



NEW WESTMINSTER POLICE DEPARTMENT

555 Columbia Street New Westminster, BC V3L 1B2 (604) 525-5411 FAX (604) 529-2401

www.nwpolice.org

David Jones, Chief Constable

Dear Applicant,

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

We consider our organization a progressive leader in policing whose mission is to keep our community safe by enforcing the law, and preventing and reducing crime. We are looking for the best qualified candidates to assist us in our efforts to improve the quality of life in our community and, as such, our selection process is extensive. Only those candidates who submit a complete application that meets all of the minimum requirements will be contacted and considered for the initial physical and written test day.

Our people are our most valued resource and our goal is to seek candidates whose talents and experience will thrive in our service-orientated organization. We welcome your application and interest in joining our team. Please refer to the instructions and application package that follow this letter.

Thank you for your interest and good luck with your application.

Sincerely,

Sgt. D. McDaniel

NCO Human Resources
New Westminster Police Department
Human Resources



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Application Instructions for Regular Member

Please follow the instructions below carefully. Incomplete or illegible applications will not be reviewed.

- 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. Incomplete application forms will not be processed. If a question is not applicable use "N/A" in the appropriate space. If an entire section is not applicable, one "N/A" in the first available space is sufficient.
- 3) This Application Form covers numerous areas necessary to determine the suitability of applicants, and also serves as a basis for determining your security clearance.
- 4) If anyone required to be listed in these forms is deceased, please indicate by placing the word "deceased", followed by the person's date of death.
- 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) The application form must be signed, dated and delivered or mailed to the New Westminster Police Department.
- 7) Ensure you fully read and complete the Consent to Release of Personal and/or Private Information Waiver and Release form.
- 8) 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].
- 9) When answering questions with a yes/no box, please place an "X" in the box you wish to select.
- 10) Unless otherwise instructed, list items in chronological order, beginning with the most recent.
Leave no gaps in dates, between educational institutions, places of employment, etc.
- 11) 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 simply 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.
- 12) 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 the termination of your application, or dismissal.
- 13) 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.
- 14) 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.
- 15) Ensure that you have submitted all documents in order as listed on the Application Checklist.
- 16) Deliver or mail your application in a sealed envelope to the office of the New Westminster Police Department:

New Westminster Police Department
Attention: Human Resources
555 Columbia Street
New Westminster, BC
V3L 1B2



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Applicant Minimum Requirements Regular Member

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
HEIGHT & WEIGHTS	Proportionate
DRIVER'S LICENSE	Valid Class 5 Driver's License
PHOTO	Two current passport style photographs in color
HIGH SCHOOL EDUCATION	High School graduation certificate or GED
POST SECONDARY EDUCATION	Post Secondary education with a minimum of 30-credits in academic, university transferable courses Other course work of an equivalent level and duration may be considered Education completed outside of Canada must be evaluated by the International Credential Evaluation Service (ICES)
FIRST AID CERTIFICATE	Must possess and maintain a current basic first aid certificate Acceptable First Aid Certificates include: Emergency, Survival, Standard, Level 1, or First Responder 1 or 2 A CPR Certificate alone does not suffice
TYPING	Ability to type a minimum of 25 words per minute
VISION	Minimum unaided vision 6/12(20/40) in one eye, 6/30(20/100) in the other Correctable to 6/6(20/20) and 6/9(20/30) Depth perception and colour vision must be normal Excimer Corneal Laser Surgery is acceptable - must have been performed at least three months prior to application Radial Keratotomy is not acceptable
HEARING	Hearing loss in one ear not greater than 50dB and the other ear not greater than 30dB in the 500 - 3000 CPS range
PHYSICAL ABILITIES	Must be able to complete a rigorous physical fitness test and a comprehensive medical examination
BACKGROUND	Ability to successfully complete a thorough background investigation
LOCATION	At time of enlistment, you must live within a 60-kilometer radius of New Westminster city limits



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Applicant Preferred Qualifications Regular Member

APPLICANTS POSSESSING ANY OF THE **PREFERRED QUALIFICATIONS** NOTED BELOW, IN ADDITION TO ALL OF THE REQUIRED MINIMUM QUALIFICATIONS, WILL BE GIVEN PREFERENCE IN THE SELECTION PROCESS.

WORK HISTORY	We are looking for employees who are the top performers in their present work role, whose work history is stable, dependable and discipline free. Experience interacting with the public in both positive and negative situations is an advantage.
VOLUNTEER EXPERIENCE	Demonstrated commitment to the community through preferred volunteer experience. Police Reserves/Auxiliary, Victim Assistance, Crime Watch, Blockwatch, and Community Police Office Volunteer, or any service club participation would be an asset.
EDUCATION	Post-secondary education beyond the minimum, particularly, completion of a university degree is a definite asset. Preferred areas of study include Criminology, Psychology, Sociology, Business, Recreation and Service/Hospitality.
SECOND LANGUAGE	Individuals from a wide variety of cultural backgrounds who live, work and play in New Westminster. Fluency in a language other than English is a definite asset.
FIRST AID	Industrial First Aid or Level 3 First Aid. These intensive first aid training programs expose the candidate to a greater variety of first aid scenarios.
COMMUNICATION SKILLS	Excellent verbal and written communication skills.
SENSITIVITY	Ability to demonstrate sensitivity to people of diverse cultures, lifestyles and ethnicity.
INTERPERSONAL SKILLS	Our department places great emphasis on the Constable's ability to positively interact with all members of our community. In previous work, volunteer and social settings, candidates must have consistently demonstrated the traits of tact, diplomacy, and common sense.



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Regular Member Application Checklist

APPLICANT'S NAME: _____

DATE OF APPLICATION: YY-MMM-DD _____

THE MAJORITY OF NWPD COMMUNICATION WILL BE DONE VIA EMAIL, PLEASE CONFIRM YOUR EMAIL ADDRESS:

Please place a check mark in the following boxes to indicate that you have submitted each document with your application. The following documentation is required to be completed in full and placed in a sealed envelope **in this order**:

NWPD RECRUITING

Please do not write in this space.

- | | |
|--------------------------------------------------------------------------------------------------------------|--------------------------|
| <input type="checkbox"/> Regular Member Application Checklist [this form] | <input type="checkbox"/> |
| <input type="checkbox"/> Two Passport Style Photographs in Color [attach to this checklist with a paperclip] | <input type="checkbox"/> |
| <input type="checkbox"/> Application for Regular Member Form | <input type="checkbox"/> |
| <input type="checkbox"/> Consent to Release of Personal and/or Private Information, Waiver and Release | <input type="checkbox"/> |
| <input type="checkbox"/> Vision Report for Police Service Form | <input type="checkbox"/> |
| <input type="checkbox"/> Audiometric Report for Police Service Form | <input type="checkbox"/> |
| <input type="checkbox"/> Query Information Form | <input type="checkbox"/> |
| <input type="checkbox"/> Driver's License - copy | <input type="checkbox"/> |
| <input type="checkbox"/> Birth Certificate - copy | <input type="checkbox"/> |
| <input type="checkbox"/> S.I.N. Card - copy | <input type="checkbox"/> |
| <input type="checkbox"/> Proof of Citizenship or Permanent Residency - if applicable - copy | <input type="checkbox"/> |
| <input type="checkbox"/> First Aid Certificate - copy | <input type="checkbox"/> |
| <input type="checkbox"/> High School Education Transcript – certified copy | <input type="checkbox"/> |
| <input type="checkbox"/> Post Secondary Transcripts – certified copy | <input type="checkbox"/> |

- Include copies of any other supporting documentation you feel necessary to submit with your application.
- Please **do not** staple or put the application form in any binder, cover or page protector.
- You may use paperclips or binder clips if you wish.
- Application is to be submitted in a sealed envelope.
- Please note that it is your responsibility to check and complete all documents prior to submission.
- **Incomplete or illegible applications will not be reviewed.**



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

FULL NAME: _____

FORMERLY KNOWN AS: _____

DATE OF BIRTH: YY-MMM-DD _____

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 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 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: _____



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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: _____

DATE: _____ DR. SIGNATURE: _____

DR. STAMP:

NOTE: Physician – Please return this form to the applicant.

NOTE: Applicant – Please submit this completed form with your application.



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Vision Report for Police Service Form

TO BE COMPLETED BY THE APPLICANT:

APPLICANT'S FULL NAME: _____

APPLICANT'S ADDRESS: _____

DATE OF BIRTH: YY-MMM-DD _____ HAVE YOU EVER HAD EYE SURGERY? YES NO

IF YES, PLEASE INDICATE THE TYPE OF PROCEDURE AND THE DATE IT WAS PERFORMED: _____

TO BE COMPLETED BY THE ATTENDING OPHTHALMOLOGIST / OPTOMETRIST:

DATE OF EXAMINATION: YY-MMM-DD _____

		WITHOUT VISUAL AID	WITH BEST POSSIBLE CORRECTION
1. VISUAL ACUITY	RIGHT EYE	20 /	20 /
	LEFT EYE	20 /	20 /
	BOTH EYES	20 /	20 /

		TEMPORAL		NASAL	
2. HORIZONTAL FIELD OF VISION	RIGHT EYE	Degrees: _____ <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	Degrees: _____ <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	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	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: _____

3. 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 OPHTHAMOLOGIST / OPTOMETRIST:

NAME: _____ TELEPHONE: _____

ADDRESS: _____

SIGNATURE & STAMP OF OPHTHAMOLOGIST/OPTOMETRIST

DATE [YY-MMM-DD]



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Audiometric Report for Police Service Form

TO BE COMPLETED BY THE APPLICANT:

APPLICANT'S FULL NAME: _____

APPLICANT'S ADDRESS: _____

DATE OF BIRTH: YY-MMM-DD _____

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: _____

SIGNATURE & STAMP OF AUDIOLOGIST/AUDIOMETRIC TECHNICIAN

DATE [YY-MMM-DD]



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Query Information Form Regular Member

TO BE COMPLETED BY THE APPLICANT:

TITLE: Mr. Mrs. Ms. Miss

SURNAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

OTHER NAME(S) APPLICANT
MAY BE KNOWN BY:
[FORMAL NAMES AND NICKNAMES]

DATE OF BIRTH: YY-MMM-DD _____

DRIVER'S LICENSE #: _____

RESIDENTIAL ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

APPLICANT SIGNATURE: _____

DATE: _____

FOR ADMINISTRATIVE USE ONLY RESULTS

CPIC	PRIME	LEIP	DRIVING

NOTES OF INTEREST

QUERIES RUN BY: _____

RESULTS REVIEWED BY: _____

DATE QUERIES RUN: _____

DATE REVIEWED: _____



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Application for Regular Member

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 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
REVIEWED BY:

-CONFIDENTIAL-
DATE:

DECISION:

Page 1 of 30



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: _____

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.



NWPD Application for Regular Member

EDUCATION

4. 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

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

6. 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? _____



NWPD Application for Regular Member

EMPLOYMENT

7. 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? _____

NWPD NOTES:

-CONFIDENTIAL-



NWPD Application for Regular Member

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

8. 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

9. 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: _____



VOLUNTEER

10. 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

11. PLEASE NOTE ANY EMPLOYEERS YOU DO NOT WANT US TO CONTACT AT THIS TIME.

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



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.

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 Application for Regular Member

FAMILY & ASSOCIATIONS

CHILD				<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		

CHILD				<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		

CHILD				<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		

CHILD				<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 NOTES:

-CONFIDENTIAL-

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NWPD Application for Regular Member

FAMILY & ASSOCIATIONS

SIBLING				<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		

SIBLING				<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		

SIBLING				<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		

SIBLING				<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 NOTES:

-CONFIDENTIAL-



NWPD Application for Regular Member

FAMILY & ASSOCIATIONS

STEP OR HALF PARENT				<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	

STEP OR HALF PARENT				<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	

MOTHER-IN-LAW				<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	

FATHER-IN-LAW				<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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NWPD Application for Regular Member

FAMILY & ASSOCIATIONS

FORMER SPOUSE OR PARTNER 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

FORMER SPOUSE OR PARTNER 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

ROOMMATE OR ANYONE ELSE LIVING WITH YOU 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

ROOMMATE OR ANYONE ELSE LIVING WITH YOU 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 NOTES:

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NWPD Application for Regular Member

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.

OTHER – PLEASE SPECIFY RELATIONSHIP:				<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		

OTHER – PLEASE SPECIFY RELATIONSHIP:				<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		

OTHER – PLEASE SPECIFY RELATIONSHIP:				<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		



FAMILY & ASSOCIATIONS

14. 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, ETC.).

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

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

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

17. AT WHAT AGE DID YOU LEAVE HOME? _____ Still living at home

18. DESCRIBE THE ACTIVITIES YOU SHARE WITH YOUR FAMILY?

19. 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



HEALTH

21. HAVE YOU EXPERIENCED ANY TYPE OF ILLNESS, INJURY OR ACCIDENT WHICH MAY AFFECT YOUR ABILITY TO PERFORM THE DUTIES OF A POLICE CONSTABLE? IF YES, PLEASE EXPLAIN. Yes No

22. 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.

23. HAVE YOU EVER HAD A BROKEN BONE? Yes No
IF YES, STATE YOUR AGE WHEN THIS HAPPENED AND WHAT KIND OF INJURY.

24. ARE YOU CURRENTLY BEING TREATED FOR ANY MEDICAL CONDITIONS? Yes No
IF YES, PLEASE PROVIDE DETAILS.



HEALTH

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

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

HEIGHT IN CM: _____ WEIGHT IN KG: _____
EYE COLOUR: _____ HAIR COLOUR: _____

27. WHAT DO YOU DO TO MAINTAIN YOUR PHYSICAL FITNESS?

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



FINANCIAL

31. PLEASE LIST ALL OF YOUR CREDIT CARDS.

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

32. DO YOU OWN YOUR OWN HOME? Yes No

33. WHAT IS YOUR MONTHLY MORTGAGE PAYMENT OR RENTAL PAYMENT? _____

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

MAKE: _____ MODEL: _____ YEAR: _____

MAKE: _____ MODEL: _____ YEAR: _____

35. TO WHAT EXTENT ARE YOU PERSONALLY INSURED (LIFE INSURANCE)? _____

36. WHAT IS YOUR CURRENT NET INCOME PER MONTH? _____

37. WHAT IS YOUR CURRENT NET FAMILY/HOUSEHOLD INCOME PER MONTH? _____



FINANCIAL

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

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

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

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



FINANCIAL

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

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

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

45. 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



LIFESTYLE & INTEGRITY

46. DO YOU BELONG TO ANY CLUBS OR ORGANIZATIONS (OTHER THAN RELIGIOUS OR POLITICAL)? Yes No
IF YES, PLEASE PROVIDE DETAILS.

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

48. DO YOU DRINK ALCOHOL? Yes No
IF YES, PLEASE PROVIDE DETAILS [MONTHLY FREQUENCY, WHEN AND WHERE].



LIFESTYLE & INTEGRITY

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

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

51. WHAT ARE YOUR PLANS FOR THE FUTURE?

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



LIFESTYLE & INTEGRITY

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

- 1. _____
- 2. _____
- 3. _____

54. WHAT ASSOCIATIONS HAVE YOU HAD WITH POLICE OFFICERS OR POLICE WORK?

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

56. 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.

57. HAVE YOU EVER BEEN ON A RIDE-ALONG WITH THE NWPD? Yes No
IF YES, PLEASE PROVIDE DATE AND DETAILS.



POLICE AGENCY APPLICATIONS

58. 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



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.

SIGNATURE OF APPLICANT

DATE OF APPLICATION (YY-MMM-DD)

NAME OF APPLICANT



NEW WESTMINSTER POLICE DEPARTMENT

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

Lifestyle & Integrity Questionnaire Regular Member

PERSONAL INFORMATION

SURNAME: _____ GIVEN NAME(S): _____

DATE OF BIRTH: YY-MMM-DD _____ DATE: YY-MMM-DD _____

Honesty, integrity and lifestyle are areas that are scrutinized closely when considering Police Officer applications. Information supplied in this document will be considered in the context of the competition for employment as a Police Officer and if applicable, any future employment or volunteer positions with the New Westminster Police Department.

This questionnaire pertains to your lifestyle and your integrity. It is expected that you will answer all of these questions accurately, completely and honestly. Should you continue in the recruitment process, your answers will be verified by a variety of means including a detailed background investigation and a polygraph examination. Please be advised that deceit, dishonesty or non-disclosure concerning questions in this document, or during any other stage of the recruitment process, will result in disqualifying you from this and any future competitions, or will result in dismissal if employed.

Please follow the instructions below carefully. Incomplete or illegible questionnaires will not be reviewed.

- 1) All questions must be answered. Incomplete questionnaires will not be processed. If a question is not applicable use "N/A" in the appropriate space. If an entire section is not applicable, one "N/A" in the first available space is sufficient.
- 2) 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.
- 3) Date format should follow YY-MMM [10-JUN].
- 4) When answering questions with a yes/no box, please place an "X" in the box you wish to select. We are aware that some questions are duplicates of questions asked of you in the Application Form.
- 5) Unless otherwise instructed, list items in chronological order beginning with the most recent. Leave no gaps in dates.
- 6) 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 received the questionnaire electronically; just re-print the specific page and continue answering your question.
 - b. If you have received the questionnaire in hard copy, insert a blank page and continue answering your question.Please 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.
- 7) Please do not staple or put this questionnaire in any binder, cover or page protector. You may use paperclips or a binder clip if you wish.
- 8) The questionnaire must be signed, dated and delivered or mailed to the New Westminster Police Department in a sealed envelope:

New Westminster Police Department
Attention: Human Resources
555 Columbia Street
New Westminster, BC V3L 1B2

NWPD NOTES
REVIEWED BY:

-CONFIDENTIAL-

DATE:

DECISION:

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NWPD Lifestyle & Integrity Questionnaire for Regular Member

DRIVING INFORMATION

DRIVER'S LICENSE NUMBER: _____ CLASS: _____ PROVINCE OF ISSUE: _____

EXPIRY DATE: YY-MMM-DD _____ RESTRICTIONS: _____

DRIVER'S LICENSE NUMBER: _____ CLASS: _____ PROVINCE OF ISSUE: _____

EXPIRY DATE: YY-MMM-DD _____ RESTRICTIONS: _____

DRIVER'S LICENSE NUMBER: _____ CLASS: _____ PROVINCE OF ISSUE: _____

EXPIRY DATE: YY-MMM-DD _____ RESTRICTIONS: _____

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

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

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



NWPD Lifestyle & Integrity Questionnaire for Regular Member

DRIVING INFORMATION

4. 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]

5. HAVE YOU EVER BEEN REFUSED AUTOMOBILE INSURANCE OR HAVE HAD IT CANCELLED OR SUSPENDED? Yes No

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

6. HAVE YOU EVER RECEIVED ANY INSURANCE SETTLEMENTS RESULTING FROM A MOTOR VEHICLE ACCIDENT? Yes No

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



NWPD Lifestyle & Integrity Questionnaire for Regular Member

DRIVING INFORMATION

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

8. 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].

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



NWPD Lifestyle & Integrity Questionnaire for Regular Member

EDUCATION

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

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

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



NYPD Lifestyle & Integrity Questionnaire for Regular Member

EMPLOYMENT

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

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

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

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



NWPD Lifestyle & Integrity Questionnaire for Regular Member

EMPLOYMENT

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

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

19. 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



NWPD Lifestyle & Integrity Questionnaire for Regular Member

EMPLOYMENT

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

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

22. 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



NWPD Lifestyle & Integrity Questionnaire for Regular Member

EMPLOYMENT

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

24. 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

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



NYPD Lifestyle & Integrity Questionnaire for Regular Member

HEALTH

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

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



NWPD Lifestyle & Integrity Questionnaire for Regular Member

HEALTH

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

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

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

30. HAVE YOU EVER SMOKED OR CONSUMED TOBACCO PRODUCTS?
IF YES, PLEASE PROVIDE DETAILS. Yes No



NWPD Lifestyle & Integrity Questionnaire for Regular Member

HEALTH

31. 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].

32. HAVE YOU EVER CONTEMPLATED SUICIDE? Yes No

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

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

FAMILY DOCTOR:

ADDRESS:

CITY:

POSTAL CODE:

TELEPHONE NUMBER:

KNOWN SINCE:



NWPD Lifestyle & Integrity Questionnaire for Regular Member

DRUGS & ALCOHOL

34. 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 _____

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



NWPD Lifestyle & Integrity Questionnaire for Regular Member

DRUGS & ALCOHOL

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

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

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

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



NWPD Lifestyle & Integrity Questionnaire for Regular Member

DRUGS & ALCOHOL

40. 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

41. 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

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

43. 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



NWPD Lifestyle & Integrity Questionnaire for Regular Member

DRUGS & ALCOHOL

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

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

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

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



NWPD Lifestyle & Integrity Questionnaire for Regular Member

DRUGS & ALCOHOL

48. 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?

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

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



NWPD Lifestyle & Integrity Questionnaire for Regular Member

DRUGS & ALCOHOL

51. DO YOU DRINK ALCOHOL?

Yes

No

IF YES, HOW MUCH AND HOW OFTEN [DAILY, WEEKLY, MONTHLY] DO YOU DRINK?

52. WHEN AND WHY ARE YOU MOST LIKELY TO CONSUME ALCOHOL?

PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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

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



NYPD Lifestyle & Integrity Questionnaire for Regular Member

DRUGS & ALCOHOL

55. 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

56. 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

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

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



NWPD Lifestyle & Integrity Questionnaire for Regular Member

DRUGS & ALCOHOL

59. 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

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

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

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



NWPD Lifestyle & Integrity Questionnaire for Regular Member

DRUGS & ALCOHOL

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

64. 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?

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

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



NWPD Lifestyle & Integrity Questionnaire for Regular Member

FIREARMS

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

68. HAVE YOU PREVIOUSLY OWNED ANY FIREARMS? IF YES, PLEASE PROVIDE DETAILS: Yes No

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

70. HAVE YOU EVER APPLIED FOR A PERMIT TO POSSESS OR CARRY A FIREARM?
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES]. Yes No

71. HAVE YOU EVER HAD POSSESSION OF AN ILLEGAL OR UNREGISTERED FIREARM?
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES]. Yes No



NWPD Lifestyle & Integrity Questionnaire for Regular Member

LIFESTYLE & INTEGRITY

72. 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].

73. 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].

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

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



NYPD Lifestyle & Integrity Questionnaire for Regular Member

LIFESTYLE & INTEGRITY

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

77. 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].

78. 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].

79. 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].



NWPD Lifestyle & Integrity Questionnaire for Regular Member

LIFESTYLE & INTEGRITY

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

81. 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

82. 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



NYPD Lifestyle & Integrity Questionnaire for Regular Member

LIFESTYLE & INTEGRITY

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

84. 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

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

86. 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

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



NWPD Lifestyle & Integrity Questionnaire for Regular Member

LIFESTYLE & INTEGRITY

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

89. 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].

90. 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].



NWPD Lifestyle & Integrity Questionnaire for Regular Member

LIFESTYLE & INTEGRITY

91. 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

92. 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

93. DO YOU BELONG TO ANY CLUBS OR ORGANIZATIONS (OTHER THAN RELIGIOUS OR POLITICAL)? IF YES, PLEASE PROVIDE DETAILS. Yes No

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

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



NWPD Lifestyle & Integrity Questionnaire for Regular Member

LIFESTYLE & INTEGRITY

96. 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

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

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

99. 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



NWPD Lifestyle & Integrity Questionnaire for Regular Member

LIFESTYLE & INTEGRITY

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

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

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

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



NWPD Lifestyle & Integrity Questionnaire for Regular Member

LIFESTYLE & INTEGRITY

104. HAVE YOU EVER BEEN SUBJECT TO ANY OF THE FOLLOWING BY THE POLICE?
THIS INCLUDES ANY POLICE INVESTIGATION THAT YOU MAY BE ASSOCIATED WITH INCLUDING IN A FOREIGN COUNTRY.

- | | | | | | |
|------------|------------------------------|-----------------------------|-------------|------------------------------|-----------------------------|
| 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].

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

106. 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

107. 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? Yes No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].



NWPD Lifestyle & Integrity Questionnaire for Regular Member

LIFESTYLE & INTEGRITY

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

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

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

111. 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



NWPD Lifestyle & Integrity Questionnaire for Regular Member

LIFESTYLE & INTEGRITY

112. ARE YOU AWARE OF ANY REASONS THAT MAY DISQUALIFY YOU AS A POTENTIAL POLICE CONSTABLE? Yes No
IF YES, PLEASE PROVIDE DETAILS.

113. DESCRIBE THE WORST EXPERIENCE OF YOUR LIFE?

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

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



NWPD Lifestyle & Integrity Questionnaire for Regular Member

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.

SIGNATURE OF APPLICANT

DATE OF APPLICATION (YY-MMM-DD)

NAME OF APPLICANT



NWPD Lifestyle & Integrity Questionnaire for Regular Member

EXEMPT AND OR LATERAL CANDIDATE QUESTIONS

IF YOU ARE AN EXEMPT/LATERAL CANDIDATE, PLEASE COMPLETE THE FOLLOWING 10 QUESTIONS.

IF YOU ARE NOT AN EXEMPT/LATERAL CANDIDATE, YOU DO NOT HAVE TO COMPLETE NOR SUBMIT PAGES 36 - 38.

1. WHEN AND WHERE DID YOU RECEIVE YOUR POLICE OFFICER RECRUIT TRAINING?

2. IN TOTAL, HOW MANY YEARS OF SERVICE DO YOU HAVE?

3. WHAT IS YOUR CURRENT RANK?



NWPD Lifestyle & Integrity Questionnaire for Regular Member

EXEMPT AND OR LATERAL CANDIDATE QUESTIONS

4. WHY DO YOU WANT TO LEAVE YOUR CURRENT AGENCY?

5. ARE YOU CURRENTLY THE SUBJECT OF AN INTERNAL OR EXTERNAL INVESTIGATION?
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES]. Yes No

6. HAVE YOU BEEN FORMALLY INVESTIGATED FOR ANY SITUATIONS ARISING OUT OF YOUR SERVICE AS A
POLICE OFFICER? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES]. Yes No

7. HAVE YOU BEEN DISCIPLINED WHILE EMPLOYED AS A POLICE OFFICER?
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES]. Yes No



NWPD Lifestyle & Integrity Questionnaire for Regular Member

EXEMPT AND OR LATERAL CANDIDATE QUESTIONS

8. HAVE YOU BEEN ABSENT FROM DUTY FOR ANY EXTENDED PERIODS OF TIME? Yes No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

9. HOW MANY DAYS OF SICK LEAVE HAVE YOU TAKEN IN EACH OF THE LAST THREE YEARS?

10. HAVE YOU COMMITTED ANY CRIMINAL ACTS WHILE EMPLOYED AS A POLICE OFFICER THAT, IF DETECTED, COULD HAVE RESULTED IN PROSECUTION? Yes No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

SHOULD YOU HAVE ANY QUESTIONS, CONCERNS OR ANYTHING TO ADD TO THIS DOCUMENT, YOU ARE ADVISED TO CONTACT NWPD HUMAN RESOURCES.

ALL ISSUES MUST BE DISCLOSED IN ADVANCE OF THE POLYGRAPH EXAMINATION OR DISQUALIFICATION WILL BE CONSIDERED.

SIGNATURE OF APPLICANT

DATE OF APPLICATION (YY-MMM-DD)

NAME OF APPLICANT