



Constable Application

Checklist of Mandatory Application Documents

Surname: _____

First Name: _____

Middle Name(s): _____

The following list of documents **must** be included with your application package. Applications received missing **any** of the documents indicated below will not be accepted. You will be required to re-submit the **entire** completed package. This checklist **must** be submitted with your application package as well. **Please do not submit binders or folders or hard copy applications.**

<input type="checkbox"/>	Completed Checklist of Mandatory Application Documents (<i>this page</i>)
<input type="checkbox"/>	Cover Letter and Resume
<input type="checkbox"/>	Completed Police Constable Application Form
<input type="checkbox"/>	McNeil Report (Experienced Constables only)
<input type="checkbox"/>	Completed Vision and Hearing Forms (the forms must be notarized by a licensed practitioner)
<input type="checkbox"/>	Four (4) letters of reference - 3 work related and 1 character reference
<input type="checkbox"/>	Copy of Emergency or Standard First Aid Certificate and CPR Level "C" Certificate
<input type="checkbox"/>	Copy of Driver's Licence
<input type="checkbox"/>	Proof of successful completion of four (4) years of Ontario Secondary School Education or Equivalency (copies of diploma or transcripts required)
<input type="checkbox"/>	Proof of any Post-Secondary Education or Equivalency (copies of diploma or transcripts required)
<input type="checkbox"/>	Completed Authorization for Release of Information (<i>the final four pages of this document</i>)



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APPLICATION Position of Constable or Recruit

Important

1. Carefully review and follow application instructions included in this application form.
2. Please print clearly, complete fully, and use additional paper if space is insufficient.
3. Forward the completed application form to the UCCM Anishnaabe Police Service, 5926 Highway 540, M'Chigeeng ON P0P1G0, Attention: Human Resources, or email to andrea.mcgregor@uccmpolice.com.

I. Personal Information

Legal Last Name	Legal Given Name (1)	Given Name (2)
Complete Address (including Number, Street, Apt. Number, Lot, Concession, Rural Route #)		
City or Town	Province	Postal Code
Phone Number		
Email Address		

		Yes	No
Are you at least 18 years of age?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you successfully completed at least 4 years of secondary school or equivalent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you legally eligible to work in Canada?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a Canadian Citizen or permanent resident of Canada?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you possess a valid "G" driver's licence that permits you to drive an automobile in Ontario with full driving privileges?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of any criminal offence 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.)	N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you were previously convicted under a federal statute, have you been granted or issued a pardon; or in the event of a discharge related to a finding of guilt, have the records been sealed by the R.C.M.P.?	N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you possess a valid C.P.R. certificate? If yes , please provide the expiry date. If no , please provide date of scheduled training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you possess a valid first aid certificate? If yes , please provide the expiry date. If no , please provide date of scheduled training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. 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	Length of course in years	Number of years Completed
Licence, Certificate or Diploma Awarded Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of Award (i.e., Certificate – Medical Receptionist)	

Community College Attended		
Program Name	Length of program in years	Number of years completed
Licence, Certificate or Diploma Awarded Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of Award (i.e., Ontario College Diploma – Police Foundations)	

University Attended		
Major Area of Study	Length of program in years	Number of years completed
Degree Awarded Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of Degree Awarded (i.e., Bachelor of Arts - Geography)	

Other relevant Courses, Workshops, Seminars, Training, Licenses, Certificates or Degrees

III. Employment History

1. Beginning with your most recent 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 (attached additional sheets as required).
2. Is your current employer(s) aware you are seeking employment? Please be advised they may be contacted at a later point in the selection process.

Present or Previous Employer Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>		
Telephone Number ()	Date Employed: From	To:
Complete Mailing Address (include Postal Code)		
Supervisor's Name and Title	Applicant's Position / Title	
Brief Description of Duties		
Reason for Leaving		
Present or Previous Employer Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>		
Telephone Number ()	Date Employed: From	To:
Complete Mailing Address (include Postal Code)		
Supervisor's Name and Title	Applicant's Position / Title	
Brief Description of Duties		
Reason for Leaving		
Present or Previous Employer Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>		
Telephone Number ()	Date Employed: From	To:
Complete Mailing Address (include Postal Code)		
Supervisor's Name and Title	Applicant's Position / Title	
Brief Description of Duties		
Reason for Leaving		

IV. COMMUNITY INVOLVEMENT

Note: 1. List all activities that you have volunteered for (did not receive compensation) and where, by volunteering, you gave of your time for a purpose or a cause that benefited a particular individual, group or community (attach additional sheets as necessary).

Present or Previous Organization		
Your Position	Dates: From	To:
Hours _____ Per: Week <input type="checkbox"/> Month <input type="checkbox"/>	Total Volunteer Hours	Currently Active Yes <input type="checkbox"/> No <input type="checkbox"/>
Contact Person for verification (Name and Phone)		
Brief Description of Duties		
Reason for Leaving		
Present or Previous Organization		
Your Position	Dates: From	To:
Hours _____ Per: Week <input type="checkbox"/> Month <input type="checkbox"/>	Total Volunteer Hours	Currently Active Yes <input type="checkbox"/> No <input type="checkbox"/>
Contact Person for verification (Name and Phone)		
Brief Description of Duties		
Reason for Leaving		
Present or Previous Organization		
Your Position	Dates –From	To
Hours _____ Per: Week <input type="checkbox"/> Month <input type="checkbox"/>	Total Volunteer Hours	Currently Active Yes <input type="checkbox"/> No <input type="checkbox"/>
Contact Person for verification (Name and Phone)		
Brief Description of Duties		
Reason for Leaving		

Have you ever applied to any other police service(s)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, complete the following			
Name of Service	Date(s)	Is your application currently active?	
1.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>Declaration: I hereby declare that the foregoing information is true and complete to the best of my knowledge. I understand that a false declaration may disqualify me from further consideration for employment or result in dismissal should I be appointed as a police constable / recruit. 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.</p>			
Applicant's Signature:		Date:	

Please Note: personal information which may include academic, employment, medical, physical, financial, character and other personal data is being collected during the recruitment process under the authority of the police services act sections 38, 43 and 53, for the purpose of assessing your suitability for employment.

Questions about this collection should be directed to the Human Resources Department, UCCM Anishnaabe Police Service, 5926 Highway 540, M'Chigeeng, Ontario, P0P 1G0, [\(705\) 377-7135](tel:7053777135) or email at andrea.mcgregor@ucmpolice.com.



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CONSENT AND RELEASE OF LIABILITY FORM

- All health care practitioners (including without limitation, doctors, nurses, psychologists and their agents) who have provided me with health care treatment, either as part of this Constable Selection process or otherwise.
- All previous employers who may hold personal information about me.
- One or more consumer reporting agencies, which maintains credit or other personal information about a consumer.
- Any educational institution in which I have been, or am currently, enrolled and which has information about me, including my grade or performance results; and,

I irrevocably authorize the above-noted individuals or entities to collect personal information about me from sources other than myself and I consent to their using this information as they require and/or as is described above, and I consent to the disclosure of such personal information to the UCCM Anishnaabe Police Service and to whom I have applied for employment.

I further acknowledge that any of the above-noted individuals or entities may disclose to the UCCM Anishnaabe Police Service to which I have submitted an application any or all the following records, including any parts of the following records:

- Academic records and transcripts.
- Employment records (Police Service and other), including performance evaluation / reviews, reference, discipline, complaint and attendance information.
- Police records and history of law involvement, including criminal and provincial reports and convictions, and intelligence information.
- Police service applications.
- Medical information.
- Information from background and security checks (including OIPRD, CPIC, NCIC, Interpol, Vulnerable checks, NICHE, CBSA, YCJA & YOA records etc.).

- Financial information, including credit bureau check.
- Driving record.
- Physical, psychological, visual, aptitude and other employment- related tests, including but not limited to MMPI-2 - questions, answers and scores, and the interview notes, summaries, opinions, assessments and evaluations of psychologists.
- Applicant survey information.
- Training records; and
- Social networking websites, blogs, chatrooms, email or other online content.



B. CONSENT/RESEARCH

I understand that personal information about me may be required occasionally for research purposes, and in particular for documenting findings and trends, and for reviewing the validity and reliability of the hiring process. I hereby consent to any of the personal information collected about me, pursuant to this form or at any point while I am being trained to be an employee of the UCCM Anishnaabe Police Service, to be used and to be disclosed to a researcher or to the OACP/Ministry/TNT for these purposes. I understand that in providing this consent no personal information that identifies me shall ever be (unless by way of court order) published in a publication that is available to the general public.

C. RELEASE OF LIABILITY

By signing this form, I understand, acknowledge and irrevocably agree that in consideration for applying to be an employee of the UCCM Anishnaabe Police Service, I hereby release and forever discharge all of the individuals, entities, and classes of individuals and entities referred to on this form, and their agents, licensees, employees, directors, officers, and subcontractors, from any and all actions, causes of action, claims, demands, and remedies, for any and all damages, losses, injuries and expenses of any nature or kind howsoever arising, which hereafter may be sustained by me in connection with the collection, use, and disclosure of information about me in accordance with the consents provided by me in this form, and from the use or reliance upon information about me obtained in accordance with these consents.

And I further agree that this Release of Liability shall apply to and be binding on each of my heirs, administrators, executors, assigns.

I have read the pages of this Consent and Release of Liability Form, and by signing below, I certify that I understand its content, agree to its terms, and am at least eighteen (18) years of age.

Candidate's Name (Please Print)

Name of Witness (Please Print)

Candidate's Signature

Witness's Signature

Date of Signatures: _____

Personal information obtained through the completion of this form for employment as a police officer is collected pursuant to section 43 of the Police Service Act 1990 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.