



Akwesasne Mohawk Police Services

CONSTABLE

Application Package

**A STEP BY STEP LISTING
OF THE
RECRUITMENT PROCESS**

1. **APPLICATION** includes: Personal Information;
Education, Credentials, Involvements;
Character References;
Employment History;
Eye Examinations;
Physical Fitness Consent;
Authorization for Release of Information

2. **INFORMATION SESSION:** An informational session will be held for all applicants. This session will identify the Recruitment and selection process used for hiring of a Constable. It will be scheduled after the Deadline of the job posting and before the screening of applicants.

3. **FITNESS TEST:** At the completion of the Physical Fitness Test, the Results will be reviewed to determine whether to Allow the applicant to continue in the hiring process Or to end the process. Candidates must achieve a Minimum scoring of 60% to be eligible to proceed In the recruitment process.

4. **INTERVIEW:** Questions will be based on jurisdiction, culture, Community, applicant's personal life and background experiences. Candidates must achieve a minimum Scoring of 70% to be eligible to proceed in the recruitment process.

5. **WRITTEN EXAM:** Candidates are tested on their ability to organize Information in a clear, coherent and comprehensive Manner. Candidates must achieve a minimum Scoring of 70% to be eligible to proceed in the Recruitment process.

- | | |
|--|--|
| 6. PSYCHOLOGICAL TESTING: | The candidate will be required to travel to Ottawa, Ontario.
The assessment should determine if they are suitable for the position of constable. Services are paid by AMPS. Travel and meals are the candidates own expense. Appointments will be made by AMPS. |
| 7. BACKGROUND CHECK | The information on the application supplied by the Candidate verified by interviewing friends, family Members, former employers, High school records, Dept. of Motor Vehicles and credit checks. Refer to Application agreement item #1 |
| 8. APPLICANT & EMPLOYER REVIEW: | The Applicant are advised at this time if he/she is successful. |
| 9. TECHNICAL TRAINING: | The successful candidate is registered to attend a 13-week Technical training course through the Ontario Police College located in Aylmer, Ontario. Also an additional 8 weeks at the Ontario Provincial Police Academy in Orillia, Ontario. The candidate will also attend Nicolet, Quebec to complete equivalence testing. |
| 10. PRACTICAL TRAINING: | One year on the job training. Also referred to as the One-year probationary period. |

Applications will be held for one year from the time of submission, the medical consent, vision exam report, C.P.I.C, and Drivers Abstract will need to be resubmitted with the application.

Akwesasne Mohawk Police Service

DEAR APPLICANT:

The following documents must be signed and completed in full before returning to the Human Resources Office, (as identified on the posting). Please note all documents must be received by the date and time specified on the posting. **Applications received after the deadline will not be considered.**

1. Employment Application
2. Authorization for Release of Personal Information (**Signed and endorsed**)
3. Social Insurance Number (**Provide a copy**)
4. Applicant Agreement (**Signed**)
5. Eye Examination
6. Fitness Testing Medical Consent (**Signed by doctor**)
7. One copy of your High School Diploma, High School Equivalency Diploma or General Education Diploma, Certification transcript.
8. Motor Vehicle Driver's License Class "G" (**Provide a copy**).
9. Motor Vehicle drivers abstract (**Current Copy**)
10. An official Birth Certificate (**Provide a copy**)
11. First Nations Status (**Provide proof and copy of status card**)
12. Official Record of Change of names, if applicable
13. Certified copy of disposition for all arrests in which you were the defendant, if applicable.
14. Certified copy of clean clear Criminal Record Check (**C.P.I.C.**)
15. Copy of diploma, from University, Business trade or technical School or College mentioned in the Education Section, along with copy of transcripts.

All documents must be submitted with the application, if documents are missing your application will be incomplete.

LANGUAGES:

	SPEAK	WRITE
Mohawk	[]	[]
English	[]	[]
Other Specify:	[]	[]

EDUCATION:

Secondary School	Highest grade or level completed	Type of Ontario Graduation Diploma
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[] Equivalency (Details):

Name of Program	Length of Program
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Business, Trade or Technical School: _____

License, Certificate or Diploma awarded: [] Yes [] No

Details:

Name of Program	Length of Program
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College: _____

Diploma Received	Certificate Received	Details
[] Yes [] No	[] Yes [] No	

Other college's courses, workshops, seminars:

Name of Program	Major Subject area
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University: _____

Degree Awarded:	Details
[] Yes [] No [] General [] Honors	

List any other hobbies, qualifications, which are applicable to this position:

Activities—Clubs athletic, civic organizations, military cadets/reserves:
 (Applicants are not required to list activities which would disclose race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, record of offence, marital status, family status or handicap).

Name of Organization	Position Held	Membership Dates

CHARACTER REFERENCES (Do not include employers or serving police officers)

List (3) Three persons not related to you who may consult and who are competent to judge your character, temperament and industrious habits and who have definite knowledge of your qualifications and fitness for the position for which you are applying.

1. _____		
Full Name	Occupation	Years Known
Complete mailing address	Postal Code	Telephone number
2. _____		
Full Name	Occupation	Years Known
Complete mailing address	Postal Code	Telephone number
3. _____		
Full Name	Occupation	Years Known
Complete mailing address	Postal Code	Telephone number

Other References: You may list names(s) of currently serving police officers who know you personally and who are willing to provide a written character reference pertaining to your suitability as a police applicant. They do not have to be AMPS officers.

Full Name and Rank	Complete Mailing Address	Police Agency	Years Known
1. _____			

2.

3.

Employee Family References:

Are any members of your family employed by the Akwesasne Mohawk Police Service?

No Yes (Give Details below:

Have you any loan, debt (including credit card), garnishee, wage assignment or judgment pending against you?

No Yes (Give Details below):

Name and Address of Creditor	Type: Debt, Garnishee, Judgment, etc	When incurred	Original Amount	Present Amount	Monthly Payment	Amount Arrears
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Have you ever been sued for non-payment of a debt? No Yes (Give Details)

EMPLOYMENT HISTORY NOTE: Beginning with your present or last employment 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 and part-time and summer employment. (Provide an account for periods of unemployment).

Present or last employer:	Telephone	Dates of employment (month & year)
		Dates: From: To:

Complete Mailing Address (include postal code)

Supervisor's Name & Title: Position Title:

Brief description of duties Reason for Leaving:

Employer: Telephone Dates of employment (month & year)
Dates: From: To:

Complete Mailing Address (include postal code)

Supervisor's Name & Title: Position Title:

Brief description of duties Reason for Leaving:

Employer: Telephone Dates of employment (month & year)
Dates: From: To:

Complete Mailing Address (include postal code)

Supervisor's Name & Title: Position Title:

Brief description of duties Reason for Leaving:

Have you ever been dismissed or asked to resign from any position? Yes No

Have you ever before made application to other police agency? Yes No
When?

Have you ever applied for enlistment in the armed forces or any other police agency and been declined?
 Yes No If yes, when? Where?

Do you have any current applications in progress with the armed forces or any other police agency?
 No Yes Where?

Are you enlisted with National Guard or any other similar affiliation whereby you would be called upon to serve?

Declaration:

I hereby declare that the foregoing information is true and complete. I understand that a false statement may disqualify me from employment or result in dismissal. It is understood and accepted that I am involved in a competitive recruitment selection process and that my offer of employment may be declined at any processing stage.

X

Applicant Signature	Date	Witness Signature	Date
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Pursuant to S39(2) of the Freedom of Information and Protection of Privacy Act, you are hereby notified that information about you including academic, employment, medical, physical, financial, character and personal data is being collected during recruitment process of assessing your qualifications in relation to your application for employment.

All information entered on this application will be subject to investigation and verification. A candidate may be rejected who has intentionally made a false statement of material fact or practice, or attempted to practice, and/or any deception or fraud in his/her application, in his/her examination, or in securing his/her eligibility for appointment.

APPLICANT VISION EXAMINATION REPORT

Note: Please ensure all areas are fully completed

APPLICANT PARTICULARS

SURNAME: _____ GIVEN NAMES: _____

ADDRESS: _____ POSTAL CODE _____

FINDINGS OF EYE EXAMINER _____ Date of Examination: _____

1. Visual Acuity Test	Visual Acuity—Far		Visual Acuity—Near	
	Uncorrected	Corrected	Uncorrected	Corrected
Right Eye				
Left Eye				
Both Eyes				
Method of Measurement	<input type="checkbox"/> Snellen <input type="checkbox"/> Decimal <input type="checkbox"/> AMA		<input type="checkbox"/> Snellen <input type="checkbox"/> Jaegar <input type="checkbox"/> Point	

2. Visual Correction _____ Frequency of Use _____

Nil Eyeglasses Contact Lenses For Permanent Use For occasional use

3. Corrective Procedure

Nil Radial Keratotomy Orthokeratology Laser Keratectomy X-chrom lenses
 Other Details of corrective procedures: (Include dates of procedure, prior vision, complications, prognosis. If space is insufficient, attach separate page.)

4. Visual Fields

A normal visual field for the purpose of this examination is defined as a vision of 120' in each in the horizontal field and the absence of scotoma.

Normal Defective Details: _____

5. Diplopia

Absent

Present Details:

6. Colour Vision

Use Ishihara Pseudo-Isochromatic plates.

If deficiency is found, administer Farnsworth Normal

D-15 as an alternatively acceptable test. In the event of a colour vision deficiency, kindly attach Deficiency

Actual Ishihara and Farnsworth D-15 results for Subsequent review.

7. Other conditions or comments. (If space is insufficient, please attach separate page)

EXAMINER NAME:

SURNAME:

GIVEN NAMES

INITIALS

ADDRESS (Number Street, Suite #, City)

Telephone #: _____

Fax #: _____

SIGNATURE OF PHYSICIAN:

Pursuant to S39(2) of the Freedom of Information and Protection of Privacy Act, you are hereby notified that personal information about you is being collected during the recruitment process for the purpose of assessing your qualifications in relation to your application for employment.

APPLICANT AGREEMENT
CONDITION TO EMPLOYMENT

Carefully read each statement below and after having the form notarized, return by the date requested along with your application to the Labor Relations/Training Officer as identified in the posting.

1. I certify, under penalty of offences involving false written statement (Section 130 (1) of the Criminal Code of Canada), that the answers given herein on this application to employment are true and complete to the best of my knowledge and belief.
2. I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision.
3. I understand that this application is but one element of the selection process for police officer and then an acceptable background investigation does not guarantee my selection as an officer.
4. In the event of employment, I understand that false or misleading information given herein or during interview(s), will result in my being disqualified from further consideration and/or termination from employment by the Police Service.
5. I further understand as a condition to employment, I may undergo an extensive background investigation, mandatory and random drug testing, and a psychological evaluation.

SWORN AND SUBSCRIBED TO BEFORE ME _____
Person Authorized to take Oaths

THIS _____ DAY OF _____, 20_____

Print Name

Signature of Applicant

PRE-EMPLOYMENT PHYSICAL FITNESS TESTING MEDICAL CONSENT

INSTRUCTIONS

This document has areas for completion both by a qualified physician of the applicant's choice and by the applicant. Once fully completed, it is to be forwarded by the applicant with the Akwesasne Mohawk Police Service application form.

PART A: As an applicant for the position of constable with the Akwesasne Mohawk Police Service, your patient presenting this document must undertake mandatory physical fitness testing to ensure preparedness and ability to carry out the essential requirements of the position. Prior to this testing, it is requested that you complete the assessment portion below attesting to the applicant's medical fitness. For your information and convenience the Akwesasne Mohawk Police Service fitness standards are printed on the reverse side of this form.

Name of Applicant:

If you are planning to become more active than you are now, start by answering the seven questions below.

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you feel pain in your chest when you do physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the past month, have you had chest pain when you were not doing physical Activity. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you lose your balance because of dizziness or do you ever lose consciousness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is your doctor currently prescribing drugs (i.e., water pills) for your blood pressure or heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you know of any other reason why you should not do physical activity? |

If you answered YES to one or more questions, talk with your doctor **BEFORE** you start becoming physically active.

If you answered NO honestly to all questions, you can be reasonably sure that you take part in the fitness appraisal.

I have read, understood and completed this questionnaire. Any questions I had were answered to my satisfaction.

In your opinion, is this individual at risk or medically unable to complete the Akwesasne Mohawk Police fitness testing? No Yes

Name of Physician (print)

Signature

Office Address

Telephone #

Date of Examination

PART B

I, hereby consent to the release of the above information to the Akwesasne Mohawk Police to be used for the purposes of determining my eligibility for participation in the Akwesasne Mohawk Police fitness testing.

Applicant's Signature:

Date:

Pre Engagement Physical Fitness Testing Standards

Physical testing is mandatory requirement of the Akwesasne Mohawk Police Service. In the policing profession, physical skills and abilities are important job prerequisites. An applicant is required to successfully complete a physical fitness test at the pre engagement stage.

This fitness appraisal will be completed by the police service’s fitness coordinator who is a Certified Fitness Consultant. This consultant identifies time and location of the Fitness Test.

The medical consent form should be read, understood and signed prior to the administration of the fitness appraisal. It describes the nature of the appraisal items that will be under taken. It is NOT a waiver form. If you are between the ages 15 and 69 you should be checking with your doctor before you start.

The fitness appraisal tests flexibility, muscular endurance and aerobic conditioning. The test will consist of push-ups, trunk forward flexion, shuttle run, and core endurance. The standards differ between males and females and among different age groups which are listed below.

A passing mark of 60% is required for both genders.

Please observe the following example:

Passing	Age	Push-ups	Forward Flex	Core Endurance	Shuttle Run	Gender
60%	20-29	24	31-31.5	1:50-1:59	7.5	Male
		16-17	34-34.5	1:53-2:03	5.5	Female
60%	30-39	19	31-31.5	1:36-1:41	7	Male
		16-17	34-34.5	2:01-2:10	4.5	Female

Push ups: Hands directly under shoulders, body/head straight and rigid, full movement up and down.

Forward Flexion: A measuring instrument is used to indicate distance reached beyond toes with knees locked. Twenty-five centimeters is equivalent to touching your toes.

Shuttle Run: Running between two points (20m/60 ft. span). The run requires the person to quicken the pace after a certain time. IE; after 1 minute the pace will be little faster, after 2 minutes faster, etc. Level required depending on age.

Core endurance: The participant lies face down on top of the bench with lower body on the bench. The iliac crest is positioned on the edge of the bench. The client needs to be secured by either straps or a partner. Before starting the test the participant is told to recruit their core muscles throughout the test. Once participant is secured they raise up until they are parallel with their lower body. Their arms are placed across their chest with the hands on the opposing shoulders. The entire body forms one straight line with no rotation or lateral shifting. The client stays in this position as long as possible to a maximum of three minutes (180 seconds). They are allowed one warning to reposition themselves if they drop below parallel. Record the length of time that the test is performed.

AUTHORIZATION FOR RELEASE OF INFORMATION

AKWESASNE MOHAWK POLICE SERVICE

I, _____, the undersigned, hereby authorize any physician, employer, organization or person to whom a signed copy, facsimile transmittal or a photocopy of this authorization thereof is delivered, to provide any information, opinion, reports, records or copies thereof, which may be requested by a representative of the Akwesasne Police Commission, Ontario Provincial Police, Surete de Quebec, R.C.M.P or New York State Police in connection with the background investigation relating to my application for employment with the Akwesasne Mohawk Police Service, and specifically:

Authorized Areas of Disclosure:

- | | |
|---|--|
| -Academic records and transcripts | -Police records including applicant files and history of law involvement |
| -Employment Records | -Driving record check |
| -Military and police records as applicable (including complaint, disciplinary Investigations and results) | -Criminal Record Check |
| -Medical Information | -Fitness Test |
| -Financial information including credit Bureau check | -Character and reference check |
| | -Police Application |
| | -Other |

I understand this information will be used to assess my qualifications and suitability in relation to my application for employment with the Akwesasne Mohawk Police Services. I further understand that any questions that I may have concerning the collection of this information should be addressed to the Labor Relations/Training Officer, 73 Sweet Grass Lane, Akwesasne Quebec HOM 1AO (613) 575-2340.

I hereby acknowledge and declare the terms of this authorization for release of information are fully understood by me.

Dated, this _____ day of _____, 20_____

Applicant Signature

Commissioner of Oath Signature

Commissioner Stamp

A. HABITS: WORK AND SCHOOL RELATED

WORK-RELATED HABITS:

1. Have you been absent from work for extended periods?

- No
- Yes, explain how long you were absent and why.

2. Have you ever been disciplined/censured/documented for inappropriate behaviour at work? (Examples include, but are not limited to, lateness, absenteeism, derogatory language, etc)

- No
- Yes, explain the behaviour as well as the action taken.

3. Are there any jobs that you have had over the last 5 years which are not listed in your application?

- No
- Yes, please provide details such as the positions held, the names and addresses of the Employer, the period of employment, and the location where you worked (if location is Different from the address of the employer).

4. Have you resigned from a job in the **past 5 years**?

- No
- Yes, which position? Why did you leave?

5. Have you ever been fired from a job in the past 5 years?

- No
- Yes, Why were you fired?

SCHOOL- RELATED HABITS:

6. Have you ever been expelled, suspended or formally reprimanded at an educational institution?
 No
 Yes

7. Did you have such problems as absenteeism and lateness when you were a student?
 No
 Yes. What were the causes of your lateness or absences?

B. DRIVING RECORD

8. Do you possess a valid Class "G" driver's license or other equivalent that permits you to drive an Automobile in Canada or United States with full driving privileges?
 No
 Yes

9. Do you have any demerit points accumulated?
 No
 Yes. How many points? What was the violation committed?

10. Has your driver's license ever been suspended?
 No
 Yes. Provide details regarding why, when and how many times it has been suspended.

11. Have you been involved, as a driver, in a motor vehicle accident(s) during the past 5 years?
 No
 Yes. Where you at fault? Yes No, What were the details of the accident(s)?

12. In the past 5 years:

A) Have you failed to stop for a Police Officer?

- No
- Yes, Please provide details

B) Have you been the driver involved in a hit and run accident?

- No
- Yes. Please provide details

C) Have you failed to identify yourself to a police officer when requested to do so?

- No
- Yes. Please provide details

CRIMINAL RECORD

13. Have you ever been convicted (see below) of any criminal offence in Canada for which a pardon Has not been granted?
(This includes any fine, period of imprisonment, or period of probation ordered by the Court. A Criminal offence is any offence under the Criminal Code and includes, but is not limited to, sexual Assault, criminal negligence causing death, theft, mischief, assault, etc.. Offence under provincial Statutes, such as the Highway Traffic Act, Liquor Licence Act or the Games and Fish Act, are not Criminal offence.)

- No
- Yes. Please give details regarding your conviction. (On next page)

14. Have you ever been found guilty of any criminal offence in Canada for which you received a Conditional or absolute discharge?

- No
- Yes. What were the terms of your discharge? Type, completed dates etc.

15. Have you ever been convicted of any criminal offence in any other country for which the Equivalent of a pardon has not been granted?

- No
- Yes. Please give details regarding your conviction.

C. CRIMINAL RECORD

16. If you received a conditional or absolute discharge in Canada, have the records been sealed by the R.C.M.P? **Please submit proof.**
(For discharge ordered after July 24, 1992; records are sealed automatically after 1 year for Absolute discharges and 3 years for conditional discharges. For discharges before this date, you Are required to apply for the records to be sealed.)

- No
- Yes. Please provide details.

17. Have you ever committed any criminal offence in Canada when you were under age 18?
 No
 Yes, Provide details regarding the incident(s) including what, when, where and why it happened.

18. Have you ever committed any criminal offence in any other country when you were under age 18?
 No
 Yes. Provide details regarding the incident(s) including what, when, where and why it happened.

19. Have you ever been convicted of any criminal offence in Canada for which a pardon has been granted?
 No
 Yes. Provide details regarding the incident(s) including what, when, where and why it happened.

D. ALCOHOL USE

20. A) Do you consume alcoholic beverages?
 No
 Yes. How many alcoholic drinks do you consume each week on average?

B) When are you most likely to consume alcohol?

C) Have you ever been in an altercation while under the influence of alcohol?

21. Have you ever operated a vehicle while under the influence of alcohol?
 No

Yes. Please provide details.

22. Have you ever had contact with the Police in which alcohol was a factor?

No

Yes. Please provide details.

23. Have you ever been administered a test for alcohol (breath, blood, urine) by or on behalf of the police?

No

Yes. When did this occur? Which agency administered the test? Was it taken at the roadside? What actions resulted?

E. DRUG USE

24. A) Have you ever taken, tried or experimented with illegal drugs?

No. Go directly to Question 25.

Yes

B) What illegal drug(s) do (or did) you take?

C) How often and over what period of time did you use illegal drugs?

D) How recent was your last use of illegal drugs?

E) Why did you stop using illegal drugs?

25. Have you ever purchases illegal drugs?
 No
 Yes. When did this occur? Provide details regarding the purchase and your involvement.

26. Have you ever grown/manufactured/imported illegal drugs or given/sold illegal drugs to another Person?
 No
 Yes. When did this occur? Please provide details.

27. Have you ever had contact with the Police in which drugs were a factor?
 No
 Yes. Please provide details.

28. A) Have you ever taken, tried or experimented with prescription or non-prescription drugs for non-medical reasons?
(Use of legal drugs for reasons not related to a medical condition, e.g. the use of steroids for body building, is considered a non-medical use of drugs).
 NO
 Yes. If yes, please indicate: _____prescription _____ non-prescription

B) How often and over what period of time did you take such drugs?

C) How recent was the last time you used prescription/non-prescription drugs non-medical reason? Please specify name(s) and type(s) of drug(s).

D) Why did you stop using such drugs?

29. Have you ever used inhalants or other material for mind-altering effects? (e.g. Glue, paint thinners, gasoline, after-shave lotion)?

- No
 Yes. Please provide details.

F. CREDIT RECORD

30. Have you ever declared bankruptcy?

- No
 Yes. What were the circumstances?

31. Has a collection agency ever been assigned to any of your outstanding balances?

- No
 Yes. What were the circumstances? How and when was the matter resolved?

32. Have you ever knowingly written a NSF cheque?

- No
 Yes. How often? How recently? What were the circumstances?

G. CONDITIONS OF WORK

33. A police constable is normally required to be available for work at all times, in various conditions.

- A) Are you able and willing to assume any shift, night or day, on any day of the week?
 No. Provide details below
 Yes
-
-

B) Are you able and willing to work in extreme weather conditions: cold, ice, heat, wind, humidity, thunderstorms, wetness/flooding, etc?

- No. Provide details below
- Yes

C) Do you have any unusual fears (e.g. of water, height, blood, animals, darkness, dead bodies, or other things and conditions)?

- No
- Yes. Provide details below

34. Police Officers are often involved in physical confrontations.

A) Are you willing to use the appropriate level of force permitted under the Criminal Code to address these types of situations.

- No. Provide details below
- Yes

B) Are you willing to use potentially lethal force to protect your life or the lives of others from Someone else?

- No. Provide details below
- Yes

H. OTHER INFORMATION

35. Do you currently associate with, or have you in the past associated with, individuals or groups Whom you know or knew to be engaged in criminal activity?

- No
- Yes. Provide details of these associations?

36. Are you now, or have you ever been, investigated, arrested or charge in Canada, for an offence Of any kind?

- No
- Yes. Provide details regarding the investigation (e.g. what, when, where, why)

37. Are you now, or have you ever been, investigated, arrested or charged in any other country, for Any offence of any kind?

- No
- Yes. Provide details regarding the investigation (e.g. what, when, where, and why).

38. Have you been convicted of a provincial offence? (Paying of a fine is considered a conviction: provincial offence includes, but are not limited to, speeding, running a stop sign under the Highway Traffic Act; catching over the limit or out-of-season under the Game and Fish Act; Drinking under age or being drunk in public under the Liquor Licence Act; violating the Trespass to Property Act; or the Police Services Act).

- No
- Yes. What was the specific offence(s)? When and where did it take place? Why did it happen?

I. BACKGROUND CHECK

39. A background check is part of the selection process. It involves a detailed investigation, including a review of any personal involvement in criminal activity, and alcohol or drug use. Is there any information that you wish to add or disclose about yourself that you feel we should be aware of at this time?

- No
- Yes. Please provide details

Revised September 2020.