24-A.
- 9) Photocopies of High School and Post-Secondary transcripts are acceptable.
- 10) All information is subject to verification by investigation. False, misleading, or undisclosed information in this document or at any other stage in the application process will result in exclusion from our process and your file will be closed.
- 11) Please do not staple or put the application form in any binder, cover or page protector. You may use paperclips or a binder clip if you wish to keep the application together or to attach the two passport style photograph
- 12) By completing this application, you acknowledge and understand that honesty, integrity, and background are areas that are scrutinized closely when considering applications, and that all questions in this document are necessary for this purpose.
- 13) The application form must be signed, dated and delivered or mailed in a sealed envelope to the New Westminster Police Department.

New Westminster Police Department  
Att: Jenniffer Sanford  
555 Columbia Street  
New Westminster,  
BC V3L 1B2



APPLICANTS MUST MEET ALL OF THE FOLLOWING MINIMUM REQUIREMENTS  
IN ORDER TO HAVE THEIR APPLICATION ACCEPTED.

CITIZENSHIP	Canadian Citizen or Permanent Resident	✓
MINIMUM AGE	19 years of age or older upon commencement of training	✓
DRIVER'S LICENSE	Valid Class 5 Driver's	✓
HIGH SCHOOL EDUCATION	High School graduation certificate or GED	✓
TRAINING	Ability to successfully complete all training	✓
BACKGROUND	Ability to successfully complete a thorough background investigation	✓
SENSITIVITY	Our department places great emphasis on the ability to positively interact with all members of our community	✓
COMMUNICATION SKILLS	Excellent verbal and written communication skills	✓
INTEGRITY	Candidates must have consistently demonstrates maturity, responsibility, good character, diplomacy, good judgment, have no criminal record and must have no pending criminal charges before the court.	✓
COMPUTER SKILLS	Preferred Skill: Strong computer skills and keyboarding ability	✓
LENGTH OF SERVICE	Must commit to the minimum length of service indicated	1 year
ORIENTATION/TRAINING	Must attend the minimum training required: CPU Volunteer: 12 hours over 3 days	12-20 hours
COMMITMENT HOURS	Must commit to a minimum number of volunteer hours	6 hours per month



# New Westminster Police Department

## Application Checklist and Pledge

Please sign and return with application

Please ensure that all of the following documentation has been submitted with your application and placed in a sealed envelope in the following order:	Please read & initial
Application Checklist & Pledge – Crime Prevention Unit Volunteer Program (this form)	
Two Passport Style Photographs in Color	
Volunteer Crime Prevention Application Package	
Consent to Release of Personal and/or Private Information, Waiver and Release	
Query Information Form	
New Westminster Police Department Police Information Check	
Copy of Birth Certificate	
Copy of Proof of Citizenship or Permanent Residency if applicable	
Copy of Social Insurance Number (SIN) Card	
Copy of Driver's License	
Copy of High School Education Transcripts (unofficial or photocopies)	
Copy of Post-Secondary Transcripts (unofficial or photocopies)	
Copy of First Aid Certificate	
Must commit to a minimum of twelve months volunteer service	
Must commit to a minimum of six hours of volunteering each month: <ul style="list-style-type: none"> <li>➤ Volunteering one Friday or Saturday of each month (not optional)</li> </ul>	
Scheduled Training (must be able to attend all training listed below): <ul style="list-style-type: none"> <li>➤ Orientation package pick up: May 14, 2019. Anytime between 9 AM to 4 PM - allow one hour for package review</li> <li>➤ Mandatory Training Dates: May 21, 22 and 23, 2019 from 4 PM to 8 PM (No option for rescheduling)</li> </ul>	



# New Westminster Police Department

## Consent to Release of Personal and/or Private Information, Waiver and Release

FULL NAME: \_\_\_\_\_

FORMERLY KNOWN AS: \_\_\_\_\_

DATE OF BIRTH: YY-MMM-DD \_\_\_\_\_ SOCIAL INSURANCE NUMBER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ DRIVER'S LICENSE NUMBER: \_\_\_\_\_

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

I, \_\_\_\_\_, having applied for a position with the New Westminster Police Department, and recognizing that I am required to supply information to be used to determine my qualifications, moral character, honesty and suitability for volunteering with the Department, hereby request and authorize the full disclosure of any and all records, files, notes, reports, opinions or other information concerning me, including employment files and records, performance evaluations, discipline records, background investigation files, polygraph reports, medical, psychiatric and psychological files and reports, complaints or grievances filed by or against me, training files, education files, school records and transcripts, credit rating and history files, income tax files, records and returns, driving records, military records, criminal records and police, probation and parole reports.

I hereby authorize the New Westminster Police Department to make such investigations as they deem necessary to determine approval or disapproval of this application. I understand that the New Westminster Police Department will have the final say in the approval or rejection of this application, and the criteria and method they use in arriving at their decision, will not be questioned or objected to by me and I will have no grievance against the New Westminster Police Department or the Corporation of the City of New Westminster in this regard.

I waive the right to read or review any information received by the New Westminster Police Department.

I release any individual, company, government agency, or public body and their representatives, agents and employees from any claim or action whatsoever which may result from furnishing the above information to the New Westminster Police Department.

**A photocopy of this release is to be considered as valid as an original waiver even though it does not contain an original of my signature.**

**This waiver is valid for a period of one year from the date of signature.**

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Log:  
Receipt:  
Received at:

## Police Information Check

**IDENTIFICATION – one form must be photo ID (office use only).**

Type of ID Produced:		Number:	
Type of ID Produced:		Number:	
<b>INSTRUCTIONS FOR COMPLETION</b>			
(PERSONAL INFORMATION ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF THE BC FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT & FEDERAL PRIVACY ACT)			
<b>Please complete clearly in ink</b>			
You must apply in person at the Police Agency in the jurisdiction you reside. At the time of application you must present: Any applicable fee (see website for costs and payment options). One piece of current, government-issued photo identification and one piece of identification verifying name and date of birth. If you are unable to provide proper identification the police agency cannot complete your check. To pick up your completed Police Information Check you must present: One piece of government-issued photo identification.			
<b>Your Police Information Check will review all available law enforcement systems, including any local police records.</b>			
<b>This check will <u>NOT</u> include: overseas or US records, traffic tickets, Motor Vehicle Act offences or municipal bylaw offences.</b>			
<b>The results of this check will not be forwarded to a third party</b> (with the exception of confirmed positive Vulnerable Sector responses).			
<b>PART I – PERSONAL INFORMATION (COMPLETED BY APPLICANT)</b>			
LAST NAME		FIRST NAME	MIDDLE NAME(S)
PREVIOUS NAMES (including name changes and birth/maiden name)			SEX (circle one) M F
DATE OF BIRTH (YYYY/MM/DD)		PLACE OF BIRTH:	
ADDRESS (Apartment, street # and name)		CITY	PROV POSTAL CODE
PHONE NUMBER (residence)		PHONE NUMBER (cell)	
<b>PREVIOUS ADDRESS</b> (LIST ALL ADDRESSES WITHIN THE LAST FIVE YEARS)			*Check Completed (office use only)
STREET NAME: _____		CITY: _____	PROVINCE: _____ <input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____		CITY: _____	PROVINCE: _____ <input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____		CITY: _____	PROVINCE: _____ <input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____		CITY: _____	PROVINCE: _____ <input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____		CITY: _____	PROVINCE: _____ <input type="checkbox"/> yes <input type="checkbox"/> no

**REASON FOR APPLICATION (check appropriate):**  Volunteer (attach letter)     - Employment     Other (specify below)

**Key Contact Name:** Jennifer Sanford, Crime Prevention Unit Coordinator

**Volunteer Agency/Employer Name:** New Westminster Police Department (NWPD)

**Volunteer Agency/Employer Address and Phone Number:** NWPD 555 Columbia Street, New Westminster, BC V3L 1B2 604-525-5411

**IS YOUR REQUEST RELATED TO WORK/VOLUNTEERING WITH VULNERABLE PERSONS:**     YES     NO

(if yes – please complete Vulnerable Sector Search Consent FORM 1 on page 2)

Applicant Name	Applicant DOB
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**VULNERABLE SECTOR APPLICANTS:**

**FORM 1 – CONSENT FOR A CRIMINAL RECORD CHECK FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED**

This form is to be used by a person applying for a position with a person or organization responsible for the well-being of one or more children or vulnerable persons, if the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the Criminal Records Act and has been pardoned.

**Reason for Consent:**

I am an applicant for a paid or volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable person(s).

Description of the paid or volunteer position (what you will be doing): \_\_\_\_\_

Provide details regarding the children or vulnerable person(s) (what ages, type of client(s) you will be in authority over):  
\_\_\_\_\_

**Consent: I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to determine if I have been convicted of, and been granted a pardon for, any of the sexual offences that are listed in the schedule to the Criminal Records Act. I understand that as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the Criminal Records Act in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Minister of Public Safety of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose the information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.**

_____ Signature of Applicant	_____ Date Signed
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**DECLARATION OF A CRIMINAL RECORD (if applicable) – Completed by Applicant**

By declaring any offences of which you have been convicted, your criminal convictions record can be confirmed without needing to submit your fingerprints for verification of your identity and the processing delay that this causes.

- **Please list below** all offences of which a judge has convicted you (whether indictable or summary) and specifically identify the offence, date you were convicted, and place where the offence was committed.
- **Do Not** disclose convictions for which you have received a pardon pursuant to the Criminal Records Act, or charges that were dismissed, stayed, or resulted in absolute or conditional discharges.
- **Do Not** disclose offence convictions where you were found guilty of an offence committed while you were a “young person” (younger than eighteen years), pursuant to the Youth Criminal Justice Act.

Date of Conviction	Nature of Offence	Location/Jurisdiction

_____ Signature of Applicant	_____ Date signed
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Applicant Name	Applicant DOB
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**SEARCH AND DISCLOSURE CONSENT, AND LIABILITY RELEASE**

I request and consent to the NEW WESTMINSTER POLICE DEPARTMENT and its employees searching any policing agency or court databases, based on the information I have provided, in order to locate any records and information in which I am referred to, and to report, by way of this form, any formal criminal records or pending charges that I am the subject of. If I have indicated that I will be working with the vulnerable sector, I also request and consent to the reporting of any documented adverse contact with police, any incident in which no charges were laid, or any matter regulated by provincial statutes, that I am the subject of. I understand that records may continue to exist even if they are no longer listed in particular records database indices.

I understand that information collected as a result of this Police Information Check will only be released **directly to me and not to any third party**; however, I specifically intend to provide the reported information to the employer or volunteer agency that I have listed. I understand that they alone, and not the police, will determine the impact of any reported search results, on whether I obtain the position for which I am being considered. I understand that the accuracy of the reported information, to be disclosed to me, is not and cannot be guaranteed, and may include errors or omissions.

**By my signature below, and for and in consideration of this Police Information Check being completed for me**, the receipt and sufficiency of which I hereby acknowledged, I agree not to bring any legal actions, claims or demands, for losses or damages, including indirect or consequential, that I might sustain by reason of the Police Information Check being performed for me, against the Municipality / Corporation of New Westminister Police, its associated Police Board and any employees thereof, and to release them each from any and all liability and any actions, claims or demands, even if arising from their negligence or even gross negligence.

I have read and understood this form, and in particular this section, and by signing below I am consenting to the above terms. By signing, I also certify that the information that I have provided is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

**\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\***

<u>QUERY TYPE</u>	<u>Queried by:</u>	<u>Negative</u>	<u>Attached</u>	<u>Date</u>
<u>CPIC</u>				
<u>PRIME</u>				
<u>PIP/LEIP</u>				
<u>JUSTIN</u>				
<u>VS – FP REQ.</u>				

NOTES (office use only):

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# New Westminister Police Department

## CRIME PREVENTION UNIT [CPU] VOLUNTEER APPLICATION PACKAGE

### 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: [I.E. #1 CELL, #2 HOME, #3 WORK] #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

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

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

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

CANADIAN CITIZEN:  Canadian Citizen by birth or Have you applied to become a Canadian Citizen:  Yes  No

Date you became a Canadian Citizen \_\_\_\_\_

Date you became a Permanent Resident \_\_\_\_\_

Provide year you entered Canada \_\_\_\_\_

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

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REVIEWED BY: \_\_\_\_\_ DECISION: \_\_\_\_\_ DATE: \_\_\_\_\_



### 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:	<input type="checkbox"/> Basic	<input type="checkbox"/> Adequate Day to Day	<input type="checkbox"/> Fluent
	Write:	<input type="checkbox"/> Basic	<input type="checkbox"/> Adequate Day to Day	<input type="checkbox"/> Fluent
	Read:	<input type="checkbox"/> Basic	<input type="checkbox"/> Adequate Day to Day	<input type="checkbox"/> 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 A CIVILIAN POSITION.

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

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ CLASS: \_\_\_\_\_

PROVINCE OF ISSUE: \_\_\_\_\_ EXPIRY DATE: YY-MMM-DD \_\_\_\_\_

RESTRICTIONS: \_\_\_\_\_

2. HAVE YOU EVER HAD YOUR DRIVER'S LICENSE REVOKED, SUSPENDED, PLACED ON PROBATIONARY STATUS OR RECEIVED A LETTER ABOUT TOO MANY TICKETS?  Yes  No  
 IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. LIST ALL OF YOUR DRIVING OFFENCES BELOW:

DATE OR YEAR	OFFENCE	LOCATION (CITY & PROVINCE/STATE)

### DRIVING HISTORY:

4. HAVE YOU EVER FAILED TO APPEAR IN COURT IN RELATION TO A TRAFFIC VIOLATION?  Yes  No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



### 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 DETAILS [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 DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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

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### HEALTH

12. DO YOU HAVE ANY PHYSICAL OR MEDICAL LIMITATIONS THAT MAY PREVENT YOU FROM PERFORMING THE FULL SCOPE OF THE DUTIES ASSOCIATED WITH THE POSITION IN WHICH YOU ARE APPLYING FOR? IF YES, PLEASE EXPLAIN.  Yes  No

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### FAMILY & ASSOCIATIONS

13. 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.

<input type="checkbox"/> SPOUSE/PARTNER				<input type="checkbox"/> N/A
<input type="checkbox"/> 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	



# New Westminster Police Department

## NWPD Background Application for CPU Volunteer

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

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

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

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



# New Westminster Police Department

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

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

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

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





# New Westminster Police Department

<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 NOTES:

-CONFIDENTIAL-

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# New Westminster Police Department

## 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	



# New Westminster Police Department

## 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		

<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		

<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		



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

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

15. 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

\_\_\_\_\_  
\_\_\_\_\_





### EDUCATION

17. 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 : <input type="checkbox"/> YES <input type="checkbox"/> 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: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	

UNIVERSITY ATTENDED: _____	CITY/PROVINCE: _____
MAJOR AREA OF STUDY: _____	TOTAL CREDITS OBTAINED: _____
DEGREE AWARDED: _____	
FROM: YY-MMM _____	TO: YY-MMM _____
STUDIED: <input type="checkbox"/> Full Time <input type="checkbox"/> 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: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	



### EDUCATION

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

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19. 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: \_\_\_\_\_

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

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

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

NWPD NOTES:

-CONFIDENTIAL-



### EDUCATION

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

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

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

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### EMPLOYMENT

23. 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  FULL-TIME  
 PREVIOUS \_\_\_\_\_  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  FULL-TIME  
 PREVIOUS \_\_\_\_\_  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? \_\_\_\_\_



### EMPLOYMENT

EMPLOYER:  
 PRESENT  FULL-TIME  
 PREVIOUS  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  FULL-TIME  
 PREVIOUS  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? \_\_\_\_\_



### VOLUNTEER

24. 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

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

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

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

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

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

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### EMPLOYMENT

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

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

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

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

35. 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

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



### EMPLOYMENT

37. 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

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

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39. 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

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### FINANCIAL

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

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



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

DEBT	\$ ORIGINAL AMOUNT	\$ CURRENT AMOUNT	\$ MONTHLY PAYMENT
TOTAL	\$	\$	\$

### FINANCIAL

42. PLEASE LIST ALL OF YOUR CREDIT CARDS.

CREDIT CARD COMPANY	\$ CREDIT LIMIT	\$ CURRENT BALANCE	\$ MONTHLY PAYMENT
TOTAL	\$	\$	\$

43. DO YOU OWN YOUR OWN HOME?

Yes     No

44. WHAT IS YOUR MONTHLY MORTGAGE PAYMENT OR RENTAL PAYMENT?

NWPD NOTES:

-CONFIDENTIAL-

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

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

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

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

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

### FINANCIAL

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_





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

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

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

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### FINANCIAL

55. HAVE YOU EVER HAD ANYTHING REPOSSESSED AS A RESULT OF BAD DEBT?  Yes  No  
 IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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

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### DRUGS

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

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

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### DRUGS

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

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

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63. 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(S) DID YOU USE?

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

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

### ALCOHOL

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

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

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

69. 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

70. 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



### ALCOHOL

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

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

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73. HOW MANY TIMES HAVE YOU DRIVEN WHILE YOU HAVE BEEN UNDER THE INFLUENCE OF ALCOHOL AND THOUGHT YOU WERE OVER THE LEGAL ALCOHOL LIMIT? PLEASE PROVIDE DETAILS - HOW MANY DRINKS DID YOU CONSUME AND OVER WHAT PERIOD OF TIME? WHEN DID THIS OCCUR?

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

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75. WHAT IS YOUR OWN DEFINITION OF BEING DRUNK / INTOXICATED?

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### FIREARMS

76. DO YOU CURRENTLY OWN ANY FIREARMS? IF YES, PROVIDE AN ITEMIZED LIST BELOW:  Yes  No

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77. DO YOU CURRENTLY HAVE A VALID LICENSE TO POSSESS OR OWN FIREARMS?  Yes  No

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### LIFESTYLE & INTEGRITY

78. 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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79. HAVE YOU EVER BEEN IN A PHYSICAL FIGHT OR ASSAULTED ANYONE?  Yes  No  
 [SPORTS OR OTHERWISE, REGARDLESS OF YOUR AGE AT THE TIME.]  
 IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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

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81. 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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82. 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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83. HAVE YOU EVER BEEN INVOLVED IN THE SEX TRADE INDUSTRY IN ANY CAPACITY?  Yes  No  
 [DRIVER, DOORMAN, RECEPTIONIST, ANSWERING PHONES, SEX TRADE WORKERS, ESCORT, ETC.]  
 IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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### LIFESTYLE & INTEGRITY

84. 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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85. 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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86. HAS ANYONE HAD ANY SEXUAL INVOLVEMENT WITH YOU WITHOUT YOUR CONSENT?  Yes  No  
 IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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87. 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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### LIFESTYLE & INTEGRITY

88. 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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89. 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

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90. 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

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

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### LIFESTYLE & INTEGRITY

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

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94. 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].

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95. 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].

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96. 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

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

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### LIFESTYLE & INTEGRITY

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

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

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100. 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

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

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

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

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### LIFESTYLE & INTEGRITY

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

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

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

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

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108. HAVE YOU EVER BEEN THE SUBJECT TO ANY OF THE FOLLOWING BY POLICE? THIS INCLUDES ANY POLICE INVESTIGATION THAT YOU MAY BE ASSOCIATED WITH [INCLUDING IN A FOREIGN COUNTRY AND WHILE YOU WERE A MINOR].

- |            |                              |                             |             |                              |                             |
|------------|------------------------------|-----------------------------|-------------|------------------------------|-----------------------------|
| CHECKED    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | TICKETED    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| DETAINED   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | DRIVEN HOME | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| QUESTIONED | <input type="checkbox"/> Yes | <input type="checkbox"/> No | ARRESTED    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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### LIFESTYLE & INTEGRITY

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

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110. 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

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111. HAVE YOU PARTICIPATED IN ANY UNLAWFUL ACTS THAT YOU HAVE NOT ALREADY DISCLOSED TO US?  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].  Yes  No

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112. 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

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### LIFESTYLE & INTEGRITY

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

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114. 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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115. ARE YOU AWARE OF ANY REASONS THAT MAY DISQUALIFY YOU AS A POTENTIAL CIVILIAN EMPLOYEE? IF YES, PLEASE PROVIDE DETAILS.  Yes  No

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116. DESCRIBE THE WORST EXPERIENCE OF YOUR LIFE?

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

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118. DO YOU HAVE ANY PHOBIAS? IF YES, PLEASE PROVIDE DETAILS:  Yes  No

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### LIFESTYLE & INTEGRITY

119. WHAT IS YOUR BIGGEST FEAR IN LIFE?

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120. WHAT ARE YOUR PLANS FOR THE FUTURE?

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

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122. 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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# New Westminster Police Department

## POLICE AGENCY APPLICATIONS

123. HAVE YOU APPLIED WITH A POLICE 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:	
<input type="checkbox"/> ACTIVE/OPEN	
DATE OF DEFERRAL: YY-MMM    LENGTH OF DEFERRAL:    REASON FOR DEFERRAL:	
<input type="checkbox"/> DEFERRED	
DATE FILE CLOSED: YY-MMM    REASON FOR FILE BEING CLOSED/TERMINATED:	
<input type="checkbox"/> 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:	
<input type="checkbox"/> ACTIVE/OPEN	
DATE OF DEFERRAL: YY-MMM    LENGTH OF DEFERRAL:    REASON FOR DEFERRAL:	
<input type="checkbox"/> DEFERRED	
DATE FILE CLOSED: YY-MMM    REASON FOR FILE BEING CLOSED/TERMINATED:	
<input type="checkbox"/> CLOSED/TERMINATED	



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

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

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

Yes  No

IF YES, PLEASE PROVIDE DATE AND DETAILS.

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I HEREBY CERTIFY THAT 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