



## **INSTRUCTIONS FOR THE STAFF SERGEANT APPLICATION**

**Applicants must complete the application package:**

1. Part I: Application
2. Part II: Pre-employment Physical Fitness Testing
3. Part III: Authorization for Release of Information

**The following documents MUST be included with your application:**

1. Cover Letter
2. Letter of recommendation from immediate and previous Supervisors
3. Copies of all certificates achieved within the past 5 years
4. Copies of all employment performance evaluations within the past 3 years of service
5. Copies of all letters of commendation/appreciation
6. Police College Certificate
7. Updated Immunization Record

**You are required to be certified in Standard First Aid and level “C” CPR.**

**All applicants will be required to submit fingerprints for a Criminal Background Check at the cost of the applicant. An additional \$ 25.00 will be charged by the R.C.M.P by money order made payable to ‘The Receiver General of Canada’ at the cost of the applicant.**

**Mail all documents to:** Akwasasne Mohawk Police Service  
Attention: Kristian Terrance,  
Human Resource Dept.  
P.O. Box 579  
Cornwall, Ontario  
K6H 5T3

General Inquiries: (613) 575-2340  
Email: [Kristian.terrance@akwasasne.ca](mailto:Kristian.terrance@akwasasne.ca)



## **GUIDELINE FOR ACCEPTABLE DOCUMENTS**

**You must provide all the following documents to be processed into the background investigation.**

1. Standard Level First Aid & Cardio Pulmonary Resuscitation
  - a. CPR must be equivalent to St. John Ambulance Level 'C', Heart & Stroke Foundation 'Basic Rescuer' or Canadian Red Cross 'Level F'
2. **Originals of each of the following: (one per page)**
  - a. Drivers License (Front and Back)
  - b. Social Insurance Card
  - c. Birth Certificate (Baptismal Certificates are not accepted)
  - d. Copy of Indian & Northern Affairs Indian Status Card (Front and Back)
  - e. All Educational Transcripts (High school, college and university)
  - f. Proof of Computer competence or courses taken over the past 2 years
  - g. Proof of up to date Immunizations (for Hepatitis B & Influenza, COVID-19)

**Without the submission of these documents will delay the processing of your application. It is your responsibility to provide these documents quickly.**



## PART I: APPLICATION FOR THE POSITION OF STAFF SERGEANT

- IMPORTANT**
1. Carefully review and follow application instructions issued with this application form.
  2. Please print clearly. Complete fully. Use additional paper if spaces are insufficient.

### PERSONAL INFORMATION:

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SURNAME: \_\_\_\_\_ GIVEN 1 \_\_\_\_\_ GIVEN 2 \_\_\_\_\_

Complete address (Number, street, Apt., Lot, Concession, Township, Rural Route #): \_\_\_\_\_

City, Town, Province, State: \_\_\_\_\_ Postal Code \_\_\_\_\_ How long at this address? \_\_\_\_\_

Residence Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Are you legally entitled to work in Canada? [ ] Yes [ ] No

Are you a resident of Akwasasne? [ ] Yes Band No. \_\_\_\_\_ [ ] No

Do you consider yourself to be an indigenous person? [ ] Yes [ ] No **Please Provide Proof**

*“Aboriginal Person”* means a member of the Indian, Inuit or Métis people of Canada. Other terms are widely used to describe aboriginal people include, “North American Indian”, “First Nations People”, “Native People” or “Amerindian”. Aboriginal Persons include people living on and off reserves plus “Status”, “Non-Status” and “Treaty” Indians. Aboriginals from Latin America and East Indians should answer “NO” to this question.

### LANGUAGES:

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

### EDUCATION, CREDENTIALS, INVOLVEMENTS:

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<b>Secondary School</b>	Highest Grade or Level Completed	Type of Ontario Graduation Diploma	
		<input type="checkbox"/> Equivalency (Details)	
<b>Business, Trade or Technical School</b>	Name of Program	Length of Program	
	License, Certificate or Diploma awarded: Details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>College</b>	Name of Program	Length of Program	
	Diploma Received <input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate Received <input type="checkbox"/> Yes <input type="checkbox"/> No	Details
	Other college courses, workshops, seminars:		

<b>University</b>	Name of Program	Major subject area	
	Degree Awarded: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> General	<input type="checkbox"/> Honours

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

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

Name of Organization	Nature of Organization	Position Held	Membership Dates

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

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List four persons not related to you whom we 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

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Complete Mailing address Postal Code Telephone Number

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2. Full Name Occupation Years known

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Complete Mailing address Postal Code Telephone Number

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3. Full Name Occupation Years known

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Complete Mailing address Postal Code Telephone Number

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4. Full Name Occupation Years known

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Complete Mailing address Postal Code Telephone Number

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**Other references: You may list name(s) of police officers who know you personally and who are willing to provide a written character reference pertaining to your suitability as a police applicant.**

Full Name and Rank	Complete Mailing Address	Police Agency	Years Known
1.			
2.			
3.			
4.			

Employee Family References:

Are any members of your family employed by the Akwesasne Mohawk Police Service? [ ] No

[ ] Yes (Give Details below):

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## EMPLOYMENT HISTORY:

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**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).

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

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Complete mailing address (include postal code)	May present employer be contacted for further information:
	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Supervisor's Name & Title:	Position Title:
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Brief description of duties	Reason for Leaving:
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Employer:	Telephone	Date of employment (month & year)
		Dates: From: To:

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Complete mailing address (include postal code)

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Supervisor's Name & Title:	Position Title:
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Brief description of duties	Reason for Leaving:
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Employer:	Telephone	Date of employment (month & year)
		Dates: From: To:

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Complete mailing address (include postal code)

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Supervisor's Name & Title:	Position Title:
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Brief description of duties	Reason for Leaving:
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Employer:	Telephone	Date of employment (month & year)
		Dates: From: To:

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Complete mailing address (include postal code)

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Supervisor's Name & Title:	Position Title:
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Brief description of duties	Reason for Leaving:
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**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.

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**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 the recruitment process for the purpose 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.



## **PART III: PRE-EMPLOYMENT MEDICAL EXAMINATION 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 Sergeant application form.

**PART A** ; As an applicant for the position of sergeant 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 examination, it is requested that you complete the assessment portion below attesting to the applicant's medical fitness.

Name of Applicant:

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

Yes    No

- 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- 2. Do you feel pain in your chest when you do physical activity?
- 3. In the past month, have you had chest pain when you were not doing physical activity?
- 4. Do you lose your balance because of dizziness or do you ever lose consciousness?
- 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- 6. Is your doctor currently prescribing drugs (i.e., water pills) for your blood pressure or heart condition?
- 7. Do you know of any other reason why you should 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 can take part in the fitness appraisal.

Delay becoming more active if you are not feeling well because of a temporary illness such as a cold or fever – wait until you feel better.

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    (If yes please state reason)***

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Name of Physician (print)

Signature

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Office Address

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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:**

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## ANNUAL TESTING STANDARDS FOR POLICE OFFICERS INCLUDING STAFF SERGEANTS

Physical testing is a 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 and at Ontario Police College.

This fitness appraisal will be completed by the police service's fitness coordinator who is a Certified Fitness Consultant. The 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 of 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, curl ups, and a Shuttle run. The standards differ between males and females and among different age groups which are listed below.

A passing mark of 70% is required for both genders.

Please observe the following example:

Passing	Age	Push-ups	Forward Flex	Curl ups	1.5 mile Run	Gender
75%	20-29	27-28	33	31	10:57-11:22	male
		20	36	31-32	13:01-13:26	female
75%	30-39	21	32	35-36	11:21- 11:50	male
		17-19	35	27-28	13:21-13:55	female

**Push ups;** Hands directly under shoulders, body/head straight and rigid, full movement up and down. 1 minute time limit.

**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.

**Curl ups;** in one minute, knees bent 90 degrees, feet held, palms held tightly over the ears. Elbows touch knees. NO bouncing. 1 minute time limit.

### Shuttle Run





## 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 Human Resource Office of the Akwesasne Mohawk Police Service.**

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 that 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, that 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