

#### PERSONAL INFORMATION

SURNAME:	GIVEN NAME(S):
DATE OF BIRTH: (YY-MMM-DD)	DATE OF SUBMISSION: (YY-MMM-DD)
	ADMINISTRATIVE FILE:

Thank you for your application to Surrey Police Service ("SPS") – we greatly value the knowledge, skills, and experience that a potential new recruit can bring to SPS.

As you already understand, honesty, lifestyle, and integrity are important qualities for police officers and so it is important for SPS to examine all applicants' suitability. Information supplied in this document will be considered in the context of the competition for employment for the position applied for and will be held in confidence under those circumstances.

#### Collection, Use, Access, Retention, and Disclosure of your Personal Information

The information you provide during the application process is collected by SPS for the purpose of an employment application. Personal information collected for the purposes of the employment process and determining suitability for employment with SPS is collected under section 26(c) of the Freedom of Information and Protection of Privacy Act (FOIPPA). It is retained and protected under section 30 of the FOIPPA, which requires a public body to protect personal information in its custody or under its control by making reasonable security arrangements against risks of unauthorized access, collection, use, disclosure, or disposal.

Your personal information will be stored securely within Surrey Police Service Recruiting Section, and access to records in recruiting databases is restricted to those involved in the recruiting process. Your personal information will not be disclosed except under section 33 of the FOIPPA. The Recruiting Section will retain your personal information for a minimum of 5 years.

If you have any questions or concerns about the collection of your personal information, please contact the Surrey Police Service careers@surreypolice.ca

If an applicant admits to having committed a serious and undetected criminal offence or is deemed to pose a serious risk to the safety of others, SPS may use or disclose specific information for a law enforcement or public safety purpose. While cases of such use and disclosure outside of the Recruiting Process are rare and exceptional, SPS strongly discourages an applicant from completing this form if you believe this notice applies to you.

#### **EXAMPLES OF SERIOUS CRIMINAL OFFENCES INCLUDE, BUT ARE NOT LIMITED TO:**

- murder
- · impaired driving
- sexual assault
- crimes relating to domestic violence
- child pornography (includes accessing, possession, distribution, or production)
- offences contrary to the Controlled Drugs and Substances Act
- robbery
- treason or high treason
- forcible confinement
- crime committed with a facial covering and/or a weapon
- any crime involving children (includes physical or sexual abuse)



#### DECLARATION ACKNOWLEDGMENT AND CONSENT

DECLARATION, ACKNOWLEDGMENT AND CONSENT
Collection and Retention of Information:
I consent to the collection and retention of my personal information (including applications, attachments and draft applications) within Surrey Police Service Recruiting Section, and which will be collected and retained by Surrey Police Service in accordance with applicable laws.
Use of Information:
□ I consent to my personal information being used and disclosed by Surrey Police Service for recruitment and hiring purposes, including to conduct reference checks and verify the accuracy and completeness of my personal information. I further consent to Surrey Police Service sharing this personal information with any third party assisting with the recruitment and hiring processes.  □ I consent to Surrey Police Service using my personal information to consider me for any positions with Surrey Police Service in addition to those for which I have applied.
Truth, Completeness and Accuracy of Personal Information:
□ I confirm that, to the best of my ability, I have provided personal information that is truthful, complete and accurate. □ I am aware that any false, incorrect or misleading information will render my application void and may cause my profile to be deleted. □ I consent to Surrey Police Service verifying the truth, completeness and accuracy of my personal information as part of the recruitment and hiring process. □ I acknowledge that the submission of my personal information or applying for any positions does require Surrey Police Service to consider me for any position.
To apply for a position with SPS you must read the following Terms of Agreement and select the "I agree to the Terms of Agreement" checkbox, type your name (this will be your legal signature), and date before submitting your documentation.
<ul> <li>□ I have read and understood SPS Terms and Conditions</li> <li>□ I agree with SPS Terms and Conditions</li> </ul>
Please follow the instruction below carefully. Incomplete questionnaires will not be reviewed.
<ol> <li>All questions must be answered. Incomplete questionnaires will not be processed. If a question is not applicable use "N/A" in the appropriate space. If an entire section is not applicable, one "N/A" in the first space is sufficient.</li> <li>Date format should follow YY-MMM-DD [10-JAN-31].</li> <li>When answering questions with a yes/no box, please check the box you wish to select. We are aware that some questions are duplicates of questions asked of you in the application form.</li> <li>Unless otherwise instructed, list items in chronological order beginning with the most recent. Leave no gaps in dates.</li> <li>If extra space is required, we have included two extra pages at the end so you can continue answering your questions. Be sure you include the question number you are continuing to answer. This includes extra entries for family members. Please ensure you enter all the same applicable information.</li> </ol>
NAME OF APPLICANT [PLEASE TYPE] DATE OF APPLICATION [YY-MMM-DD]

Your Form Reference #



#### All of the items below must be uploaded with your application:

- Completed Lifestyle and Integrity Questionnaire
- Original Certified Educational Transcripts from High School and Post-Secondary Institution
- International Credential Evaluation Service (ICES) Report (if applicable)
- Copy of Birth Certificate and Canadian Citizenship or Permanent Resident Documentation
- Copy of valid Standard First Aid Certificate with CPR "Level C" with AED
- Completed Visual Assessment Form
- Completed Audio Assessment Form
- Copy of Photo Identification (Driver's License)
- Driving Abstract
- Criminal Pardon (if applicable)
- Two (2) Passport-sized photo wearing professional business attire
- Copy of Police Information Check Vulnerable Sector (PIC-VS) (consult your local police department on how to obtain)

#### \*\*INCOMPLETE APPLICATIONS WILL NOT BE HELD OR PROCESSED\*\*

PERSONAL INFORMATION				
	T			
SURNAME:	GIVEN:			
PREVIOUS FAMILY NAME:	MIDDLE NAME:			
HAVE YOU EVER CHANGED YOUR NAME?	YES NO			
DETAILS:				
DATE OF BIRTH (YY-MMM-DD):	AGE:			
PLACE OF BIRTH:				
CITIZENSHIP:	SIN:			
IF CANADIAN BY NATURALIZATION PROVIDE DATE	, CERTIFICATE NUMBER AND PLACE OF ISSUE:			
ADDRESS:				
CITY: PROVINCE:	POSTAL CODE:			
DRIVER'S LICENCE #:	PHONE (HOME):			
PHONE (CELL):	PHONE (BUSINESS):			
EMAIL:				
ADDITIONAL EMAIL ADDRESSES:				
RELATIONSHIP STATUS:	DATE RELATIONSHIP STARTED (If Applicable):			
EMERGENCY CONTACT:	RELATIONSHIP:			
CONTACT NUMBER:				
Proficient in any other language(s) other than English -	please specify:			



# **FAMILY**

If any person(s) listed for a relationship is deceased, the following details must be included in the two extra pages at the end of the application; date of birth, last known address, and month and year deceased.

1.	RELATIONSHIP INFORMATION			
	Relationship: (e.g. Spouse, Girlfriend/Boyfriend, Common-law, significant other, includes dating partner)			
	Surname:	Given:		
	Middle Name(s):	Previous Family Name:		
	Date of Birth (YY-MMM-DD):	Place of Birth:		
	Address:	Driver's License Number:		
	Home Phone:	Email:		
	Cell Phone:	Business Phone:		
	Employer:			
	Employer's Address:			
	Employer's Phone:			
	If no longer together, give present name and address of former spouse(s):			
	Present status of relationship:			
	To what degree do you financially support your child(	ren) or former spouse?		
	DEPENDANTS	1		
2.	Relationship (e.g. Son, daughter, stepchild, 18 years and older, includes spouse or common law partner you have a parental relationship with)	•		
	Surname:	Given:		
	Middle Name(s):			
	Date of Birth (YY-MMM-DD):	Place of Birth:		
	Address:			
	Home Phone:			
	Cell Phone:			
	Driver's License:			
3.	Relationship (e.g. Son, daughter, stepchild, 18 years and older, includes spouse or common law partner you have a parental relationship with)			
	Surname:	Given:		
	Middle Name(s):			
	Date of Birth (YY-MMM-DD):	Place of Birth:		
	Address:			
	Home Phone:			
	Cell Phone:			
	Driver's License:			
4.	Relationship (e.g. Son, daughter, stepchild, 18 years and older, includes spouse or common law partner you have a parental relationship with)			
	Surname:	Given:		
	Middle Name(s):			
	Date of Birth (YY-MMM-DD):	Place of Birth:		
	Address:			
	Home Phone:			
	Cell Phone:			
	Driver's License:			



# FAMILY

	DEPENDANTS CONTINUED	
5.	Relationship (e.g. Son, daughter, stepchild, 18 years and older, includes spouse or common law partner you have a parental relationship with)	
	Surname:	Given:
	Middle Name(s):	
	Date of Birth (YY-MMM-DD):	Place of Birth:
	Address:	
	Home Phone:	
	Cell Phone:	
	Driver's License:	
6.	Relationship (e.g. Son, daughter, stepchild, 18 years and older, includes spouse or common law partner you have a parental relationship with)	
	Surname:	Given:
	Middle Name(s):	
	Date of Birth (YY-MMM-DD):	Place of Birth:
	Address:	
	Home Phone:	
	Cell Phone:	
	Driver's License:	
7.	Relationship (e.g. Son, daughter, stepchild, 18 years and older, includes spouse or common law partner you have a parental relationship with)	
	Surname:	Given:
	Middle Name(s):	
	Date of Birth (YY-MMM-DD):	Place of Birth:
	Address:	
	Home Phone:	
	Cell Phone:	
	Driver's License:	
	PARENTS	
8.	Father: (includes natural, half, or step relatives)	
	Surname:	Given:
	Middle Name(s):	
	Date of Birth (YY-MMM-DD):	Place of Birth:
	Address:	
	Home Phone:	
	Cell Phone:	Email:
	Driver's License:	
	Employer:	
	Employer's phone:	
	Occupation:	



9.	<b>Mother:</b> (includes natural, half, or step relatives)	
	Surname:	Given:
	Middle Name(s):	
	Date of Birth (YY-MMM-DD):	Place of Birth:
	Address:	
	Home Phone:	
	Cell Phone:	Email:
	Driver's License:	
	Employer:	
	Employer's phone:	
	Occupation:	
10.	Parent: (includes natural, half, or step relatives)	Туре:
	Surname:	Given:
_	Middle Name(s):	
	Date of Birth (YY-MMM-DD):	Place of Birth:
	Address:	
	Home Phone:	
	Cell Phone:	Email:
	Driver's License:	
-	Employer:	
	Employer's phone:	
	Occupation:	
11.	Parent: (includes natural, half, or step relatives)	Туре:
-	Surname:	Given:
-	Middle Name(s):	
-	Date of Birth (YY-MMM-DD):	Place of Birth:
-	Address:	
-	Home Phone:	
-	Cell Phone:	Email:
-	Driver's License:	
	Employer:	
	Employer's phone:	
	Occupation:	



12.	Spouse or Common Law Partner's Parent: (includes	natural, half, or step relatives)	Type:
	Surname:	Given:	
	Middle Name(s):		
	Date of Birth (YY-MMM-DD):	Place of Birth:	
	Address:		
	Home Phone:		
	Cell Phone:	Email:	
	Driver's License:		
	Employer:		
	Employer's phone:		
	Occupation:		
13.	Spouse or Common Law Partner's Parent: (includes	natural, half, or step relatives)	Type:
	Surname:	Given:	
	Middle Name(s):		
	Date of Birth (YY-MMM-DD):	Place of Birth:	
	Address:		
	Home Phone:		
	Cell Phone:	Email:	
	Driver's License:		
	Employer:		
	Employer's phone:		
	Occupation:		
14.	Spouse or Common Law Partner's Parent: (includes	natural, half, or step relatives)	Type:
14.	Spouse or Common Law Partner's Parent: (includes Surname:	natural, half, or step relatives)  Given:	Type:
14.			Type:
14.	Surname:		Type:
14.	Surname: Middle Name(s):	Given:	Type:
14.	Surname:  Middle Name(s):  Date of Birth (YY-MMM-DD):	Given:	Type:
14.	Surname:  Middle Name(s):  Date of Birth (YY-MMM-DD):  Address:	Given:	Type:
14.	Surname:  Middle Name(s):  Date of Birth (YY-MMM-DD):  Address:  Home Phone:	Given: Place of Birth:	Type:
14.	Surname:  Middle Name(s):  Date of Birth (YY-MMM-DD):  Address:  Home Phone:  Cell Phone:	Given: Place of Birth:	Type:
14.	Surname:  Middle Name(s):  Date of Birth (YY-MMM-DD):  Address:  Home Phone:  Cell Phone:  Driver's License:	Given: Place of Birth:	Type:
14.	Surname:  Middle Name(s):  Date of Birth (YY-MMM-DD):  Address:  Home Phone:  Cell Phone:  Driver's License:  Employer:	Given: Place of Birth:	Type:
14.	Surname:  Middle Name(s):  Date of Birth (YY-MMM-DD):  Address:  Home Phone:  Cell Phone:  Driver's License:  Employer:  Employer's phone:	Given:  Place of Birth:  Email:	Type:
	Surname:  Middle Name(s):  Date of Birth (YY-MMM-DD):  Address:  Home Phone:  Cell Phone:  Driver's License:  Employer:  Employer's phone:  Occupation:	Given:  Place of Birth:  Email:	
	Surname:  Middle Name(s):  Date of Birth (YY-MMM-DD):  Address:  Home Phone:  Cell Phone:  Driver's License:  Employer:  Employer:  Employer's phone:  Occupation:  Spouse or Common Law Partner's Parent: (includes)	Given:  Place of Birth:  Email:	
	Surname:  Middle Name(s):  Date of Birth (YY-MMM-DD):  Address:  Home Phone:  Cell Phone:  Driver's License:  Employer:  Employer's phone:  Occupation:  Spouse or Common Law Partner's Parent: (includes Surname:	Given:  Place of Birth:  Email:	
	Surname:  Middle Name(s):  Date of Birth (YY-MMM-DD):  Address: Home Phone:  Cell Phone:  Driver's License:  Employer:  Employer's phone:  Occupation:  Spouse or Common Law Partner's Parent: (includes Surname:  Middle Name(s):	Given:  Place of Birth:  Email:  s natural, half, or step relatives)  Given:	
	Surname:  Middle Name(s):  Date of Birth (YY-MMM-DD):  Address:  Home Phone:  Cell Phone:  Driver's License:  Employer:  Employer's phone:  Occupation:  Spouse or Common Law Partner's Parent: (includes Surname:  Middle Name(s):  Date of Birth (YY-MMM-DD):	Given:  Place of Birth:  Email:  s natural, half, or step relatives)  Given:	
	Surname:  Middle Name(s):  Date of Birth (YY-MMM-DD):  Address:  Home Phone:  Cell Phone:  Driver's License:  Employer:  Employer's phone:  Occupation:  Spouse or Common Law Partner's Parent: (includes Surname:  Middle Name(s):  Date of Birth (YY-MMM-DD):  Address:	Given:  Place of Birth:  Email:  s natural, half, or step relatives)  Given:	
	Surname:  Middle Name(s):  Date of Birth (YY-MMM-DD):  Address:  Home Phone:  Cell Phone:  Driver's License:  Employer:  Employer:  Employer's phone:  Occupation:  Spouse or Common Law Partner's Parent: (includes Surname:  Middle Name(s):  Date of Birth (YY-MMM-DD):  Address:  Home Phone:	Given:  Place of Birth:  Email:  snatural, half, or step relatives)  Given:  Place of Birth:	
	Surname:  Middle Name(s):  Date of Birth (YY-MMM-DD):  Address:  Home Phone:  Cell Phone:  Driver's License:  Employer:  Employer's phone:  Occupation:  Spouse or Common Law Partner's Parent: (includes Surname:  Middle Name(s):  Date of Birth (YY-MMM-DD):  Address:  Home Phone:  Cell Phone:	Given:  Place of Birth:  Email:  snatural, half, or step relatives)  Given:  Place of Birth:	
	Surname:  Middle Name(s):  Date of Birth (YY-MMM-DD):  Address:  Home Phone:  Cell Phone:  Driver's License:  Employer:  Employer's phone:  Occupation:  Spouse or Common Law Partner's Parent: (includes Surname:  Middle Name(s):  Date of Birth (YY-MMM-DD):  Address:  Home Phone:  Cell Phone:  Driver's License:	Given:  Place of Birth:  Email:  snatural, half, or step relatives)  Given:  Place of Birth:	



	OTHER SIGNIFICANT FAMILY RELATIONSHIPS		
16.	. Additional Significant Family Member: (includes natural, half, or step relatives) Type:		
_	Surname:	Given:	
	Middle Name(s):		
	Date of Birth (YY-MMM-DD):	Place of Birth:	
_	Address:		
	Home Phone:		
_	Cell Phone:	Email:	
_	Driver's License:		
_	Employer:		
_	Employer's phone:		
	Occupation:		
17.	Additional Significant Family Member: (includes nature	al, half, or step relatives) Type:	
	Surname:	Given:	
	Middle Name(s):		
	Date of Birth (YY-MMM-DD):	Place of Birth:	
	Address:		
	Home Phone:		
	Cell Phone:	Email:	
	Driver's License:		
	Employer:		
	Employer's phone:		
	Occupation:		
18.	Additional Significant Family Member: (includes nature	al, half, or step relatives) Type:	
	Surname:	Given:	
	Middle Name(s):		
	Date of Birth (YY-MMM-DD):	Place of Birth:	
	Address:		
	Home Phone:		
	Cell Phone:	Email:	
	Driver's License:		
	Employer:		
	Employer's phone:		
	Occupation:		



19.	Additional Significant Family Member: (includes nate	ural, half, or step relatives) Type:
	Surname:	Given:
	Middle Name(s):	
	Date of Birth (YY-MMM-DD):	Place of Birth:
	Address:	
	Home Phone:	
	Cell Phone:	Email:
	Driver's License:	
	Employer:	
	Employer's phone:	
	Occupation:	
20.	Additional Significant Family Member: (includes natu	ural, half, or step relatives) Type:
	Surname:	Given:
	Middle Name(s):	
	Date of Birth (YY-MMM-DD):	Place of Birth:
	Address:	
	Home Phone:	
	Cell Phone:	Email:
	Driver's License:	
	Employer:	
	Employer's phone:	
	Occupation:	
21.	Additional Significant Family Member: (includes nate	ural, half, or step relatives) Type:
	Surname:	Given:
	Middle Name(s):	
	Date of Birth (үү-ммм-рр):	Place of Birth:
	Address:	
	Home Phone:	
	Cell Phone:	Email:
	Driver's License:	
	Employer:	
	Employer's phone:	
	Occupation:	



	SIBLINGS	
22.	SIBLING	
	Relationship (e.g. Brother, sister, step sibling, half sibling)	Type:
	Surname:	Given:
_	Middle Name(s):	
	Date of Birth (YY-MMM-DD):	Place of Birth:
	Driver's License:	
	Address:	
	Home Phone:	
•	Cell Phone:	
	Occupation:	
23.	SIBLING	
	Relationship (e.g. Brother, sister, step sibling, half sibling)	Type:
•	Surname:	Given:
	Middle Name(s):	
	Date of Birth (YY-MMM-DD):	Place of Birth:
	Driver's License:	
	Address:	
•	Home Phone:	
•	Cell Phone:	
	Occupation:	
24.	SIBLING	
24.	SIBLING  Relationship (e.g. Brother, sister, step sibling, half sibling)	Type:
24.		Type: Given:
24.	Relationship (e.g. Brother, sister, step sibling, half sibling)	
24.	Relationship (e.g. Brother, sister, step sibling, half sibling)  Surname:	
24.	Relationship (e.g. Brother, sister, step sibling, half sibling)  Surname:  Middle Name(s):	Given:
24.	Relationship (e.g. Brother, sister, step sibling, half sibling)  Surname:  Middle Name(s):  Date of Birth (YY-MMM-DD):	Given:
24.	Relationship (e.g. Brother, sister, step sibling, half sibling)  Surname:  Middle Name(s):  Date of Birth (YY-MMM-DD):  Driver's License:	Given:
24.	Relationship (e.g. Brother, sister, step sibling, half sibling)  Surname:  Middle Name(s):  Date of Birth (YY-MMM-DD):  Driver's License:  Address:	Given:
24.	Relationship (e.g. Brother, sister, step sibling, half sibling)  Surname:  Middle Name(s):  Date of Birth (YY-MMM-DD):  Driver's License:  Address:  Home Phone:	Given:
24.	Relationship (e.g. Brother, sister, step sibling, half sibling)  Surname:  Middle Name(s):  Date of Birth (YY-MMM-DD):  Driver's License:  Address:  Home Phone:  Cell Phone:	Given:
	Relationship (e.g. Brother, sister, step sibling, half sibling)  Surname:  Middle Name(s):  Date of Birth (YY-MMM-DD):  Driver's License:  Address:  Home Phone:  Cell Phone:	Given:
	Relationship (e.g. Brother, sister, step sibling, half sibling)  Surname:  Middle Name(s):  Date of Birth (YY-MMM-DD):  Driver's License:  Address:  Home Phone:  Cell Phone:  Occupation:	Given:
	Relationship (e.g. Brother, sister, step sibling, half sibling)  Surname:  Middle Name(s):  Date of Birth (YY-MMM-DD):  Driver's License:  Address:  Home Phone:  Cell Phone:  Occupation:	Given:  Place of Birth:
	Relationship (e.g. Brother, sister, step sibling, half sibling)  Surname:  Middle Name(s):  Date of Birth (YY-MMM-DD):  Driver's License:  Address:  Home Phone:  Cell Phone:  Occupation:  SIBLING  Relationship (e.g. Brother, sister, step sibling, half sibling)	Given:  Place of Birth:  Type:
	Relationship (e.g. Brother, sister, step sibling, half sibling)  Surname:  Middle Name(s):  Date of Birth (YY-MMM-DD):  Driver's License:  Address:  Home Phone:  Cell Phone:  Occupation:  SIBLING  Relationship (e.g. Brother, sister, step sibling, half sibling)  Surname:	Given:  Place of Birth:  Type:
	Relationship (e.g. Brother, sister, step sibling, half sibling)  Surname:  Middle Name(s):  Date of Birth (YY-MMM-DD):  Driver's License:  Address:  Home Phone:  Cell Phone:  Occupation:  SIBLING  Relationship (e.g. Brother, sister, step sibling, half sibling)  Surname:  Middle Name(s):	Given:  Place of Birth:  Type:  Given:
	Relationship (e.g. Brother, sister, step sibling, half sibling)  Surname:  Middle Name(s):  Date of Birth (YY-MMM-DD):  Driver's License:  Address:  Home Phone:  Cell Phone:  Occupation:  SIBLING  Relationship (e.g. Brother, sister, step sibling, half sibling)  Surname:  Middle Name(s):  Date of Birth (YY-MMM-DD):	Given:  Place of Birth:  Type:  Given:
	Relationship (e.g. Brother, sister, step sibling, half sibling)  Surname:  Middle Name(s):  Date of Birth (YY-MMM-DD):  Driver's License:  Address:  Home Phone:  Cell Phone:  Occupation:  SIBLING  Relationship (e.g. Brother, sister, step sibling, half sibling)  Surname:  Middle Name(s):  Date of Birth (YY-MMM-DD):  Driver's License:	Given:  Place of Birth:  Type:  Given:
	Relationship (e.g. Brother, sister, step sibling, half sibling)  Surname:  Middle Name(s):  Date of Birth (YY-MMM-DD):  Driver's License:  Address:  Home Phone:  Cell Phone:  Occupation:  SIBLING  Relationship (e.g. Brother, sister, step sibling, half sibling)  Surname:  Middle Name(s):  Date of Birth (YY-MMM-DD):  Driver's License:  Address:	Given:  Place of Birth:  Type:  Given:
	Relationship (e.g. Brother, sister, step sibling, half sibling)  Surname:  Middle Name(s):  Date of Birth (YY-MMM-DD):  Driver's License:  Address:  Home Phone:  Cell Phone:  Occupation:  SIBLING  Relationship (e.g. Brother, sister, step sibling, half sibling)  Surname:  Middle Name(s):  Date of Birth (YY-MMM-DD):  Driver's License:  Address:  Home Phone:	Given:  Place of Birth:  Type:  Given:



26.	SIBLING	
	Relationship (e.g. Brother, sister, step sibling, half sibling)	Type:
	Surname:	Given:
	Middle Name(s):	
	Date of Birth (YY-MMM-DD):	Place of Birth:
	Driver's License:	
	Address:	
	Home Phone:	
	Cell Phone:	
	Occupation:	
<b>27</b> .	SIBLING	
	Relationship (e.g. Brother, sister, step sibling, half sibling)	Type:
	Surname:	Given:
	Middle Name(s):	
	Date of Birth (YY-MMM-DD):	Place of Birth:
	Driver's License:	
	Address:	
	Home Phone:	
	Cell Phone:	
	Occupation:	

YES NO Do you correspond with or visit your parents?

NO YES Do you correspond with or visit your brothers/sisters?

At what age did you leave home?

NO Has any of your immediate family ever been arrested, charged or convicted of a YES

criminal offence? If yes, provide brief details (Include year, place and offence)?



**SECONDARY EDUCATION** 

EDUCATION	
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1.	From:	То:		
	(mm/yyyy)	(mm/yyyy)		
	Name of Institution:			
	Location:			
		State / Country		
	Last completed grade/term:			
2.	From:	To:		
	(mm/yyyy)	(mm/yyyy)		
	Name of Institution:			
	Location:			
		tate / Country		
	Last completed grade / term:			
DO 9	ST-SECONDARY EDUCATION			
1.	From:	То:		
	(mm/yyyy)	(mm/yyyy)		
	Name of Institution:			
	Credits Earned:			
	Certificate / Diploma	Degree		
	Program of Study:	GPA:		
2.	From:	То:		
	(mm/yyyy)	(mm/yyyy)		
	Name of Institution:			
	Credits Earned:			
	Certificate / Diploma	Degree		
	Program of Study:	GPA:		
	EMPLOY	MENI		
whi	Start with your most recent employer and include any part-time employment and any employment while at school. Add additional information to the two provided pages at the end if you require more space.			

#### 1. From: To: (YY-MMM-DD) (YY-MMM-DD) Part-Time Full-Time Seasonal Employment Employer: Employer's Address: Employer's Telephone: Position: Previous Positions (within same employer): Supervisor's Title: Supervisor's Name: Reason for leaving:



	What do you like best about that position?		
	What do you like least about that position?		
	Proudest achievements:		
	Biggest work-related disappointments:		
	What would you change about that position if	if you had the authority?	
	Can SPS contact this employer at this time?	Yes No	
2.	From:	То:	_
۷.	(YY-MMM-DD)	(YY-MMM-DD)	_
	Part-Time Full-Ti		
	Employer:		
	Employer's Address:		
	Employer's Telephone:	Position:	
	Previous Positions (within same employer):		
	Supervisor's Name:	Supervisor's Title:	
	Reason for leaving:		
	What do you like best about that position?		
	,		
	What do you like least about that position?		
	Proudest achievements:		



	Biggest work-related disappointments:	
	NA/II - A II II	
	What would you change about that position if you	nad the authority?
	Can the SPS contact this employer at this time?	Yes No
	' '	
3.	From:	То:
	(YY-MMM-DD)	(YY-MMM-DD)
	Part-Time Full-Time	
	Employer:	
	Employer's Address:	
	Employer's Telephone:	Position:
	Previous Positions (within same employer):	i conton.
	Supervisor's Name:	Supervisor's Title:
		Supervisor's Title.
	Reason for leaving:	
	What do you like best about that position?	
	What do you like best about that position?	
	What do you like least about that position?	
	Proudest achievements:	
	Biggest work-related disappointments:	
	Diggot work rolated dicappointments.	
	What would you change about that position if you	had the authority?
	0 11 000 1 1111	
	Can the SPS contact this employer at this time?	Yes No



# **VOLUNTEER ACTIVITIES**

Start with your most recent volunteer activities. Add additional information to the two provided pages at the end if you require more space.

1.	From:	10:
	(YY-MMM-DD)	(YY-MMM-DD)
	Organization:	
	Organization's Address:	,
	Telephone:	Position:
	Previous Positions (within same organization):	
	Supervisor's Name:	Supervisor's Title:
	Number of hours per month:	
	Reason for leaving:	
	Major assignments, challenges, responsibilities:	
	Miles de la complicación de la contraction de la	
	What do you like best about your position?	
	What do you like least about your position?	
	Proudest achievements:	
	Biggest disappointments:	
2.	From:	То:
	(YY-MMM-DD)	(YY-MMM-DD)
	Organization:	
	Organization's Address:	
	Telephone:	
	Previous Positions (within same organization):	
	Supervisor's Name:	
	Number of hours per month:	
	Reason for leaving:	



Major	assignments, challenges, responsibilities:	
What d	do you like best about your position?	
What d	do you like least about your position?	
Proude	est achievements:	
Bigges	st disappointments:	

#### **ASSOCIATIONS**

List all persons (other than your spouse/partner or immediate family) with whom you have had regular contact with over the past 5 years . Ask yourself, what people do you spend most of your time with?

ASSOCIATIONS	
Relationship Type:	
Surname:	Given:
Middle Name(s):	
Date of Birth (YY-MMM-DD):	Place of Birth:
Address:	
Home Phone:	
Cell Phone:	
Driver's License:	
Relationship Type:	·
Surname:	Given:
Middle Name(s):	
Date of Birth (YY-MMM-DD):	Place of Birth:
Address:	·
Home Phone:	
Cell Phone:	
Driver's License:	
	Relationship Type: Surname: Middle Name(s): Date of Birth (YY-MMM-DD): Address: Home Phone: Cell Phone: Driver's License: Relationship Type: Surname: Middle Name(s): Date of Birth (YY-MMM-DD): Address: Home Phone: Cell Phone:



	ASSOCIATIONS CONTINUED	
3.	Relationship Type:	
	Surname:	Given:
	Middle Name(s):	
	Date of Birth (YY-MMM-DD):	Place of Birth:
	Address:	
	Home Phone:	
	Cell Phone:	
	Driver's License:	
4.	Relationship Type:	
	Surname:	Given:
	Middle Name(s):	
	Date of Birth (YY-MMM-DD):	Place of Birth:
	Address:	
	Home Phone:	
	Cell Phone:	
	Driver's License:	
5.	Relationship Type:	
	Surname:	Given:
	Middle Name(s):	
	Date of Birth (YY-MMM-DD):	Place of Birth:
	Address:	
	Home Phone:	
	Cell Phone:	
	Driver's License:	
6.	Relationship Type:	
	Surname:	Given:
	Middle Name(s):	
	Date of Birth (YY-MMM-DD):	Place of Birth:
	Address:	
	Home Phone:	
	Cell Phone:	
	Driver's License:	



#### **RESIDENCES**

In chronological order, list your places of residence for the past five years, starting with the most recent.

1.	From (mm/yyyy):	To (mm/yyyy):
	Address:	
2.	From (mm/yyyy):	To (mm/yyyy):
	Address:	
3.	From (mm/yyyy):	To (mm/yyyy):
	Address:	
4.	From (mm/yyyy):	To (mm/yyyy):
	Address:	
5.	From (mm/yyyy):	To (mm/yyyy):
	Address:	
List	residences outside of Canada where you have live	d as an adult.
1.		To (mm/yyyy):
١.	From (mm/yyyy):	то (пшиуууу).
	Address:	
2.	From (mm/yyyy):	To (mm/yyyy):
	Address:	



#### **OTHER POLICE AGENCIES**

List ALL police agencies where you have applied. Add additional information to the two provided pages at the end if you require more space. Include law enforcement agencies you have applied to either as a civilian or sworn member. Include law enforcement agencies such as Military Police, Customs, Sheriffs, Corrections, Conservation Officer, CSIS, etc.

Police Organization: Stages Completed:		Date of Submis	Date of Submission (YY-MMM-DD):		
Exam Score:	Date Written:	POPAT Score:	POPAT Date:		
Current Application S If removed from prod		ou believe you were removed.			
Police Organization: Stages Completed:		Date of Submis	sion (YY-MMM-DD):		
Exam Score:	Date Written:	POPAT Score:	POPAT Date:		
Current Application S If removed from prod		rou believe you were removed.			
Police Organization: Stages Completed:		Date of Submis	sion (YY-MMM-DD):		
Exam Score:	Date Written:	POPAT Score:	POPAT Date:		
Current Application S If removed from prod		rou believe you were removed.			
Police Organization: Stages Completed:		Date of Submis	sion (YY-MMM-DD):		
Exam Score:	Date Written:	POPAT Score:	POPAT Date:		
Current Application S If removed from prod		rou believe you were removed.			
Police Organization: Stages Completed:		Date of Submis	sion (YY-MMM-DD):		

Your Form Reference #

Exam Score:

POPAT Date:

POPAT Score:

**Current Application Status:** 

If removed from process, state the reason you believe you were removed.

Date Written:



# FINANCIAL

PLEASE LIST ALL YOUR ASSETS [e.g. Home, Vehicles, Property, Savings, Investments, etc.]:			
ASSETS	\$ VALUE		
TOTAL 400FT0			
TOTAL ASSETS:	\$		
PLEASE LIST ALL YOUR SHARED ASSETS (e.g. with spouse, family, common-law) [e.vehicles, property, savings, investments, etc.]:	.g. home,		
ASSETS	\$ VALUE		

ASSETS		\$ VALUE
	TOTAL ASSETS:	\$

PLEASE LIST ALL YOUR DEBTS [MORTGAGES, LOANS, CREDIT CARDS, LINE OF CREDIT, ETC.]:

CATEGORY	PURPOSE	\$ ORIGINAL AMOUNT	\$ CURRENT AMOUNT	\$ MONTHLY PAYMENT
	_			
	_			
TOTAL	\$	\$	\$	\$

Do you have any debts that are in default or overdue?	? If yes, provide details.	YES	NO

What is your annual net income?

1. Have you been bonded?	YES	NO

If yes, provide details [when, where, circumstances]:

SPS NOTES:			



2. Have you declared bankruptcy?	YES	NO
If yes, provide details [when, where, circumstances]:		
SPS NOTES:		
3. Has a collection agency collected or attempted to collect an outstanding debt from you?	YES	NO
If yes, provide details [when, where, circumstances]:		
SPS NOTES:		
4. Have you knowingly written an NSF cheque?	YES	NO
If yes, provide details [when, where, circumstances]:		
SPS NOTES:		
OFNEDAL INFORMATION		
GENERAL INFORMATION		
5. Name three things you have done for which you are most proud:		
SPS NOTES:		
6. Name three things you have done for which you are not proud of:		
SPS NOTES:		



7. What are your plane for the poyt five years?		
7. What are your plans for the next five years?		
SPS NOTES:		
SFS NOTES.		
8. What actions have you taken to implement these plans?		
SPS NOTES:		
9. Have you ever been refused entry to any country?	YES	NO
If yes, please provide details including year, country, port of entry denied, and reason.		
SPS NOTES:		
10. Are you aware of any reason why you may be disqualified as a potential employee of Surrey Police Service? If yes, please provide details.	YES	NO
Currey i once delivide: ii yes, piedse provide details.		
SPS NOTES:		
11. Are you currently or have you in the past been involved in a civil lawsuit as a	YES	NO
plaintiff, defendant, third party, petitioner, respondent or witness?	120	NO
ODO NOTEO.		
SPS NOTES:		



12. Has your status in Canada been investigated by a hearing or tribunal?	YES	NO
If yes, by what agency? Please provide details.		
SPS NOTES:		
SOCIAL MEDIA		
1. Please list any social media accounts or any public forums you are active in. Please provide a media Username ID's.	all of your	socia
2. Have you engaged/posted on social media or any forums which are or could become public re	elated	
to SPS or SPS transition issues in support or otherwise? If yes, please provide details	Ciatod	
	′ES	NO
3. Do you consent to SPS reviewing your social media accounts and forums listed above? Y	ES	NO

# **DRIVING INFORMATION** List all driving offences for which you have ever received a ticket, including photo radar and out of province [include the year of the ticket(s)]: **SPS NOTES:** Have you failed to appear in court in relation to a traffic violation? YES NO Have you had a driver's license suspended or revoked? YES NO Have you driven while under suspension, prohibition, or without a licence? YES NO Have you been refused automobile insurance or have had it cancelled or suspended? NO YES Have you received a letter about too many tickets? YES NO If yes, please provide details [when, where and circumstances]: **SPS NOTES:** Have you been involved in any motor vehicle accidents? NO YES Have you ever received any insurance settlements resulting from a motor vehicle accident YES NO If yes, please provide details [when, where and circumstances] and indicate if you were at fault **SPS NOTES:** 4. Have you falsified, exaggerated, or lied about an insurance claim of any kind? NO YES If yes, please provide details [when, where and circumstances]: **SPS NOTES:**

**SPS NOTES:** 

YES

NO

5. Have you been involved in a hit-and-run accident either as driver or a passenger – no matter how

minor the damage? If yes, please provide details [when, where and circumstances]:



6. Have you deliberately left the scene of an accident you were involved in?  If yes, please provide details [when, where & circumstances]:	YES	NO
SPS NOTES:		
EDUCATION		
<ol> <li>Have you ever required additional assistance, support, or accommodations to achieve a passing grade for an exam or course at any point during your education? If yes, please provided</li> </ol>	YES ide details	NO s.
SPS NOTES:		
SFS NOTES.		
8. Have you ever cheated on an exam and/or plagiarized an essay or academic piece of work?  If yes, please provide details [when, where and circumstances]:	YES	NO
SPS NOTES:		
<ol> <li>Have you been suspended or formally reprimanded by an educational institution?</li> <li>If yes, please provide details [when, where and circumstances, include academic suspension</li> </ol>	YES ns]	NO
SPS NOTES:		
EMPLOYMENT EMPLOYMENT		
10. Have you held any employment or volunteer activities that you have not disclosed in this approcess?If yes, please provide details [when, where and circumstances]:	olication YES	NO
SPS NOTES:		
11. Have you held employment under another name? If yes, please provide details [name, when, where and circumstances]:	YES	NO
SPS NOTES:		

Your Form Reference #



12. Have you been disciplined / documented for inappropriate behaviour at work?  If yes, please provide details [when, where & circumstances]:	YES	NO
SPS NOTES:		
13. Have you been unemployed for extended periods of time?	YES	NO
Have you collected employment insurance benefits or welfare? Have you worked while on employment insurance or welfare and not reported your full earnings?	YES YES	NO NO
If yes to any of the above, please provide details [when, where and circumstances]:		
SPS NOTES:		
14. Have you been unable to work for periods of 4 weeks or more due to an illness or injury? If yes, please provide details [when, where and circumstances]:	NO	
SPS NOTES:		
SPS NOTES.		
15. Have you booked off sick when you have not been? If yes, please provide details [how many times, why, when was the last time]:	YES	NO
ADD NOTES.		
SPS NOTES:		
16. Have you had problems with being late when you were a student or an employee?  If yes, please provide details [when, where and circumstances]	YES	NO
ii yes, piease provide details [where and circumstances]		
SPS NOTES:		

		L	ORUGS AND ALCOHOL		
		-		, inhaled, injected, swallowed, or substances such as but not limi	ted to
COCAINE	YES	NO	# OF TIMES:	WHEN: (YY-MMM)	
CRACK	YES	NO	# OF TIMES:	WHEN: (YY-MMM)	
ECSTASY	YES	NO	# OF TIMES:	WHEN: (YY-MMM)	
HEROIN	YES	NO	# OF TIMES:	WHEN: (YY-MMM)	
LSD	YES	NO	# OF TIMES:	WHEN: (YY-MMM)	
CANNABIS	YES	NO	# OF TIMES:	WHEN: (YY-MMM)	
METHAMPHETAMINE	YES	NO	# OF TIMES:	WHEN: (YY-MMM)	
MUSHROOMS	YES	NO	# OF TIMES:	WHEN: (YY-MMM)	
PCP	YES	NO	# OF TIMES:	WHEN: (YY-MMM)	
SPEED	YES	NO	# OF TIMES:	WHEN: (YY-MMM)	
DESIGNER DRUGS	YES	NO	# OF TIMES:	WHEN: (YY-MMM)	
INHALENTS [GAS/GLUE]	YES	NO	# OF TIMES:	WHEN: (YY-MMM)	
OTHER (provide details below)	YES	NO	# OF TIMES:	WHEN: (YY-MMM)	
18. Please provide further d	etails on	your d	rug use, frequency and time t	rames: N/A	
SPS NOTES:					
19. Do you possess or have	you pos	sesse	d a medicinal cannabis card?	YES	NO
If so, detail the reason y	ou posse	ssed s	such a card?		

SPS NOTES:



20. When did you last use a controlled drug or substance? What were the circumstances? What type of drug?	N/A	
SPS NOTES:		
21. Have you purchased controlled drugs or substances?  If yes, please provide details [when, where and circumstances, type of drug]:	YES	NO
SPS NOTES:		
22. Have you sold controlled drugs or substances or illegally sold prescription drugs?  If yes, please provide details [when, where and circumstances, type of drug]:	YES	NO
SPS NOTES:		
23. Have you grown / manufactured / imported / transported controlled drugs or substances?  If yes, please provide details [when, where and circumstances, type of drug]:	YES	NO
SPS NOTES:		
24. Do you know anyone who has ever sold, grown, manufactured, imported, or transported controlled drugs or substances? If yes, please provide details [when, where and circumstance]	YES es]:	NO
SPS NOTES:		
25. Have you been in a place where you knew controlled drugs or substances or narcotics were being used?	YES	NO
If yes, please provide details [when, where and circumstances]:		
SPS NOTES:		



26. Have you allowed someone to use controlled drugs or substances at your residence or in your vehicle? If yes, please provide details [when, where & circumstances]:	YES	NO
SPS NOTES:		
27. Have you used or sold steroids and/or other performance enhancing drugs?  If yes, please provide details [when, where & circumstances]:	YES	NO
SPS NOTES:		
28. Have you administered a controlled drug or substance or intoxicant to person without their knowledge or consent? If yes, please provide details [when, where & circumstances]:	YES	NO
SPS NOTES:		
29. Have you misused prescription drugs?  If yes, please provide details [when, where, what & circumstances]:	YES	NO
, , , , , , , , , , , , , , , , , , , ,		
SPS NOTES:		
30. Have you misused non-prescription drugs?  If yes, please provide details [when, where, what & circumstances]:	YES	NO
SPS NOTES:		
31. Have you driven a motor vehicle, boat or other vehicle while you have been under the influence of drugs/alcohol?	YES	NO
If yes, please provide details [when, where & circumstances, what drug/alcohol did you use]:		
If yes, please provide details [when, where & circumstances, what drug/alcohol did you use]:		
If yes, please provide details [when, where & circumstances, what drug/alcohol did you use]:		
If yes, please provide details [when, where & circumstances, what drug/alcohol did you use]:		



32. Have you worked while you have been impaired or unfit under the influence of drugs/alcohol?  If yes, please provide details [when, where & circumstances, what drug/alcohol did you use]:	YES	NO
SPS NOTES:		
33. Have you been in a verbal or physical altercation while under the influence of alcohol or drugs?  If yes, please provide details [when, where & circumstances]:	YES	NO
SPS NOTES:		
34. Have you been charged for an offence involving the consumption, transportation, or distribution of alcohol? If yes, please provide details [when, where & circumstances]:	YES	NO
SPS NOTES:		
35. How many times have you driven a motor vehicle, boat or other vehicle while you have been influence of alcohol and thought you were over the legal alcohol limit?  Please provide details [when, where & circumstances]:	under th	e
SPS NOTES:		
36. Provide details about the last time you drove when you thought you were over the legal alcohomany drinks did you have and over what period? How many times in total? When did this occur?	ol limit. I	How
SPS NOTES:		
FIREARMS		
37. Have you had possession of an illegal or unregistered firearm or other weapons Please provide details [when, where & circumstances]:	YES	NO
SPS NOTES:		

LIFESTYLE AND INTEGRITY		
38. Have you been in a physical altercation with a spouse/ex-spouse or partner or anyone associated to you in a domestic or family relationship?  If yes, please provide details [when, where and circumstances]:	YES	NO
SPS NOTES:		
39. Have you been in a physical fight or assaulted anyone? [sports or otherwise, regardless of your age at the time] If yes, please provide details [when, where and circumstances]:	YES	NO
SPS NOTES:		
40. Have you been physically violent toward a child?  If yes, please provide details [when, where and circumstances]:	YES	NO
SPS NOTES:		
41. Have you had sexual involvement with anyone without their consent?  If yes, please provide details [when, where and circumstances]:	YES	NO
SPS NOTES:		
42. Have you been involved in sexual activity where money has been exchanged?  If yes, please provide details [when, where and circumstances]:	YES	NO
SPS NOTES:		
43. Have you been involved in the sex trade industry, in any capacity?  If yes, please provide details [when, where and circumstances:]	YES	NO
SPS NOTES:		



44. Have you retained or participated in any type of commercial sexual activity for yourself or others, either in Canada or abroad?  If yes, please provide details [when, where and circumstances]:	YES	NO
SPS NOTES:		
45. Have you been involved in a sexual manner with a child or underage person or anyone purported to be a child or underage person?  If yes, please provide details [when, where and circumstances]:	YES	NO
SPS NOTES:		
46. Have you committed a sexual act that if you were caught, you might have been prosecuted (bestiality, indecent exposure, voyeurism, incest, sex in public, anonymous harassing phone calls, digital image and/or video recording people without permission)? If yes, please provide details [when, where and circumstances]:	YES	NO
SPS NOTES:		
47. Have you used the Internet to communicate in an inappropriate manner with a child or underage person or anyone purported to be a child or underage person?	YES	NO
SPS NOTES:		
48. Have you recorded and/or distributed, by any media, sexual acts of another person in a public area or in a location where there was a reasonable expectation of privacy without their co	YES onsent?	NO
SPS NOTES:		
49. Have you had possession of or viewed any material that could be considered child, violent or animal pornography?  If yes, please provide details [when, where and circumstances]:	YES	NO
SPS NOTES:		



50. Have you used a name other than your own for any purpose, including false identification?  If yes, please provide details [when, where and circumstances]:	YES	NO
SPS NOTES:		
51. Have you falsified an official document, including by electronic means?	YES	NO
If yes, please provide details [when, where and circumstances]:		
SPS NOTES:		
52. Have you told a lie or misrepresentation of any act, while under oath, or on a sworn or notarized document? If yes, please provide details [when, where and circumstances]:	YES	NO
SPS NOTES:		
53. Have you been the subject of a restraining order?  If yes, please provide details [when, where and circumstances]:	YES	NO
SPS NOTES:		
54. Do you currently associate with, or have you in the past, associated with, individuals or groups, including a family member, whom you know to be engaged in criminal	YES	NO
activity?If yes, provide details [when, where and circumstances]:		
SPS NOTES:		
55. Have you visited a "clubhouse", residence, or other place used by a criminal organization, gang or persons involved in criminal activity? If yes, please provide details [when, where and circ	YES cumstanc	NO es]:
SPS NOTES:		



56. Do you gamble? If yes, please provide details [when and under what circumstances]:  Do you have any gambling debts? If yes, please provide details.	YES YES	NO NO
SPS NOTES:		
57. Do you currently associate with a criminal organization, gang or member of a gang? If yes, please provide details [when, where and circumstances]:	YES	NO
SPS NOTES:		
58. Have you in the past associated or been connected in any way to a criminal organization, gang or member of a gang? If yes, please provide details [when, where and circumstances]:	YES	NO
SPS NOTES:		
59. Are you engaged in a business as an owner or partner? (active partner/owner or silent partner) If yes, please provide details [when, where and circumstances]:	YES	NO
SPS NOTES:		
60. Have you filed an inaccurate tax return [did not declare all income etc.]?	YES	NO
Have you failed to file your income tax return? Have you filed a late income tax return?	YES YES	NO NO
Are you responsible for filing your tax return?  If yes, please provide details [when, where and circumstances]:	YES	NO
SPS NOTES:		



61. Have you failed to declare everything or made a false declaration at the Canada-USA border or other international border? If yes, please provide details [when, where and circumstant of the control	YES tances]:	NO
SPS NOTES:		
62. Have you been fired, laid off or let go from a job? Have you ever resigned from a job to avoid termination of employment? If yes to either question, please provide details [which position, when, where and circumstance	YES YES es]:	NO NO
SPS NOTES:		
63. Have you committed a theft from any of your employers?  If yes, please provide details [when, where and circumstances]:	YES	NO
SPS NOTES:		
64. Have you been involved in any other thefts [shoplifting, price tag switching, theft from parents, etc.]? If yes, please provide details [when, where and circumstances]:	YES	NO
SPS NOTES:		
65. Have you had possession of anything obtained through the commission of any offence?  If yes, please provide details [when, where and circumstances]:	YES	NO
SPS NOTES:		
66. Have you intentionally damaged someone else's property?  If yes, please provide details [when, where & circumstances]:	YES	NO
SPS NOTES:		



67. Do you currently have o If yes, please provide de					`	/ES	NO
SPS NOTES:							
•		•	or convicted of a regulatory or collegion or collegions. It is details [when, where and circulations]			/ES	NO
onerioe, including abroa	<u>a : 11 yes, pie</u>	ase provid	io detaile <u>(</u> when, where and once	motarioc	<u> </u>		
SPS NOTES:							
69. Have you been subject t may be associated with,			y the police? (including any police country):	e investig	ation yo	u	
CHECKED	YES	NO	TICKETED	YES	NO		
DETAINED	YES	NO	DRIVEN HOME	YES	NO		
QUESTIONED	YES	NO	ARRESTED	YES	NO		
	any of the abo	ove, please	e provide details [when, where a	nd circun	nstance	s]:	
SPS NOTES:							
70. Have you been chased, If yes, please provide de	•		•		`	/ES	NO
SPS NOTES:							
71. Have you hidden anyon If yes, please provide de			oid being arrested or found by the circumstances]:	e police?	,	YES	NO
SPS NOTES:							



72. Have you engaged in cruelty to any creature or animal that resulted in harm, injury or death, other than legally licensed hunting or fishing?  If yes, please provide details [when, where and circumstances]:	YES	NO
ii yes, piease provide details [where and sirediffications].		
SPS NOTES:		
73. Have you participated in unlawful acts that you have not already disclosed to us?  If yes, please provide details [when, where and circumstances]:	YES	NO
SPS NOTES:		
	VEO	NO
74. Have you caused the death of another person?  If yes, please provide details [when, where and circumstances]:	YES	NO
SPS NOTES:		
75. Have you contributed to the death of another person?  If yes, please provide details [when, where and circumstances]:	YES	NO
il yes, please provide details [when, where and circumstances].		
SPS NOTES:		
76. Do you currently or have you worked or volunteered in a policing environment?	YES	NO
If you have answered yes to this question, please answer the following two questions and pro [when, where and circumstances]:	vide deta	alis
A. Are you currently the subject of an internal or external investigation?	YES	NO
B. Have you been formally investigated for any situations while working or volunteering in a policing environment?	YES	NO
C. Have you been dismissed from a volunteer position?	YES	NO
SPS NOTES:		



77. A background check is part of the selection process. It involves a detailed and thorough investigation of your history. Is there any information you wish to add or disclose that you believe SPS should be aware of at this time? Please remember, non-disclosures may affect the status your application. If yes, please provide details below:		NO
SPS NOTES:		
78. Is there any reason why you could NOT perform the duties of the position for which you are applying?	YES	NO
ODO MOTEO		
SPS NOTES:		



#### **BACKGROUND CHECK**

Should you have any questions or concerns, contact the Recruiting Unit. All issues **must be disclosed** *in advance* of the polygraph examination or disqualification will be considered.

#### **CLOSING DECLARATION**

I hereby certify that the answers given by me in this integrity and lifestyle questionnaire are correct and that all statements in this integrity and lifestyle questionnaire are true and complete. Employment with Surrey Police Service is requires upon successful completion of all phases of the application process. I understand that deceit, dishonesty or non-disclosure concerning questions in this document, or during any other stage of the application process, will result in my disqualification from this and any other future competitions or will result in dismissal. I understand that any information received from inquiries made concerning statements in this questionnaire will not be disclosed to me. I understand that information supplied in this document and obtained during the application process will be considered in the context of the competition and will be held in confidence under those circumstances; with the exception that this information may be made available to other police agencies in Canada and, if applicable any future employment or volunteer positions with Surrey Police Service.

NAME OF ARRIVANT IDLEACE TYPE!	DATE OF ARRUSATION DVV MMM DRI
NAME OF APPLICANT [PLEASE TYPE]	DATE OF APPLICATION [YY-MMM-DD]



# PERSONAL INFORMATION AND REFERENCE CHECK RELEASE FORM

lame of Applicant:	
Position:	
Applicant Authorization for the Surrey Police Service to Collect Police I have applied to Surrey Police Service ("SPS") for employment. I process includes a detailed investigation conducted by SPS agents/representatives, including a review of any information I have of the application process and during interviews, as well as the	am aware the hiring or its authorized ave provided as part
of any information that is publicly available, or could be made public (including through internet searches and on social media sites) investigation may include reference checks and communications former employers, educational institutions, volunteer organizations and	ly available, about me . I acknowledge the with my current and
I HEREBY AUTHORIZE AND CONSENT to the release of a me, including personal information, to SPS and its authorized agent may be relevant to my application for employment with SPS limited to my current and past employment (including education, volunteering, and character, by any person knowledge of, or access to the requested information.	ts/representatives that s, including but not job performance),
Type your name (this will be your legal signature), and date be reference list.	fore submitting your
Applicant Name (Type)	Date: (YY-MMM-DD)
Witness Name (Type)	Date: (YY-MMM-DD)

If you have any questions about this consent to receive personal information, please contact SPS Recruitment Unit at <a href="mailto:spsrecruitingunit@surreypolice.ca">spsrecruitingunit@surreypolice.ca</a>







