

# Employment Application



4455 Clarence Taylor Crescent · Delta · BC V4K 3E1 · Phone: 604.946.4411

deltapolice.ca

Engagement with the Delta Police Department is contingent upon the successful completion of all steps of the selection process. False or omitted information may result in disqualification of an applicant for appointment.

Complete the document legibly, in “black” ink, in your own handwriting.

Answer ALL questions as completely as possible.

If you have any questions, please ask a member of the Recruiting Section –  
**DO NOT ASSUME OR GUESS.**

Attach a separate sheet if there is insufficient space for your answer to any of the questions.

In order for your application to be considered, **copies** of the following documents must be submitted with this application:

- Birth Certificate and/or Canadian Citizenship or Landed Immigrant Status documentation
- Driver’s License
- Recent photograph
- Driver’s abstract or equivalent for out of province applicants (last three years)
- Social Insurance Number card
- Standard First Aid Certificate (current certification within last 36 months)
- Post Secondary School Transcripts
- Vision Report
- Pardon Documentation (if applicable)

Position applied for:          Police Officer  
        Reserve

**PARTICULARS**

Last Name	First Name	Middle Name		
<hr/>				
Canadian Name				
<hr/>				
Maiden Name	Nickname			
<hr/>				
Home Address	City	Province	Postal Code	
<hr/>				
Home Phone Number	Business Phone Number	Other Number [ ] cel [ ] pager [ ]		
<hr/>				
Email Address	Date of Birth	S.I.N.		
<hr/>				
Place of Birth	Address	City	Province	Country
<hr/>				

**PHYSICAL DESCRIPTION**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Colour \_\_\_\_\_ Hair Colour \_\_\_\_\_  
Blood Type \_\_\_\_\_ Right Handed [ ] Left Handed [ ]

**MARITAL STATUS**

Single [ ] Married [ ] Separated [ ] Divorced [ ] Widow/Widower [ ]  
Other [ ] Comments \_\_\_\_\_

**SOCIAL MEDIA**

Social Media user names:

**\*\*\*Please circle YES or NO and provide usernames\*\*\***

Facebook Yes/No \_\_\_\_\_

Twitter Yes/No \_\_\_\_\_

Instagram Yes/No \_\_\_\_\_

Snapchat Yes/No \_\_\_\_\_

Tik Tok Yes/No \_\_\_\_\_

Other Yes/No \_\_\_\_\_

Other Yes/No \_\_\_\_\_

Other Yes/No \_\_\_\_\_

**Email address(es) used in last 5 years:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DRIVER'S LICENCE INFORMATION**

Driver's License Number \_\_\_\_\_ Class \_\_\_\_\_ Expiry Date \_\_\_\_\_

When did you obtain your first driver's license? Year \_\_\_\_\_ Month \_\_\_\_\_

How many years have you held a driver's license (not including time unlicensed or suspended)? \_\_\_\_\_

*List all Driving Offences*

Date	Province	Offence
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever had your Driver's License revoked or suspended? Yes [ ] No [ ]

Reason \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CITIZENSHIP**

Birth \_\_\_\_\_ Landed Immigrant \_\_\_\_\_ by Naturalization Certificate # \_\_\_\_\_  
Issued at \_\_\_\_\_ Date \_\_\_\_\_

**FAMILY**

*Spouse/Partner/Significant Other (including dating)*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Address \_\_\_\_\_

*Dependents*  
(include date of birth and address if different)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Parents and Siblings*

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

*If separated or divorced, list details about former spouse:*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**RESIDENCES**

List previous residences over the past 10 years in chronological order.

From	To	Address	Province
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any residences outside of Canada where you have lived as an adult.

From	To	Address	Country
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EDUCATION** (proof of education will be required prior to interview)

High School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Diploma [ ] GED [ ]

Post Secondary

Name of Institution: \_\_\_\_\_

Date from (year/month): \_\_\_\_\_

Program of Study: \_\_\_\_\_ Years Completed: \_\_\_\_\_

Diploma [ ] Certificate [ ] Degree [ ] GPA \_\_\_\_\_ Credits \_\_\_\_\_

Post Secondary

Name of Institution: \_\_\_\_\_

Date from (year/month): \_\_\_\_\_

Program of Study: \_\_\_\_\_ Years Completed: \_\_\_\_\_

Diploma [ ] Certificate [ ] Degree [ ] GPA \_\_\_\_\_ Credits \_\_\_\_\_

Additional related education/courses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had an Individualized Education Plan (IEP)? Yes [ ] No [ ]

If yes, please outline the education level and school it was relevant for:

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT**

List from the present-day your employment history for the previous 10 years.

From \_\_\_\_\_ To \_\_\_\_\_

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_ Duties \_\_\_\_\_

What did you like best about this position? \_\_\_\_\_

\_\_\_\_\_

What did you like least about this position? \_\_\_\_\_

\_\_\_\_\_

What was your reason for leaving? \_\_\_\_\_

\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_ Duties \_\_\_\_\_

What did you like best about this position? \_\_\_\_\_

\_\_\_\_\_

What did you like least about this position? \_\_\_\_\_

\_\_\_\_\_

What was your reason for leaving? \_\_\_\_\_

\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_ Duties \_\_\_\_\_

What did you like best about this position? \_\_\_\_\_

\_\_\_\_\_

What did you like least about this position? \_\_\_\_\_

\_\_\_\_\_

What was your reason for leaving? \_\_\_\_\_

\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_ Duties \_\_\_\_\_

What did you like best about this position? \_\_\_\_\_

\_\_\_\_\_

What did you like least about this position? \_\_\_\_\_

\_\_\_\_\_

What was your reason for leaving? \_\_\_\_\_

\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_ Duties \_\_\_\_\_

What did you like best about this position? \_\_\_\_\_

\_\_\_\_\_

What did you like least about this position? \_\_\_\_\_

\_\_\_\_\_

What was your reason for leaving? \_\_\_\_\_

\_\_\_\_\_

*(print extra copies of this page if required)*



**VOLUNTEER WORK**

From \_\_\_\_\_ To \_\_\_\_\_

Organization \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Duties \_\_\_\_\_

Average number of hours per week or month: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Organization \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Duties \_\_\_\_\_

Average number of hours per week or month: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Organization \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

\_\_\_\_\_

What did you like best about volunteer work?

\_\_\_\_\_

\_\_\_\_\_

What did you like least about volunteer work?

\_\_\_\_\_

\_\_\_\_\_

**APPLICATIONS TO THIS OR OTHER POLICE AGENCIES**

Police Agency \_\_\_\_\_ Date applied (year/month) \_\_\_\_\_

Current Status: \_\_\_\_\_

If application deferred or terminated, or otherwise closed, provide reason: \_\_\_\_\_

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Police Agency \_\_\_\_\_ Date applied (year/month) \_\_\_\_\_

Current Status: \_\_\_\_\_

If application deferred or terminated, or otherwise closed, provide reason: \_\_\_\_\_

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Police Agency \_\_\_\_\_ Date applied (year/month) \_\_\_\_\_

Current Status: \_\_\_\_\_

If application deferred or terminated, or otherwise closed, provide reason: \_\_\_\_\_

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Have you ever completed the POPAT? Yes [ ] No [ ]

*List your three most recent runs:*

With which agency?: \_\_\_\_\_ Score: \_\_\_\_\_ Date: \_\_\_\_\_

With which agency?: \_\_\_\_\_ Score: \_\_\_\_\_ Date: \_\_\_\_\_

With which agency?: \_\_\_\_\_ Score: \_\_\_\_\_ Date: \_\_\_\_\_

Have you ever completed the ETHOS exam? Yes [ ] No [ ]

With which agency?: \_\_\_\_\_ Score: \_\_\_\_\_ Date: \_\_\_\_\_

With which agency?: \_\_\_\_\_ Score: \_\_\_\_\_ Date: \_\_\_\_\_

**MILITARY AND/OR POLICE SERVICE**

From \_\_\_\_\_ To \_\_\_\_\_

Service/Branch/Trade \_\_\_\_\_

Address \_\_\_\_\_

Rand/Regimental Number \_\_\_\_\_ Commanding Officer \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Service/Branch/Trade \_\_\_\_\_

Address \_\_\_\_\_

Rand/Regimental Number \_\_\_\_\_ Commanding Officer \_\_\_\_\_

Are you still engaged? Yes [ ] No [ ]

Type of discharge \_\_\_\_\_

Place of discharge \_\_\_\_\_

Are you a member of the Reserve Forces? Yes [ ] No [ ]

Are you engaged in any business as an owner or partner (active or silent)? Yes [ ] No [ ]

If so, please provide details \_\_\_\_\_

**FINANCIAL BACKGROUND**

Have you ever been bonded? Yes [ ] No [ ]

Have you ever declared bankruptcy? Yes [ ] No [ ]

Have your wages ever been garnished? Yes [ ] No [ ]

Have you ever written an NSF cheque? Yes [ ] No [ ]

Do you own your own home? Yes [ ] No [ ]

Mortgage owing: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Rent: \_\_\_\_\_

Do you have any credit cards? Yes [ ] No [ ]

Card Company	Credit Limit	Balance	Monthly Payments
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Do you have any loans? Yes [ ] No [ ]

Lender	Purpose	Amount	Monthly Payments
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List your assets and their value, including investments:

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**MEDICAL**

Have you ever broken any bones or suffered any significant injuries? Yes [ ] No [ ]

Age \_\_\_\_\_ Injury \_\_\_\_\_

Age \_\_\_\_\_ Injury \_\_\_\_\_

Do you have any diseases or medical conditions now or in the past? Yes [ ] No [ ]

Condition: \_\_\_\_\_

Are you taking any pills or medication? Yes [ ] No [ ]

Type: \_\_\_\_\_

Do you wear corrective lenses? Yes [ ] No [ ]

Are you aware of any deficiency with your colour vision? Yes [ ] No [ ]

Have you had eye surgery? Yes [ ] No [ ]

**GENERAL INFORMATION**

What is your current physical fitness routine: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List any individual sports that you play: \_\_\_\_\_

List any team sports that you play: \_\_\_\_\_

Have you ever won any awards, or do you have any special achievements? \_\_\_\_\_

\_\_\_\_\_

Do you belong to any clubs or organizations (other than religious or political)? \_\_\_\_\_

\_\_\_\_\_

List your hobbies, recreational activities, or special interests and the amount of time spent on each:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name three things you have done of which you are most proud:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name three things you have done of which you are not proud of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you correspond with or visit your parents? Yes [ ] No [ ]

Do you correspond with or visit your brothers/sisters? Yes [ ] No [ ]

At what age did you leave home? [ ]

What activities do you share with your family?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you smoke?

Yes [ ]

No [ ]

Has any member of your immediate 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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Are you proficient in any other language other than English?

Yes [ ]

No [ ]

Specify:

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What association have you had with Police Officers or Police work?

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# Consent to Release of Personal and/or Private Information, Waiver and Release



4455 Clarence Taylor Crescent · Delta · BC V4K 3E1 · Phone: 604.946.4411

deltapolice.ca

FULL NAME: \_\_\_\_\_

FORMERLY KNOWN AS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL INSURANCE # \_\_\_\_\_

I, \_\_\_\_\_, having applied for a position with the Delta Police Department, and recognizing that I am required to furnish information to be used to determine my qualifications, moral character, honesty and suitability for employment with the Department, hereby request and authorize the full disclosure of any and all records, files, notes, reports, opinions or other information concerning me, including employment files and records, performance evaluations, discipline records, background investigation files, polygraph reports, medical, psychiatric and psychological files and reports, complaints or grievances filed by or against me, training files, education files, school records and transcripts, credit rating and history files, income tax files, records and returns, driving records, military records, criminal records and police, probation and parole reports.

I waive the right to read or review any information received by the Delta Police Department.

I release any individual, company, government agency, or public body and their representatives, agents and employees from any claim or action whatsoever which may result from furnishing the above information to the Delta Police Department.

A photocopy of this release is to be considered as valid as an original waiver even though it does not contain an original of my signature.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_