



# **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](http://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?

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

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

Under what circumstances are you most likely to consume alcohol? \_\_\_\_\_

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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) \_\_\_\_\_

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**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) \_\_\_\_\_

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

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

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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):

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**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'at'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

879 MAIN STREET, P.O. BOX 488, LILLOOET, BC V0K 1V0  
Ph: (250) 256-7784 Fax: (250) 256-4600

## Authorization: Release of Information

Our Reference: \_\_\_\_\_

Date: \_\_\_\_\_

I, \_\_\_\_\_  
(Print Name) \_\_\_\_\_ Date of Birth \_\_\_\_\_

of \_\_\_\_\_, hereby authorize any doctor,  
City Prov.

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'at'imx Tribal Police Service, in connection with the undersigned's application for employment with the Stl'at'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'at'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.**