

# 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 successful completion of all steps of the selection process. False or omitted information may result in disqualification of an applicant for appointment.

Complete 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 Licence
- 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:	<input type="checkbox"/>	Police Officer	
	<input type="checkbox"/>	Reserve	
	<input type="checkbox"/>	Civilian Clerical	Full time or auxiliary
	<input type="checkbox"/>	Civilian Dispatcher	Full time or auxiliary
	<input type="checkbox"/>	Civilian Jail Guard	Auxiliary

**PARTICULARS**

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

**PHYSICAL DESCRIPTION**

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

**MARITAL STATUS**

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

**DRIVER'S LICENCE INFORMATION**

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

List all Driving Offences

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

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

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

**CITIZENSHIP**

Birth \_\_\_\_\_ Landed Immigrant \_\_\_\_\_ by Naturalization Certificate # \_\_\_\_\_

Issued at \_\_\_\_\_ Date \_\_\_\_\_

**FAMILY**

*Spouse/Partner*

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:

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

**EMPLOYMENT**

List from 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: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

**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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any loans? Yes [ ] No [ ]

Lender	Purpose	Amount	Monthly Payments
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List your assets and the values of same:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEDICAL**

Family Doctor \_\_\_\_\_

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

Have you ever broken any bones? 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 special achievements? \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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What are your plans for the future?

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What actions have you taken to implement these plans?

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What magazines do you currently read? Indicate number of issues read per year and any books you have recently read:

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Do you have access to the Internet at home?

Yes [ ]

No [ ]

What websites do you visit?

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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?

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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: \_\_\_\_\_