



**CIVILIAN EMPLOYMENT APPLICATION**

**EXPERIENCED  
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:

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

EMAIL:

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) \_\_\_\_\_

## 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 possess any specialized courses/training specific to Emergency Communications and Dispatch? YES  NO

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

● Do you have familiarity with the geography of Sudbury? YES  NO

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

● Do you have familiarity with radio call signs, codes and operation of two-way radio equipment? 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)