



BRANDON POLICE SERVICE

EMPLOYMENT APPLICATION

SEND COMPLETED APPLICATION TO:

City of Brandon
Human Resources
Attn: Jillian Bartko
410 – 9th Street
Brandon, Manitoba R7A 6A2

1. Please note the City of Brandon does not assume responsibility for applications and documentation not received prior to the deadline.
2. All questions **MUST** be answered. If the question is not applicable please mark (N/A) with an explanation of why the question is left blank.
3. Complete this form in your own handwriting. Neatness and legibility are of the utmost importance.
4. If extra space is required in any of the areas, please attach additional pages to this application.
5. Please ensure that all addresses are complete with a postal code.

All of the items below must be submitted with this application.

- | | |
|--|--|
| <input type="checkbox"/> Copy of High School Diploma | <input type="checkbox"/> Copy of Birth Certificate |
| <input type="checkbox"/> Recent Photograph (passport quality) | <input type="checkbox"/> Driver's abstract (Dated within 1 year of application date) |
| <input type="checkbox"/> Copy of Driver's Licence | <input type="checkbox"/> A syllabus of your recruit training course (if applicable) |
| <input type="checkbox"/> Copy of Any other Diplomas and Certificates | *Please refer to Applicant Package Checklist for complete details |

Applicants will be required to provide the originals of all copied information to their background interview for verification.

POSITION APPLYING FOR: RECRUIT EXPERIENCED OFFICER

Last Name		Given Name		Middle Name	
Full Address				Nick Names	
City			Province	Postal Code	
Telephone Number (Res.) ()		Telephone Number (Other) ()			
Telephone Number (Bus) ()		Date of Birth YYYY MM DD		Social Insurance Number	
E-mail:					
If at any time you have used a surname or given name other than the one listed above, list change.		Name Changed From	Name Changed To	Date of Change YYYY MM DD	
DRIVERS LICENCE	Province	Class(es)	Number	Date of Issue YYYY MM DD	

The personal and personal health information requested on this form are being requested for employment purposes with the Brandon Police Service for Police Officers and Front Desk Attendants.

This information is collected under the authority of The Freedom of Information and Protection of Privacy Act (FIPPA), The Personal Health Information Act (PHIA), City of Brandon Policies and Procedures and Brandon Police Service Policies and Procedures.

If you have any questions about the collection, use or disclosure of this information, please contact the City of Brandon's Records Information Manager at 729-2269.

EDUCATION AND TRAINING

Applicants will be required to provide copies of original transcripts, diplomas, and certificates for verification.

High School (Circle highest completed grade) 9 10 11 12 13	Name of School	Diploma Obtained? <input type="checkbox"/> YES <input type="checkbox"/> NO
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College, Business School Or Technical School	Name of School	City	
Program or Course	Start Date YYYY MM	Finish Date YYYY MM	
Length of Course	Grade Point Average	Certificate, Diploma or Licence Awarded? (If No, provide details) <input type="checkbox"/> YES <input type="checkbox"/> NO	

College, Business School Or Technical School	Name of School	City	
Program of Course	Start Date YYYY MM	Finish Date YYYY MM	
Length of Course	Grade Point Average	Certificate, Diploma or Licence Awarded? (If No, provide details) <input type="checkbox"/> YES <input type="checkbox"/> NO	

University	Name of School	City	
Program or Course	Start Date YYYY MM	Finish Date YYYY MM	
Major/Minor			
Length of Course	Grade Point Average	Certificate, Diploma or Licence Awarded? (If No, provide details) <input type="checkbox"/> YES <input type="checkbox"/> NO	

University	Name of School	City	
Program or Course	Start Date YYYY MM	Finish Date YYYY MM	
Major/Minor			
Length of Course	Grade Point Average	Certificate, Diploma or Licence Awarded? (If No, provide details) <input type="checkbox"/> YES <input type="checkbox"/> NO	

Languages Spoken (Please list)
Languages Written (Please list)

Additional education including courses, workshops and seminars. (Attach an additional sheet if further space is required.)

Additional computer skills, training, courses. (I.E. on-job training; entry level windows, basic keyboarding etc.)
(Attach an additional sheet if further space is required.)

HAVE YOU EVER APPLIED FOR A POSITION WITH THIS OR ANY OTHER POLICE AGENCY

YES NO

List All Applications to this or any other Police Agencies

Police Agency	Application Date YYYY MM DD	Status (describe reason for non-selection)

HAVE YOU EVER TAKEN A POLYGRAPH EXAMINATION?

YES

NO

Agency where Polygraph was completed

Date of Polygraph

YYYY|MM|DD

Reason for Polygraph

HAVE YOU EVER BEEN FINGERPRINTED?

YES

NO

Reason for Fingerprinting

EMPLOYMENT HISTORY

Begin with your most recent employer and continue in reverse time order.
Provide history for the last ten years if applicable.
Provide an explanation for all gaps in employment.

Most Recent	Employer's Name	Telephone Number
Employer's Address		City
		Postal Code
Name of Direct Supervisor		Telephone Number
Date Started	Date Left	Position Held
YYYY MM	YYYY MM	
Duties/Responsibilities		
<hr/> <hr/>		
Reason for Leaving		
<hr/>		

2nd	Employer's Name	Telephone Number
Employer's Address		City
		Postal Code
Name of Direct Supervisor		Telephone Number
Date Started	Date Left	Position Held
YYYY MM	YYYY MM	
Duties/Responsibilities		
<hr/> <hr/>		
Reason for Leaving		
<hr/>		

3rd	Employer's Name	Telephone Number
Employer's Address		City
		Postal Code
Name of Direct Supervisor		Telephone Number
Date Started	Date Left	Position Held
YYYY MM	YYYY MM	
Duties/Responsibilities		
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Reason for Leaving		
<hr/>		

EMPLOYMENT HISTORY

(Continued)

4th	Employer's Name	Telephone Number
Employer's Address		City
		Postal Code
Name of Direct Supervisor		Telephone Number
Date Started	Date Left	Position Held
YYYY MM	YYYY MM	
Duties/Responsibilities		
<hr/> <hr/>		
Reason for Leaving		
<hr/>		

5th	Employer's Name	Telephone Number
Employer's Address		City
		Postal Code
Name of Direct Supervisor		Telephone Number
Date Started	Date Left	Position Held
YYYY MM	YYYY MM	
Duties/Responsibilities		
<hr/> <hr/>		
Reason for Leaving		
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6th	Employer's Name	Telephone Number
Employer's Address		City
		Postal Code
Name of Direct Supervisor		Telephone Number
Date Started	Date Left	Position Held
YYYY MM	YYYY MM	
Duties/Responsibilities		
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Reason for Leaving		
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Describe Volunteer and/or Organizations you have been involved with and Contact person(s) for Verification

Organization	From YYYY MM	To YYYY MM	Approximate Hours Volunteered
Contact Person	Telephone Number		
Duties			

Organization	From YYYY MM	To YYYY MM	Approximate Hours Volunteered
Contact Person	Telephone Number		
Duties			

Organization	From YYYY MM	To YYYY MM	Approximate Hours Volunteered
Contact Person	Telephone Number		
Duties			

Organization	From YYYY MM	To YYYY MM	Approximate Hours Volunteered
Contact Person	Telephone Number		
Duties			

Organization	From YYYY MM	To YYYY MM	Approximate Hours Volunteered
Contact Person	Telephone Number		
Duties			

Vision Declaration

To the best of your knowledge, do you meet the vision requirements specified in the Experienced Officer Handbook?

Yes No

Print Name

Signature

Please note: The Vision Reports are not required for the initial application package. During the competition process medical confirmation will be required.

Hearing Declaration

To the best of your knowledge, do you meet the hearing requirements specified in the Experienced Officer Handbook?

Yes No

Print Name

Signature

Please note: The Hearing Reports are not required for the initial application package. During the competition process medical confirmation will be required.



SELF IDENTIFICATION QUESTIONNAIRE

The information collected on this form will be used by the Brandon Police Service and the City of Brandon for statistical purposes only.

Completion of this document is VOLUNTARY and all information is confidential. It is mandatory that you return the form.

Surname	Given Name(s)	Male <input type="checkbox"/>
		Female <input type="checkbox"/>

Are you by virtue of ethnicity:			
Caucasian <input type="checkbox"/>			
An Aboriginal Person			
Inuit	<input type="checkbox"/>	Non-Treaty	<input type="checkbox"/>
Métis	<input type="checkbox"/>	Status	<input type="checkbox"/>
Treaty	<input type="checkbox"/>	Non-Status	<input type="checkbox"/>
Other Visible Minority Group (please specify) _____			