

**CONSENT TO RELEASE OF PERSONAL and/or
PRIVATE INFORMATION, WAIVER, and RELEASE**

FULL NAME: _____ DATE OF BIRTH: (YY-MMM-DD) _____

FORMERLY KNOWN AS: _____

I, _____, having applied for a position with the NWPD, and recognizing that I am required to supply information to be used to determine my qualifications, moral character, honesty and suitability for employment 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 NWPD to make such investigations as they deem necessary to determine approval or disapproval of this application. I understand that the NWPD 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 NWPD 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 NWPD.

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 NWPD.

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's Signature: _____ Date: _____

APPLICANT DECLARATION

I hereby declare that the foregoing information is true and complete to the best of my knowledge. I understand that a false statement or omission may disqualify me from further consideration for employment or result in dismissal should I be appointed as a Police Constable. It is understood and accepted that I am involved in a competitive process and that I may be declined at any stage of the process.

Personal information obtained through the completion of this form is collected for the purpose of assessing qualifications and suitability for employment as a police constable and is collected, protected and retained in compliance with the *Freedom of Information and Protection of Privacy Act RSBC 1996*. Information collected may be disclosed for the purpose for which it was obtained or for a consistent purpose.

Questions concerning collection or disclosure of this information should be addressed to:

Freedom of Information
New Westminster Police Department
555 Columbia Street,
New Westminster, BC V3L 1B2
604-525-5411
foi@nwpolice.org

SIGNATURE OF APPLICANT: _____ DATE: _____

NAME OF APPLICANT: _____

DECLARATION, ACKNOWLEDGEMENT AND CONSENT

If you have any questions concerning what you have read in the preceding pages, please contact the NWPD Recruiting Section to clarify before proceeding any further.

Each of the following declarations must be initialled by you, and forms part of the completed SCQ.

Declaration	Applicant Initials
I, the undersigned, have read and understand the information and notices on pages 1 and 2 of this SCQ.	
I complete this SCQ voluntarily, based on my desire to pursue a career as a NWPD Police Constable.	
I declare that I will provide, in this SCQ, information that is up-to-date, accurate, complete, and honest, to the best of my knowledge and belief.	
I understand that I may amend my answers to any questions in this SCQ at any time prior to the scheduled date of a Polygraph Examination by contacting the NWPD Recruiting Section.	
I understand that I do not have to disclose any information in this SCQ that relates to a crime where I was a victim.	
I understand that the information provided in this SCQ may affect my possibilities for any other employment with, or at, the NWPD and/or, where applicable, may affect my current employment with, or work at, the NWPD.	
I understand that if I admit to having committed one or a number of serious criminal offences in this SCQ or during the Recruit Intake Interviews or Polygraph Examination, actions could be taken which could lead to me being arrested, charged, and convicted of a criminal offence and the imposition of a sentence.	
I understand that if, in light of the answers provided in this SCQ, I am deemed to pose a serious risk to the safety of others, actions could be taken which could also lead to an investigation, arrest, charges, criminal prosecution, conviction and, ultimately, imposition of a sentence.	
I understand that if, during the application process, I participate in any criminal behaviour or activity and/or are apprehended, detained or arrested by any peace officer, that I must immediately notify the NWPD Recruiting Section.	
I consent to my personal information being collected, used, and disclosed for the purposes identified on pages 1 and 2 of this SCQ.	
I consent to my personal information being used for security screening purposes.	
I have read, and understand, the Automatic Disqualifying Behaviours outlined on page 2 and confirm that none of these apply to me.	

Name of Applicant (Print)

Signature of Applicant

Date (YYYY-MM-DD)

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Continue on Next Page

Police Officers' Physical Abilities Test Medical Examination/Waiver

**SAMPLE - FOR YOUR INFORMATION ONLY -
PLEASE DO NOT SUBMIT THIS FORM WITH YOUR APPLICATION.**

**IF YOU ARE INVITED TO THE NWPD POPAT YOU WILL BE ASKED TO SUBMIT THIS FORM
AT THE APPROPRIATE TIME.**

This person is an applicant for the position of Police Constable with the New Westminster Police Department. He/she is required to perform a Police Officers' Physical Abilities Test (POPAT). The POPAT test is designed to simulate and measure an officer's physical ability to respond to a critical incident and apprehend and/or control a prisoner/suspect. The test was developed by exercise physiologists and is based on their research findings. Their research has identified that the usual physical components of a response to a critical incident may involve quick action in getting to the problem, intensive heavy work resolving the problem and then removing the problem. The test is conducted in a gymnasium and consists of running 400 meters (1/4 mile), which includes climbing up and down stairs, jumping over low obstacles, pushing/pulling heavy weights (80lbs/37kg) then lifting and carrying a "dead weight" of 100lbs/45kg over a distance of 15 meters/50ft. It was found that most test participants experienced maximal heart rate during the test. This indicates brief (up to 4 minutes) but maximal stress being placed on the cardiovascular system. To minimize the chance of precipitating a major cardiovascular event, we are requesting that this person be examined to determine his/her employment and test risk potential.

In addition to your usual examination, we request that you assess this person with respect to factors which may place him/her at risk during this test or during future Police Constable related duties:

1. Hypertension with possible causative factors
2. Diabetes Mellitus
3. Known heart disease or symptomatic cardiovascular disease including angina, breathlessness, palpitations, edema, syncope, dizziness, or any other known symptoms
4. Low fitness levels
5. Acute systemic infections including viral respiratory infections
6. Muscular and/or skeletal problems which may affect physical performance or present long-term limitations
7. Any other areas of concern

APPLICANT'S BLOOD PRESSURE: _____ APPLICANT'S HEART RATE: _____

In your opinion, is this person able to safely participate in and complete a physical abilities test, such as the POPAT? ☐ YES ☐ NO

COMMENTS:

DR. SIGNATURE: _____ DATE: _____

DR. STAMP:

NWPD Vision Report Form

TO BE COMPLETED BY THE APPLICANT:

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. APPLICANT'S FULL NAME			DATE OF BIRTH (YY-MMM-DD)	
<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss				
APPLICANT'S ADDRESS		CITY	PROVINCE	POSTAL CODE
Have you ever had eye surgery? <input type="checkbox"/> YES <input type="checkbox"/> NO		If 'Yes,' please indicate the type of procedure and the date it was performed:		

TO BE COMPLETED BY THE ATTENDING OPHTHALMOLOGIST / OPTOMETRIST:

1. DATE OF EXAMINATION: (YY-MMM-DD) _____					
2. VISUAL ACUITY		WITHOUT VISUAL AID		WITH BEST POSSIBLE CORRECTION	
	RIGHT EYE	20 /		20 /	
	LEFT EYE	20 /		20 /	
	BOTH EYES	20 /		20 /	
3. HORIZONTAL FIELD OF VISION		TEMPORAL		NASAL	
	RIGHT EYE	Degrees:	<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	Degrees:	<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL
	LEFT EYE	Degrees:	<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	Degrees:	<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL
	BINOCULAR VISION (DEPTH PERCEPTION):			<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	
	Comments and Describe Deficiencies: _____				
4. COLOUR VISION	DETERMINED BY PSEUDO-ISOCHROMATIC PLATES OR FARNSWORTH-MUNSELL			<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	
	Comments: _____				

TO BE COMPLETED BY THE ATTENDING OPHTHALMOLOGIST / OPTOMETRIST:

NAME		TELEPHONE		
ADDRESS	CITY	PROVINCE	POSTAL CODE	
SIGNATURE & STAMP OF OPHTHALMOLOGIST/OPTOMETRIST		DATE (YY-MMM-DD)		

NWPD Audiometric Report Form

TO BE COMPLETED BY THE APPLICANT:

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. APPLICANT'S FULL NAME		DATE OF BIRTH (YY-MMM-DD)	
<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss			
APPLICANT'S ADDRESS	CITY	PROVINCE	POSTAL CODE

TO BE COMPLETED BY THE ATTENDING AUDIOLOGIST/AUDIOMETRIC TECHNICIAN:

The above named individual is an applicant for a police constable position with the New Westminster Police Department.

The entry level hearing standards for police service are:

- Hearing loss in one ear not greater than 50db and the other ear not greater than 30db in the 500 – 3000 cps range.

Please conduct the necessary tests to determine if this candidate meets the minimum standards.

DATE OF EXAMINATION: (YY-MMM-DD) _____

DOES THIS APPLICANT MEET THE STANDARD: ☐ YES ☐ NO

Comments: _____

TO BE COMPLETED BY THE ATTENDING AUDIOLOGIST/AUDIOMETRIC TECHNICIAN:

NAME		TELEPHONE	
ADDRESS	CITY	PROVINCE	POSTAL CODE

SIGNATURE & STAMP OF AUDIOLOGIST/AUDIOMETRIC TECHNICIAN

DATE (YY-MMM-DD)