

Civilian/Contractor EMPLOYMENT APPLICATION

For Office Use Only

BLOOD TRIBE POLICE SERVICE MAIL COMPLETED **Box 300 APPLICATION TO:** Standoff, Alberta, TOL 1Y0

For more information about opportunities with the Blood Tribe **Police Service** http://www.bloodtribepolice.com/

Receipt No.

- 1. An essential component in the selection process of the Blood Tribe Police Service is a background investigation. Information gathered will be used to assess the suitability of the Applicant for access to police databases. 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 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 it	ems below	<u>must be subm</u>	itted wi	th your applicat	tion:			
	Complete	CV, resume	and cover lett	er		🗆 Pa	rdon (if applicable)				
	Certificate	(s) of educ	ation/training	pertaining to	position	Post-Secondary Documents (if applicable)					
	Completee	l Personal I	Disclosure Form	n		🖵 Co	py of Driver's Lice	ence			
			a ct – last three ncial Equivalent)	year (Out of F	Province Applicants						
	Copy of Bi	rth Certifica	ate and/or Can	adian Citizen	ship or Legal Per	manent F	Resident documen	tation			
	Copy of Certificate of Standard First Aid – <i>certified within the last 36 months</i>										
	Copy of Certificate in Cardiopulmonary Resuscitation (CPR) "Level B" – certified within the last 12 months										
	Applicants without Standard First Aid or CPR should check with the individual police agency additional information on how to meet this requirement								is applying to	for	
LAST NAME					NAME		MIDDLE NAME				
FULI	L ADDRESS			СІТҮ	CITY PROVINCE				POSTAL CODE		
EMA	IL ADDRESS			TELEP	ELEPHONE NO. (RES.) TELEPHONE NO. (BUS.)			TELEP	HONE NO. (OTHER	٤)	
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	Other than th	e name(s) list	ted above, please I	list any name ch	ange(s), or name(s)	you may ha	ave used in the past.	DATE (OF BIRTH Y MM	D D	
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of F	Personal information on this Employment Application is being collected under the authority of the Freedom of Information & Protection of Privacy Act (FOIPP) 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										

EDUCATIO	ON AND TRA	AINING	Proof of education will be requir	red prior to enga	gement
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	BUSINESS	NAME OF SCHOOL	LOCATION	-	
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ADDITIONAL EDUCATION INCLUDING COURSES, WORKSHOPS, AND SEMINARS. (ATTACH AN ADDITIONAL PAPER IF NECESSARY)											
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ADDITIONAL COMPUTER SKILLS, TRAIN	ING, COURS	ES, ETC (A	TTACH AN A	ADDITIONAL PAPER IF NECESSARY)							
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HAVE YOU EVER APPLIED FOR A P	OSITION W	/ITH THIS C	DR ANY OT	THER POLICE AGENCY?	/here & Whe	en)		NO			
LIST ALL APPLICATIONS TO THIS OR ANY OTHER POLICE AGENCIES											
POLICE AGENCY	APPI YYYY	ICATION D	DD	STATUS (describe reason for nor	n-selection)					
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REASON FOR FINGERPRINTING				-							

FMPLOY	MENT HIST	Begin with you	r most recent employer and de history for the last ten (1	continue in reverse time order.
			vide an explanation for all g	aps in employment.
MOST	EMPLOYER'S NAME			TELEPHONE NUMBER
RECENT EMPLOYER'S AD	DRESS			L J POSTAL CODE
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NAME OF IMME	DIATE SUPERVISOR			TELEPHONE NUMBER
START DATE	FINISH DATE	POSITION HELD		
DUTIES/RESPON	ISIBILITIES			
REASON FOR LEA	AVING			
2nd	EMPLOYER'S NAME			TELEPHONE NUMBER
EMPLOYER'S AD	DRESS			POSTAL CODE
NAME OF IMME	DIATE SUPERVISOR			TELEPHONE NUMBER
START DATE	FINISH DATE	POSITION HELD		
DUTIES/RESPON	ISIBILITIES			
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3rd	EMPLOYER'S NAME			TELEPHONE NUMBER
EMPLOYER'S AD	DRESS			POSTAL CODE
NAME OF IMME	DIATE SUPERVISOR			TELEPHONE NUMBER
START DATE	FINISH DATE	POSITION HELD		
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EMPLOYMENT HISTORY

(Continued)

4th	EMPLOYER'S NAME		TELEPHONE NUMBER
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IF YOU WE	ERE ASKED TO RES TONS.	IGN, OR WERE FIRED FROM A JOB, OR HAD A GAP IN EMPLOYMENT	T, PLEASE PROVIDE DETAILS AND

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						POSTA	L CODE	
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CREDIT HISTORY

Please complete the following information.

NAME											
MAIDEN NAME / OTHER NAMES USED											
DATE OF BIRTH YYYY M M	D D	EMPLOY	'er's name								
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FILE MANAGER											
DATE SENT (Fax)			YYYY	MM	DD	DATE RECEIVED (Fa	x)		YYYY	ММ	DD

SECURITY CLEARANCE DECLARATION	FILE MANAGER	
	OFFIC	E 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.

Please <u>print legibly</u>. Ensure that all sections are completed. Additional sheets should follow suggested format.

LAST NAM	LAST NAME FIRST NAME			FIRST NAM	ME			MIDDLE	IDDLE NAME PREFERRED FIRST NAME							
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SECURITY CLEARANCE DECLARATION (Continued) Attach an additional sheet(s) if required – following the suggested format.

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SECURITY CLEARANCE DECLARATION (Continued) Attach an additional sheet(s) if required – following the suggested format.

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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.

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FAMILY MEMBERS

SECURITY CLEARANCE DECLARATION

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

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	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)		YES 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.		YES 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.		YES NO						
4.	Are you associated with any companies, or businesses, not listed on your application? Owner Director Controlling Share Holder Other		YES NO						
5.	Are you a member of any clubs or organizations? If yes — explain which		YES NO						
6.	If you answered yes to the previous question, do you hold a position in that club or organization? President Chair Director Other		YES NO						
7.	In the past 10 years, have you been involved in any lawsuits or civil actions?		YES NO						
	you have answered "YES" to any of the above questions, attach an additional sheet providing complete de ecific incident, including what occurred, when, where, and why. If pardoned, attach Pardon documentatio		arding the						
	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 Blood Tribe Police Service. I recognize that an employee of the Blood Tribe Police is in a position of trust within the community and I hereby consent to the Blood Tribe 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 Blood Tribe Police Service, the Blood Tribe 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.									
Da	ted thisday of, 20SIGNATURE								
PR	INTED NAME OF WITNESS WITNESS SIGNATURE								



AUTHORIZATION FOR RELEASE OF INFORMATION

NAME OF APPLICANT	SURNAME	GIVEN NAMES		INITIAL				
ADDRESS OF APPLICANT								
СІТҮ	PROVINCE	POSTAL CODE	DATE OF B	IRTH MM	D D			

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 Blood Tribe 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 civilian employee or contractor as well as research purposes. I consent to the collection, use, disclosure, transmittal, and examination of all information compiled by the Blood Tribe 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	D D			
NAME OF WITNESS:		SIGNATURE OF WITNESS:	DATE:	1				
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NOTE: The Witness must be 18 years or older								



POLYGRAPH EXAMINATION CONSENT

NAME OF APPLICANT	SURNAME			GIVEN NAMES		INITIAL		
ADDRESS OF APPLICANT								
СІТҮ		PROVINCE	POST	AL CODE	DATE OF B	IRTH MM	D D	

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 Blood Tribe Police Service.

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

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