



Stl'atl'imx Tribal Police Service

**Application for Employment
(Police Constable)**



Applicant's Full Name: _____

INSTRUCTIONS

1. Ensure that you meet our minimum qualifications prior to commencing the application process. The minimum qualifications are listed on our website: www.stlatlimxpolice.ca
2. **Read these instructions carefully.**
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. 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.
5. If anyone required to be listed in this form is deceased, please indicate by placing the word "Deceased", followed by the person's date of death, in the address field of that section.
6. Print the form and fill it out by hand (*use black ink and ensure your writing/printing is legible*). The form must be signed, dated, and mailed to us (see item 10 below). Ensure you also complete the Authorization for Release of Information form on the last page; a personal relative or employer should sign as a witness.
7. Ensure that:
 - All addresses include the postal code.
 - Dates of Birth are in year/month/day format.
 - Area codes are used with all telephone numbers.
8. To answer questions with a Yes/No box, place an "X" in the box.
9. Unless otherwise instructed, list items in chronological order, beginning with most recent. If extra space is required to answer questions, simply print out another page of the document and continue answering the questions.
10. All information is subject to verification by investigation. False, misleading, or undisclosed information in this document or at any other stage in the application process will result in the termination of your application, or dismissal if employed.
11. Ensure that you include the following with your application form:
 - Photocopy of your Birth Certificate (or Canadian Citizenship/Permanent Resident card if no Birth Certificate is available).
 - Photocopy of your current Driver's License
 - Your Motor Vehicle Abstract for the past 5 years (driving record)
 - Photocopy of your Social Insurance Card
 - Photocopy of your Standard First Aid & CPR certificate



Applicant's Full Name: _____

- Verification of Secondary and Post Secondary education (Degree, Diploma, Certificate or an Official Marks Transcript)

12. Hand deliver or mail your original completed application (with attachments) to the following address:

STL'ATL'IMX TRIBAL POLICE SERVICE
OFFICE OF THE CHIEF CONSTABLE
357 IR #10 RD
P.O. BOX 5
MOUNT CURRIE, BC V0N 2K0
CANADA

13. Each and every time you make contact with us, either in writing or in person, you have the ability to make a good impression, a bad impression, or no impression. Follow the instructions carefully!

14. By completing this application, you acknowledge that honesty, integrity, and background are areas that are scrutinized closely in considering police officer applications, and that all questions in this document are necessary for this purpose.



Applicant's Full Name: _____

APPLICANT

Last Name: _____

Given Name(s): _____

Maiden Name: _____

Nickname(s): _____

Gender: Male Female

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone #: _____ Cell/Pager #: _____

Work Phone #: _____ Please do NOT contact me at work

Email Address: _____

Date of Birth (YY/MM/DD): _____

Place of Birth (city/prov/country): _____

Social Insurance Number: _____

Driver's License #: _____ Province: _____ Class: _____

Citizenship:

- Canadian Citizen by birth
- Canadian Citizen by naturalization
- Permanent Resident
- Other (specify)

If foreign born:

Date of entry into Canada: _____

Port of Entry: _____

Have you ever changed your name? Yes No

Changed from _____ to _____ Year: _____

Changed from _____ to _____ Year: _____

Do you possess a valid/current First Aid Certificate with CPR? Yes No



Applicant's Full Name: _____

Education

High School

Name of Last High School Attended: _____
City: _____ Province: _____ Country: _____
Last Grade Achieved: _____ Year: _____

GED or equivalent
Institution: _____ Year Achieved: _____
City: _____ Province: _____ Country: _____

Post Secondary (include any Post Secondary Education received, including part-time courses)

Name of Institution: _____
City: _____ Province: _____ Country: _____
Date From (YY/MM) _____ To (YY/MM): _____
Program of Study: _____
No. of Years Completed: _____ No. of Courses Completed: _____ GPA: _____
Level of Achievement
 Degree Diploma Certificate Other: _____

Name of Institution: _____
City: _____ Province: _____ Country: _____
Date From (YY/MM) _____ To (YY/MM): _____
Program of Study: _____
No. of Years Completed: _____ No. of Courses Completed: _____ GPA: _____
Level of Achievement
 Degree Diploma Certificate Other: _____



Applicant's Full Name: _____

Education (continued...)

Name of Institution: _____
City: _____ Province: _____ Country: _____
Date From (YY/MM) _____ To (YY/MM): _____
Program of Study: _____
No. of Years Completed: _____ No. of Courses Completed: _____ GPA: _____
Level of Achievement
 Degree Diploma Certificate Other: _____

Name of Institution: _____
City: _____ Province: _____ Country: _____
Date From (YY/MM) _____ To (YY/MM): _____
Program of Study: _____
No. of Years Completed: _____ No. of Courses Completed: _____ GPA: _____
Level of Achievement
 Degree Diploma Certificate Other: _____

Name of Institution: _____
City: _____ Province: _____ Country: _____
Date From (YY/MM) _____ To (YY/MM): _____
Program of Study: _____
No. of Years Completed: _____ No. of Courses Completed: _____ GPA: _____
Level of Achievement
 Degree Diploma Certificate Other: _____



Applicant's Full Name: _____

Employment (Past 5 Years)

Date From (YYMMDD): _____ To (YYMMDD): _____
Employer Name: _____
Employer Address: _____
City: _____ Province: _____ Country: _____
Phone #: _____ Supervisor's Name: _____
Titles/ Duties: _____
Reason for Leaving: _____
What did you enjoy about this job? _____

What did you least enjoy about this job? _____

Date From (YYMMDD): _____ To (YYMMDD): _____
Employer Name: _____
Employer Address: _____
City: _____ Province: _____ Country: _____
Phone #: _____ Supervisor's Name: _____
Titles/ Duties: _____
Reason for Leaving: _____
What did you enjoy about this job? _____

What did you least enjoy about this job? _____



Applicant's Full Name: _____

Employment (continued...)

Date From (YYMMDD): _____ To (YYMMDD): _____
Employer Name: _____
Employer Address: _____
City: _____ Province: _____ Country: _____
Phone #: _____ Supervisor's Name: _____
Titles/ Duties: _____

Reason for Leaving: _____
What did you enjoy about this job? _____

What did you least enjoy about this job? _____

Date From (YYMMDD): _____ To (YYMMDD): _____
Employer Name: _____
Employer Address: _____
City: _____ Province: _____ Country: _____
Phone #: _____ Supervisor's Name: _____
Titles/ Duties: _____

Reason for Leaving: _____
What did you enjoy about this job? _____

What did you least enjoy about this job? _____



Applicant's Full Name: _____

Volunteer Experience

Date From (YYMMDD): _____ To (YYMMDD): _____
Organization: _____
Address: _____
City: _____ Province: _____ Country: _____
Phone #: _____
Title: _____ Supervisor's Name: _____
Average number hours volunteered/month: _____ Total Hours Worked: _____
Reason for Leaving: _____
What did you enjoy about this job? _____

What did you least enjoy about this job? _____

Date From (YYMMDD): _____ To (YYMMDD): _____
Organization: _____
Address: _____
City: _____ Province: _____ Country: _____
Phone #: _____
Title: _____ Supervisor's Name: _____
Average number hours volunteered/month: _____ Total Hours Worked: _____
Reason for Leaving: _____
What did you enjoy about this job? _____

What did you least enjoy about this job? _____



Applicant's Full Name: _____

Volunteer Experience (continued...)

Date From (YYMMDD): _____ To (YYMMDD): _____
Organization: _____
Address: _____
City: _____ Province: _____ Country: _____
Phone #: _____
Title: _____ Supervisor's Name: _____
Average number hours volunteered/month: _____ Total Hours Worked: _____
Reason for Leaving: _____
What did you enjoy about this job? _____

What did you least enjoy about this job? _____

Date From (YYMMDD): _____ To (YYMMDD): _____
Organization: _____
Address: _____
City: _____ Province: _____ Country: _____
Phone #: _____
Title: _____ Supervisor's Name: _____
Average number hours volunteered/month: _____ Total Hours Worked: _____
Reason for Leaving: _____
What did you enjoy about this job? _____

What did you least enjoy about this job? _____



Applicant's Full Name: _____

Other Police Agencies Applied For

(Include all current and previous applications to police agency, including the STPS)

Name of Police Agency: _____
Date Application Commenced (YY/MM): _____
Current Status of Application: _____
If application deferred or terminated, or otherwise closed, provide reason (if Known):

Name of Police Agency: _____
Date Application Commenced (YY/MM): _____
Current Status of Application: _____
If application deferred or terminated, or otherwise closed, provide reason (if Known):

Name of Police Agency: _____
Date Application Commenced (YY/MM): _____
Current Status of Application: _____
If application deferred or terminated, or otherwise closed, provide reason (if Known):



Applicant's Full Name: _____

Other Police Applications (continued...)

Name of Police Agency: _____
Date Application Commenced (YY/MM): _____
Current Status of Application: _____
If application deferred or terminated, or otherwise closed, provide reason (if Known):

Name of Police Agency: _____
Date Application Commenced (YY/MM): _____
Current Status of Application: _____
If application deferred or terminated, or otherwise closed, provide reason (if Known):

Name of Police Agency: _____
Date Application Commenced (YY/MM): _____
Current Status of Application: _____
If application deferred or terminated, or otherwise closed, provide reason (if Known):



Applicant's Full Name: _____

Family

Partner

Surname: _____ Given Names: _____
 Maiden Name: _____ Date of Birth: _____
 Place of Birth (city/prov/country): _____
 Relationship: Spouse Common-Law Girlfriend/Boyfriend Other
 Full Address: Same as applicant _____

 Residence Phone #: _____ Work Phone#: _____
 Occupation: _____
 Employer: _____
 Employer Address: _____
 Employer Phone #: _____

Children (include all natural or adopted children regardless of age)

Surname: _____ Given Names _____
 Relationship: _____ Date of Birth (YY/MM/DD): _____
 Full Address: Same as applicant _____

 Place of Birth (city/province/country): _____

Surname: _____ Given Names _____
 Relationship: _____ Date of Birth (YY/MM/DD): _____
 Full Address: Same as applicant _____

 Place of Birth (city/province/country): _____



Applicant's Full Name: _____

Children (continued...)

Surname: _____ Given Names _____
Relationship: _____ Date of Birth (YY/MM/DD): _____
Full Address: Same as applicant _____
Place of Birth (city/province/country): _____

Surname: _____ Given Names _____
Relationship: _____ Date of Birth (YY/MM/DD): _____
Full Address: Same as applicant _____
Place of Birth (city/province/country): _____

Parents (natural)

Mother's Surname: _____ Date of Birth (YY/MM/DD) _____
Given Names: _____
Maiden Name: _____
Place of Birth (city/province/country): _____
Address: _____
Phone #: _____ Work Phone #: _____
Occupation: _____ Employer: _____

Father's Surname: _____ Date of Birth (YY/MM/DD) _____
Given Names: _____
Place of Birth (city/province/country): _____
Address: _____
Phone #: _____ Work Phone #: _____
Occupation: _____ Employer: _____



Applicant's Full Name: _____

General Information

What associations have you had with police officers and police work?

What do you think about the value of the polygraph examination for applicants?

Do you drink alcohol? Yes No Average number of drinks per week? _____

Under what circumstances are you most likely to consume alcohol? _____

Do you Smoke? Yes No Average number of times per day? _____

Have you ever been arrested, charged, or convicted of a criminal offence? Yes No

If yes, provide brief details (include year, place and offence) _____



Applicant's Full Name: _____

General Information (continued ...)

Have you ever been detained or questioned by the police for any reason? Yes No

If yes, provide brief details (include year, place and offence) _____

Have you ever received a pardon for any offence? Yes No

If yes, provide brief details (include year, place and offence) _____

Has anyone in your family or extended family ever been arrested, charged, or convicted of a criminal offence? Yes No

If yes, provide brief details (include year, place and offence):



Applicant's Full Name: _____

Medical

Are you aware of any potential medical condition(s) which any way could affect your performance as a sworn employee Yes No

If yes provide details? _____

Are you currently using any medications? Yes No

If yes, list medications and dosage: _____

Have you ever been treated for depression? Yes No Year(s): _____

Have you ever been treated for anxiety? Yes No Year(s): _____

Have you ever misused prescription or non-prescription drugs? Yes No

Details: _____

Have you ever used an illegal drug? Yes No Years: _____

If yes, when was the last time you used an illegal drug (year) _____

Do you wear contact lenses? Yes No

Do you meet the minimum visual requirements? Yes No

Have you ever had eye surgery (laser or otherwise)? Yes No

If yes, date and type of surgery: _____

(Please attach a copy of post operative eye examination results)



Applicant's Full Name: _____

DECLARATION

I, the undersigned, declare that all the answers I have provided in this entire document are true and accurate. I also understand that deceit, dishonesty, or non-disclosure concerning questions in this document (or during any other part of the application process) will result in the termination of my application, or dismissal if employed.

Name (Print)

Signature

Date



Applicant's Full Name: _____

Stl'atl'imx Tribal Police Service

357 IR #10 RD, P.O. BOX 5, MOUNT CURRIE, BC V0N 2K0
Ph: (604) 894-6124 Fax: (604) 894-6185

21 Scotchman Rd, PO Box 488, LILLOOET, BC V0K1V0
PH: (250) 256-7784 Fax: (250) 256-4600

Authorization: Release of Information

Our Reference: _____

Date: _____

I, _____ (Print Name) _____ Date of Birth

of _____ City _____ Prov. _____, hereby authorize any doctor,

employer, or other person, to whom a signed duplicate, photocopy or fax of this document is provided, to furnish any information, opinions, reports or copies which may be requested by the Stl'atl'imx Tribal Police Service, in connection with the undersigned's application for employment with the Stl'atl'imx Tribal Police Service.

I hereby waive as against any person, company or institution and the officers and employees of any such company or institution, any claim, demand or right of action which is based upon, arises out of, or is connected with the provision of any information, opinions or documents to the Stl'atl'imx Tribal Police Service in compliance with this authorization.

Signature of Witness

Signature of Applicant

Date

Date



Applicant's Full Name: _____

Have you included the following with your application?

- Yes No Photocopy of your Birth Certificate or Canadian Citizen/Permanent Resident card if no birth certificate is available.
- Yes No Photocopy of your current driver's license.
- Yes No Motor Vehicle Abstract for the past 5 years (driving record)
- Yes No Photocopy of your Social Insurance Card
- Yes No Photocopy of your Standard First Aid & CPR certificate
- Yes No Two (2) colour passport-suitable photographs of yourself
- Yes No Verification of Secondary and Post Secondary education (Degree, Diploma, Certificate or an Official Marks Transcript)

Have you followed the instructions properly?

Incomplete applications will not be processed.