



## APPLICATION CIVILIAN/SPECIAL CONSTABLE/AUXILIARY

### 1. Personal Information:

Last Name	Given Name (1)	Given Name (2)	3 <sup>rd</sup> , 6 <sup>th</sup> & 9 <sup>th</sup> of SIN #	
Complete Address(including #, Street, Apt. #, Lot, Concessions, Rural Route #)				
City or Town		Province	Postal Code	
Position you are Applying For:			Email Address	
Business or Day Phone Number: ( )				
Home or Evening Phone Number: ( )			<b>Yes</b>	<b>No</b>
Are you at least 18 years of age?				
Are you legally eligible work in Canada?				
Are you a Canadian Citizen or a Permanent Resident of Canada?				
Do you possess a valid driver's licence that permits you to drive an automobile in Ontario with full driving privileges and do you have six or fewer demerit points?				
Have you ever been convicted of any criminal offence for which a pardon has not been granted or issued?				
Have you successfully completed at least four years of secondary school education or its equivalent?				
Are you physically and mentally able to perform the duties of the position, having regard to personal safety and the safety of the public?				
Are you of good moral character and habits?				
Do you have/will have current certification in CPR (Level C) and First Aid by the time an offer of employment is given?				
Are you willing to volunteer a minimum of 12 hours per month <i>(Auxiliary Candidates Only)</i>				



**2. Education:**

<b>Secondary School Attended</b>		Highest Grade or Level Completed (If applicable, attach equivalency certificate)	
Type of Certificate or Diploma Obtained			
<b>Business, Trade or Technical School Attended</b>			
Course Name		Length of Course	
Licence, Certificate or Diploma Awarded			
<b>Community College Attended</b>			
Program Name		Length of Program	
Licence, Certificate or Diploma Awarded			
<b>University Attended</b>			
Major Area of Study		Length of Course	
Degree Awarded		General	Honours
Other relevant Courses, Workshops, Training, Licences, Certificates or Degrees			



### 3. Complete Employment History:

<b>Present or Previous Employer</b>	
Telephone Number ( )	Date of Employment From: To:
Complete Mailing Address (include Postal Code)	
Supervisor's Name & Title	Your Position/Title
Brief Description of Duties	
Reason for Leaving	

<b>Present or Previous Employer</b>	
Telephone Number ( )	Date of Employment From: To:
Complete Mailing Address (include Postal Code)	
Supervisor's Name & Title	Your Position/Title
Brief Description of Duties	
Reason for Leaving	



<b>Present or Previous Employer</b>	
Telephone Number ( )	Date of Employment From: To:
Complete Mailing Address (include Postal Code)	
Supervisor's Name & Title	Your Position/Title
Brief Description of Duties	
Reason for Leaving	

<b>Present or Previous Employer</b>	
Telephone Number ( )	Date of Employment From: To:
Complete Mailing Address (include Postal Code)	
Supervisor's Name & Title	Your Position/Title
Brief Description of Duties	
Reason for Leaving	



#### 4. Work References

1. Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Company/Employer Name: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Company/Employer Name: \_\_\_\_\_

#### 5. School References (Additional Work References if required)

1. Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Company/Employer Name: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Company/Employer Name: \_\_\_\_\_



## 6. Personal References

1. Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Company/Employer Name: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Company/Employer Name: \_\_\_\_\_

I declare that all information disclosed in this application is true and complete. I understand that any false statement above may disqualify me from further consideration for employment or result in dismissal should I be appointed as a Civilian/ Special Constable and/or an Auxiliary Officer. I hereby consent to have a pre-employment investigation conducted in conjunction with my application.

Applicants Signature	Date
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How did you learn about this position?

- BPS Member
- BPS Website
- Social Media
- Other: \_\_\_\_\_

*Personal information on this form is being collected pursuant to Section 29 of the Municipal Freedom of Information and Protection of Privacy Act for the purposes of registering you with the above positions.*