



CIVILIAN EMPLOYMENT APPLICATION

**EQUITY, DIVERSITY AND INCLUSION
INTERN**

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 EXTENDED HOURS?

YES

NO

INDICATE IF YOU

SPEAK

READ

WRITE

ENGLISH

FRENCH

OTHER (SPECIFY) _____

OTHER (SPECIFY) _____

(IF REQUIRED, PLEASE ATTACH SEPARATE SHEET)

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:		

(IF REQUIRED, PLEASE ATTACH SEPARATE SHEET)

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

WORK RELATED EXPERIENCE

● Do you have a Post-Secondary degree acquired within the last three years from an accredited college or university in any of the following:

Education , Public Relations, Political Science, Sociology, Women’s Gender and Sexuality Studies, Equity, Diversity and Human Rights, Social Justice, Public Policy, Indigenous Studies or equivalent.

YES NO

If YES, explain: _____

● Do you have knowledge of Human Rights and theoretical frameworks and tools for anti-discrimination?

YES NO

If YES, explain: _____

● Do you have knowledge of cultural awareness and lived experience?

YES NO

If YES, explain: _____

● Would this position be considered your first employment in a field related to your study?

YES NO

● Do you have an understanding of the Greater Sudbury Multi-Cultural Communities?

YES NO

● Do you have knowledge of relevant legislations such as: Ontario Human Rights Code, Anti-Racism Act, Occupational Health and Safety Act, Accessibility for Ontario with Disabilities Act and the Police Services Act?

YES NO

● Have you ever participated in the Northern Ontario Heritage Fund Internship program?

YES NO

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: _____

NOTICE:

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

(IF REQUIRED, PLEASE ATTACH SEPARATE SHEET)

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

DATE: (DD/MM/YYYY)

(Please select if you agree with above statement)