



**METRO VANCOUVER
TRANSIT POLICE**

**POLICE OFFICER (EXEMPT)
EMPLOYMENT APPLICATION (AZ020B)**

IMPORTANT INSTRUCTIONS FOR COMPLETING THIS DOCUMENT

Note: Do not proceed with your application if you are not five (5) years clear of Criminal Activity, either detected or undetected by police.

The information you provide in this application form will assist this Department in determining whether you would be capable of meeting the requirements of employment as a Police Officer. You may be deferred as a result of disclosures made in our Personal Disclosure Form. Once your deferral period has expired, you may reapply, however, you will have to resubmit a new Personal Disclosure Form.

1. Answer all questions completely and provide **specific** information. Be thorough and do not assume an incident is too minor to include. The Recruiting Unit will review the document to make that determination. Information provided or collected will be held in confidence and will be subject to applicable privacy legislation.
 - If the question is not applicable, indicate by writing N/A.
 - **All** sections must be completed and all documentation submitted with application.
Section 1: *Consent for Collection & Use and Disclosure of Personal Information (AZ190)*
Section 2: *Vision Report for Police Service (AZ030)*
2. Untruthful responses and/or avoidance may be considered deceit and may be grounds for the termination of your application. It is important you answer each question accurately because false, incomplete or incorrect information could result in your disqualification from the selection process.
3. Minimizing, blaming or failure to accept responsibility will be closely scrutinized.
4. Should you continue in the process, your answers will be verified by a variety of methods including a polygraph (lie detector) and a detailed background investigation.

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

- Birth Certificate
- Canadian Citizenship or Permanent Resident/Landed Immigrant Status documentation
- Driver's Licence
- Two (2) Passport photos (colour)
- Driver's Abstract (obtained from Motor Vehicle Branch)
- Supporting Police Education and Training Documents, Transcripts and Certificates
- Two Performance Evaluations completed by an NCO
- High School Graduation Transcripts
- Post-Secondary School Transcripts, if applicable - **Education completed outside of Canada must be evaluated by the International Credential Evaluation Service.**

As a Lateral police applicant to the Transit Police, you are required to report in this application your **McNEIL Disclosure Conduct Record Status** and to immediately report any changes to your McNEIL Disclosure Conduct Record Status to the Transit Police Recruiting Unit throughout the selection process. Your McNEIL Disclosure Conduct Record Status is based on the following five reporting triggers.

1. Have you been convicted or found guilty under the Criminal Code of Canada or the Controlled Drugs and Substances Act which a pardon has not been granted or are you unsure of that fact;
2. Are you currently charged with an offence under the Criminal Code of Canada or the Controlled Drugs and Substances Act, or are you unsure of that fact;
3. Within the past 5 years have you been convicted or found guilty of an offence pursuant to any other federal or provincial statute, or are you unsure of that fact (Being found guilty of police misconduct under the RCMP Act or another provincial police act to be reported in this section);
4. Within the past 5 years, have you been found guilty of misconduct after a Prehearing Conference, Discipline Proceeding or Public Hearing under the BC Police Act, or are you unsure of that fact; or
5. Are you currently facing a charge of misconduct under the BC Police Act, for which a Notice of Prehearing Conference, Discipline Proceeding or Public Hearing has been issued, or are you unsure of that fact.

Please email completed application package to recruiting@transitpolice.bc.ca or mail it to:

Recruiting Section, Metro Vancouver Transit Police (SCBCTAPS), 300 – 287 Nelson's Court, New Westminster, BC V3L 0E7

Briefly detail your reasons for wishing to become a member of the Transit Police:

I hereby certify the answers given by me in this questionnaire are true and complete. I agree and understand that if any answers and material facts are found to be false or omitted, it will cause forfeiture on my part of all rights to employment with the Metro Vancouver Transit Police (South Coast British Columbia Transportation Authority Police Service). I also understand that any information obtained during the selection process may be available to other police agencies in Canada. I am also aware that as a Metro Vancouver Transit Police (South Coast British Columbia Transportation Authority Police Service) applicant, I will be required to complete polygraph.

Signature of Applicant

Date (YYYY/MMM/DD)

Name of Applicant

CONSENT TO COLLECTION, USE & DISCLOSURE OF PERSONAL INFORMATION (AZ190)

Pursuant to Sections 27(1)(a)(i), 27(2), 32(b) and 33.1(1)(b) of the Freedom of Information and Protection of Privacy Act, I,

_____ (also or formerly known as) _____

of _____

DO HEREBY CONSENT to the collection, use and disclosure by the Metro Vancouver Transit Police (South Coast British Columbia Transportation Authority Police Service), and/or their agent(s) of the following personal information pertaining to me. Furthermore, I authorize any public body, agency or any private organization to disclose any and all personal information that they may have about me to the Metro Vancouver Transit Police:

any and all records, files, notes, reports, opinions or other information concerning me, including information of the following types:

- Credit bureau check – including a review of the employee’s credit rating
- Bankruptcy search
- Court registry search – including a search for any civil litigation, criminal and family matter proceedings at the Supreme Court or Provincial Court
- Motor vehicle driver abstract and ICBC claims history review
- Verification of education
- Neighborhood enquiries
- Previous employment enquiries
- Employee interview
- All Criminal Data Bases & Criminal Records Checks
- Accredited Canadian Police Agency Professional Standards Unit

I acknowledge that I have been advised that the said information is being collected; used and disclosed to assess my suitability for employment with the Metro Vancouver Transit Police and that the collection of this information is authorized by section 26(c) of the Freedom of Information and Protection of Privacy Act. I have been further advised that if I have any questions regarding this collection, I can contact the Deputy Chief Officer, Metro Vancouver Transit Police, 300-287 Nelson’s Court, New Westminster, BC V3L 0E7; Telephone (604) 515-8300.

This consent is freely given and, furthermore, I acknowledge that a photocopy of this signed release is to be considered as valid as the original even if it does not contain an original of my signature.

Signature of Applicant

Date (YYYY/MMM/DD)

Name of Applicant

- IMPORTANT:**
- 1: Carefully review and follow application instructions.
 - 2: Please print clearly, complete fully, and use additional paper if space is insufficient.

PERSONAL INFORMATION					
Surname:		Given (1):	Given (2):		
Address:					
City:	Province:	Postal Code:			
Business or Day Phone Number:	Home or Evening Phone Number:	Cell phone number:			
Email Address:		Nickname:			
Height:	ft	in	cm		
Weight:	lbs	kg	Eye Color:		
Hair Colour:	Blood Type:	Handed:			
		Left <input type="checkbox"/>	Right <input type="checkbox"/>		
Date of Birth:	Place of Birth:	Social Insurance Number:			
Marital Status:					
Single <input type="checkbox"/>	Married <input type="checkbox"/>	Common-Law <input type="checkbox"/>	Divorced <input type="checkbox"/>		
Separated <input type="checkbox"/>	Widow(er) <input type="checkbox"/>				
			Yes	No	
Are you legally eligible to work in Canada?					
Are you a Canadian citizen or Permanent Resident of Canada? Specify.					
If you are a Permanent Resident of Canada, please provide your Card No.:					
Do you possess a Possession and Acquisition Licence (PAL)?					
Are you currently in possession of any unregistered, restricted and/or prohibited firearms? If so, what are they?					

SPOUSE/ PARTNER			
Surname:	Given (1):	Given (2):	Given (3) or maiden name:
Address:			
City:	Province:	Postal Code:	
Business or Day Phone Number:	Home or Evening Phone Number:	Cellphone number:	
Email Address:		Nickname:	
Date of Birth:	Place of Birth:	Occupation:	
Name of Employer:		Address of Employer:	
If you are divorced or separated, provide your former spouse/partner's personal information.			
Surname:	Given (1):	Given (2):	Given (3) or maiden name:
Address:			
City:	Province:	Postal Code:	
Date of Birth:	Place of Birth:	Occupation:	
Name of Employer:		Address of Employer:	
Reason for Separation or Divorce:			
To what degree do you support your divorced or separated spouse and or children?			

PARENTS (include deceased members)			
Father's Surname:	Given (1):	Given (2):	Given (3) or maiden name:
Address:			
City:	Province:	Postal Code:	
Date of Birth:	Place of Birth:	Racial Origin:	
Natural <input type="checkbox"/>	Adoptive <input type="checkbox"/>	Step-Parent <input type="checkbox"/>	Deceased <input type="checkbox"/>
Date:			Occupation:
Name of Employer:		Address of Employer:	
PARENTS (include deceased members)			
Mother's Surname:	Given (1):	Given (2):	Given (3) or maiden name:
Address:			
City:	Province:	Postal Code:	
Date of Birth:	Place of Birth:	Racial Origin:	
Natural <input type="checkbox"/>	Adoptive <input type="checkbox"/>	Step-Parent <input type="checkbox"/>	Deceased <input type="checkbox"/>
Date:			Occupation:
Name of Employer:		Address of Employer:	

SIBLINGS (include deceased members)			
Sibling (1) Surname:	Given (1):	Given (2):	Given (3) or maiden name:
Address:			
City:	Province:	Postal Code:	
Date of Birth:	Place of Birth:	Racial Origin:	
Natural <input type="checkbox"/>	Adoptive <input type="checkbox"/>	Step-Sibling <input type="checkbox"/>	Deceased <input type="checkbox"/>
Date:	Occupation:		
Name of Employer:		Address of Employer:	
SIBLINGS (include deceased members)			
Sibling (2) Surname:	Given (1):	Given (2):	Given (3) or maiden name:
Address:			
City:	Province:	Postal Code:	
Date of Birth:	Place of Birth:	Racial Origin:	
Natural <input type="checkbox"/>	Adoptive <input type="checkbox"/>	Step-Sibling <input type="checkbox"/>	Deceased <input type="checkbox"/>
Date:	Occupation:		
Name of Employer:		Address of Employer:	
SIBLINGS (include deceased members)			
Sibling (3) Surname:	Given (1):	Given (2):	Given (3) or maiden name:
Address:			
City:	Province:	Postal Code:	
Date of Birth:	Place of Birth:	Racial Origin:	
Natural <input type="checkbox"/>	Adoptive <input type="checkbox"/>	Step-Sibling <input type="checkbox"/>	Deceased <input type="checkbox"/>
Date:	Occupation:		
Name of Employer:		Address of Employer:	

Sibling (4) Surname:		Given (1):	Given (2):	Given (3) or maiden name:	
Address:					
City:		Province:	Postal Code:		
Date of Birth:		Place of Birth:	Racial Origin:		
Natural <input type="checkbox"/>		Adoptive <input type="checkbox"/>	Step-Sibling <input type="checkbox"/>	Deceased <input type="checkbox"/>	Occupation:
Date:					
Name of Employer:			Address of Employer:		
Sibling (5) Surname:		Given (1):	Given (2):	Given (3) or maiden name:	
Address:					
City:		Province:	Postal Code:		
Date of Birth:		Place of Birth:	Racial Origin:		
Natural <input type="checkbox"/>		Adoptive <input type="checkbox"/>	Step-Sibling <input type="checkbox"/>	Deceased <input type="checkbox"/>	Occupation:
Date:					
Name of Employer:			Address of Employer:		
Sibling (6) Surname:		Given (1):	Given (2):	Given (3) or maiden name:	
Address:					
City:		Province:	Postal Code:		
Date of Birth:		Place of Birth:	Racial Origin:		
Natural <input type="checkbox"/>		Adoptive <input type="checkbox"/>	Step-Sibling <input type="checkbox"/>	Deceased <input type="checkbox"/>	Occupation:
Date:					
Name of Employer:			Address of Employer:		

IN-LAWS (include deceased members)

IN-LAWS (include deceased members)			
Father-in-Law's Surname:	Given (1):	Given (2):	Given (3) or maiden name:
Address:			
City:	Province:	Postal Code:	
Date of Birth:	Place of Birth:	Racial Origin:	
Natural <input type="checkbox"/>	Adoptive <input type="checkbox"/>	Step-Parent <input type="checkbox"/>	Deceased <input type="checkbox"/>
Date:			Occupation:
Name of Employer:		Address of Employer:	
MOTHER-IN-LAWS (include deceased members)			
Mother-in-Law's Surname:	Given (1):	Given (2):	Given (3) or maiden name:
Address:			
City:	Province:	Postal Code:	
Date of Birth:	Place of Birth:	Racial Origin:	
Natural <input type="checkbox"/>	Adoptive <input type="checkbox"/>	Step-Parent <input type="checkbox"/>	Deceased <input type="checkbox"/>
Date:			Occupation:
Name of Employer:		Address of Employer:	

In chronological order, list all residences you have lived at as an adult (include any out-of-country or other residences you maintain).

	Address	City/Province/State	Country	Date	
				From	To
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

EDUCATION

Secondary School Attended:		
Highest grade completed:	Year completed:	Program Completed:
Secondary School Attended (2):		
Highest grade completed:	Year completed:	Program Completed:

Community College attended:		
Course Name:	Length of Course:	Credits obtained:
Certificate or Diploma awarded:		
Dates	From: To:	Studied <input type="checkbox"/> Full time <input type="checkbox"/> Part time
Community College attended (2):		
Course Name:	Length of Course:	Credits obtained:
Certificate or Diploma awarded:		
Dates	From: To:	Studied <input type="checkbox"/> Full time <input type="checkbox"/> Part time

University attended:		
Major area of study:	Length of Course:	Credits obtained:
Degree awarded:		
Dates	From: To:	Studied <input type="checkbox"/> Full time <input type="checkbox"/> Part time
University attended (2):		
Major area of study:	Length of Course:	Credits obtained:
Degree awarded:		
Dates	From: To:	Studied <input type="checkbox"/> Full time <input type="checkbox"/> Part time

Business, Trade or Technical School attended:		
Course name:	Length of Course:	Credits obtained:
License, Certificate or Diploma awarded:		
Dates	From: To:	Studied <input type="checkbox"/> Full time <input type="checkbox"/> Part time
Business, Trade or Technical School attended (2):		
Course name:	Length of Course:	Credits obtained:
License, Certificate or Diploma awarded:		
Dates	From: To:	Studied <input type="checkbox"/> Full time <input type="checkbox"/> Part time

List other relevant Educational Courses, Workshops, Seminars, Training, Licenses, Certificates. Attach copy of Police Training Record, if possible.

EMPLOYMENT HISTORY

Note

1. Beginning with your present employer, please list and describe all the jobs you have held during your working career.
2. Include a list of all the positions you have held during your Policing career.
3. Please be advised that we may contact your current employer.
4. Copy this page and attach additional sheets if necessary.

Present or Last Employer:

Telephone Number:

Date of Employment

From:

To:

Employer Address:

Supervisor's Name and Title:

Your title:

Brief Description of your duties:

What did you like best about your work?

What did you like least about your work?

Reason for leaving?

Previous Employer (2):			
Telephone Number:	Date of Employment	From:	To:
Employer Address:			
Supervisor's Name and Title:		Your title:	
Brief Description of your duties:			
What did you like best about your work?			
What did you like least about your work?			
Reason for leaving?			

Previous Employer (3):			
Telephone Number:	Date of Employment	From:	To:
Employer Address:			
Supervisor's Name and Title:		Your title:	
Brief Description of your duties:			
What did you like best about your work?			
What did you like least about your work?			
Reason for leaving?			

Previous Employer (4):			
Telephone Number: ()	Date of Employment	From:	To:
Employer Address:			
Supervisor's Name and Title:		Your title:	
Brief Description of your duties:			
What did you like best about your work?			
What did you like least about your work?			
Reason for leaving?			

Have you ever claimed WCB benefits where you were not entitled to them? If yes, provide details.

Yes No

Have you ever received disability benefit or pension plan from any other source?

Yes No

If yes, provide details of all incidents.

Provide details of any time you have been fired, laid off or let go from your employment or place of work.

Have you ever had problems with absenteeism or lateness when you were a student or an employee?

Yes No

If yes, provide details of all incidents.

Tell us about the time/s you cheated on any test/s or exam/s. Provide details of all incidents.

Have you ever plagiarized an essay or report (i.e. book, periodical, internet, etc.)?
If yes, provide details of all incidents.

Yes No

Have you ever been involved in a civil lawsuit as a respondent or plaintiff?
If yes, provide details of all incidents.

Yes No

Have you ever received any insurance settlements, WCB, business or personal insurance claims?
If yes, provide details of all claims.

Yes No

VOLUNTEER WORK

Name of Organization:

Address:

Telephone Number:

Volunteer Period

From:

To:

Supervisor's Name and Title:

Your title:

Brief description of your major tasks, responsibilities and challenges:

What did you like best about your work?

What did you like least about your work?

What achievements in your work are you most proud of?

What are the biggest disappointments in your work?

Name of Organization (2):

Address:

Telephone Number:

Volunteer Period

From:

To:

Supervisor's Name and Title:

Your title:

Brief description of your major tasks, responsibilities and challenges:

What did you like best about your work?

What did you like least about your work?

What achievements in your work are you most proud of?

What are the biggest disappointments in your work?

Name of Organization (3):			
Address:			
Telephone Number:	Volunteer Period	From:	To:
Supervisor's Name and Title:		Your title:	
Brief description of your major tasks, responsibilities and challenges:			
What did you like best about your work?			
What did you like least about your work?			
What achievements in your work are you most proud of?			
What are the biggest disappointments in your work?			
Name of Organization (4):			
Address:			
Telephone Number:	Volunteer Period	From:	To:
Supervisor's Name and Title:		Your title:	
Brief description of your major tasks, responsibilities and challenges:			
What did you like best about your work?			
What did you like least about your work?			
What achievements in your work are you most proud of?			
What are the biggest disappointments in your work?			

MILITARY AND POLICE SERVICE			
(Complete if you have served in a Police Service or the Armed Forces of any country.)			
Service:		Branch:	
Address:		Country:	
Rank/Regimental #:		Period	From: To:
Commanding Officer's Name and Title:		Are you still engaged? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Discharge:		Place of Discharge:	
Medals awarded and/or decorations:			
Are you a member of the Reserved Forces of any branch of the Armed Forces? If yes, please specify. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Rank:		Commanding Officer's Name and Title:	
Service (2):		Branch:	
Address:		Country:	
Rank/Regimental #:		Period	From: To:
Commanding Officer's Name and Title:		Are you still engaged? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Discharge:		Place of Discharge:	
Medals awarded and/or decorations:			
Are you a member of the Reserved Forces of any branch of the Armed Forces? If yes, please specify. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Rank:		Commanding Officer's Name and Title:	

FINANCIAL

Have you ever been bonded? If yes, please provide details. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever declared bankruptcy? If yes, please provide details. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever falsified an official document? If yes, please provide details. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever written an NSF cheque? If yes, please provide details. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you own your own home? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your monthly rental or mortgage payment? \$	
Do you have life insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	To what extent are you personally insured?	Name of Insurance Provider:
Has a collection agency ever been assigned to any of your outstanding debts? If yes, please provide details. <input type="checkbox"/> Yes <input type="checkbox"/> No		

Have you ever defaulted on any payments? If yes, please provide details.

Yes No

Has your credit card ever been revoked, cancelled or suspended? If yes, please provide details.

Yes No

Have any of your possessions ever been repossessed? If yes, please provide details.

Yes No

Have any of your wages been held back? If yes, please provide details.

Yes No

What did you do to handle any problems mentioned above? Be specific.

Write the complete details of any financial difficulties or debt problems you have experienced due to gambling, investments, division of assets through divorce/separation, etc. (where, when and circumstances). If you require more space use a separate sheet.

MEDICAL

Do you wear corrective lenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you aware of any deficiencies with your colour vision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had corrective surgery? If yes, please provide date.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had a broken bone? If yes, briefly state when and what kind of injury.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently being treated for any medical condition? If yes, please provide details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently taking any pills or medication? If yes, please provide details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever smoked or consumed tobacco products? If yes, to what extent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

What medical concerns do you have or have had in the past? Yes No

Are you presently under a doctor's care? If so, explain for what reason. Yes No

Name and address of your Family Physician:

Do you have any of the following conditions?

Condition	Medication	Dates Used (MM-YYYY)	
		1 st Time	Last Time
<input type="checkbox"/> Allergy			
<input type="checkbox"/> Asthma/Lung Disorder			
<input type="checkbox"/> Back/Neck Pain			
<input type="checkbox"/> Blackouts			
<input type="checkbox"/> Blood Pressure			
<input type="checkbox"/> Depression			
<input type="checkbox"/> Diabetes			
<input type="checkbox"/> Epilepsy			
<input type="checkbox"/> Headaches/Migraines			
<input type="checkbox"/> Hearing			
<input type="checkbox"/> Heart			
<input type="checkbox"/> Injuries (Head, Chest, Stomach)			
<input type="checkbox"/> Kidney			
<input type="checkbox"/> Psychological Issues			
<input type="checkbox"/> Serious Illness			
<input type="checkbox"/> Sleeping Disorders			
<input type="checkbox"/> Surgery			
<input type="checkbox"/> Ulcer			

Provide details of any physical disorders or injuries that you have.

Are you aware of any reason why you would not be able to perform the physical duties of a street patrol Police Officer? If yes, please provide details

Yes No

Have you ever been refused employment because of any medical or psychological problems? If yes, please provide details.

Yes No

Have you ever deliberately concealed any medical problems you have, have had, or may have had? If yes, to what extent?

Yes No

DRUG USE

Have you used any of the following drugs?

Drug	No. of Times Used	Dates Used (MM-YYYY)	
		1 st Time	Last Time
<input type="checkbox"/> Marijuana			
<input type="checkbox"/> Hashish/Hash Oil			
<input type="checkbox"/> Cocaine			
<input type="checkbox"/> Crack			
<input type="checkbox"/> Acid/LSD			
<input type="checkbox"/> Crystal Metamphetamine			
<input type="checkbox"/> Mushrooms			
<input type="checkbox"/> Mescaline			
<input type="checkbox"/> Ketamine			
<input type="checkbox"/> Designer Drugs			
<input type="checkbox"/> GHB			
<input type="checkbox"/> Speed			
<input type="checkbox"/> Heroin			
<input type="checkbox"/> Ecstasy			
<input type="checkbox"/> PCP			
<input type="checkbox"/> Inhalants (Gas/Model/Glue)			
<input type="checkbox"/> DMX			
<input type="checkbox"/> GHB			
<input type="checkbox"/> Rohyphonol			
<input type="checkbox"/> Other			

Additional comments regarding the frequency of your drug use including time frames.

When did you last use an illegal drug? What type of drug and what were the circumstances?

When was the last time you were at a place when illegal drugs were being used?

When did you last purchase or sell an illegal drug? What type of drug and what were the circumstances? (Regardless of whether you used it or not.)

Have you ever transported, held, stored or mailed any illegal drugs?

Yes No

If yes, provide details. (Include where, when, the circumstances, type of drugs.)

Give details of any time you have ever been involved in the growing, manufacturing, importing, or transportation of illegal drugs. (Include where, when, the circumstances, type of drugs.)

What direct knowledge or suspicions do you have of any individuals involved in such activities?

Detail your involvement with any steroids or 'performance enhancing' drugs. (Include where, when, type, bought, sold, used, circumstances.)

Write in detail about any time that you misused (i.e. used, sold, given) any prescription or non-prescription drug. (Include where, when, circumstances, and type of drug/s.)

Write in detail any time you have provided your prescribed drug/s to others.

DRIVING HISTORY

Driver's Licence Number	Class	Province of Issue	Expiry Date (yyyy/mm/dd)
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List all driving offences below.

Date	Offence	Location

Detail your involvement in any motor vehicle accidents that you have been involved in. Provide details (i.e. time, date, MVA/criminal charges). Were you at fault? What were the details of the accident(s)?

Have you been involved in accidents where alcohol and/or drugs have been involved? Yes No
 If yes, provide details.

Provide details of any insurance settlements you have received resulting from a motor vehicle accident (when, where, circumstances, amounts).

Explain in detail the circumstances surrounding any hit and run accident in which you were involved, no matter how minor the damage. When?

Explain in details any time that you ever deliberately left the scene of an accident as a driver, passenger/witness. Provide details (time, date, location, damage, etc.)

Are you currently in default in any court for a motor vehicle violation or unpaid traffic ticket, including public or private parking lots? If yes, provide details.

Yes No

Have you ever been refused automobile insurance or had it cancelled or suspended? If yes, provide details.

Yes No

Have you ever had your driver's licence revoked, suspended, placed on probationary status or received a letter about too many tickets?

Yes No

Have you ever been chased, pursued or hidden from the police in any manner, whether on foot, on land or water, or as a driver or passenger in a motorized vehicle/vessel? If yes, provide details.

Yes No

PERSONAL RELATIONSHIPS

Provide details on all physical altercations you have had with a spouse or partner, or anyone associated to you in a domestic or family relationship.

What is the worst emotional experience you have ever had?

Provide details on when you have used, or threatened to use, physical violence toward any adult person (in sports or otherwise).

Provide details where you have used physical force toward a child.

Provide details of the time/s where you may have paid, or been paid, for sexual activities.

Have you ever been involved in the sex trade industry in any capacity (i.e. driver, receptionist, etc.)?

Yes

No

If yes, please provide details.

Tell us about any time you may have retained, or been involved with, the service of an escort agency, massage parlour, prostitutes (i.e. cruising for prostitutes, buying for friends, etc.)

Have you ever sexually forced or been accused of sexually forcing yourself on another?
If yes, please provide details.

Yes No

Have you ever had any sexual involvement with anyone without his or her consent?
If yes, please provide details.

Yes No

Has anyone ever had any sexual involvement with you without your consent?
If yes, please provide details.

Yes No

Have you ever been involved in a sexual manner with a child (under the age of 16) regardless of your age? Yes No
If yes, please provide details of all incidents including age of participants.

Have you ever viewed child pornography? Yes No

Do you or have you ever possessed child pornography electronically or in any other form? Yes No

Give the circumstances of your involvement in a sexual act that if you were caught, you may have been prosecuted. Provide details of all incidents. (i.e. sexual contact with an animal, exposing yourself in public, incest, sexual relations with a family member, sexually explicit anonymous phone calls, or peeked into someone's window for sexual purposes, etc.)

Provide details of your use of pornography.

ALCOHOL

Write in detail about your consumption of alcoholic beverages. Include how much and how often (daily, weekly, monthly) you drink. When and why are you most likely to consume alcohol? When was the last time you were drunk, and how much did you drink? Estimate how many times you have been drunk in your life.

Define what is "drunk" to you.

Describe what kind of person you are after you have been drinking?

Has anyone ever told you that you drink too much? If yes, provide details.

Yes No

Write in detail about when you have been in a verbal or physical altercation while under the influence of alcohol (where, when, circumstances, how often).

What is the worst thing you have ever done while under the influence of alcohol?

Write in detail about the last time you drove when you thought you were over the legal alcohol limit.

Provide details of any time alcohol ever caused a problem in your family, home, job, school or community (where, when, circumstances).

Have you ever consumed alcohol when you were working?

Yes

No

If yes, please provide details.

Have you ever purchased alcohol for minors or given alcohol to minors? If yes, please provide details.

Yes

No

LIFESTYLE

Write in detail about your past or present association with individuals or groups engaged in criminal activity of any kind.

Do you associate with, are a member of, or connected in any way to any gang (criminal gang, motorcycle gang, anarchist group, or terrorist organization)? Have you in the past associated or been connected in any way? If yes, please provide details (where, when and circumstances). Yes No

Describe any and all incidents of theft that you have been involved in as an adult (i.e. at work, shoplifting, switching price tags, etc.)

Tell us about the times that you have been involved in thefts as a child (under 18 years).

Have you intentionally damaged someone else's property? Yes No
If yes, please provide details (whose, where, when and circumstances).

Do you gamble? If yes, please provide details (include lottery, casino, online gaming, scratch tickets, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How much money have you spent, wagered, lost and/or won in the last year as a result of gambling? Spent _____ Wagered _____ Lost _____ Won _____		
Do you have any gambling debt? If yes, please provide details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever placed a wager with a professional bookmaker (bookie)? If yes, please provide details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Detail all occasions when you have filed an inaccurate tax return (i.e. did not declare all income, tips, padded expenses, etc.)		
Provide particulars on all occasions when you have failed to declare anything at the border include dates, value and type of item.		
Have you ever illegally entered the United States or illegally returned to Canada? If yes, please provide details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<p>Are you aware of any reason/s that may disqualify you as a potential police officer? If yes, please provide details.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever lied to the police? If yes, please provide details.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Provide details of any incidents where you have been detained, questioned or arrested.</p>	
<p>Have you ever been charged (not necessarily convicted) with a criminal offence? If yes, please provide details of all incidents.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever been convicted for a criminal offence summary or indictable? If yes, please provide details of all incidents.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>What tattoos do you have on your body? If yes, please provide details.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Name three things you have done of which you were most proud (work or non-work related).

1)

2)

3)

When and where did you receive your police recruit training?

How many years of service do you have in total?

What is your current rank?

Are you currently the subject of an internal or external investigation? If yes, please provide details.

Yes

No

Provide details of the time you have been investigated for any situations arising out of your service as a police officer.

Provide details of the times you have been disciplined while employed as a police officer.

Have you been absent from duty for any extended periods of time? Yes No
If yes, please provide details of all incidents.

How many days of sick leave have you taken in each of the last 3 years? Provide details.

Have you deliberately committed any criminal act while employed as a police officer? Yes No
If yes, please provide details of all incidents.

Do you correspond with or visit your parents? Yes No

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

At what age did you leave home?

What activities do you share with your family?

Has any member of your family ever been arrested, charged or convicted of a criminal offence?

Yes

No

If yes, please explain in detail.

Do you know of anything in your past (criminal or otherwise) that would bring discredit to the Transit Police?

Yes

No

If yes, please specify.

Is there any information you wish to add or disclose that the Transit Police should be aware of at this time?

Yes

No

Remember, non-disclosure is grounds for termination of your file. If yes, provide details of all incidents.

Are you proficient in any language other than English?
If yes, please specify which language/s.

Yes No

What are your plans for the future?

What actions have you taken to implement your plans?

What internet sites do you frequently visit and what on-line social media do you use?

How did you hear about Transit Police?

- Newspaper Radio Internet Job Fair
 Other (specify)

VISION REPORT FOR POLICE SERVICE (AZ030)

TO BE COMPLETED BY THE APPLICANT

Name of Applicant: _____
Surname Given Name Initial

Address of Applicant: _____
Street

_____ City Province Postal Code

Have you ever had eye surgery? Yes No If yes, indicate the date and type of procedure: _____

TRANSIT POLICE VISION STANDARDS FOR EMPLOYMENT	
Uncorrected Vision	No less than 20/40 in one eye and 20/100 in the other eye
Corrected Vision	No less than 20/20 in one eye and 20/30 in the other eye
Color Vision	Should be normal i.e., pass the Farnsworth D-15 test
Peripheral Vision	150 continuous degrees along the horizontal meridian binocularly, and 30 degrees above and below the fixation point
Binocular Vision	Normal

TO BE COMPLETED BY THE ATTENDING OPTHAMOLOGIST / OPTOMETRIST

Date of examination: _____
YYYY/MMM/DD

1. Visual Acuity	Without Visual Aid		With Best Possible Corrections
	Right Eye	20/	20/
Left Eye	20/	20/	
Both Eyes	20/	20/	

2. Horizontal Field of Vision	Temp		Nasal
	Right Eye		
Left Eye			

Binocular Vision (Depth Perception) Normal _____ Abnormal _____

COMMENTS: _____

3. Colour Vision determined by Pseudo-Isochromatic Plates or Farnsworth-Munsell

Normal _____ Abnormal _____

COMMENTS: _____

ATTENDING OPTHALMOLOGIST / OPTOMETRIST

Name: _____ Telephone: _____

Address: _____

Signature of Ophthalmologist/Optometrist Date (YYYY/MMM/DD) _____