



Civilian Recruitment
APPLICANT SURVEY FORM
CONFIDENTIAL

Civilian (Communications, Records, Admin)

Special Police Constable (Courts)

Auxiliary (Volunteer)

Last Name:

Middle Name:

Legal Name:

Application Date:
 YYYY-MM-DD

Preferred Name:

3rd/6th/9th digits of SIN: / /

Address (Street name and number):

City/Town:

Province:

Postal Code:

Email Address:

Primary Contact
 Number:

() -

Are you at least 18 years of age?	Yes	No
Are you legally eligible to work in Canada?	Yes	No
Are you a Canadian citizen or a permanent resident of Canada?	Yes	No
Do you possess a valid driver's licence that permits you to drive an automobile in Ontario with full privileges and do you have six or fewer demerit points?	Yes	No
Have you ever been convicted of a criminal offence for which a pardon has not been granted or issued?	Yes	No
If you were previously convicted under a federal statute (this does not involve a finding of guilt under the YCJA or the YOA, or a finding of delinquency under the JDA), have you been granted or issued a pardon? If yes, provide details of the circumstance:	Yes	No N/A
Or, in the event of a discharge relating to a finding of guilt (this does not involve a finding of guilt under the YCJA or the YOA, or a finding of delinquency under the JDA), have the records been sealed by the R.C.M.P.?	Yes	No
Do you have an Ontario Secondary School Diploma (OSSD) or equivalent (General Education Diploma)?	Yes	No
Are you of good morale character and habits?	Yes	No

Do you have/will have a current certification in CPR (Level C) and First Aid by the time an offer of employment is given?	Yes	No
Auxiliary Candidates Only: Are you willing to volunteer a minimum of 12 hours per month?	Yes	No

How did you hear about this position?
(ie LinkedIn, X, SSPS website, school etc)

Do you know someone who works at SSPS? If yes, please provide their first and last name.

Demographic Questions (optional):

What gender do you identify as:

Which of the following do you consider yourself to be:

If you consider yourself a member of a racial minority, indicate which one of the following best describes your race or colour, regardless of your place of birth

If Other specify:

Do you consider yourself to be a person with a disability? Yes No

We collect this information for diversity, equity, and inclusion purposes. Your response is voluntary and will not affect your application.

For Call Taker/Dispatch Applicants Only

Have you had Criticall Testing in the past 12 months? Yes No

If yes, what were the results?

Education:

Name of Post Secondary Institution attended:

Program or Major:

Type of Certificate or Diploma obtained:

Did you graduate?

Specify license, certificate or diploma awarded:

Name of Post Secondary Institution attended:

Program or Major:

Type of Certificate or Diploma obtained:

Did you graduate?

Specify license, certificate or diploma awarded:

Name of Post-Secondary Institution attended:

Program or Major:

Type of Certificate or Diploma obtained:

Did you graduate?

Specify License, certificate or diploma awarded:

Professional Designations, additional training and/or certifications:
--

Name of designation/certification:

Issued by:

Date obtained:

Name of designation/certification:

Issued by:

Date obtained:

Name of designation/certification:

Issued by:

Date obtained:

Do you have previous experience working at a police service?

Yes

No

Employment History – Start with your recent employer and continue in reverse time order. List and describe the positions you have held:
--

1. Employer:

Telephone: () -

Dates Employed From:

To:

Address:

Position:

Supervisor:

Brief Description of Duties:

May we contact this Employer?

Reason for Leaving:

2. Employer:

Telephone: () -

Dates Employed From:

To:

Address:

Position:

Supervisor:

Brief Description of Duties:

Reason for Leaving:

May we contact this
Employer?

3. Employer:

Telephone: () -

Dates Employed From:

To:

Address:

Supervisor:

Position:

Brief Description of Duties:

Reason for Leaving:

May we contact this
Employer?

Have you ever applied to any other police service(s)?

Yes

No

If yes, complete the following:

Name of Police Service

Date (YYYY-MM-DD)

Is your application active?

I declare that all information disclosed in this application is true and complete. I understand That any false statements above may disqualify me from further consideration for employment or result in dismissal should I be appointed as a civilian slash special constable and or an Auxiliary officer period I hereby consent to have a pre-employment investigation conducted in conjunction with my application.

Personal Information obtained through the completion of this form is collected pursuant to section 43 of the Police Services Act for the purpose of assessing qualifications and suitability for employment. Information collected may be disclosed for the purpose for which it was obtained or for a consistent purpose.

Applicant Signature:

Date (YYYY-MM-DD):