



**CIVILIAN EMPLOYMENT APPLICATION**

**COMMUNICATOR**

HUMAN RESOURCES GREATER SUDBURY  
POLICE SERVICE  
190 BRADY ST., SUDBURY,  
ONTARIO P3E 1C7

**\*\*THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY \*\***

DATE AVAILABLE TO BEGIN WORK:

**PERSONAL DATA**

SURNAME (PRINT):

GIVEN NAME:

MAILING ADDRESS:

TELEPHONE NUMBER:

EMAIL:

\* \*NOTE: RECEIPT OF APPLICATION WILL BE THROUGH EMAIL  
CORRESPONDENCE.

ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA?

YES

NO

DO YOU HAVE ANY OBJECTIONS TO WORKING OVERTIME/SHIFT WORK?

YES

NO

INDICATE IF YOU

SPEAK

READ

WRITE

ENGLISH

FRENCH

OTHER (SPECIFY) \_\_\_\_\_

PERSONAL INFORMATION ON THIS FORM IS BEING COLLECTED DURING THE RECRUITMENT PROCESS UNDER THE AUTHORITY OF THE POLICE SERVICES ACT SECTION 43, FOR THE PURPOSE OF ASSESSING YOUR SUITABILITY FOR EMPLOYMENT. QUESTIONS ABOUT THIS COLLECTION SHOULD BE DIRECTED TO:

## EDUCATION

### SECONDARY SCHOOL/ HIGH SCHOOL

	HIGHEST GRADE OR LEVEL COMPLETED:	CERTIFICATE OR DIPLOMA RECEIVED: YES <input type="checkbox"/> NO <input type="checkbox"/>
IF 'NO', GIVE DETAILS : _____		

### POST SECONDARY (A-HIGHEST LEVEL OF EDUCATION)

MAJOR SUBJECT AREA:	PROGRAM:	CERTIFICATE OR DIPLOMA RECEIVED: YES <input type="checkbox"/> NO <input type="checkbox"/>		
NUMBER OF SEMESTERS/COURSES COMPLETED : _____				
<b>PROGRAM TYPE :</b>	<u>CERTIFICATE COURSE</u> <input type="checkbox"/>	<u>DIPLOMA</u> <input type="checkbox"/>	<u>BACHELOR'S DEGREE</u> <input type="checkbox"/>	<u>MASTER'S DEGREE</u> <input type="checkbox"/>
<u>OTHER:</u>		LENGTH OF PROGRAM:		

### POST SECONDARY (B)

MAJOR SUBJECT AREA:	PROGRAM:	CERTIFICATE OR DIPLOMA RECEIVED: YES <input type="checkbox"/> NO <input type="checkbox"/>		
NUMBER OF SEMESTERS/COURSES COMPLETED : _____				
<b>PROGRAM TYPE :</b>	<u>CERTIFICATE COURSE</u> <input type="checkbox"/>	<u>DIPLOMA</u> <input type="checkbox"/>	<u>BACHELOR'S DEGREE</u> <input type="checkbox"/>	<u>MASTER'S DEGREE</u> <input type="checkbox"/>
<u>OTHER:</u>		LENGTH OF PROGRAM:		

### POST SECONDARY (C)

MAJOR SUBJECT AREA:	PROGRAM:	CERTIFICATE OR DIPLOMA RECEIVED: YES <input type="checkbox"/> NO <input type="checkbox"/>		
NUMBER OF SEMESTERS/COURSES COMPLETED : _____				
<b>PROGRAM TYPE :</b>	<u>CERTIFICATE COURSE</u> <input type="checkbox"/>	<u>DIPLOMA</u> <input type="checkbox"/>	<u>BACHELOR'S DEGREE</u> <input type="checkbox"/>	<u>MASTER'S DEGREE</u> <input type="checkbox"/>
<u>OTHER:</u>		LENGTH OF PROGRAM:		

### OTHER COURSES, WORKSHOPS, AND CERTIFICATES

NAME OF THE COURSE/CERTIFICATE	LENGTH	INSTITUTION

**JOB/VOLUNTEER WORK RELATED EXPERIENCES**

● Do you have any experience in dispatching emergency or non-emergency services? YES  NO

If YES, explain: \_\_\_\_\_

● Do you have any experience as a call taker? YES  NO

If YES, explain: \_\_\_\_\_

● Do you have any experience in data entry+ atleast 50 WPM typing speed? YES  NO

If YES, explain: \_\_\_\_\_

● Do you have any experience in problem solving? YES  NO

If YES, explain: \_\_\_\_\_

● Do you have any experience in customer service? YES  NO

If YES, explain: \_\_\_\_\_

**COMMUNITY/ VOLUNTEER WORK/CLUBS**

**1. NATURE OF THE ORGANIZATION AND DESCRIPTION OF THE ACTIVITIES:**

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POSITION HELD: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**2. NATURE OF THE ORGANIZATION AND DESCRIPTION OF THE ACTIVITIES:**

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POSITION HELD: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**3. NATURE OF THE ORGANIZATION AND DESCRIPTION OF THE ACTIVITIES:**

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POSITION HELD: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**4. NATURE OF THE ORGANIZATION AND DESCRIPTION OF THE ACTIVITIES:**

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POSITION HELD: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

(IF REQUIRED, PLEASE ATTACH SEPARATE SHEET)

## EMPLOYMENT HISTORY

**NOTICE:**

DO YOU WISH THIS APPLICATION TO BE KEPT IN THE STRICTEST CONFIDENCE FROM YOUR PRESENT EMPLOYER? YES  NO

**1. PRESENT EMPLOYER:**

\_\_\_\_\_

POSITION: \_\_\_\_\_

START DATE: \_\_\_\_\_  
(DD/MM/YYYY)

TO: \_\_\_\_\_  
(DD/MM/YYYY)

PHONE NO.: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

**PRIMARY DUTIES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**2. PAST EMPLOYER:**

\_\_\_\_\_

POSITION: \_\_\_\_\_

START DATE: \_\_\_\_\_  
(DD/MM/YYYY)

TO: \_\_\_\_\_  
(DD/MM/YYYY)

PHONE NO.: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

**PRIMARY DUTIES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**3. PAST EMPLOYER:**

\_\_\_\_\_

POSITION: \_\_\_\_\_

START DATE: \_\_\_\_\_  
(DD/MM/YYYY)

TO: \_\_\_\_\_  
(DD/MM/YYYY)

PHONE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**PRIMARY DUTIES:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE FOR WHICH A PARDON HAS NOT BEEN GRANTED?

YES

NO

IF YES, GIVE DETAILS:

\_\_\_\_\_

**DECLARATION**

I certify that the statements made by me in this application are true and complete to the best of my knowledge and belief and are made in good faith. I understand that if any of these statements are untrue, this application may be rejected or any appointment to a position to be nullified.

\_\_\_\_\_

I agree

(Please select if you agree with the above statement)

DATE: (DD/MM/YYYY)