



## Application for an Experienced Constable Position

Pursuant to S. 39(2) of the Freedom of Information and Protection of Privacy Act, you are hereby notified that information about you, including academic, employment, medical, physical, financial, character and personal data is being collected during the recruitment process for the purpose of assessing your qualifications in relation to your application for employment. Please address any questions concerning the collection of this information to the Chief of Police, NAPS Headquarters, 309 Court Street South, Thunder Bay, ON, P7B 2Y1 or call (807) 623-2161.

### Important

- Please print clearly. **This form must be completed first-hand by the person applying for the position.**

### Personal Information

Full name:		Email address:	
Complete mailing address:		How long at this address?	
Home phone number:	Cell phone number:	Alternate phone number:	
Have you ever been convicted (includes absolute and conditional discharges) of any criminal offence for which a pardon was not granted?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you in possession of a valid class G driver's licence with no restrictions?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you in possession of a valid First Aid/CPR Certificate?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Training Courses

Course Title	Course Provider	Certificate received?
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## Employment History

Begin with your present job and continue in reverse order **using specific dates** for your period of employment for the last 10 years. List every position you have held. If you have held two or more positions with the same employer, list each one separately. Include military, part-time, summer employment and unemployment. (Please photocopy this page if extra space is required)

Company name	Company telephone number	Company fax number
Mailing address of company		Period of employment:
Supervisor's name and title	Your position Title and Rank	May employer be contacted?
Brief description of duties	Reason for leaving	
Company name	Company telephone number	Company fax number
Mailing address of company		Period of employment:
Supervisor's name and title	Your position Title and Rank	May employer be contacted?
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### Education, Credentials, Involvements

Educational Institution:	Name and length of program:	Diploma/Degree received?
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## Declaration

Have you ever been dismissed or asked to resign from any position? Provide details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you previously had an application denied by Nishnawbe-Aski Police Service? Provide details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever applied for enlistment in the armed forces or any other police agency and been declined? Provide details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been the subject of formal or informal discipline by your employer in the last 5 years? Provide details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby declare that the foregoing information that I have written in my own hand is true and complete. I understand that a false statement may disqualify me from employment or result in dismissal. It is understood and accepted that I am involved in a competitive recruitment selection process and that my offer of employment may be declined at any processing stage.

Signature	Date

**All applications must include a colour photocopy or scan of each of the following identification cards.** When submitting your application do not submit binders, protective page covers, staples, paperclips or any other binding materials in your resume and forms. All applications must be mailed in their original format – no faxed or photocopied forms will be accepted.

- Driver's Licence (front and back)
- Social Insurance Number
- Health Card (front and back)
- Status Card (if applicable)
- First Aid/CPR Certificate
- OPC Certificate or Equivalent
- Transcripts (from all post-secondary education achieved)
- Physical Readiness Medical Consent - Form P-45 (2 pages)



## Authorization of Release of Information

<b>Surname:</b>		<b>Given Names:</b>	
<b>Maiden Name:</b>		<b>Date of Birth:</b>	
<b>Social Insurance Number:</b>		<b>Driver's Licence Number:</b>	
<b>Home Addresses in Last 5 Years:</b>			

The undersigned hereby authorizes any physician, employer, organization or person to whom a signed copy, facsimile transmittal or a photocopy of this authorization thereof is delivered, to provide any information, opinion, reports, records or copies thereof, which may be requested by a representative of the Nishnawbe-Aski Police Service in connection with the background investigation relating to my application for employment with any First Nation Territory, and specifically, all checked items below:

<input checked="" type="checkbox"/> Academic records and transcripts	<input checked="" type="checkbox"/> Police records including applicant files and history of law involvement
<input checked="" type="checkbox"/> Employment Records	<input checked="" type="checkbox"/> Driving record check
<input checked="" type="checkbox"/> Military and police service records as applicable (includes complaint, disciplinary investigations and results)	<input checked="" type="checkbox"/> Criminal record check
<input checked="" type="checkbox"/> Medical information	<input checked="" type="checkbox"/> Character and reference checks
<input checked="" type="checkbox"/> Financial information including credit bureau check	<input checked="" type="checkbox"/> Other

I understand this information will be used to assess my qualifications and suitability in relation to my application for employment as an employee of the Nishnawbe Aski Police Service. I further understand that any questions that I may have concerning the collection of this information should be addressed to the Chief of Police, Nishnawbe-Aski Police Service Headquarters, 309 Court Street South, Thunder Bay, ON P7B 2Y1.

I hereby acknowledge and declare that the terms of this authorization for release of information are fully understood by me.

In witness whereof, I have hereunto set my hand:

<b>Signature:</b>	<b>Date:</b>
<b>Witness Signature:</b>	<b>Date:</b>



## PHYSICAL READINESS MEDICAL CONSENT

### *INSTRUCTIONS*

This document has areas for completion both by a qualified physician of the applicant's choice and by the applicant. Once fully completed, it is to be returned to Nishnawbe-Aski Police Service.

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#### Part A (To be completed by physician)

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As an applicant with Nishnawbe-Aski Police Service, your patient presenting this document must be physically fit and prepared to undertake the full duties of a front-line police constable. Prior to this testing it is requested that you complete the assessment portion below attesting to the applicant's medical fitness. For your information and convenience the job description is attached to this form.

Patient's First Name	Last Name	Gender	Date of Birth	Height	Weight

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In your opinion is this individual able to complete the essential requirements of a front-line constable position?

9 Yes

9 No

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Comments:

Name of Physician (print):	Telephone:
Office Address:	
Signature:	Date of Exam:

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Part B (To be completed by applicant)

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If you answer yes to any of the following questions you must give full details in the next section.

Have you:

1. had any ailment, injury or illness in the past five years which caused you to be away from work for 10 days or more? Yes or No
2. ever had high or low blood pressure, pain or tightness in the chest, or any heart disorder including disorders of the circulatory system? Yes or No
3. ever had loss of consciousness, fainting spells, severe headaches or any disorder of the nervous system? Yes or No
4. ever had chronic backache or disorder of the muscles or bones, including joints, spine and skin? Yes or No
5. any reason to believe you will require medical or surgical treatment during the next twelve months? Yes or No
6. ever taken drugs, other than for medical purposes, been advised to drink less alcohol or received treatment for drug addiction or alcoholism? Yes or No
7. ever had any serious illness or injury since childhood not mentioned above? Yes or No
8. ever made a claim or received a pension, payments or compensation benefits for an accident or sickness? Yes or No
9. smoked cigarettes in the past 12 months? Yes or No

Ques. No.	Test, Injury, Illness, Operation or Complication	Date of Onset	Date of Recovery	Full Details

I hereby consent to the release of the above information to the Nishnawbe Aski Police Service:

Applicant's Signature:	Date:
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**FORM P-45**