



BLOOD TRIBE POLICE SERVICE

Civilian/Contractor EMPLOYMENT APPLICATION

Receipt No.

For Office Use Only

**MAIL COMPLETED
APPLICATION TO:**

**BLOOD TRIBE POLICE SERVICE
Box 300
Standoff, Alberta, T0L 1Y0**

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

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 items below must be submitted with your application:

- | | |
|--|--|
| <input type="checkbox"/> Complete CV, resume and cover letter
<input type="checkbox"/> Certificate(s) of education/training pertaining to position
<input type="checkbox"/> Completed Personal Disclosure Form
<input type="checkbox"/> Driving Record Abstract – last three year (<i>Out of Province Applicants must supply their Provincial Equivalent</i>)
<input type="checkbox"/> Copy of Birth Certificate and/or Canadian Citizenship or Legal Permanent Resident documentation
<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 B" – certified within the last 12 months | <input type="checkbox"/> Pardon (<i>if applicable</i>)
<input type="checkbox"/> Post-Secondary Documents (<i>if applicable</i>)
<input type="checkbox"/> Copy of Driver's Licence |
|--|--|
- *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 YYYY YYYY	
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 (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 _____

EDUCATION AND TRAINING											
<i>Proof of education will be required prior to engagement</i>											
HIGH SCHOOL		Circle 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		FINISH DATE		
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		FINISH DATE		
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		FINISH DATE		
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		FINISH DATE		
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		FINISH DATE		
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.		<i>(International Qualifications Assessment Standards – Certificate - if applicable)</i> <i>For International applicants only – Please state the highest level education achieved.</i>									
				NAME OF SCHOOL				LOCATION			
PROGRAM OR COURSE							START DATE		FINISH DATE		
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)

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

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
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REASON FOR POLYGRAPH OR COMPUTER VOICE STRESS ANALYSIS EXAMINATION

HAVE YOU EVER BEEN FINGERPRINTED? YES NO

REASON FOR FINGERPRINTING

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 YYYY MM	FINISH DATE YYYY MM	POSITION HELD		
DUTIES/RESPONSIBILITIES				
REASON FOR LEAVING				
2nd	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				
3rd	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				

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		
2	TYPE		ISSUING INSTITUTION			CURRENT BALANCE OWING		YYYY	MM		
3	TYPE		ISSUING INSTITUTION			CURRENT BALANCE OWING		YYYY	MM		
4	TYPE		ISSUING INSTITUTION			CURRENT BALANCE OWING		YYYY	MM		
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.

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

LAST NAME			FIRST NAME			MIDDLE NAME			PREFERRED FIRST NAME						
MAIDEN / OTHER NAMES USED															
FULL ADDRESS				CITY			PROVINCE			POSTAL CODE		TELEPHONE NUMBER []			
DATE OF BIRTH YYYY MM DD			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female			PLACE OF BIRTH (INCLUDE CITY / COUNTRY BORN)									
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 YYYY MM DD		TO YYYY MM DD	
NAME OF PERSON(S) WHO SHARE 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	M M	D D	TO YYYY	M M	D D
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 M M D D		
					TELEPHONE NUMBER []		RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH YYYY M M D D		
					TELEPHONE NUMBER []		RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH YYYY M M D D		
ADDRESS				CITY	PROVINCE	POSTAL CODE	FROM YYYY	M M	D D	TO YYYY	M M	D D
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 M M D D		
					TELEPHONE NUMBER []		RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH YYYY M M D D		
					TELEPHONE NUMBER []		RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH YYYY M M D D		
ADDRESS				CITY	PROVINCE	POSTAL CODE	FROM YYYY	M M	D D	TO YYYY	M M	D D
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 M M D D		
					TELEPHONE NUMBER []		RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH YYYY M M D D		
					TELEPHONE NUMBER []		RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH YYYY M M D D		
ADDRESS				CITY	PROVINCE	POSTAL CODE	FROM YYYY	M M	D D	TO YYYY	M M	D D
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 M M D D		
					TELEPHONE NUMBER []		RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH YYYY M M D D		
					TELEPHONE NUMBER []		RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH YYYY M M D D		

**SECURITY CLEARANCE DECLARATION
(Continued)**

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

ADDRESS	CITY	PROVINCE	POSTAL CODE	FROM YYYY	M M	D D	TO YYYY	M M	D D
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 M M D D		
			TELEPHONE NUMBER []	RELATIONSHIP		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
			TELEPHONE NUMBER []	RELATIONSHIP		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
ADDRESS	CITY	PROVINCE	POSTAL CODE	FROM YYYY	M M	D D	TO YYYY	M M	D D
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 M M D D		
			TELEPHONE NUMBER []	RELATIONSHIP		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
			TELEPHONE NUMBER []	RELATIONSHIP		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
ADDRESS	CITY	PROVINCE	POSTAL CODE	FROM YYYY	M M	D D	TO YYYY	M M	D D
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 M M D D		
			TELEPHONE NUMBER []	RELATIONSHIP		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
			TELEPHONE NUMBER []	RELATIONSHIP		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
ADDRESS	CITY	PROVINCE	POSTAL CODE	FROM YYYY	M M	D D	TO YYYY	M M	D D
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 M M D D		
			TELEPHONE NUMBER []	RELATIONSHIP		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
			TELEPHONE NUMBER []	RELATIONSHIP		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
ADDRESS	CITY	PROVINCE	POSTAL CODE	FROM YYYY	M M	D D	TO YYYY	M M	D D
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 M M D D		
			TELEPHONE NUMBER []	RELATIONSHIP		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
			TELEPHONE NUMBER []	RELATIONSHIP		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		

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 M M D D		
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 M M D D		
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 M M D D		
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 M M D D		
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 M M D D		
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 M M D D		
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 M M D D		
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 M M D D		
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 M M D D		
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 M M D D	
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 M M D D	
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 M M D D	
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 M M D D	
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 M M D D	
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 M M D D	
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 M M D D	
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 M M D D	
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 M M D D	
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 M M D D	
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 M M D D	
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 M M D D	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		

**SECURITY CLEARANCE DECLARATION
(Continued)**

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

<p>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)</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>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.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>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.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>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 _____</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>5. Are you a member of any clubs or organizations? If yes – explain which _____</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>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 _____</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>7. In the past 10 years, have you been involved in any lawsuits or civil actions?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

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 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 for fingerprint confirmation. I further agree to absolutely release, discharge, and absolve 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.

Dated this _____ day of _____, 20_____

SIGNATURE

PRINTED NAME OF WITNESS

WITNESS SIGNATURE



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



POLYGRAPH EXAMINATION CONSENT

NAME OF APPLICANT	SURNAME	GIVEN NAMES	INITIAL			
ADDRESS OF APPLICANT						
CITY	PROVINCE	POSTAL CODE	DATE OF BIRTH <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">YYYY</td> <td style="width: 25%; text-align: center;">MM</td> <td style="width: 25%; text-align: center;">DD</td> </tr> </table>	YYYY	MM	DD
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 Blood Tribe 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: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">YYYY</td> <td style="width: 33%; text-align: center;">MM</td> <td style="width: 33%; text-align: center;">DD</td> </tr> </table>	YYYY	MM	DD
YYYY	MM	DD			
NAME OF WITNESS:	SIGNATURE OF WITNESS:	DATE: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">YYYY</td> <td style="width: 33%; text-align: center;">MM</td> <td style="width: 33%; text-align: center;">DD</td> </tr> </table>	YYYY	MM	DD
YYYY	MM	DD			
NOTE: The Witness must be 18 years or older					