

Appendix A4.1.1



POLICE SERVICE

EMPLOYMENT APPLICATION FORM COMMUNITY PEACE OFFICER

Version 4.0 2017





EMPLOYMENT APPLICATION

Receipt No.

For Office Use Only

MAIL COMPLETED APPLICATION TO:

**LETHBRIDGE POLICE SERVICE
RECRUITING UNIT
135 1 Avenue South
Lethbridge, AB T1J 0A1**

For more information about opportunities with the Lethbridge Police Service, please see our website...
<https://www.lethbridgepolice.ca/>

1. An essential component in the selection process of the Lethbridge 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. 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 typing, then print and sign or 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"/> Copy of High School Diploma | <input type="checkbox"/> Pardon (if applicable) |
| <input type="checkbox"/> Certified copy of High School Transcript | <input type="checkbox"/> Post-Secondary Documents (if applicable) |
| <input type="checkbox"/> Completed Personal Disclosure Form | <input type="checkbox"/> |
| <input type="checkbox"/> Driving Record Abstract – last three years
(Out of Province Applicants must supply their Provincial Equivalent) | |
| <input type="checkbox"/> Copy of Birth Certificate and/or Canadian Citizenship or Legal Permanent Resident documentation | |
| <input type="checkbox"/> Copy of PARE (Alberta- Physical Ability Requirement Evaluation Applicants) | <input type="checkbox"/> Attached <input type="checkbox"/> Yet To Be Arranged |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |

LAST NAME	GIVEN NAME	MIDDLE NAME	DATE OF BIRTH YYYY/MM/DD
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.

NAME CHANGE FROM:	NAME CHANGE TO:	DATE OF CHANGE YYYY MM DD
DRIVER'S LICENCE	PROVINCE	CLASS(ES)
		LICENCE NUMBER
		DATE OF ISSUE YYYY MM DD

Personal information on this form is collected in accordance with Sections 4 and 5 of the Alberta's Protection of Privacy Act (POPA). Personal information shall be used and shared for the purposes outlined in Sections 12 through 14 POPA, and for other legal requirements where they are consistent with POPA. If you have any questions regarding the collection or use of this personal information, please contact the Lethbridge Police Service's Access and Privacy Unit.

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										Proof of education will be required prior to engagement			
HIGH SCHOOL		Check 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 YYYY MM		FINISH DATE YYYY MM			
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 YYYY MM		FINISH DATE YYYY MM			
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 YYYY MM		FINISH DATE YYYY MM			
MAJOR/MINOR													
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 YYYY MM		FINISH DATE YYYY MM			
MAJOR/MINOR													
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 YYYY MM		FINISH DATE YYYY MM			
MAJOR/MINOR													
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.		(International Qualifications Assessment Standards – Certificate - if applicable) For International applicants only – Please state the highest level education achieved.											
		NAME OF SCHOOL				LOCATION							
PROGRAM OR COURSE								START DATE YYYY MM		FINISH DATE YYYY MM			
MAJOR/MINOR													
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 WRITTEN THE ACT (ALBERTA COMMUNICATION TEST), **THE CAAT** (CANADIAN ADULT ACHIEVEMENT TEST), **OR THE WCT** (WRITTEN COMMUNICATION TEST)? ☐ **YES** (if YES – Where & When) ☐ **NO**

HAVE YOU EVER WRITTEN THE APCAT (ALBERTA POLICE APPLICANT COGNITIVE ABILITY TEST)? ☐ **YES** (if YES – Where & When) ☐ **NO**

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

REASON FOR POLYGRAPH OR COMPUTER VOICE STRESS ANALYSIS EXAMINATION

HAVE YOU EVER BEEN FINGERPRINTED? ☐ **YES** ☐ **NO**

ENTER REASON FOR FINGERPRINTING BELOW

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					

EMPLOYMENT HISTORY

(Continued)

4th	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						
5th	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						
IF YOU WERE ASKED TO RESIGN, OR WERE FIRED FROM A JOB, OR HAD A GAP IN EMPLOYMENT, PLEASE PROVIDE DETAILS AND EXPLANATIONS.						

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			TO			
				YYYY	MM	DD	YYYY	MM	DD	
CITY		PROVINCE		COUNTRY			POSTAL CODE			
PREVIOUS ADDRESS				FROM			TO			
				YYYY	MM	DD	YYYY	MM	DD	
CITY		PROVINCE		COUNTRY			POSTAL CODE			
PREVIOUS ADDRESS				FROM			TO			
				YYYY	MM	DD	YYYY	MM	DD	
CITY		PROVINCE		COUNTRY			POSTAL CODE			
PREVIOUS ADDRESS				FROM			TO			
				YYYY	MM	DD	YYYY	MM	DD	
CITY		PROVINCE		COUNTRY			POSTAL CODE			
PREVIOUS ADDRESS				FROM			TO			
				YYYY	MM	DD	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		
								YYYY	MM	
2	TYPE	ISSUING INSTITUTION			CURRENT BALANCE OWING			EXPIRATION YYYY	DATE M M	
3	TYPE	ISSUING INSTITUTION			CURRENT BALANCE OWING			EXPIRATION YYYY	DATE M M	
4	TYPE	ISSUING INSTITUTION			CURRENT BALANCE OWING			EXPIRATION YYYY	DATE M M	
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. Ensure that all sections are completed.

If you cannot type into this form, please print and write legibly. 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			SEX			PLACE OF BIRTH (INCLUDE CITY / COUNTRY BORN)					
YYYY	MM	DD	<input type="checkbox"/> Male		<input type="checkbox"/> Female						
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		TO	
								YYYY	MM	DD	
NAME OF PERSON(S) WHO SHARE ADDRESS WITH YOU				TELEPHONE NUMBER		RELATIONSHIP		SEX		DATE OF BIRTH	
								<input type="checkbox"/> Male <input type="checkbox"/> Female		YYYY	MM DD
								<input type="checkbox"/> Male <input type="checkbox"/> Female		YYYY	MM DD
								<input type="checkbox"/> Male <input type="checkbox"/> Female		YYYY	MM DD
ADDRESS		CITY		PROVINCE		POSTAL CODE		FROM		TO	
								YYYY	MM	DD	
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU				TELEPHONE NUMBER		RELATIONSHIP		SEX		DATE OF BIRTH	
								<input type="checkbox"/> Male <input type="checkbox"/> Female		YYYY	MM DD
								<input type="checkbox"/> Male <input type="checkbox"/> Female		YYYY	MM DD
								<input type="checkbox"/> Male <input type="checkbox"/> Female		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	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		
						<input type="checkbox"/> Male <input type="checkbox"/> Female			
						<input type="checkbox"/> Male <input type="checkbox"/> Female			
						<input type="checkbox"/> Male <input type="checkbox"/> Female			

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		
						<input type="checkbox"/> Male <input type="checkbox"/> Female			
						<input type="checkbox"/> Male <input type="checkbox"/> Female			
						<input type="checkbox"/> Male <input type="checkbox"/> Female			

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		
						<input type="checkbox"/> Male <input type="checkbox"/> Female			
						<input type="checkbox"/> Male <input type="checkbox"/> Female			
						<input type="checkbox"/> Male <input type="checkbox"/> Female			

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		
						<input type="checkbox"/> Male <input type="checkbox"/> Female			
						<input type="checkbox"/> Male <input type="checkbox"/> Female			
						<input type="checkbox"/> Male <input type="checkbox"/> Female			

ADDRESS	CITY	PROVINCE	POSTAL CODE	FROM YYYY	M M	D D	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		
						<input type="checkbox"/> Male <input type="checkbox"/> Female			
						<input type="checkbox"/> Male <input type="checkbox"/> Female			
						<input type="checkbox"/> Male <input type="checkbox"/> Female			

SECURITY CLEARANCE DECLARATION (Continued)

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

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		
						<input type="checkbox"/> Male <input type="checkbox"/> Female			
						<input type="checkbox"/> Male <input type="checkbox"/> Female			
						<input type="checkbox"/> Male <input type="checkbox"/> Female			

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		
						<input type="checkbox"/> Male <input type="checkbox"/> Female			
						<input type="checkbox"/> Male <input type="checkbox"/> Female			
						<input type="checkbox"/> Male <input type="checkbox"/> Female			

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		
						<input type="checkbox"/> Male <input type="checkbox"/> Female			
						<input type="checkbox"/> Male <input type="checkbox"/> Female			
						<input type="checkbox"/> Male <input type="checkbox"/> Female			

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		
						<input type="checkbox"/> Male <input type="checkbox"/> Female			
						<input type="checkbox"/> Male <input type="checkbox"/> Female			
						<input type="checkbox"/> Male <input type="checkbox"/> Female			

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		
						<input type="checkbox"/> Male <input type="checkbox"/> Female			
						<input type="checkbox"/> Male <input type="checkbox"/> Female			
						<input type="checkbox"/> Male <input type="checkbox"/> Female			

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 MM DD	
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 MM DD	
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 MM DD	
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 MM DD	
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 MM DD	
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 MM DD	
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 MM DD	
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 MM DD	
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 MM DD	
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 MM DD	
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 MM DD	
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 MM DD	
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 MM DD	
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 MM DD	
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 MM DD	
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 MM DD	
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 MM DD	
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 MM DD	
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 MM DD	
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 MM DD	
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 MM DD	
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 MM DD	
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 MM DD	
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SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	ADDRESS		CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER	

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)	<input type="checkbox"/> YES <input type="checkbox"/> 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.	<input type="checkbox"/> YES <input type="checkbox"/> 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.	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Are you associated with any companies, or businesses, not listed on your application? <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Owner <input type="checkbox"/> Director <input type="checkbox"/> Controlling Share Holder <input type="checkbox"/> Other </div>	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Are you a member of any clubs or organizations? If yes – explain which	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. If you answered yes to the previous question, do you hold a position in that club or organization? <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> President <input type="checkbox"/> Chair <input type="checkbox"/> Director <input type="checkbox"/> Other _____ </div>	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. In the past 10 years, have you been involved in any lawsuits or civil actions?	<input type="checkbox"/> YES <input type="checkbox"/> NO

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 Lethbridge Police Service. I recognize that an employee of the Lethbridge Police is in a position of trust within the community and I hereby consent to the Lethbridge 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 Lethbridge Police Service for fingerprint confirmation. I further agree to absolutely release, discharge, and absolve the Lethbridge Police Service, the City of Lethbridge 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



ALBERTA POLICE RECRUIT SELECTION STANDARDS

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 Lethbridge 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 police officer as well as research purposes. I consent to the collection, use, disclosure, transmittal, and examination of all information compiled by the Lethbridge 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		



ALBERTA POLICE RECRUIT SELECTION STANDARDS

POLYGRAPH

EXAMINATION CONSENT

NAME OF APPLICANT	SURNAME	GIVEN NAMES	INITIAL		
ADDRESS OF APPLICANT					
CITY	PROVINCE	POSTAL CODE	DATE OF BIRTH 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 Lethbridge 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:	YYYY	MM	DD
	NAME OF WITNESS:	SIGNATURE OF WITNESS:	DATE:	YYYY	MM	DD
NOTE: The Witness must be 18 years or older						