



CIVILIAN EMPLOYMENT APPLICATION

**Part Time Indigenous Trauma Prevention and
Support Coordinator**

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) _____

(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 diploma in Social Services Work or equivalent?

YES NO

If YES, explain: _____

- Do you have a minimum of 2-3 years of experience in providing social services to clients in an Indigenous setting?

YES NO

If YES, explain: _____

- Do you have a relevant background and knowledge on the issues faced by survivors and victims of Human Trafficking & Intimate Partner Violence?

YES NO

If YES, explain: _____

- Do you have knowledge of Indigenous Cultural Awareness and lived experience?

YES NO

- Do you have a valid G Driver's license?

YES NO

COMMUNITY INVOLVEMENT

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

POSITION HELD: _____

FROM: _____ TO: _____

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

POSITION HELD: _____

FROM: _____ TO: _____

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

DATE: (DD/MM/YYYY)

(Please select if you agree with above statement)