



Delta Police Department

4455 Clarence Taylor Crescent
Delta, BC V4K 3E1
604.946.4411
hr@deltapolice.ca

APPLICATION FOR EMPLOYMENT - CIVILIAN

FOR OFFICE USE ONLY

Received:

Testing Date:

Interview Date:

Polygraph Date:

Background:

IMPORTANT:

1. Please print clearly, complete fully and use additional paper if space is insufficient.
2. Personal information requested on this form is being collected pursuant to the *Freedom of Information and Protection of Privacy Act* and under the *Police Services Act* to determine your eligibility for employment.

CIVILIAN POSITIONS APPLIED FOR:

Clerical <input type="checkbox"/>	Communications (Dispatch) <input type="checkbox"/>	Records <input type="checkbox"/>
Administration <input type="checkbox"/>	Communications (Switchboard) <input type="checkbox"/>	Other <input type="checkbox"/> _____

Please indicate your availability for work:

HOURS	MON	TUES	WED	THURS	FRI	SAT	SUN

PERSONAL INFORMATION:

Last Name	First Name	Middle or other Name
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Previous Name(s), if employed or educated under a different name:

Address

City or Town	Province	Postal Code
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Daytime Contact Number ()	Evening Contact Number ()	E-mail Address
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Are you legally eligible to work in Canada? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are you between the ages of 18 and 65? <input type="checkbox"/> No <input type="checkbox"/> Yes
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Have you ever been convicted of a criminal offense for which a pardon has not been granted?
 No Yes If yes, please provide details:

Have you ever been employed by the Delta Police Department? <input type="checkbox"/> No <input type="checkbox"/> Yes	Have you ever been employed by the Corporation of Delta? <input type="checkbox"/> No <input type="checkbox"/> Yes
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EDUCATION: PLEASE ATTACH COPIES OF ALL SCHOOL TRANSCRIPTS

Name of Secondary/High School:		Highest Grade Completed: 9 10 11 12 13			Diploma awarded? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Name of Post-Secondary Institution:	Type of program:	Start Date:	End Date:	Did you graduate? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Name of Post-Secondary Institution:	Type of program:	Start Date:	End Date:	Did you graduate? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Name of Other Institution:	Type of program:	Start Date:	End Date:	Did you graduate? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Name of Other Institution:	Type of program:	Start Date:	End Date:	Did you graduate? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Other Licenses, Certificates, Degrees:						
List working knowledge of software packages/police information systems:						
Keyboarding speed: _____ w.p.m.			Transcription Experience: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe:			
EMPLOYMENT HISTORY: <i>Starting with the most recent, please list <u>all</u> employers within the past 10 years.</i>						
Employer's Name and Address						
Job Title		Status FT PT Other			Employed From/To (DD/MM/YY)	
Immediate Supervisor's Name and Title			Supervisor's Contact Number			
Brief Description of Duties						
Reason for Leaving						

Employer's Name and Address		
Job Title	Status FT PT Other	Employed From/To (DD/MM/YY)
Immediate Supervisor's Name and Title		Supervisor's Contact Number
Brief Description of Duties		
Reason for Leaving		

Employer's Name and Address		
Job Title	Status FT PT Other	Employed From/To (DD/MM/YY)
Immediate Supervisor's Name and Title		Supervisor's Contact Number
Brief Description of Duties		
Reason for Leaving		

Other Employers or Volunteer Work Experience	Address	Position	From		To	
			YY	MM	YY	MM

PLEASE EXPLAIN ANY BREAKS IN EDUCATION OR EMPLOYMENT HISTORY

OTHER:

Have you applied to other police agencies?

No Yes If yes, please provide details:

Name of Service	Date(s) Applied	Is your application currently active?

Personal interests, activities (civic, athletic, etc.)

Briefly explain your interest in becoming a civilian employee of the Delta Police Department.

CANDIDATE DECLARATION

- I hereby declare that the foregoing information is true and complete to the best of my knowledge.
- I understand that a false statement may disqualify me from the selection process and, if employed, cause my dismissal from the Delta Police Department.
- I hereby authorize and direct any person or entities to release to the Delta Police Department or its agents, information regarding employment and/or educational background. I do hereby release from all liability or responsibility, all persons or organizations supplying such information.

Applicant Signature:

Date: