



**CIVILIAN EMPLOYMENT APPLICATION**

**PART TIME PAYROLL PRACTITIONER**

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 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 :  _____				
<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:		

(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 : _____				
<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

**WORK RELATED EXPERIENCE**

- Do you have three-five years of experience working in a payroll position?

YES  NO

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

\_\_\_\_\_

- Do you have experience working with automated payroll systems? If so, what payroll related software have you used in the past? (ie. Peoplesoft)

YES  NO

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

\_\_\_\_\_

- Do you have experience working with Collective Agreements, the Ontario Employment Standards Act and Payroll related legislation?

YES  NO

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

\_\_\_\_\_

- Do you possess your Payroll Compliance Practitioner Designation (PCP)?

YES  NO

\_\_\_\_\_

\_\_\_\_\_

**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  
DATE: (DD/MM/YYYY) (Please select if you agree with above statement)