



LAKESHORE REGIONAL POLICE SERVICE

POLICE OFFICER EMPLOYMENT APPLICATION

Receipt No. _____

For Office Use Only

SEND COMPLETED
APPLICATION TO:

Lakeshore Regional Police Service
Box 291, Driftpile, Alberta, T0G 0V0
Phone: 1(855)299-0138, Fax 1(780)355-2161

For more information about
opportunities with the Lakeshore
Regional Police Service Email:
careers@lsrps.ca

1. An essential component in the selection process of the Lakeshore Regional 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 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 items below must be submitted with your application:

- | | |
|--|---|
| ☐ Copy of High School Grade 12 Diploma or Provincial Equivalency | ☐ Pardon (if applicable) |
| ☐ Certified copy of High School Transcript | ☐ Class 5 Driver's Licence |
| ☐ Driving Record Abstract – last 3 years
<i>(Out of Province Applicants must supply their Provincial Equivalent)</i> | ☐ Standard First Aid and CPR "B" Certificate |
| ☐ Copy of Birth Certificate and/or Canadian Citizenship or Legal Permanent Resident documentation | |
| ☐ Not have unlawfully used any prescribed drug or controlled substance within one year prior to application | |

LAST NAME		GIVEN NAME		MIDDLE NAME	
FULL ADDRESS		CITY		PROVINCE	POSTAL CODE
EMAIL ADDRESS		TELEPHONE NO. (RES.) []	TELEPHONE NO. (BUS.) []	TELEPHONE NO. (OTHER) []	
Other than the name(s) listed above, please list any name change(s), or name(s) you may have used in the past.				DATE OF BIRTH YYYY MM DD	
NAME CHANGE FROM:		NAME CHANGE TO:		DATE OF CHANGE YYYY YYYY YYYY	
DRIVER'S LICENCE	PROVINCE	CLASS(ES)	LICENCE NUMBER		DATE OF ISSUE YYYY MM DD
	Personal information on this Employment Application is being collected under the authority of the Freedom of Information & Protection of Privacy Act (FOI/PPA) Section 33(c). It will be used to determine your suitability, eligibility or qualifications for employment. Questions about the use or collection of this information should be directed to the FOIP Program Administrator.				
The Human Resources Unit is constantly reviewing recruiting initiatives across Canada. To assist us with our future planning, please indicate how you learned about this employment opportunity:					
☐ Career Fair ☐ Newspaper ☐ Radio/T.V. ☐ College Posting ☐ Police Officer ☐ Other _____					

EDUCATION AND TRAINING										Proof of education will be required prior to engagement													
HIGH SCHOOL		Circle highest grade completed		NAME OF SCHOOL								LOCATION								☐ HIGH SCHOOL DIPLOMA ☐ 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)																			
				☐ YES ☐ 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)																			
				☐ YES ☐ 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)																			
				☐ YES ☐ 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)																			
				☐ YES ☐ 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)																			
				☐ YES ☐ NO																			
I. Q. A. S.				<i>(International Qualifications Assessment Standards – Certificate - if applicable)</i> <i>For International applicants only – Please state the highest level education achieved.</i>																			
				NAME OF SCHOOL								LOCATION											
PROGRAM OR COURSE										START DATE YYYY MM				FINISH DATE YYYY MM									
MAJOR/MINOR																							
LENGTH OF COURSE		GRADE POINT AVERAGE		CERTIFICATE, DIPLOMA, OR DEGREE AWARDED? (IF NOT – PLEASE PROVIDE DETAILS)																			
				☐ YES ☐ 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 YYYYMMDD			STATUS (describe reason for non-selection)
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				YYYYMMDD
REASON FOR POLYGRAPH OR COMPUTER VOICE STRESS ANALYSIS EXAMINATION				
HAVE YOU EVER BEEN FINGERPRINTED? ☐ YES☐ NO				
REASON FOR FINGERPRINTING				

EMPLOYMENT HISTORY

*Begin with your most recent employer and continue in reverse time order.
Provide history for the last ten (10) years if applicable.
Provide an explanation for all gaps in employment.*

**MOST
RECENT**

EMPLOYER'S NAME

TELEPHONE NUMBER

[]

EMPLOYER'S ADDRESS

POSTAL CODE

NAME OF IMMEDIATE SUPERVISOR

TELEPHONE NUMBER

[]

START DATE

YYYY

MM

FINISH DATE

YYYY

MM

POSITION HELD

DUTIES/RESPONSIBILITIES

REASON FOR LEAVING

2nd

EMPLOYER'S NAME

TELEPHONE NUMBER

[]

EMPLOYER'S ADDRESS

POSTAL CODE

NAME OF IMMEDIATE SUPERVISOR

TELEPHONE NUMBER

[]

START DATE

YYYY

MM

FINISH DATE

YYYY

MM

POSITION HELD

DUTIES/RESPONSIBILITIES

REASON FOR LEAVING

3rd

EMPLOYER'S NAME

TELEPHONE NUMBER

[]

EMPLOYER'S ADDRESS

POSTAL CODE

NAME OF IMMEDIATE SUPERVISOR

TELEPHONE NUMBER

[]

START DATE

YYYY

MM

FINISH DATE

YYYY

MM

POSITION HELD

DUTIES/RESPONSIBILITIES

REASON FOR LEAVING

(Continued)

[illegible]

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

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PROVINCE

COUNTRY

POSTAL CODE

PREVIOUS ADDRESS

FROM

TO

YYYY

MM

DD

YYYY

MM

DD

CITY

PROVINCE

COUNTRY

POSTAL CODE

CREDIT
CARDS

TYPE

ISSUING INSTITUTION

CURRENT BALANCE OWING

EXPIRATION DATE

YYYY

MM

2

TYPE

ISSUING INSTITUTION

CURRENT BALANCE OWING

EXPIRATION DATE

YYYY

MM

3

TYPE

ISSUING INSTITUTION

CURRENT BALANCE OWING

EXPIRATION DATE

YYYY

MM

4

TYPE

ISSUING INSTITUTION

CURRENT BALANCE OWING

EXPIRATION DATE

YYYY

MM

OFFICE USE ONLY

FILE MANAGER

DATE SENT (Fax)

YYYY

MM

DD

DATE RECEIVED (Fax)

YYYY

MM

DD



Lakeshore Regional Police Service

AUTHORIZATION FOR RELEASE OF INFORMATION

NAME OF APPLICANT	SURNAME	FIRST NAME	MIDDLE NAME
ADDRESS OF APPLICANT			
CITY	PROVINCE	POSTAL CODE	DATE OF BIRTH YYYY MM DD

I, _____, 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 Lakeshore Regional 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 Lakeshore Regional 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		