

Appendix A4.1.1



POLICE SERVICE

EMPLOYMENT APPLICATION FORM

Version 4.0 2017





EMPLOYMENT APPLICATION

Receipt No. _____

For Office Use Only

MAIL COMPLETED APPLICATION TO:

**LETHBRIDGE POLICE SERVICE
RECRUITING UNIT
135 1 Avenue South
Lethbridge, AB T1J 0A1**

For more information about opportunities with the Lethbridge Police Service, please see our website...

<https://www.lethbridgepolice.ca/>

1. An essential component in the selection process of the Lethbridge Police Service is a background investigation. Information gathered will be used to assess the suitability of the Applicant for a police career. There will be a security check on the Applicant and members of their family.
2. All questions must be answered. If a question is not applicable, mark N/A. attach a note explaining the reason any question is left blank.
3. All information supplied is subject to verification by investigation. False statements can disqualify or result in dismissal if employed.
4. Complete this form by typing, then print and sign or printing in ink. Neatness and legibility are of the utmost importance.
5. If extra space is required, attach additional pages to this application.
6. Postal codes must be supplied for each address given.
7. No information received from inquiries concerning information in this application will be released to the applicant.

All of the items below **must be submitted** with your application:

- | | |
|---|--|
| <input type="checkbox"/> Copy of High School Diploma | <input type="checkbox"/> Pardon (if applicable) |
| <input type="checkbox"/> Certified copy of High School Transcript | <input type="checkbox"/> Copy of Vision Report |
| <input type="checkbox"/> Completed Personal Disclosure Form | <input type="checkbox"/> Copy of Hearing Report |
| <input type="checkbox"/> Driving Record Abstract – last three years
(Out of Province Applicants must supply their Provincial Equivalent) | <input type="checkbox"/> Post-Secondary Documents (if applicable) |
| <input type="checkbox"/> Copy of Birth Certificate and/or Canadian Citizenship or Legal Permanent Resident documentation | |
| <input type="checkbox"/> Copy of A-PREP (Alberta- Physical Readiness Evaluation for Police Officer Applicants) results – certified within the last 6 months | <input type="checkbox"/> Attached <input type="checkbox"/> Yet To Be Arranged with |
| <input type="checkbox"/> Copy of Certificate of Standard First Aid – certified within the last 36 months | |
| <input type="checkbox"/> Copy of Certificate in Cardiopulmonary Resuscitation (CPR) "Level C" – certified within the last 12 months | |
- Applicants without Standard First Aid or CPR, should check with the individual police agency he/she is applying to for additional information on how to meet this requirement...

LAST NAME		GIVEN NAME		MIDDLE NAME	
FULL ADDRESS			CITY	PROVINCE	POSTAL CODE
EMAIL ADDRESS		TELEPHONE NO. (RES.)	TELEPHONE NO. (BUS.)		TELEPHONE NO. (OTHER)
Other than the name(s) listed above, please list any name change(s), or name(s) you may have used in the past.					DATE OF BIRTH YYYY MM DD
NAME CHANGE FROM:		NAME CHANGE TO:		DATE OF CHANGE YYYY MM DD	
DRIVER'S LICENCE	PROVINCE	CLASS(ES)	LICENCE NUMBER		DATE OF ISSUE YYYY MM DD

Personal information on this Employment Application is being collected under the authority of the Freedom of Information & Protection of Privacy Act (FOIPPA) Section 33(c). It will be used to determine your suitability, eligibility or qualifications for employment. Questions about the use or collection of this information should be directed to the FOIP Program Administrator.

The Human Resources Unit is constantly reviewing recruiting initiatives across Canada. To assist us with our future planning, please indicate how you learned about this employment opportunity:

- Career Fair
 Newspaper
 Radio/T.V.
 College Posting
 Police Officer
 Other

EDUCATION AND TRAINING											
Proof of education will be required prior to engagement											
HIGH SCHOOL		Check highest grade completed		NAME OF SCHOOL			LOCATION			<input type="checkbox"/> HIGH SCHOOL DIPLOMA <input type="checkbox"/> EQUIVALENCY DIPLOMA	
10		11		12		13					
COLLEGE, BUSINESS SCHOOL, OR TECHNICAL SCHOOL				NAME OF SCHOOL			LOCATION				
PROGRAM OR COURSE							START DATE YYYY MM		FINISH DATE YYYY MM		
LENGTH OF COURSE		GRADE POINT AVERAGE		CERTIFICATE, DIPLOMA, OR LICENCE AWARDED? (IF NOT – PLEASE PROVIDE DETAILS)							
				<input type="checkbox"/> YES <input type="checkbox"/> NO							
COLLEGE, BUSINESS SCHOOL, OR TECHNICAL SCHOOL				NAME OF SCHOOL			LOCATION				
PROGRAM OR COURSE							START DATE YYYY MM		FINISH DATE YYYY MM		
LENGTH OF COURSE		GRADE POINT AVERAGE		CERTIFICATE, DIPLOMA, OR LICENCE AWARDED? (IF NOT – PLEASE PROVIDE DETAILS)							
				<input type="checkbox"/> YES <input type="checkbox"/> NO							
UNIVERSITY		NAME OF SCHOOL			LOCATION						
PROGRAM OR COURSE							START DATE YYYY MM		FINISH DATE YYYY MM		
MAJOR/MINOR											
LENGTH OF COURSE		GRADE POINT AVERAGE		CERTIFICATE, DIPLOMA, OR DEGREE AWARDED? (IF NOT – PLEASE PROVIDE DETAILS)							
				<input type="checkbox"/> YES <input type="checkbox"/> NO							
UNIVERSITY		NAME OF SCHOOL			LOCATION						
PROGRAM OR COURSE							START DATE YYYY MM		FINISH DATE YYYY MM		
MAJOR/MINOR											
LENGTH OF COURSE		GRADE POINT AVERAGE		CERTIFICATE, DIPLOMA, OR DEGREE AWARDED? (IF NOT – PLEASE PROVIDE DETAILS)							
				<input type="checkbox"/> YES <input type="checkbox"/> NO							
UNIVERSITY		NAME OF SCHOOL			LOCATION						
PROGRAM OR COURSE							START DATE YYYY MM		FINISH DATE YYYY MM		
MAJOR/MINOR											
LENGTH OF COURSE		GRADE POINT AVERAGE		CERTIFICATE, DIPLOMA, OR DEGREE AWARDED? (IF NOT – PLEASE PROVIDE DETAILS)							
				<input type="checkbox"/> YES <input type="checkbox"/> NO							
I. Q. A. S.		(International Qualifications Assessment Standards – Certificate - if applicable) For International applicants only – Please state the highest level education achieved.									
		NAME OF SCHOOL			LOCATION						
PROGRAM OR COURSE							START DATE YYYY MM		FINISH DATE YYYY MM		
MAJOR/MINOR											
LENGTH OF COURSE		GRADE POINT AVERAGE		CERTIFICATE, DIPLOMA, OR DEGREE AWARDED? (IF NOT – PLEASE PROVIDE DETAILS)							
				<input type="checkbox"/> YES <input type="checkbox"/> NO							
LANGUAGES SPOKEN											
LANGUAGES WRITTEN											

ADDITIONAL EDUCATION INCLUDING COURSES, WORKSHOPS, AND SEMINARS. (ATTACH AN ADDITIONAL PAPER IF NECESSARY)

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ADDITIONAL COMPUTER SKILLS, TRAINING, COURSES, ETC ... (ATTACH AN ADDITIONAL PAPER IF NECESSARY)

--

HAVE YOU EVER WRITTEN THE ACT (ALBERTA COMMUNICATION TEST), THE CAAT (CANADIAN ADULT ACHIEVEMENT TEST), OR THE WCT (WRITTEN COMMUNICATION TEST)? **YES** (if YES – Where & When) **NO**

--

HAVE YOU EVER WRITTEN THE APCAT (ALBERTA POLICE APPLICANT COGNITIVE ABILITY TEST)? **YES** (if YES – Where & When) **NO**

--

HAVE YOU EVER APPLIED FOR A POSITION WITH THIS OR ANY OTHER POLICE AGENCY? **YES** (if YES – Where & When) **NO**

--

LIST ALL APPLICATIONS TO THIS OR ANY OTHER POLICE AGENCIES

POLICE AGENCY	APPLICATION DATE			STATUS (describe reason for non-selection)
	YYYY	MM	DD	

HAVE YOU EVER TAKEN A POLYGRAPH OR COMPUTER VOICE STRESS ANALYSIS EXAMINATION? **YES** **NO**

AGENCY WHERE POLYGRAPH OR COMPUTER VOICE STRESS ANALYSIS EXAMINATION WAS COMPLETED	YYYY	MM	DD

REASON FOR POLYGRAPH OR COMPUTER VOICE STRESS ANALYSIS EXAMINATION

HAVE YOU EVER BEEN FINGERPRINTED? **YES** **NO** **ENTER REASON FOR FINGERPRINTING BELOW**

--

EMPLOYMENT HISTORY

Begin with your most recent employer and continue in reverse time order.
Provide history for the last ten (10) years if applicable.
Provide an explanation for all gaps in employment.

MOST RECENT		EMPLOYER'S NAME			TELEPHONE NUMBER
EMPLOYER'S ADDRESS					POSTAL CODE
NAME OF IMMEDIATE SUPERVISOR					TELEPHONE NUMBER
START DATE		FINISH DATE		POSITION HELD	
YYYY	MM	YYYY	MM		
DUTIES/RESPONSIBILITIES					
REASON FOR LEAVING					
2nd		EMPLOYER'S NAME			TELEPHONE NUMBER
EMPLOYER'S ADDRESS					POSTAL CODE
NAME OF IMMEDIATE SUPERVISOR					TELEPHONE NUMBER
START DATE		FINISH DATE		POSITION HELD	
YYYY	MM	YYYY	MM		
DUTIES/RESPONSIBILITIES					
REASON FOR LEAVING					
3rd		EMPLOYER'S NAME			TELEPHONE NUMBER
EMPLOYER'S ADDRESS					POSTAL CODE
NAME OF IMMEDIATE SUPERVISOR					TELEPHONE NUMBER
START DATE		FINISH DATE		POSITION HELD	
YYYY	MM	YYYY	MM		
DUTIES/RESPONSIBILITIES					
REASON FOR LEAVING					

EMPLOYMENT HISTORY

(Continued)

4th		EMPLOYER'S NAME			TELEPHONE NUMBER	
EMPLOYER'S ADDRESS					POSTAL CODE	
NAME OF IMMEDIATE SUPERVISOR					TELEPHONE NUMBER	
START DATE YYYY MM		FINISH DATE YYYY MM		POSITION HELD		
DUTIES/RESPONSIBILITIES						
REASON FOR LEAVING						
5th		EMPLOYER'S NAME			TELEPHONE NUMBER	
EMPLOYER'S ADDRESS					POSTAL CODE	
NAME OF IMMEDIATE SUPERVISOR					TELEPHONE NUMBER	
START DATE YYYY MM		FINISH DATE YYYY MM		POSITION HELD		
DUTIES/RESPONSIBILITIES						
REASON FOR LEAVING						
IF YOU WERE ASKED TO RESIGN, OR WERE FIRED FROM A JOB, OR HAD A GAP IN EMPLOYMENT, PLEASE PROVIDE DETAILS AND EXPLANATIONS.						

REFERENCES

Please list five (5) adults, not related to you and not previous employers, whom we may contact as references to provide competent judgment of your personal character, temperament, and work habits.

NAME		GIVEN NAMES	RELATIONSHIP	
FULL ADDRESS				POSTAL CODE
TELEPHONE NO. (RES.)	TELEPHONE NO. (BUS.)	OCCUPATION		YEARS KNOWN

NAME		GIVEN NAMES	RELATIONSHIP	
FULL ADDRESS				POSTAL CODE
TELEPHONE NO. (RES.)	TELEPHONE NO. (BUS.)	OCCUPATION		YEARS KNOWN

NAME		GIVEN NAMES	RELATIONSHIP	
FULL ADDRESS				POSTAL CODE
TELEPHONE NO. (RES.)	TELEPHONE NO. (BUS.)	OCCUPATION		YEARS KNOWN

NAME		GIVEN NAMES	RELATIONSHIP	
FULL ADDRESS				POSTAL CODE
TELEPHONE NO. (RES.)	TELEPHONE NO. (BUS.)	OCCUPATION		YEARS KNOWN

NAME		GIVEN NAMES	RELATIONSHIP	
FULL ADDRESS				POSTAL CODE
TELEPHONE NO. (RES.)	TELEPHONE NO. (BUS.)	OCCUPATION		YEARS KNOWN

CREDIT HISTORY

Please complete the following information.

NAME											
MAIDEN NAME / OTHER NAMES USED											
DATE OF BIRTH YYYY MM DD			EMPLOYER'S NAME								
CURRENT ADDRESS				FROM YYYY MM DD			TO YYYY MM DD				
CITY		PROVINCE		COUNTRY			POSTAL CODE				
PREVIOUS ADDRESS				FROM YYYY MM DD			TO YYYY MM DD				
CITY		PROVINCE		COUNTRY			POSTAL CODE				
PREVIOUS ADDRESS				FROM YYYY MM DD			TO YYYY MM DD				
CITY		PROVINCE		COUNTRY			POSTAL CODE				
PREVIOUS ADDRESS				FROM YYYY MM DD			TO YYYY MM DD				
CITY		PROVINCE		COUNTRY			POSTAL CODE				
PREVIOUS ADDRESS				FROM YYYY MM DD			TO YYYY MM DD				
CITY		PROVINCE		COUNTRY			POSTAL CODE				
DRIVER'S LICENCE	PROVINCE		CLASS(ES)		LICENCE NUMBER			DATE OF ISSUE YYYY MM DD			
CREDIT CARDS	TYPE	ISSUING INSTITUTION			CURRENT BALANCE OWING			EXPIRATION DATE YYYY MM			
2	TYPE	ISSUING INSTITUTION			CURRENT BALANCE OWING			EXPIRATION DATE YYYY M M			
3	TYPE	ISSUING INSTITUTION			CURRENT BALANCE OWING			EXPIRATION DATE YYYY M M			
4	TYPE	ISSUING INSTITUTION			CURRENT BALANCE OWING			EXPIRATION DATE YYYY M M			
OFFICE USE ONLY											
FILE MANAGER											
DATE SENT (Fax)			YYYY	MM	DD	DATE RECEIVED (Fax)			YYYY	MM	DD

SECURITY CLEARANCE DECLARATION**FILE
MANAGER**

OFFICE USE ONLY

This page contains detailed information regarding you, your family, and associates.

This information is required to determine your eligibility for employment.

THIS INFORMATION WILL BE HELD IN STRICTEST CONFIDENCE. Ensure that all sections are completed.

If you cannot type into this form, please print and write legibly. Additional sheets should follow suggested format.

LAST NAME		FIRST NAME		MIDDLE NAME		PREFERRED FIRST NAME			
MAIDEN / OTHER NAMES USED									
FULL ADDRESS			CITY		PROVINCE		TELEPHONE NUMBER		
DATE OF BIRTH		SEX		PLACE OF BIRTH (INCLUDE CITY / COUNTRY BORN)					
YYYY	MM	DD	<input type="checkbox"/> Male	<input type="checkbox"/> Female					
MARITAL STATUS									
<input type="checkbox"/> Single		<input type="checkbox"/> Married		<input type="checkbox"/> Common-law / Domestic Partner		<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced		
If you checked married, common-law or domestic partner, please give full name and date of birth of your partner.									
SURNAME / MAIDEN NAME / OTHER NAMES USED			FIRST NAME		MIDDLE NAME		DATE OF BIRTH		
							YYYY MM DD		
YOU MUST PROVIDE A PHOTOCOPY OF ONE OF THE FOLLOWING DOCUMENTS:									
<input type="checkbox"/> DRIVER'S LICENCE		<input type="checkbox"/> PASSPORT		<input type="checkbox"/> CITIZENSHIP					
HAVE YOU APPLIED FOR EMPLOYMENT/CONTRACT WORK/VOLUNTEER WORK WITH ANY POLICE SERVICE IN THE PAST?									
<input type="checkbox"/> YES			<input type="checkbox"/> NO						
POSITION APPLIED FOR				DIVISION / SECTION					
IN CHRONOLOGICAL ORDER, <i>MOST RECENT FIRST</i> , PLEASE PROVIDE THE ADDRESSES OF EVERY LOCATION WHERE YOU HAVE LIVED IN THE LAST 10 YEARS, AND THE NAMES OF PERSONS WHOM LIVED WITH YOU. PLEASE ESTIMATE THE AGE IF THE EXACT DATE(S) OF BIRTH CANNOT BE OBTAINED. USE NEXT PAGE OR ATTACH ADDITIONAL SHEETS IF REQUIRED.									
ADDRESS		CITY		PROVINCE		POSTAL CODE		FROM	TO
								YYYY	MM DD
NAME OF PERSON(S) WHO SHARE ADDRESS WITH YOU			TELEPHONE NUMBER		RELATIONSHIP		SEX	DATE OF BIRTH	
							<input type="checkbox"/> Male <input type="checkbox"/> Female	YYYY MM DD	
NAME OF PERSON(S) WHO SHARE ADDRESS WITH YOU			TELEPHONE NUMBER		RELATIONSHIP		SEX	DATE OF BIRTH	
							<input type="checkbox"/> Male <input type="checkbox"/> Female	YYYY MM DD	
NAME OF PERSON(S) WHO SHARE ADDRESS WITH YOU			TELEPHONE NUMBER		RELATIONSHIP		SEX	DATE OF BIRTH	
							<input type="checkbox"/> Male <input type="checkbox"/> Female	YYYY MM DD	
ADDRESS		CITY		PROVINCE		POSTAL CODE		FROM	TO
								YYYY	MM DD
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU			TELEPHONE NUMBER		RELATIONSHIP		SEX	DATE OF BIRTH	
							<input type="checkbox"/> Male <input type="checkbox"/> Female	YYYY MM DD	
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU			TELEPHONE NUMBER		RELATIONSHIP		SEX	DATE OF BIRTH	
							<input type="checkbox"/> Male <input type="checkbox"/> Female	YYYY MM DD	
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU			TELEPHONE NUMBER		RELATIONSHIP		SEX	DATE OF BIRTH	
							<input type="checkbox"/> Male <input type="checkbox"/> Female	YYYY MM DD	

SECURITY CLEARANCE DECLARATION (Continued)

Attach an additional sheet(s) if required – following the suggested format.

ADDRESS	CITY	PROVINCE	POSTAL CODE	FROM	YYYY	MM	DD	TO	YYYY	MM	DD
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU			TELEPHONE NUMBER	RELATIONSHIP			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY MM DD			
			TELEPHONE NUMBER	RELATIONSHIP			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY MM DD			
			TELEPHONE NUMBER	RELATIONSHIP			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY MM DD			
ADDRESS	CITY	PROVINCE	POSTAL CODE	FROM	YYYY	MM	DD	TO	YYYY	MM	DD
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU			TELEPHONE NUMBER	RELATIONSHIP			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY MM DD			
			TELEPHONE NUMBER	RELATIONSHIP			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY MM DD			
			TELEPHONE NUMBER	RELATIONSHIP			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY MM DD			
ADDRESS	CITY	PROVINCE	POSTAL CODE	FROM	YYYY	MM	DD	TO	YYYY	MM	DD
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU			TELEPHONE NUMBER	RELATIONSHIP			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY MM DD			
			TELEPHONE NUMBER	RELATIONSHIP			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY MM DD			
			TELEPHONE NUMBER	RELATIONSHIP			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY MM DD			
ADDRESS	CITY	PROVINCE	POSTAL CODE	FROM	YYYY	MM	DD	TO	YYYY	MM	DD
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU			TELEPHONE NUMBER	RELATIONSHIP			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY MM DD			
			TELEPHONE NUMBER	RELATIONSHIP			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY MM DD			
			TELEPHONE NUMBER	RELATIONSHIP			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY MM DD			

SECURITY CLEARANCE DECLARATION (Continued)

Attach an additional sheet(s) if required – following the suggested format.

ADDRESS	CITY	PROVINCE	POSTAL CODE	FROM	YYYY	MM	DD	TO	YYYY	MM	DD
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU			TELEPHONE NUMBER	RELATIONSHIP			SEX	DATE OF BIRTH			
							<input type="checkbox"/> Male <input type="checkbox"/> Female	YYYY	MM	DD	
							<input type="checkbox"/> Male <input type="checkbox"/> Female	YYYY	MM	DD	
							<input type="checkbox"/> Male <input type="checkbox"/> Female	YYYY	MM	DD	
ADDRESS	CITY	PROVINCE	POSTAL CODE	FROM	YYYY	MM	DD	TO	YYYY	MM	DD
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU			TELEPHONE NUMBER	RELATIONSHIP			SEX	DATE OF BIRTH			
							<input type="checkbox"/> Male <input type="checkbox"/> Female	YYYY	MM	DD	
							<input type="checkbox"/> Male <input type="checkbox"/> Female	YYYY	MM	DD	
							<input type="checkbox"/> Male <input type="checkbox"/> Female	YYYY	MM	DD	
ADDRESS	CITY	PROVINCE	POSTAL CODE	FROM	YYYY	MM	DD	TO	YYYY	MM	DD
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU			TELEPHONE NUMBER	RELATIONSHIP			SEX	DATE OF BIRTH			
							<input type="checkbox"/> Male <input type="checkbox"/> Female	YYYY	MM	DD	
							<input type="checkbox"/> Male <input type="checkbox"/> Female	YYYY	MM	DD	
							<input type="checkbox"/> Male <input type="checkbox"/> Female	YYYY	MM	DD	
ADDRESS	CITY	PROVINCE	POSTAL CODE	FROM	YYYY	MM	DD	TO	YYYY	MM	DD
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU			TELEPHONE NUMBER	RELATIONSHIP			SEX	DATE OF BIRTH			
							<input type="checkbox"/> Male <input type="checkbox"/> Female	YYYY	MM	DD	
							<input type="checkbox"/> Male <input type="checkbox"/> Female	YYYY	MM	DD	
							<input type="checkbox"/> Male <input type="checkbox"/> Female	YYYY	MM	DD	
ADDRESS	CITY	PROVINCE	POSTAL CODE	FROM	YYYY	MM	DD	TO	YYYY	MM	DD
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU			TELEPHONE NUMBER	RELATIONSHIP			SEX	DATE OF BIRTH			
							<input type="checkbox"/> Male <input type="checkbox"/> Female	YYYY	MM	DD	
							<input type="checkbox"/> Male <input type="checkbox"/> Female	YYYY	MM	DD	
							<input type="checkbox"/> Male <input type="checkbox"/> Female	YYYY	MM	DD	

FAMILY MEMBERS

SECURITY CLEARANCE DECLARATION (Continued)

Attach an additional sheet(s) if required – following the suggested format.

Applicants must list all names, relationship, sex, date of birth, address and phone number of the applicant's immediate relatives AND of the immediate relatives of the current and/or former spouse, domestic partner, common-law, or significant other. Attach additional sheets if required.

- **Immediate relatives include parents, stepparents, guardians, current and/or former spouse, domestic partner, common-law, or significant other, as well as, children, stepchildren, adopted children, brothers, sisters, step-brothers/sisters, adopted brothers/sisters, who are age 12 or over. This includes individuals who are alive or deceased.**

SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER		

FAMILY MEMBERS**SECURITY CLEARANCE DECLARATION
(Continued)**

Attach an additional sheet(s) if required – following the suggested format.

SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER		

SECURITY CLEARANCE DECLARATION (Continued)

Attach an additional sheet(s) if required – following the suggested format.

1. Have you ever been convicted of any criminal offence in Canada or in any other country for which a pardon, or the equivalent, of a pardon was or was not granted? (Attach Pardon Document)	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Are you now, or have you ever been investigated, arrested, or charged in Canada or in any other country for an offence of any kind? If yes – explain on separate sheet.	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Have you ever been found guilty of an offence in Canada or in any other country when you were under the age of 18? If yes – explain on separate sheet.	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Are you associated with any companies, or businesses, not listed on your application? <input type="checkbox"/> Owner <input type="checkbox"/> Director <input type="checkbox"/> Controlling Share Holder <input type="checkbox"/> Other	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Are you a member of any clubs or organizations? If yes – explain which	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. If you answered yes to the previous question, do you hold a position in that club or organization? <input type="checkbox"/> President <input type="checkbox"/> Chair <input type="checkbox"/> Director <input type="checkbox"/> Other _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. In the past 10 years, have you been involved in any lawsuits or civil actions?	<input type="checkbox"/> YES <input type="checkbox"/> NO

If you have answered "YES" to any of the above questions, attach an additional sheet providing complete details regarding the specific incident, including what occurred, when, where, and why. If pardoned, attach Pardon documentation.

STATEMENT OF CONSENT

I HEREBY CONSENT THAT any and all information pertaining to a Criminal Record registered in my name with the National Repository for Criminal Records in Canada may be provided to authorized persons at the Lethbridge Police Service. I recognize that an employee of the Lethbridge Police is in a position of trust within the community and I hereby consent to the Lethbridge Police Service performing a VS (Vulnerable Sector) search of my name in the National Repository for Criminal Records. I understand that a VS search is a search that will check for pardoned sex offences. I further consent, if requested, to attend the Identification Section of the Lethbridge Police Service for fingerprint confirmation. I further agree to absolutely release, discharge, and absolve the Lethbridge Police Service, the City of Lethbridge and its employees from all claims, losses, or damages including indirect or consequential, occasioned by me during, or as a result of any investigation for a Criminal Record.

Dated this _____ day of _____, 20_____

SIGNATURE

PRINTED NAME OF WITNESS

WITNESS SIGNATURE



Alberta

VISION REPORT

*Examination **MUST** have been completed within 12 months of application.*

NAME OF APPLICANT		SURNAME	GIVEN NAMES	INITIAL
ADDRESS OF APPLICANT				
CITY	PROVINCE	POSTAL CODE	DATE OF BIRTH YYYY	MM DD

VISION STANDARDS FOR POLICE OFFICER APPLICANTS

OPTOMETRIST / OPHTHALMOLOGIST	NAME OF OPTOMETRIST/OPHTHALMOLOGIST	DATE OF EXAMINATION YYYY	MM	DD
ADDRESS OF OPTOMETRIST / OPHTHALMOLOGIST			TELEPHONE NUMBER	
UNCORRECTED VISUAL ACUITY – NORMAL At least 20/40 (6/12) with both eyes open		APPLICANT STANDARD <input type="checkbox"/> YES <input type="checkbox"/> NO		
FARSIGHTEDNESS – NORMAL Not greater than +2.00 D, spherocylindrical in the least hyperopic eye		APPLICANT STANDARD <input type="checkbox"/> YES <input type="checkbox"/> NO		
BEST CORRECTED VISUAL ACUITY – NORMAL At least 20/20 (6/6) with both eyes open		APPLICANT STANDARD <input type="checkbox"/> YES <input type="checkbox"/> NO		
COLOUR VISION – NORMAL Pass Ishihara (Book or Titmus) without any colour corrective (e.g. X-Chrom, Chromagen) lenses		APPLICANT STANDARD <input type="checkbox"/> YES <input type="checkbox"/> NO		
<i>NOTE: Farnsworth Vision Test – is recommended for unsuccessful Ishihara Tests</i>		APPLICANT STANDARD		
Pass Farnsworth D-15 without any colour corrective (e.g. X-Chrom, Chromagen) lenses		<input type="checkbox"/> YES <input type="checkbox"/> NO		
DEPTH PERCEPTION – NORMAL Stereo acuity of 80 seconds of arc or better		APPLICANT STANDARD <input type="checkbox"/> YES <input type="checkbox"/> NO		
LATERAL PHORIA FAR – NORMAL No more than 5 eso or 5 exo		APPLICANT STANDARD <input type="checkbox"/> YES <input type="checkbox"/> NO		
	If No – please provide additional information, which documents that the person is unlikely to experience double vision when fatigued or functioning in reduced visual environments...			
LATERAL PHORIA NEAR – NORMAL No more than 6 eso or 10 exo		APPLICANT STANDARD <input type="checkbox"/> YES <input type="checkbox"/> NO		
	If No – please provide additional information, which documents that the person is unlikely to experience double vision when fatigued or functioning in reduced visual environments...			

<p>PERIPHERAL VISION</p> <p>Peripheral visual field limits with a 5 mm white target at 33cm (or a target with similar angular size with respect to the candidate's viewing distance) should be no less than the limits given below.</p> <p>In addition, no blind spots should be present within these limits other than the physiological blind spot. Limits for the various meridians are:</p> <ul style="list-style-type: none"> • Temporal (0° meridian) 75° • Superior-temporal (45° meridian) 40° • Superior (90° meridian) 35° • Superior-nasal (135° meridian) 35° • Nasal (180° meridian) 45° • Nasal-inferior (225° meridian) 35° • Inferior (270° meridian) 55° • Inferior-temporal (315° meridian) 70° 	<p>APPLICANT STANDARD</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>			
<p>OCULAR DISEASE – NORMAL</p> <p>Free from diseases that impair visual performance as indicated by the standards above, or will produce sudden, unpredictable incapacitation of the visual system.</p>	<p>APPLICANT STANDARD</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>			
<p>CORRECTIVE SURGERY HAVE YOU EVER HAD CORRECTIVE SURGERY? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>				
<p>PROCEDURE TYPE – Please indicate which procedure from the list below...</p>	<p>DATE OF PROCEDURE</p> <table border="1"> <tr> <td>YYYY</td> <td>MM</td> <td>DD</td> </tr> </table>	YYYY	MM	DD
YYYY	MM	DD		
<p><input type="checkbox"/> Corneal Refractive Surgery</p>	<p>Allowed; however, the candidate must meet additional requirements and must provide specific documentation on vision stability and night vision using Recruit Selection Standards approved forms available through any Alberta Municipal Police Service, or from the Manager of First Nations Policing for the Alberta Solicitor General and Public Security.</p>			
<p><input type="checkbox"/> Pseudophakic Intra-Ocular Lenses</p>	<p>Allowed; however, the candidate must meet additional requirements and must provide specific documentation on Alberta Police Recruit Selection Standards approved forms...</p>			
<p><input type="checkbox"/> Phakic Intra-Ocular Lens Implants (Piol)</p>	<p>Certain designs are allowed; however, the candidate must meet additional requirements and must provide specific documentation on vision stability and night vision using the Alberta Police Recruit Selection Standards approved forms...</p>			
<p><input type="checkbox"/> Orthokeratology, Corneal Transplants, and Intra-Stromalcorneal Rings</p>	<p>Not allowed.</p>			
<p>NIGHT VISION – Only required if an Applicant had Corrective Surgery</p> <p>Obtain minimum scores on at least 2 of the 3 following tests (all testing is done binocularly with, or without, any spectacle or contact lens correction):</p> <ol style="list-style-type: none"> 1. Bailey-Lovie Low Contrast Acuity in Room Illumination: minimum acuity of 0.20 logMAR 2. Bailey-Lovie High Contrast Acuity in Dim Illumination: minimum acuity of 0.30 logMAR 3. Bailey-Lovie Low Contrast Acuity in Dim Illumination: minimum acuity of 0.58 logMAR 	<p>APPLICANT STANDARD</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>			
<p>SIGNATURE OF DOCTOR</p>	<p>DATE</p> <table border="1"> <tr> <td>YYYY</td> <td>MM</td> <td>DD</td> </tr> </table>	YYYY	MM	DD
YYYY	MM	DD		
<p>SIGNATURE OF APPLICANT</p>	<p>DATE</p> <table border="1"> <tr> <td>YYYY</td> <td>MM</td> <td>DD</td> </tr> </table>	YYYY	MM	DD
YYYY	MM	DD		

Note: *All vision test results will be verified by a Pre-Employment Occupational Health and Safety Medical prior to employment.*



Alberta

HEARING REPORT

Examination MUST have been completed within 12 months of application.

NAME OF APPLICANT		SURNAME	GIVEN NAMES	INITIAL
ADDRESS OF APPLICANT				
CITY	PROVINCE	POSTAL CODE	DATE OF BIRTH YYYY	MM DD

HEARING STANDARDS FOR POLICE OFFICER APPLICANTS

AUDIOLOGIST / OTOLARYNGOLOGIST	NAME OF AUDIOLOGIST/OTOLARYNGOLOGIST:	DATE OF EXAMINATION YYYY	MM	DD
	ADDRESS OF AUDIOLOGIST/OTOLARYNGOLOGIST:			
				TELEPHONE NUMBER

PURETONE THRESHOLDS IN HL	500	1000	2000	3000	4000
RIGHT EAR					
LEFT EAR					

PLACE A LARGE "X" IN THE APPROPRIATE BOX

I certify that the above named individual Meets Does Not Meet
the hearing requirements for a Police Officer applicant as indicated in Unaided Criteria .

SIGNATURE OF TECHNICIAN/NURSE/DOCTOR	DATE YYYY	MM	DD
SIGNATURE OF APPLICANT	DATE YYYY	MM	DD

Note: *All hearing test results will be verified by a Pre-Employment Occupational Health and Safety Medical prior to employment.*



ALBERTA POLICE RECRUIT SELECTION STANDARDS

SUPPLEMENTARY HEARING INFORMATION FOR AUDIOLOGISTS

The auditory requirements of a police constable's routine duties are such that the constable's life may depend on the ability to hear, localize and understand a variety of environmental and speech sounds, including soft sounds. The constable should hear well enough to avoid undue risk to bystanders and to herself/himself and to protect the public from harm

The hearing requirements of the Alberta Police Recruit Selection Standards were developed based on task and job analysis and an expert opinion. The standard is based on the recognition that, for the police constable, hearing acuity, word discrimination and sound localization are important dimensions of hearing competency required to perform job-related tasks safely and effectively.

Alberta Police Recruit Selection Standards – Hearing Standards

Unaided Criteria I

Pure-tone threshold measured under audiometric earphones shall not exceed 25dB HL in each ear at the following frequencies: 500, 1000, 2000, 3000 and 4000 Hz.

Unaided Criteria II

For each ear, pure-tone thresholds measured under audiometric earphones shall not exceed a four-frequency average (500, 1000, 2000, 3000 Hz) of 25dB HL, thresholds at none of these single frequencies shall exceed 35 dB HL and thresholds at 4000 Hz shall not exceed 45 dB HL. In addition, speech recognition scores shall be 88% or better in each ear at 50dB HL in quiet, using half lists (25 test words) of recorded monosyllabic words presented under standard audiometric earphones. The lists of Northwestern University Test No. 6 are to be used for word discrimination testing, to achieve consistency across test sites. Furthermore, speech recognition scores measured with both ears open in sound field shall be 68% or better at a 5+ signal-to-noise (S/N) ration, when a half-list (25 test words) of recorded monosyllabic words is presented at 50 dB HL. For measurement, both the word list and competing speech noise shall be presented at 0° azimuth (i.e. from one speaker located directly in front of the candidate).

Unaided Criteria IA

Pure-tone thresholds measured under audiometric earphones shall not exceed 40 dB HL in each ear at the following frequencies: 500, 1000, 2000, 3000; and shall not exceed 55 dB HL at 4000 Hz.

- If the standards are met the applicant can proceed to Aided Criteria with a Completely in Canal (CIC) hearing aid.
- If the application does not meet hearing standards, accommodation with a CIC is not allowed.

Aided Criteria

NOTE: Individual assessments by an audiologist are recommended for candidates with any type of hearing aid, who then must decide whether the candidate is able to perform within the CSS Hearing Performance Standard criteria established for the sound field.

For each ear, narrow-band or warbled-tone thresholds measured in a calibrated sound field at 0° azimuth shall not exceed a four-frequency average (500, 1000, 2000 and 3000 Hz) of 25 dB HL; thresholds at none of these single frequencies shall exceed 35 dB HL, and threshold at 4000 Hz shall not exceed 45 dB HL. Measurements shall be made monaurally in an audiometric sound field with the aided (non-test) ear plugged or, when necessary, effectively masked. (Measurements of aided threshold may also be expressed as real-ear aided response, using probe-microphone measurements with sound pressure levels appropriately converted to hearing levels). In addition, speech recognition scores in sound field shall be 88% or higher in each aided ear (with the non-test ear plugged or appropriately masked) using half-lists (25 words) or recorded, monosyllabic words (Northwestern University NU-6 lists) presented at 50 dB HL in quiet at 0° azimuth. Furthermore, monaurally or binaurally aided speech recognition scores measured in sound field shall be 68% or higher at a +5 dB S/N ration, when NU-6 half lists are presented at 50 dB HL. Both the word list and competing speech noise shall be presented at 0° azimuth. Hearing aids worn shall be adjusted to those settings used in the "Hearing Acuity" portion of this criterion.



ALBERTA POLICE RECRUIT SELECTION STANDARDS

AUTHORIZATION FOR RELEASE OF INFORMATION

NAME OF APPLICANT	SURNAME	GIVEN NAMES	INITIAL
ADDRESS OF APPLICANT			
CITY	PROVINCE	POSTAL CODE	DATE OF BIRTH YYYY MM DD

I, _____, the undersigned, hereby authorize any person, employer, organization, or physician to provide any information, opinion, reports, records, documents or copies thereof in any form, which may be requested in connection with my application for employment with the Lethbridge Police Service and any subsequent training.

Personal information about me will be used to assess my qualifications and suitability in relation to my application as a police officer as well as research purposes. I consent to the collection, use, disclosure, transmittal, and examination of all information compiled by the Lethbridge Police Service.

Personal information about me that is obtained during the selection process, or any subsequent training and employment, may be disclosed to any law enforcement agency for the purpose for which it was obtained or for any other reason.

I agree to waive any right of action against any person or organization providing information or opinions in compliance with this authorization.

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

SIGNATURES	SIGNATURE OF APPLICANT:	DATE: YYYY MM DD		
	NAME OF WITNESS:	SIGNATURE OF WITNESS:	DATE: YYYY MM DD	
NOTE: The Witness must be 18 years or older				



ALBERTA POLICE RECRUIT SELECTION STANDARDS

POLYGRAPH

EXAMINATION CONSENT

NAME OF APPLICANT	SURNAME	GIVEN NAMES	INITIAL
ADDRESS OF APPLICANT			
CITY	PROVINCE	POSTAL CODE	DATE OF BIRTH YYYY MM DD

I, _____, the undersigned, hereby voluntarily, without threats, promises of immunity or reward and without duress, coercion of force, agree to take a Polygraph examination, to be given to me by a Member of Lethbridge Police Service.

I fully realize I am not obligated to say anything and that anything I say may be given in evidence.

SIGNATURES	SIGNATURE OF APPLICANT:	DATE: YYYY MM DD
NAME OF WITNESS:	SIGNATURE OF WITNESS:	DATE: YYYY MM DD
NOTE: The Witness must be 18 years or older		