



CIVILIAN EMPLOYMENT APPLICATION

CUSTOMER SERVICE CLERK

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 : _____				
PROGRAM TYPE :	<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 : _____				
PROGRAM TYPE :	<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 : _____				
PROGRAM TYPE :	<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 EXPERIENCE

● Do you have experience of working in a fast paced environment? YES NO

If YES, explain: _____

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

If YES, explain: _____

● Do you have an experience in using any Records Management System (RMS)? YES NO

If YES, explain: _____

● Do you have any previous experience in office administration or as a receptionist? YES NO

If YES, explain: _____

● Do you have proficiency in using Adobe Acrobat? YES NO

If YES, explain: _____

COMMUNITY/ VOLUNTEER WORK/CLUBS

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

POSITION HELD: _____

FROM: _____ TO: _____

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

POSITION HELD: _____

FROM: _____ TO: _____

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

POSITION HELD: _____

FROM: _____ TO: _____

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

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)