



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 Reserve Constable Applicant,

Thank you for your interest in the New Westminster 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 Reserve Constable applicant, is that our mission embraces and includes our Volunteers and Reserves. We are looking for good, committed people to assist us in our efforts to improve the quality of life in our community. New Westminster Police Department offers many learning opportunities and experiences, so we invite you to be part of our team of dedicated professionals.

Please find attached the instructions and application package to join our organization, so please read and follow them carefully. If you have read all the recruitment package information and instructions but still have questions, please contact me by phone. Thank you for your interest and good luck.

Sincerely,

Shelley Cole
Coordinator Crime Prevention & Reserve Program
New Westminster Police Department
604-529-2528



NEW WESTMINSTER POLICE DEPARTMENT

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

Application Instructions for Reserve Constable

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. The forms in this package are not intended for any other police agency. Complete and return all forms with your application.
- 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) Ensure you also complete the Consent to Release of Personal and/or Private Information Waiver and Release form.
- 7) 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].
- 8) When answering questions with a yes/no box, please place an "X" in the box you wish to select.
- 9) 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.
- 10) 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 Station, 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.
- 11) 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.
- 12) 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.
- 13) 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.
- 14) Ensure that you have submitted all documents in order as listed on the Application Checklist.
- 15) 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
Attention: Crime Prevention Unit – Shelley Cole
555 Columbia Street
New Westminster,
BC V3L 1B2



NEW WESTMINSTER POLICE DEPARTMENT

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

Applicant Minimum Requirements Reserve Constable

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	✓
MAXIMUM AGE	Maximum age of 60 years at the completion of training. (Participation in the Reserve Program after age 60 is subject to review by the Chief Constable, or delegate. At that time, the Reserve's activities may be subject to specific restrictions or the Reserve may be released from the Program. Reserves may not participate in a ride-a-long program after reaching 60 years of age.)	✓
DRIVER'S LICENSE	Valid Class 5 Driver's License along with a driving record indicative of responsible driving habits.	✓
HIGH SCHOOL EDUCATION	High School graduation certificate or GED	✓
TRAINING	Ability to achieve the designated passing grade on all training	✓
BACKGROUND	Ability to successfully complete a thorough background investigation	✓
SENSITIVITY	Ability to demonstrate sensitivity to people of diverse cultures, lifestyles and ethnicity	✓
VOLUNTEER EXPERIENCE	Demonstrated commitment to the community through preferred volunteer experience	✓
COMMUNICATION SKILLS	Excellent verbal and written communication skills	✓
INTEGRITY	Our department places great emphasis on the ability to positively interact with all members of our community. In previous work, volunteer and social settings, candidates must have consistently demonstrated maturity, responsibility, good character, diplomacy and common sense. Have no criminal record and must have no pending criminal charges before the court.	✓



NEW WESTMINSTER POLICE DEPARTMENT

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

Applicant Minimum Requirements Continued Reserve Constable

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

COMPUTER SKILLS	Preferred Skill: Strong computer skills and keyboarding ability	✓
FIRST AID CERTIFICATE	Must possess and maintain a current basic first aid certificate with CPR	✓
PHYSICAL ABILITIES VISION & HEARING	Must be physically fit to perform Reserve duties and demonstrate a fit and healthy lifestyle. Must undergo a medical exam and provide certification of physical fitness, including good vision and hearing. Visual acuity must be no poorer than 20/40, 20/100 uncorrected and 20/20, 20/30 corrected. (The cost of obtaining the required examinations and certification is the responsibility of the applicant)	✓
LENGTH OF SERVICE	Must be willing to commit to the minimum length of service indicated	2 years
TRAINING	Must be willing to commit to the minimum training required: Approximately 120 hours over 12 – 14 weeks	120 hours
MINIMUM PROGRAM COMMITMENT HOURS	Once training is complete you are expected to commit to a minimum number of volunteer hours per month (144 per year)	12 hours



NEW WESTMINSTER POLICE DEPARTMENT

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

Acknowledgement Form Reserve Constable

Acknowledgement Form

I acknowledge and fully understand the following:

1. The New Westminster Police Department Reserve Constable Program (Reserve Program) is a volunteer program. Reserve Constables are appointed by the New Westminster Police Board on the recommendation of the Chief Constable. Appointments may be rescinded at any time at the discretion of the Chief Constable and that decision is final. Active participation, meeting training standards and personal suitability for the program will be considered in evaluating new and renewal appointments.
2. Reserve Constable ("Reserve") appointments are restricted peace officer appointments and authority is limited to the authority required to perform specific authorized duties, except when called upon by a police officer who, in calling upon a Reserve for assistance, assumes direct supervision of the Reserve.
3. Volunteers are under the operational command of the Chief Constable and their primary purpose is to participate in community policing activities relating to public safety and crime prevention on an unarmed basis.
4. The Chief Constable has the operational authority to determine whether Reserves may carry firearms in restricted circumstances (Tier 2). Reserves may not volunteer solely for armed duties.
5. All volunteers must familiarize themselves with the governing policy (both internal and external). Reserves are subject to the British Columbia Police Act and the Auxiliary/Reserve (A/R) Code of Conduct as well as specific policies developed by the New Westminster Police Department. Failure to comply with policies and the Code of Conduct may result in dismissal.
6. Volunteers to the Reserve Program are protected from the risk of personal civil liability, except where the conduct is found to be grossly negligent, malicious or an act of willful misconduct. Volunteers to the Reserve Program assume the risk of potential criminal liability for their actions.
7. During the performance of authorized duties, a Reserve must carry a New Westminster Police Department issued identification card and must produce that card upon request. When not performing authorized duties, a Reserve must not identify him/herself as a Reserve Constable, or as having any powers greater than a citizen, other than when called upon to provide assistance to a police officer.
8. All uniforms, equipment and forms of identification issued to a Reserve remain the property of the New Westminster Police Department and must be returned upon request.

I have read and understand the above statements and wish to participate in the New Westminster Police Department Reserve Constable.

APPLICANT'S SIGNATURE: _____ DATE: _____

APPLICANT'S PRINT NAME: _____



NEW WESTMINSTER POLICE DEPARTMENT

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

Application Checklist Reserve Constable Application

Applicant Name:

Date Application Submitted:

Applicant Signature:

I am applying for the **Reserve Constable Program** and confirm that all of the following documentation has been submitted with my application and placed in a sealed envelope **in the following order**:

- Application Checklist – Reserve Constable Program [this form]
 - Two Passport Style Photographs in Color [attach to this checklist with a paperclip]
 - Acknowledgement Form – Reserve Constable
 - Application Form
 - Consent to Release of Personal and/or Private Information, Waiver and Release
 - Vision Report for Police Service Form
 - Audiometric Report for Police Service Form
 - Query Information Form
 - RCMP Consent for Check for a Sexual Offence
 - Copy of Birth Certificate
 - Copy of Proof of Citizenship or Permanent Residency if applicable
 - Copy of S.I.N. Card
 - Copy of Driver's License
 - Official Driver's Abstract
 - Certified copy of High School Education Transcripts
 - Certified copy of Post Secondary Transcripts
 - Copy of First Aid Certificate
-
- All police record checks will be performed by NWPDP (not another agency). Compete, sign and return forms.
 - Provide 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.



NEW WESTMINSTER POLICE DEPARTMENT

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

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 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: _____



NEW WESTMINSTER POLICE DEPARTMENT

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

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 Reserve 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 ones' physical ability. 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 your assessment of this person with respect to factors which may place him/her at risk during this test or during future Reserve 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.

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

- | YES | NO | |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? |
| <input type="radio"/> | <input type="radio"/> | 2. Do you feel pain in your chest when you do physical activity? |
| <input type="radio"/> | <input type="radio"/> | 3. In the past month, have you had chest pain when you were not doing physical activity? |
| <input type="radio"/> | <input type="radio"/> | 4. Do you lose your balance because of dizziness or do you ever lose consciousness? |
| <input type="radio"/> | <input type="radio"/> | 5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity? |
| <input type="radio"/> | <input type="radio"/> | 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? |
| <input type="radio"/> | <input type="radio"/> | 7. Do you know of any other reason why you should not do physical activity? |

If you
answered

YES to one or more questions

Talk with your doctor by phone or in person before you start becoming much more physically active or if you have a health appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice. Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.

Take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Important Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who decide to take physical activity, and if in doubt, consult with your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this form may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME _____

SIGNATURE _____

SIGNATURE OF PARENT
or GUARDIAN (for participation in the name of the minor)

DATE _____

WITNESS _____

Note: This physical activity clearance is valid for a minimum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.



NEW WESTMINSTER POLICE DEPARTMENT

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

Police Officers' Physical Abilities Test Liability Release and Indemnity

APPLICANT'S FULL NAME: _____

DATE OF BIRTH: YY-MMM-DD _____

The undersigned wishes to participate in a physical test designed to produce maximal heart rate (hereafter referred to as the "Test") and recognizes this generally as a safe but challenging experience, and also recognizes that any such physical activity involves some risk. The Test will be conducted by the New Westminster Police Department (hereafter referred to as "NWPD").

DISCLAIMER:

NWPD will not be held responsible in any way for any injury, loss or damage (including death) suffered by any person participating in any part of the Test, as conducted by NWPD for any reason whatsoever including negligence on the part of NWPD, its employees, volunteers, agents, servants or representatives.

AGREEMENT:

In consideration of NWPD allowing me to participate in the Test and any associated activity, I agree to RELEASE and SAVE HARMLESS AND INDEMNIFY NWPD, its employees, volunteers, agents, servants or representatives from and against all claims, demands, actions, costs and expenses, and from all claims or demands whatever in law or in equity, in respect to death, injury, loss or damage to my person or property whatsoever and howsoever caused, arising out of, or in connection with, my taking part in the Test and/or any associated activity, notwithstanding that the same may have been contributed to or occasioned by any act or failure to act including without limitation, the negligence of NWPD, its employees, volunteers, agents, servants or representatives. I am aware of the risks inherent in participating in the Test and/or any associated activity. I further understand that the risks involved are also relative to my own state of fitness, health, awareness, and the skill and care with which I conduct myself during the Test. I voluntarily assume those risks and waive notice of call conditions, dangers or otherwise, in or about the Test. I agree to assume all risks involved before, during and after the Test. I agree that this Release shall bind my heirs, executors, and administrators and assigns.

I, _____, acknowledge having read this entire Liability Release

and Indemnity and I understand and agree to be bound by the conditions herein.

Applicant Signature

Witness Signature

Date

Witness Name (Print)

Date



NEW WESTMINSTER POLICE DEPARTMENT

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

Vision Report for Police Service

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]



NEW WESTMINSTER POLICE DEPARTMENT

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

Audiometric Report for Police Service

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 VOLUNTEER 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]



NEW WESTMINSTER POLICE DEPARTMENT

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

Query Information Form Reserve Constable Application

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'S 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: _____

CRIMINAL RECORDS - CONSENT FOR 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.

Identification of the Applicant			
Surname		Given Name(s)	
Sex <input type="radio"/> Male <input type="radio"/> Female	Date of Birth (yyyy-mm-dd)	Place of Birth (city and province)	
Home Address		City	Province Postal Code
Previous addresses, if any, within the last 5 years			

Reason for the 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 persons.	
Description of the paid or volunteer position	Name of the person or organization
Details regarding the children or vulnerable person(s)	

Consent

I, _____ consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of, and been granted or issued a pardon for, any of the sexual offences that are listed in the schedule to the *Criminal Records Act*.

Fingerprint: For card scan submissions only.

I understand that, as a result of giving this consent, a search discloses that there is a record of my conviction 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 shall be provided by the Commissioner of the Royal Canadian Mounted Police to the Minister of Public Safety, 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 that 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.

Contributing Agency	
Signature of Applicant	Date (yyyy-mm-dd)

Finger: _____



NEW WESTMINSTER POLICE DEPARTMENT

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

Application Package Reserve Constable

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

-CONFIDENTIAL-

Page 1 of 45

REVIEWED BY:

DECISION:

DATE:



NWPD Application for Reserve Constable

FIRST AID

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

Type of First Aid Certificate: _____ Expiry Date: _____

Type of First Aid Certificate: _____ Expiry Date: _____

LANGUAGE SKILLS

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

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

Write: Basic Adequate Day to Day Fluent

Read: Basic Adequate Day to Day Fluent

OFFENCE RECORD

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

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

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

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



DRIVING INFORMATION

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

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].

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

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].



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].

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].

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



HEALTH

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

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

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

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



HEALTH

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

15. HAVE YOU HAD EYE SURGERY? Yes No
IF YES, WAS THE TYPE OF SURGERY RADIAL KERATOTOMY? Yes No
PLEASE PROVIDE DATE OF EYE SURGERY, TYPE OF SURGERY AND THE PROBLEM CORRECTED.

16. HAVE YOU EVER HAD A BROKEN BONE? Yes No
IF YES, BRIEFLY STATE WHEN AND WHAT KIND OF INJURY.

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



HEALTH

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

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

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

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



HEALTH

22. HAVE YOU EVER DELIBERATELY CONCEALED ANY MEDICAL PROBLEMS YOU HAVE, HAVE HAD OR MAY HAVE HAD? Yes No

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

23. HAVE YOU EVER SMOKED OR CONSUMED TOBACCO PRODUCTS? Yes No

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

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

25. ARE YOU AWARE OF ANY REASON THAT YOU WOULD NOT BE ABLE TO PERFORM THE PHYSICAL AND MENTAL DUTIES OF A RESERVE CONSTABLE OR CPU VOLUNTEER? Yes No

IF YES, PLEASE PROVIDE DETAILS.



HEALTH

26. HAVE YOU EVER CONTEMPLATED SUICIDE? Yes No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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

FAMILY DOCTOR:

ADDRESS:

CITY:

POSTAL CODE:

TELEPHONE NUMBER:

KNOWN SINCE:



NWPD Application for Reserve Constable

FAMILY & ASSOCIATIONS

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

SPOUSE/PARTNER

N/A

GIRLFRIEND/BOYFRIEND

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

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 Reserve Constable

FAMILY & ASSOCIATIONS

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		



NWPD Application for Reserve Constable

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 Application for Reserve Constable

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-



NWPD Application for Reserve Constable

FAMILY & ASSOCIATIONS

FORMER SPOUSE OR PARTNER				<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		

FORMER SPOUSE OR PARTNER				<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		

ROOMMATE OR ANYONE ELSE LIVING WITH YOU				<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		

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

NWPD NOTES:

-CONFIDENTIAL-



NWPD Application for Reserve Constable

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		

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		

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		



NWPD Application for Reserve Constable

FAMILY & ASSOCIATIONS

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

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

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

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

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

33. DESCRIBE THE ACTIVITIES YOU SHARE WITH YOUR FAMILY?

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



NWPD Application for Reserve Constable

EDUCATION

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

HIGH SCHOOL ATTENDED:	CITY/PROVINCE:
HIGHEST GRADE COMPLETED:	DID YOU GRADUATE GRADE 12: <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

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

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

SCHOOL ATTENDED: _____ PROGRAM: _____

REASON FOR CHOOSING PROGRAM OF STUDY: _____

COURSE(S) LIKED BEST & WHY: _____

COURSE(S) LIKED LEAST & WHY: _____

DID YOUR GRADES REPRESENT YOUR BEST ACHIEVEMENTS? _____

HOW WAS YOUR POST-SECONDARY EDUCATION FINANCED? _____



EDUCATION

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

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

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



NWPD Application for Reserve Constable

EMPLOYMENT

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

EMPLOYER:

- PRESENT
- PREVIOUS _____

- FULL-TIME
- PART-TIME # ___ HRS/MONTH

EMPLOYER ADDRESS: _____

EMPLOYER PHONE NUMBER: _____ DATE OF EMPLOYMENT FROM: _____ TO: _____

SUPERVISOR'S NAME & TITLE: _____ YOUR TITLE: _____

BRIEF DESCRIPTION OF YOUR DUTIES: _____

WHAT DID YOU LIKE BEST ABOUT YOUR POSITION? _____

WHAT DID YOU LIKE LEAST ABOUT YOUR POSITION? _____

REASON FOR LEAVING? _____

EMPLOYER:

- PRESENT
- PREVIOUS _____

- FULL-TIME
- PART-TIME # ___ HRS/MONTH

EMPLOYER ADDRESS: _____

EMPLOYER PHONE NUMBER: _____ DATE OF EMPLOYMENT FROM: _____ TO: _____

SUPERVISOR'S NAME & TITLE: _____ YOUR TITLE: _____

BRIEF DESCRIPTION OF YOUR DUTIES: _____

WHAT DID YOU LIKE BEST ABOUT YOUR POSITION? _____

WHAT DID YOU LIKE LEAST ABOUT YOUR POSITION? _____

REASON FOR LEAVING? _____

NWPD NOTES:

-CONFIDENTIAL-



NWPD Application for Reserve Constable

EMPLOYMENT

EMPLOYER:

- PRESENT
 PREVIOUS

- FULL-TIME
 PART-TIME # ___ HRS/MONTH

EMPLOYER ADDRESS: _____

EMPLOYER PHONE NUMBER: _____

DATE OF EMPLOYMENT

FROM: _____

TO: _____

SUPERVISOR'S NAME & TITLE: _____

YOUR TITLE: _____

BRIEF DESCRIPTION OF YOUR DUTIES: _____

WHAT DID YOU LIKE BEST ABOUT YOUR POSITION? _____

WHAT DID YOU LIKE LEAST ABOUT YOUR POSITION? _____

REASON FOR LEAVING? _____

EMPLOYER:

- PRESENT
 PREVIOUS

- FULL-TIME
 PART-TIME # ___ HRS/MONTH

EMPLOYER ADDRESS: _____

EMPLOYER PHONE NUMBER: _____

DATE OF EMPLOYMENT

FROM: _____

TO: _____

SUPERVISOR'S NAME & TITLE: _____

YOUR TITLE: _____

BRIEF DESCRIPTION OF YOUR DUTIES: _____

WHAT DID YOU LIKE BEST ABOUT YOUR POSITION? _____

WHAT DID YOU LIKE LEAST ABOUT YOUR POSITION? _____

REASON FOR LEAVING? _____

NWPD NOTES:

-CONFIDENTIAL-



POLICE EMPLOYMENT

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

POLICE AGENCY: _____

POLICE AGENCY ADDRESS: _____

DATES OF SERVICE: FROM: _____ TO: _____

RANK ATTAINED: _____ PRESENT/LAST LOCATION: _____

BRIEF DESCRIPTION OF YOUR DUTIES: _____

WHAT DID YOU LIKE BEST ABOUT YOUR POSITION? _____

WHAT DID YOU LIKE LEAST ABOUT YOUR POSITION? _____

REASON FOR LEAVING? _____

MILITARY SERVICE

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

SERVICE/BRANCH/TRADE: _____

ADDRESS: _____

DATES OF SERVICE: FROM: _____ TO: _____

RANK /REGIMENTAL #: _____ COMMANDING OFFICER: _____

ARE YOU STILL ENGAGED: YES NO TYPE OF DISCHARGE: _____

MEDALS AWARDED AND/OR DECORATIONS: _____



VOLUNTEER

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

AGENCY/SERVICE/CLUB: _____

ADDRESS: _____ PHONE NUMBER: _____

TYPE/NATURE OF AGENCY/SERVICE/CLUB: _____

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

YOUR TITLE: _____ SUPERVISOR'S NAME & TITLE: _____

BRIEF DESCRIPTION OF YOUR DUTIES: _____

REASON FOR LEAVING? _____

AGENCY/SERVICE/CLUB: _____

ADDRESS: _____ PHONE NUMBER: _____

TYPE/NATURE OF AGENCY/SERVICE/CLUB: _____

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

YOUR TITLE: _____ SUPERVISOR'S NAME & TITLE: _____

BRIEF DESCRIPTION OF YOUR DUTIES: _____

REASON FOR LEAVING? _____



EMPLOYMENT

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

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

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

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



EMPLOYMENT

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

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

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

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



EMPLOYMENT

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

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

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

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



EMPLOYMENT

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

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

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



NWPD Application for Reserve Constable

FINANCIAL

63. PLEASE LIST ALL OF YOUR CREDIT CARDS.

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

64. DO YOU OWN YOUR OWN HOME? Yes No

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

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

MAKE: _____ MODEL: _____ YEAR: _____

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

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

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



FINANCIAL

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

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

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

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



FINANCIAL

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

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

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

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



DRUG & ALCOHOL

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

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

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



DRUGS & ALCOHOL

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

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

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

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



DRUGS & ALCOHOL

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

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

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

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



DRUGS & ALCOHOL

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

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

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

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



DRUGS & ALCOHOL

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

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

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



DRUGS & ALCOHOL

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

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

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

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



DRUGS & ALCOHOL

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

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

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

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



DRUGS & ALCOHOL

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

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

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

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



DRUGS & ALCOHOL

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

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

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

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



FIREARMS

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

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

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

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

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



LIFESTYLE & INTEGRITY

116. 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].

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

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

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



LIFESTYLE & INTEGRITY

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

121. 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].

122. 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].

123. 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].



LIFESTYLE & INTEGRITY

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

125. 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

126. 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



LIFESTYLE & INTEGRITY

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

128. 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

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

130. 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

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



LIFESTYLE & INTEGRITY

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

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

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



LIFESTYLE & INTEGRITY

135. 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].

136. 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].

137. 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

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



LIFESTYLE & INTEGRITY

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

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

141. 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

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



LIFESTYLE & INTEGRITY

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

144. 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

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

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



LIFESTYLE & INTEGRITY

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

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

149. 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].

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

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



LIFESTYLE & INTEGRITY

151. 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

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

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

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

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

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



LIFESTYLE & INTEGRITY

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

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

156. ARE YOU AWARE OF ANY REASONS THAT MAY DISQUALIFY YOU AS A POTENTIAL RESERVE CONSTABLE OR CPU VOLUNTEER? IF YES, PLEASE PROVIDE DETAILS. Yes No

157. 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].



LIFESTYLE & INTEGRITY

158. DESCRIBE THE WORST EXPERIENCE OF YOUR LIFE?

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

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

Yes No

161. WHAT IS YOUR BIGGEST FEAR IN LIFE?



LIFESTYLE & INTEGRITY

162. WHAT ARE YOUR PLANS FOR THE FUTURE?

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

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

1.

2.

3.



POLICE AGENCY APPLICATIONS

165. HAVE YOU APPLIED WITH A POLICY AGENCY BEFORE?

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

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

AGENCY APPLIED TO: _____

DATE OF APPLICATION: YY-MMM _____ POSITION APPLIED FOR: _____

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

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

ACTIVE/OPEN

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

DEFERRED

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

CLOSED/TERMINATED

AGENCY APPLIED TO: _____

DATE OF APPLICATION: YY-MMM _____ POSITION APPLIED FOR: _____

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

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

ACTIVE/OPEN

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

DEFERRED

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

CLOSED/TERMINATED



NWPD Application for Reserve Constable

166. HAVE YOU PREVIOUSLY ATTENDED A POPAT SESSION?

YES NO

DATE (YY-MMM): SCORE _____

(MIN. & SEC.): _____

SPONSORING AGENCY: _____

167. HAVE YOU PREVIOUSLY ATTENDED THE ASSESSMENT CENTRE?

YES NO

DATE (YY-MMM): _____

SCORE: _____

SPONSORING AGENCY: _____

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

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

170. 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.

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

NWPD NOTES:

-CONFIDENTIAL-



172. BRIEFLY DESCRIBE YOUR REASONS FOR WISHING TO BECOME A RESERVE CONSTABLE OR CPU VOLUNTEER WITH THE NEW WESTMINSTER POLICE DEPARTMENT?

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

WHEN (YY-MMM):

DETAILS (PLEASE PRINT):



NWPD Application for Reserve Constable

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