



AUXILIARY APPLICATION

FOR AUXILIARY POSITION WITH THE GREATER SUDBURY POLICE SERVICE

HUMAN RESOURCES

GREATER SUDBURY POLICE SERVICE

190 BRADY ST.,

SUDBURY, ONTARIO P3E 1C7

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

POSITION APPLIED FOR:			
PERSONAL DATA			
SURNAME (PRINT):		GIVEN NAME:	
MAILING ADDRESS: _____ _____		TELEPHONE	
RESIDENCE: _____		BUSINESS: _____	
**EMAIL _____			
EMAIL _____			
Note: Receipt of application will be through email correspondence.			
ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
DO YOU HAVE ANY OBJECTIONS TO WORKING OVERTIME/SHIFT WORK?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
INDICATE IF YOU	SPEAK	READ	WRITE
ENGLISH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRENCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER (SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DESCRIBE ANY OF YOUR SKILLS, EXPERIENCE OR TRAINING THAT RELATES TO THE POSITION BEING APPLIED FOR. _____ _____ _____			

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

MAJOR SUBJECT AREA	HIGHEST GRADE OR LEVEL COMPLETED	CERTIFICATE OR DIPLOMA RECEIVED YES <input type="checkbox"/> NO <input type="checkbox"/>
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IF NO GIVE DETAILS _____

BUSINESS, TRADE OR TECHNICAL SCHOOL

NAME OF COURSE	LENGTH OF COURSE	CERTIFICATE OR DIPLOMA AWARDED YES <input type="checkbox"/> NO <input type="checkbox"/>
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IF NO GIVE DETAILS _____

COMMUNITY COLLEGE

NAME OF COURSE	LENGTH OF COURSE	CERTIFICATE OR DIPLOMA AWARDED YES <input type="checkbox"/> NO <input type="checkbox"/>
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IF NO GIVE DETAILS _____

UNIVERSITY

NAME OF COURSE	LENGTH OF COURSE	CERTIFICATE OR DIPLOMA AWARDED YES <input type="checkbox"/> NO <input type="checkbox"/>
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IF NO GIVE DETAILS _____

OTHER COURSES, WORKSHOPS, CERTIFICATES

DETAILS: _____

EMPLOYMENT HISTORY - BEGIN WITH MOST RECENT EMPLOYER

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

1. PRESENT EMPLOYER	
FROM: _____	TO: _____
PHONE NO.: _____	ADDRESS: _____
TYPE OF BUSINESS: _____	
DUTIES: _____ _____	
JOB TITLE: _____	NAME OF SUPERVISOR: _____
REASON FOR LEAVING:	
2. PAST EMPLOYER	
FROM: _____	TO: _____
PHONE NO.: _____	ADDRESS: _____
TYPE OF BUSINESS: _____	
DUTIES: _____ _____	
JOB TITLE: _____	NAME OF SUPERVISOR: _____
REASON FOR LEAVING:	
3. PAST EMPLOYER	
FROM: _____	TO: _____
PHONE NO.: _____	ADDRESS: _____
TYPE OF BUSINESS: _____	
DUTIES: _____ _____	
JOB TITLE: _____	NAME OF SUPERVISOR: _____
REASON FOR LEAVING:	

IF REQUIRED, PLEASE ATTACH SEPARATE SHEET

OUTSIDE INTERESTS

COMMUNITY / VOLUNTEER WORK, CLUBS.

SPORTS, HOBBIES ETC.

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.

Date

Signature of applicant