

Revised 2023/03/09

Police Constable Application

DROP OFF OR MAIL COMPLETED APPLICATION PACKAGE TO:

KENTVILLE POLICE SERVICE

Attn: Deputy Chief Police Kentville Police Service, 80 River Street, Kentville, NS B4N 1G9, info@kentvillepolice.ca

- 1. An essential component in the selection process of the Kentville 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.
- 3. All information supplied is subject to verification by investigation. False statements can disqualify or result in dismissal if employed.
- 4. The form can be hand or type written. If handwritten, complete by printing in **ink**. Neatness and legibility are of the utmost importance. If you make an error, do not use white-out. Place a single line through the error and write the correction above or beside or print off a new page and start again.
- 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 this application form.

Completed lifestyle and integrity questionnaire

Copy of birth certificate

Copy of valid first aid and CPR level C

Completed visual assessment form

Copy of Driver's license/Social Insurance card

Detailed current resume and cover letter

Signed authorization and feedback waiver form

Certificate from a recognized Canadian police training program

Motor vehicle driver's abstract

| Surname: | Given: | Mide | | |
|---------------------------------|-----------------------------|------------------------|-----------------|--------------|
| Address: | | City: | Province: | |
| Postal Code: | Phone (H): | Phone (C): | | |
| Email: | | Birthdate: | | (Y/M/D) |
| Other than the name(s the past. |) listed above, please list | any name change(s), or | name(s) you may | have used in |
| Name change from: | to: | Date o | f change/_ | / |

Personal information on this employment application is being collected under the authority of the Freedom of Information & Protection of Privacy Act (FOIPP) Section 26©. It will be used to determine your suitability, eligibility or qualifications for employment.

| EDUCATION AND TRAINING - Proof of education will be required prior to engagement | | | | | |
|---|----------------|-------------|--------------------|------------|--------------------------|
| INSTITUTION FROM MOST RECENT | | | COURSES OF STUDY | OF CREDITS | RTIFICATE OR # COMPLETED |
| | | | | | |
| LANGUAGES SPOKEN | · | | | | |
| ADDITIONAL EDUCATION | | | | | |
| | | MEDI | ICAL HISTORY | | |
| Have you ever experienced any type of illness, injury or accident that may affect your performance as a police constable? YES NO If yes, please specify: | | | | | |
| | | DRIV | ING HISTORY | | |
| Driver's Province License: Have you ever had a dr If yes, please specify: _ Have you ever had you If yes, please specify: _ | iver's licence | in another | r province ? □ YES | □ NO | |
| List all driving offences | . Attach pag | e if necess | ary: | | |
| DATE 1 2 3 | | | | | |
| 4 | | | I WHEN CO | | |

LAW ENFORCEMENT APPLICATIONS List all applications to this or any other law enforcement agencies: APPLICATON DATE STATUS (describe reason for non-selection) **AGENCY** Have you ever taken a polygraph examination? □ YES □ NO If yes, please specify date and agency: _____ **EMPLOYMENT HISTORY** Begin with your most recent employer and continue in reverse order. Provide history for the last ten (10) years if applicable. Provide an explanation for all gaps in employment. 1. EMPLOYER NAME: ______ PHONE: _____ SUPERVISOR: EMPLOYER ADDRESS: ____ START DATE: ____/___ FINISH DATE: ____/__ POSITION HELD: ____ DUTIES/RESPONSIBILITIES: REASON FOR LEAVING: _____ 2. EMPLOYER NAME: ______ PHONE: _____ SUPERVISOR: EMPLOYER ADDRESS: START DATE: ____/___ FINISH DATE: ____/__ POSITION HELD: _____ DUTIES/RESPONSIBILITIES: REASON FOR LEAVING: 3. EMPLOYER NAME: ______ PHONE: _____ SUPERVISOR: EMPLOYER ADDRESS: START DATE: ____/___ FINISH DATE: ____/___ POSITION HELD: _____ DUTIES/RESPONSIBILITIES: REASON FOR LEAVING:

| 4. EMPLOYER NAME: | PHONE: |
|--|--|
| EMPLOYER ADDRESS: | SUPERVISOR: |
| | /POSITION HELD: |
| DUTIES/RESPONSIBILITIES: | |
| | |
| REASON FOR LEAVING: | |
| explanations. | rom a job, or had a gap in employment, provide details and |
| | UNTEER EXPERIENCE |
| | PHONE: |
| CONTACT PERSON: | |
| | |
| | <u></u> |
| BOTIES/RESI SINGIBIETTIES. | |
| REASON FOR LEAVING: | |
| ORGANIZATION NAME: | PHONE: |
| CONTACT PERSON: | |
| START DATE:/ FINISH DATE: _ | |
| DUTIES/RESPONSIBILITIES: | |
| REASON FOR LEAVING: | |
| | OFFENCE RECORD |
| | , provincial or municipal offence (other than minor driving te and particulars of each charge and/or conviction: |
| | |
| If a criminal pardon has been granted, a | attach a copy of the pardon. |
| | ot necessarily preclude consideration for employment |
| by the Kentville Police Service. | |

| REFERENCES | | | | | |
|---|------------------|----------------|--|--|--|
| List four people who we can contact for a character reference. | | | | | |
| They cannot be related to you: | | | | | |
| NAME: | _ OCCUPATION: | _ YEARS KNOWN: | | | |
| ADDRESS AND POSTAL CODE: | | | | | |
| PHONE NUMBER: | EMAIL: | | | | |
| | | | | | |
| NAME: | _ OCCUPATION: | YEARS KNOWN: | | | |
| ADDRESS AND POSTAL CODE: | | | | | |
| PHONE NUMBER: | EMAIL: | | | | |
| | | | | | |
| NAME: | _ OCCUPATION: | YEARS KNOWN: | | | |
| ADDRESS AND POSTAL CODE: | | | | | |
| PHONE NUMBER: | EMAIL: | | | | |
| | | | | | |
| NAME: | _ OCCUPATION: | _ YEARS KNOWN: | | | |
| ADDRESS AND POSTAL CODE: | | | | | |
| | EMAIL: | | | | |
| | | | | | |
| Do you know anyone employed by the Kentville Police Service? □ YES □ NO | | | | | |
| If yes, name of individual(s): | | | | | |
| Your connection: | | | | | |
| | | | | | |
| How did you learn about Kentville Po | olice vacancies? | | | | |
| ■ Social Media | ☐ Town employee: | | | | |
| ■ Internet | | | | | |
| ☐ Newspaper | ☐ Other: | | | | |
| | | | | | |

VISUAL ASSESMENT

The following information is required to determine if your patient meets our visual requirements. Please note the information must be in the Snellen format (i.e. 20/20, 20/40, etc.)

POLICE CONSTABLE

The vision standards are:

Uncorrected Vision (not requiring visusal aid): Must be 6/6 (20/20) in one eye and at least 6/9 (20/30) in the other.

Uncorrected Vision (requiring visual aid without glasses or contacts): 6/18 (20/60) in each eye, or at least 6/12 (20/40) in one eye & 6/30 (20/100) in the other.

Corrected (with glasses or contact lenses): Must be 6/6 (20/20) in one eye and at least 6/9 (20/30) in the other.

Colour Vision: Ishihara Test. If Ishihara test is failed, must pass Farnsworth D-15 Test.

Field of Vision: 150 continuous degrees along the horizontal meridian and 20 degrees above and below the fixation point with both eyes open and examined together.

Binocular Vision: Normal

MEETS VISUAL STANDARD

Depth Perception: Normal stereo vision (use both eyes to judge distances) must be present. Stereo acuity must be a minimum of 70 seconds of arc or better on Titmus Test.

| Has your patient had laser sur | gery? YES / No | O PHYSICIAN'S STAMP: |
|--------------------------------|----------------|----------------------|
| If yes, date of surgery: | | |
| DATE: | PHYSICIAN: | |
| | SIGNATURE | : |
| PATIENT'S NAME: | | |
| UNCORRECTED: | | |
| LEFT EYE: | RIGHT EYE: | BOTH EYES OPEN: |
| CORRECTED: | | |
| LEFT EYE: | RIGHT EYE: | BOTH EYES OPEN: |
| DEPTH PERCEPTION: | | |
| FIELD OF VISION: | | |
| BINOCULAR VISION/COLOR | R VISION: | |

CONFIDENTIAL WHEN COMPLETE

□ YES □ NO

CONSENT TO RELEASE OF PERSONAL AND/OR PRIVATE INFORMATION, WAIVER AND RELEASE

| I,, having applied for a position with | | | | |
|---|--|--|--|--|
| the Kentville Police Service, and recognizing that I am required to supply information to be used to | | | | |
| determine my qualifications, moral character, honesty and suitability for employment with | | | | |
| the Service, herby 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 hereby authorize the Kentville Police Service to make such investigations, as they deem | | | | |
| necessary to determine approval or disapproval of this application. I understand that the Kentville | | | | |
| Police Service will have the final say in the approval or rejection of this application, and the criteria | | | | |
| and method they use in arriving at their decision will not be questioned or objected to by me and I | | | | |
| will have no grievance against the Kentville Police Service or the Town of Kentville in this regard. | | | | |
| I waive the right to review any information received by the Kentville Police Service. | | | | |
| 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 Kentville Police Service. | | | | |
| | | | | |
| This waiver is valid for a period of one year from the date of signature. | | | | |
| | | | | |
| | | | | |
| APPLICANT SIGNATURE DATE | | | | |
| | | | | |
| | | | | |

| FEED |)RA | CK | WΔ | IV | FR |
|------|-----|---------------------|----|---------|----|
| | JUE | $\cdot \cdot \cdot$ | | 1 B. A. | |

Dear Applicant:

You are competing in a highly competitive process designed so you can prove your abilities. Our objective is to select individuals we believe are the best qualified to provide policing service in Kentville, now and for the future.

The process is lengthy and at each step, a minimum level of achievement must be met. However, even if you meet this minimum standard, the Recruiting Unit must still determine which applicants are the best qualified to proceed for further testing. This decision will be based on the qualifications of the applicants, how many testing spaces are available at each step, and on how many police officers we expect to hire. To reiterate, even if you meet our minimum standard of performance, you may not be selected to proceed to the next step of testing due to the number of other more qualified applicants in the process.

We encourage you to keep other career options open and to manage your life based on the fact you may not achieve your goal of becoming a police officer with the Kentville Police Service. If you are advised after a testing step that others are more competitive, please remember that due to the volume of qualified applicants, the reason has less to do with you and more to do with others.

This volume also means that we do not have the resources to meet with unsuccessful applicants, nor are we able to provide specific feedback to these individuals when they are not selected to continue in our process.

These words may sound discouraging to you. However, we prefer to be as direct as possible so that you know what is involved in the process. If you do not accept these conditions, please do not enter our testing process so that our significant investment of time, money and staff can be allocated toward other more committed applicants.

I understand and accept that I cannot be provided with feedback if I am unsuccessful in my application to become a police officer with the Kentville Police Service.

This waiver is valid for a period of one year from the date of signature.

Print Name Signature Date