



Police Officer Application Form

IMPORTANT:

This application package is to be submitted with the Police Service you choose to apply to. Please verify if Police Services require you to complete this form. Many Police Services utilize their own individual form.

Section 1. Personal Information

| | | | | |
|--|----------------|---------------------------|--------------------------|--------------------------|
| Last Name | Given Name (1) | Given Name (2) | Date of Birth (DD.MM.YY) | |
| Complete Address (including Number, Street, Apt. Number, Lot, Concessions, Rural Route #) | | | | |
| City or Town | | Province | Postal Code | |
| Business or Day Phone Number: () | | Cell Phone Number: () | | |
| Home or Evening Phone Number: () | | E-Mail Address: | | |
| | | | Yes | No |
| Are you at least 18 years of age? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you legally eligible to work in Canada? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you a Canadian citizen or a permanent resident of Canada? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you possess a valid driver's license that permits you to drive an automobile in Ontario with full driving privileges and do you have six or fewer demerit points? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been convicted of any criminal offence under a federal statute for which a pardon has not been granted or issued? (This means any fine, period of imprisonment, or period of probation offered by the court) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| If you were previously convicted under a federal statute (this does not involve a finding of guilt under the YCJA or the YOA, or a finding of delinquency under the JDA), have you been granted or issued a pardon? If yes, please provide details of the circumstance: | | | <input type="checkbox"/> | <input type="checkbox"/> |
| or in the event of a discharge relating to a finding of guilt (this does not involve a finding of guilt under the YCJA or the YOA, or a finding of delinquency under the JDA), have the records been sealed by the R.C.M.P.? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Will you possess a valid CPR and First Aid Certificate by the time a job offer is given? | | | <input type="checkbox"/> | <input type="checkbox"/> |

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Section 2. Education

| | | | |
|---|--|---|--------|
| Secondary School Attended | | Highest Grade or Level Completed (If applicable, attach equivalency certificate) | |
| Type of Certificate or Diploma Obtained | | | |
| Business, Trade or Technical School Attended | | | |
| Course Name | | Dates and number of years attended | |
| Specify License, Certificate or Diploma Awarded | | | |
| Community College Attended | | | |
| Program Name | | Dates and number of years attended | |
| Specify License, Certificate or Diploma Awarded | | | |
| University Attended | | | |
| Specify Major Area of Study | | Dates and number of years attended | |
| Degree Awarded | | General | Honors |
| Other relevant Courses, Workshops, Seminars, Training, Licenses, Certificates or Degrees | | | |
| | | | |
| | | | |
| | | | |





Section 3. Employment History

- Note:**
1. Beginning with your present or previous employer and continuing in reverse time order, list and describe every position you have held since the beginning of your work experience. If you have held two or more positions with the same employer, list and describe each position separately. Include military, part-time and summer employment. **(Please attach additional sheets as required)**
 2. Is your current employer(s) aware you are seeking employment? Please be advised they may be contacted at a further point in the selection process.

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



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Section 4. List any qualifications you have which you believe are relevant to this position:

List Qualifications here:

| | | |
|--|-----|----|
| Have you ever applied to any other police service(s) | Yes | No |
|--|-----|----|

| If yes, complete the following: | | |
|---------------------------------|---------|---------------------------------------|
| Name of Service(s) | Date(s) | Is your application currently active? |
| 1. | | Yes No |
| 2. | | Yes No |
| 3. | | Yes No |
| 4. | | Yes No |
| 5. | | Yes No |
| 6. | | Yes No |
| 7. | | Yes No |
| 8. | | Yes No |

Declaration: I hereby declare that the foregoing information is true and complete to the best of my knowledge. I understand that a false statement or omission may disqualify me from further consideration for employment or result in dismissal should I be appointed as a police constable / cadet. It is understood and accepted that I am involved in a competitive process and that I may be declined at any stage of the process.

Personal information obtained through the completion of this form is collected pursuant to section 43 of the Police Services Act for the purpose of assessing qualifications and suitability for employment as a police officer. Information collected may be disclosed for the purpose for which it was obtained or for a consistent purpose. Questions concerning collection or disclosure of this information should be addressed to:

TNT Inc
10 Milner Business Court, 3rd Floor
Toronto, ON M1B 3C6
Tel: 647-777-8313
Email: Support@oacpcertificate.ca

| | |
|------------------------|-------|
| Applicant's Signature: | Date: |
|------------------------|-------|