WINKLER POLICE SERVICE

POLICE CONSTABLE APPLICATION PACKAGE

Winkler Police Service
New Member Employment Application and Background Security Clearance Declaration

1 APPLICANT INFORMATION:

Surname	First Name	Middle name(s)

Maiden / Prior / Other Names Used	Gender
	☐ Male ☐ Female ☐ Other

Current Residential Street Address	City	Province	Postal Code
Current Mailing Address (if different than street address)	**City**	**Province**	**Postal Code**

Date of Birth (yyyy-mm-dd)	Place of Birth	Country of Birth	Social Insurance Number

Canadian Citizenship:

☐ By Birth

☐ Citizenship by Naturalization - Naturalization Certificate # _____ Date: _____

☐ Permanent Resident / Landed Immigrant – Card # _____ Date: _____

Foreign / Dual Citizenship:

☐ Country(s)_____

Home phone (1):	Cell Phone (1):	Work Phone (1):
Home phone (2):	**Cell Phone (2):**	**Work Phone (2):**

Personal and Work Email Address(s):

Current Marital Status:

☐ Single ☐ Married ☐ Common-Law / Domestic Partner ☐ Separated ☐ Divorced

☐ Widow/Widower ☐ Other:

If married, common-law or domestic partner, please provide full name and date of birth of your current partner.

Surname / Maiden Name / Other Names Used	First Name	Middle Name(s)	Date of Birth (yyyy-mm-dd)
Employer:	**Occupation:**	**Phone:**	**Date of Marriage / Common-Law Partnership**

Language Skills

	Speak	Read	Write	Level:	Basic	Conversant	Proficient	Fluent
English	☐	☐	☐		☐	☐	☐	☐
French	☐	☐	☐		☐	☐	☐	☐
Other:	☐	☐	☐		☐	☐	☐	☐

☐ SUPPORTING DOCUMENTS:

You must provide a colour photocopy of at least one of the following documents:

☐ Birth Certificate ☐ Passport(s) ☐ Citizenship / Permanent Resident

You must also provide a colour photocopy of the following document:

☐ Driver's Licence *(will be required to obtain class 4 drivers licence prior to start of employment)*

2 ONLINE PRESENCE: (copy and complete additional pages if required):

Social Media and Electronic Communications (current and past five years):

	PLATFORM	USER NAME / Phone #
☐ Yes ☐ No	Facebook	
☐ Yes ☐ No	X (Twitter)	
☐ Yes ☐ No	Instagram	
☐ Yes ☐ No	YouTube:	
☐ Yes ☐ No	Snapchat	
☐ Yes ☐ No	WhatsApp	
☐ Yes ☐ No	Signal:	
☐ Yes ☐ No	Telegram:	
☐ Yes ☐ No	TikTok:	
☐ Yes ☐ No	Other:	
☐ Yes ☐ No	Other:	

Dating Sites (current and past five years):

	PLATFORM	USER NAME
☐ Yes ☐ No		
☐ Yes ☐ No		
☐ Yes ☐ No		

Other Sites (current and past five years):

	PLATFORM	USER NAME
☐ Yes ☐ No		
☐ Yes ☐ No		

A) What websites do you visit?

_____

_____

_____

_____

B) Have you ever accessed, or attempted to gain access to the Dark Web?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

C) Have you ever accessed, or attempted to gain access to a terrorist website, chat room, or other material?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

3 CURRENT AND PRIOR RESIDENCES:

(copy and complete additional pages if required):

In chronological order, most recent first, please provide the addresses of every location you have lived in the past 10 years, and the names of persons who have lived with you. Please estimate the age if the exact date(s) of birth cannot be obtained. Use additional sheets if required.

Street address / City / Province		From (yyyy-mm-dd)		To (yyyy-mm-dd)
Name of person who shares address with you	Phone #	Relationship	Sex (M/F/O)	Date of birth (yyyy-mm-dd)
Name of person who shares address with you	Phone #	Relationship	Sex (M/F/O)	Date of birth (yyyy-mm-dd)
Name of person who shares address with you	Phone #	Relationship	Sex (M/F/O)	Date of birth (yyyy-mm-dd)
Name of person who shares address with you	Phone #	Relationship	Sex (M/F/O)	Date of birth (yyyy-mm-dd)
Street address / City / Province		From (yyyy-mm-dd)		To (yyyy-mm-dd)
Name of person who shared address with you	Phone #	Relationship	Sex (M/F/O)	Date of birth (yyyy-mm-dd)
Name of person who shared address with you	Phone #	Relationship	Sex (M/F/O)	Date of birth (yyyy-mm-dd)
Name of person who shared address with you	Phone #	Relationship	Sex (M/F/O)	Date of birth (yyyy-mm-dd)
Name of person who shared address with you	Phone #	Relationship	Sex (M/F/O)	Date of birth (yyyy-mm-dd)
Street address / City / Province		From (yyyy-mm-dd)		To (yyyy-mm-dd)
Name of person who shared address with you	Phone #	Relationship	Sex (M/F/O)	Date of birth (yyyy-mm-dd)
Name of person who shared address with you	Phone #	Relationship	Sex (M/F/O)	Date of birth (yyyy-mm-dd)
Name of person who shared address with you	Phone #	Relationship	Sex (M/F/O)	Date of birth (yyyy-mm-dd)
Name of person who shared address with you	Phone #	Relationship	Sex (M/F/O)	Date of birth (yyyy-mm-dd)
Street address / City / Province		From (yyyy-mm-dd)		To (yyyy-mm-dd)
Name of person who shared address with you	Phone #	Relationship	Sex (M/F/O)	Date of birth (yyyy-mm-dd)
Name of person who shared address with you	Phone #	Relationship	Sex (M/F/O)	Date of birth (yyyy-mm-dd)
Name of person who shared address with you	Phone #	Relationship	Sex (M/F/O)	Date of birth (yyyy-mm-dd)
Name of person who shared address with you	Phone #	Relationship	Sex (M/F/O)	Date of birth (yyyy-mm-dd)

4 EDUCATION: (copy and complete additional pages if required):

High School (complete, in chronological order, a row for each high school attended)

Name of School:	Location:	Grades (list all that apply):	mm / yyyy to mm / yyyy
Name of School:	Location:	Grades (list all that apply):	mm / yyyy to mm / yyyy
Name of School:	Location:	Grades (list all that apply):	mm / yyyy to mm / yyyy
Name of School:	Location:	Grades (list all that apply):	mm / yyyy to mm / yyyy

College / Business School / Technical School / Other Post-Secondary (complete a section for each institution attended)

Name of Institution:	Location:	mm / yyyy to mm / yyyy
Program / Field of Study / Course:	Certificate / Diploma awarded:	Grade / Grade Point Average:
Name of Institution:	Location:	mm / yyyy to mm / yyyy
Program / Field of Study / Course:	Certificate / Diploma awarded:	Grade / Grade Point Average:
Name of Institution:	Location:	mm / yyyy to mm / yyyy
Program / Field of Study / Course:	Certificate / Diploma awarded:	Grade / Grade Point Average:
Name of Institution:	Location:	mm / yyyy to mm / yyyy
Program / Field of Study / Course:	Certificate / Diploma awarded:	Grade / Grade Point Average:

University (complete a section for each university attended)

Name of Institution:	Location:	mm / yyyy to mm / yyyy
Program / Field of Study:		Grade / Grade Point Average:
Major / Minor:	Certificate / Diploma / Degree awarded:	Credit hours completed:
Name of Institution:	Location:	mm / yyyy to mm / yyyy
Program / Field of Study:		Grade / Grade Point Average:
Major / Minor:	Certificate / Diploma / Degree awarded:	Credit hours completed:

☐ SUPPORTING DOCUMENTS:

You must provide a colour photocopy of the following documents:

☐ High School Diploma & Transcript or G.E.D. & Transcript

☐ Post-Secondary Certificate / Diploma / Degree & Transcripts (if applicable)

5 ADDITIONAL EDUCATION, TRAINING, SKILLS & EXPERIENCES: (copy and complete additional pages if required):

A) List any additional training, courses, workshops, seminars and conferences you have taken / attended:

_____

_____

_____

_____

_____

_____

_____

B) Have you ever won any awards or do you have any special achievements?

☐ Yes ☐ No

If "yes", please provide details, including date(s).

_____

_____

_____

_____

C) List computer skills / programs / experience:

_____

_____

_____

_____

_____

D) What is your current physical fitness routine?

_____

_____

_____

E) List any individual and/or team sports you currently participate in:

_____

_____

_____

F) Do you have any other athletic skills or experience?

_____

_____

_____

G) What outdoor skills / experience do you have?

_____

_____

_____

_____

H) Do you have any experience counselling or mentoring other people?

☐ Yes ☐ No

If "yes", please provide details, including date(s).

_____

_____

_____

_____

I) What books and magazines have you read recently?

_____

_____

_____

_____

J) What other recreational activities, hobbies or interests do you have?

_____

_____

_____

_____

K) Do you belong to any clubs or organizations (other than religious or political)?

☐ Yes ☐ No

If "yes", please provide details, including date(s).

_____

_____

_____

_____

Medical:

☐ CPR / First Aid (if current) ☐ Emergency Medical Responder

☐ Other:

☐ SUPPORTING DOCUMENTS:

You must provide a colour photocopy of the following documents:

☐ Course certificates

6 EDUCATIONAL INFORMATION:

A) Have you ever cheated on an exam?

☐ Yes ☐ No

If "yes", please provide details, including date(s).

_____

_____

_____

_____

B) Have you plagiarized an academic piece of work?

☐ Yes ☐ No

If "yes", please provide details, including date(s).

_____

_____

_____

_____

C) Have you ever been suspended or formally reprimanded by an educational institution?

☐ Yes ☐ No

If "yes", please provide details, including date(s).

_____

_____

_____

_____

_____

_____

7 VOLUNTEER HISTORY AND LIFE EXPERIENCE:

(copy and complete additional pages if required):

Volunteer History:
(List all volunteer experience for the past ten years)

Organization:	Location:	Position:	mm / yyyy to mm / yyyy
Duties / responsibilities:		Supervisor's Name:	Phone:
Reason for Leaving:			
Organization:	Location:	Position:	mm / yyyy to mm / yyyy
Duties / responsibilities:		Supervisor's Name:	Phone:
Reason for Leaving:			

Organization: Location:		Position:	mm / yyyy to mm / yyyy
Duties / responsibilities:		Supervisor's Name: Phone:	
Reason for Leaving:			
Organization: Location:		Position:	mm / yyyy to mm / yyyy
Duties / responsibilities:		Supervisor's Name: Phone:	
Reason for Leaving:			

Life Experience:

List any significant life experiences that you have that might aid or affect your ability to perform the functions of the position for which you are applying. (examples: significant travel, mentoring, etc.)

Organization / Event / Experience:	Location:	Position (if applicable):	mm / yyyy to mm / yyyy
Details:		Supervisor / Organizer's Name (if applicable):	
Organization / Event / Experience:	Location:	Position (if applicable):	mm / yyyy to mm / yyyy
Details:		Supervisor / Organizer's Name (if applicable):	
Organization / Event / Experience:	Location:	Position (if applicable):	mm / yyyy to mm / yyyy
Details:		Supervisor / Organizer's Name (if applicable):	
Organization / Event / Experience:	Location:	Position (if applicable):	mm / yyyy to mm / yyyy
Details:		Supervisor / Organizer's Name (if applicable):	
Organization / Event / Experience:	Location:	Position (if applicable):	mm / yyyy to mm / yyyy
Details:		Supervisor / Organizer's Name (if applicable):	
Organization / Event / Experience:	Location:	Position (if applicable):	mm / yyyy to mm / yyyy
Details:		Supervisor / Organizer's Name (if applicable):	
Organization / Event / Experience:	Location:	Position (if applicable):	mm / yyyy to mm / yyyy
Details:		Supervisor / Organizer's Name (if applicable):	

8 POLICE / SECURITY / MILITARY APPLICATIONS:

(copy and complete additional pages if required):

Have you applied for employment, contract work, and/or volunteer work with any police service, law enforcement related agency, military and/or security service in the past? If so, please provide details.

Month/Year of Application	Service / Organization / Department	City / Province or Country	Position
Result:			
Month/Year of Application	Service / Organization / Department	City / Province or Country	Position
Result:			
Month/Year of Application	Service / Organization / Department	City / Province or Country	Position
Result:			
Month/Year of Application	Service / Organization / Department	City / Province or Country	Position
Result:			

A) Have you ever had an application rejected or deferred due to medical or psychological reasons?

☐ Yes ☐ No

If "yes", please provide details.

_____

_____

_____

B) Have you ever had an application rejected or deferred due to security concerns?

☐ Yes ☐ No

If "yes", please provide details.

_____

_____

_____

C) Have you ever had an application rejected or deferred for other reasons?

☐ Yes ☐ No

If "yes", please provide details.

_____

_____

_____

_____

9 MILITARY EXPERIENCE:

(copy and complete additional pages if required)

Country:	Branch:	☐ Regular (F/T) ☐ Reserves / Guard (P/T)

Rank:	Regiment / Unit:	Location:	mm / yyyy to mm / yyyy
Duties / responsibilities / assignment:			
Superior's Name:	Phone:	Email:	
Rank:	Regiment / Unit:	Location:	mm / yyyy to mm / yyyy
Duties / responsibilities / assignment:			
Superior's Name:	Phone:	Email:	
Rank:	Regiment / Unit:	Location:	mm / yyyy to mm / yyyy
Duties / responsibilities / assignment:			
Superior's Name:	Phone:	Email:	
Rank:	Regiment / Unit:	Location:	mm / yyyy to mm / yyyy
Duties / responsibilities / assignment:			
Superior's Name:	Phone:	Email:	
Rank:	Regiment / Unit:	Location:	mm / yyyy to mm / yyyy
Duties / responsibilities / assignment:			
Superior's Name:	Phone:	Email:	
Rank:	Regiment / Unit:	Location:	mm / yyyy to mm / yyyy
Duties / responsibilities / assignment:			
Superior's Name:	Phone:	Email:	

A) Current Military Status (check all that apply):

☐ Active – full time ☐ Acive – part time

☐ Retired ☐ Honourably Released (service completed or voluntary) ☐ Honourabley Released (medical)

☐ Service Terminated ☐ Dismissed for Misconduct ☐ Dismissed with Disgrace for Misconduct

Please provide details:

_____

_____

_____

_____

_____

B) Have you received any military awards / commendations?

☐ Yes ☐ No

If "yes", please provide details:

_____

_____

_____

_____

_____

_____

_____

C) Have you ever been accused of misconduct or subject to any formal military disciplinary action?

☐ Yes ☐ No

If "yes", please provide details:

_____

_____

_____

_____

_____

_____

D) What specialized military training do you have that's not otherwise listed on this application?

Please provide details:

_____

_____

_____

_____

_____

_____

10 EMPLOYMENT APPLICATIONS: (copy and complete additional pages if required):

Have you applied for employment, contract work, and/or volunteer work with any other company, agency, or person in the past five years? If so, please provide details.

Month/Year of Application	Company / Agency	City / Province or Country	Position
Result:			
Month/Year of Application	Company / Agency	City / Province or Country	Position
Result:			
Month/Year of Application	Company / Agency	City / Province or Country	Position
Result:			
Month/Year of Application	Company / Agency	City / Province or Country	Position
Result:			
Month/Year of Application	Company / Agency	City / Province or Country	Position
Result:			
Month/Year of Application	Company / Agency	City / Province or Country	Position
Result:			
Month/Year of Application	Company / Agency	City / Province or Country	Position
Result:			
Month/Year of Application	Company / Agency	City / Province or Country	Position
Result:			
Month/Year of Application	Company / Agency	City / Province or Country	Position
Result:			
Month/Year of Application	Company / Agency	City / Province or Country	Position
Result:			
Month/Year of Application	Company / Agency	City / Province or Country	Position
Result:			

11 EMPLOYMENT EXPERIENCE:

(copy and complete additional pages if required)

Current Employment:

Organization:	Location:	Position:	mm / yyyy to mm / yyyy
Duties / responsibilities:		Supervisor's Name:	Phone:
Organization:	Location:	Position:	mm / yyyy to mm / yyyy
Duties / responsibilities:		Supervisor's Name:	Phone:
Organization:	Location:	Position:	mm / yyyy to mm / yyyy
Duties / responsibilities:		Supervisor's Name:	Phone:

Prior Employment:

(list all employment history, in chronological order with the most recent first, for the past ten years, including full time, part time, and casual employment)

Organization:	Location:	Position (if applicable):	mm / yyyy to mm / yyyy
Duties / Responsibilities:		Supervisor's Name:	Phone:
Reason for Leaving:			
Organization:	Location:	Position (if applicable):	mm / yyyy to mm / yyyy
Duties / Responsibilities:		Supervisor's Name:	Phone:
Reason for Leaving:			
Organization:	Location:	Position (if applicable):	mm / yyyy to mm / yyyy
Duties / Responsibilities:		Supervisor's Name:	Phone:
Reason for Leaving:			

A) Are you associated with any other company or businesses not already listed, as an owner, director, majority or minority shareholder, or in another capacity?

☐ Yes ☐ No

If "yes", please provide details:

_____

_____

_____

_____

12 EMPLOYMENT INFORMATION: (copy and complete additional pages if required):

A) Have you had any disciplinary actions (e.g. verbal, written, suspensions, days off) taken against you at a place of employment, school, or volunteer activity?

☐ Yes ☐ No

If "yes", please provide details, including date(s).

_____

_____

_____

_____

B) Have you ever had your employment or a volunteer position terminated, or have you ever been fired, dismissed, or been asked to resign from a job or volunteer position for any reason?

☐ Yes ☐ No

If "yes", please provide details, including date(s).

_____

_____

_____

_____

C) Have you ever committed a theft from any of your employers?

☐ Yes ☐ No

If "yes", please provide details, including date(s).

_____

_____

_____

_____

D) Have you ever kept, removed, duplicated, accessed without authorization and / or deleted any information, in any format, that you were under a legal, professional, work or moral obligation to safeguard?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

E) Have you ever been accused of dishonesty at work or lied to a supervisor about a job related matter?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

F) Have you ever booked off sick when you were not sick?
☐ Yes ☐ No
If "yes", please provide details including date(s).

_____
_____
_____

G) Have you had problems with being late as a student or an employee?
☐ Yes ☐ No
If "yes", please provide details including date(s).

_____
_____
_____

H) Do you have prior peace officer service (police, military, customs, immigration, sheriffs, corrections, special constable, auxiliary constable, security guard, armoured or cell block guards, coast guard, or fisheries and oceans officer)?
☐ Yes ☐ No
If "yes", please provide details including date(s).

_____
_____
_____

13 POLICE EMPLOYEE ASSOCIATION:

A) What association have you had with any police officers, employees of a police service, or police work? Please include name(s) and details.

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_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

14 DRIVING INFORMATION: (copy and complete additional pages if required):

Current Valid Driver's Licence Number:	Class:	Province / State:	Expiry Date:
Previous Driver's Licence Number:	Class:	Province / State:	Expiry Date:

A) Has your driver's licence ever been revoked, suspended or placed on probationary status?

☐ Yes ☐ No

If "yes", please provide details, including date(s).

_____

_____

_____

B) Have you ever driven while your driver's licence was revoked, suspended, prohibited, or without a licence?

☐ Yes ☐ No

If "yes", please provide details, including date(s).

_____

_____

_____

C) Have you ever failed to remain at the scene of an accident (i.e. hit and run)?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

D) Have you ever operated a motorized vehicle while under the influence of alcohol and/or a drug?

Note: Under the influence means that, due to alcohol/drug consumption, you feel that you should not have been operating the motorized vehicle, or might have been over the legal limit.

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

E) Have you ever operated a motorized vehicle in an unsafe or distracted manner (texting, speeding, etc)?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

F) Have you ever received a ticket, including photo radar and out of province?

☐ Yes ☐ No

If "yes", please provide details.

Date	Province / State	Offence
Date	Province / State	Offence
Date	Province / State	Offence
Date	Province / State	Offence
Date	Province / State	Offence
Date	Province / State	Offence
Date	Province / State	Offence
Date	Province / State	Offence
Date	Province / State	Offence
Date	Province / State	Offence
Date	Province / State	Offence
Date	Province / State	Offence
Date	Province / State	Offence

G) Have you ever been involved in a motor vehicle accident?

☐ Yes ☐ No

If yes, list all accidents you have been involved in.

Date	Province / State	Location
Date	Province / State	Location
Date	Province / State	Location
Date	Province / State	Location
Date	Province / State	Location
Date	Province / State	Location
Date	Province / State	Location

☐ SUPPORTING DOCUMENTS:

You must provide a colour photocopy of the following document(s):

☐ Driver's Licence Abstract / Record (from each province / state where held, for the past six years)

15 FINANCIAL BACKGROUND: (copy and complete additional pages if required)

Have you ever been bonded?	☐ Yes	☐ No
Have you ever declared bankruptcy?	☐ Yes	☐ No
Have you ever had a consumer proposal?	☐ Yes	☐ No
Have you ever missed a payment by more than 30 days?	☐ Yes	☐ No
Have your wages ever been garnished?	☐ Yes	☐ No
Have you ever written an NSF cheque?	☐ Yes	☐ No
Has a collection agency ever contacted you?	☐ Yes	☐ No
Are you currently having financial difficulties?	☐ Yes	☐ No

Residence:

☐ Rent Monthly Payment: Landlord Name / Phone #:

☐ Own Lender: Balance Owing: Monthly Payment:

Financial Institution address: Contact Person: Phone:

Personal Loans:

Lender:	Credit Limit:	Balance:	Monthly Payment:
Financial Institution address:	Contact Person:	Phone:	
Lender:	Credit Limit:	Balance:	Monthly Payment:
Financial Institution address:	Contact Person:	Phone:	

Credit Cards and Lines of Credit:

Lender:	Purpose:	Balance:	Monthly Payment:
Financial Institution address:	Contact Person:	Phone:	
Lender:	Purpose:	Balance:	Monthly Payment:
Financial Institution address:	Contact Person:	Phone:	
Lender:	Purpose:	Balance:	Monthly Payment:
Financial Institution address:	Contact Person:	Phone:	

Assets:

Type:	Held by/as (if applicable):	Value:	
Type:	Held by/as (if applicable):	Value:	
Type:	Held by/as (if applicable):	Value:	

16 SUBSTANCE USE: (copy and complete additional pages if required):

A) Do you currently, or have you ever smoked?

☐ Yes ☐ No

If "yes", what and how much on average?

B) Have you consumed alcohol and / or cannabis in the past two years? If so, how many times?

☐ Yes ☐ No #_____

If "yes" was selected, provide details.

_____

_____

C) Have you ever used or experimented with any illegal drugs or controlled substances, without a prescription from a licenced doctor? This includes drugs and substances that may have been illegal at the time of consumption, but its status may have changed.

☐ Yes ☐ No

If "yes", please provide details, including dates or date ranges.

Illegal Drug / Controlled Substance	Frequency of Use	Approximate Dates First Time / Last Time	Circumstances / Motivation
Acid / LSD			
Bath Salts (MCPV)			
Cocaine / Crack			
Crystal Meth			
Amphetamine / Methamphetamine			
Anabolic Steroids			
DMX, GHB, Rohyphonol or other date rape drugs			
Ecstasy (MDMA)			
Fentanyl / Carfentanyl			
Hash / Hash Oil			
Heroin			
Ketamine			
Khat			
Magic Mushrooms			
Non-medical Marihuana			
Mescaline			
Oxycodone			
PCP			
Other:			

Additional comments: _____

_____

D) Have you ever used, misused and/or abused any other substances that you may not have believed to be controlled and/or regulated (e.g. solvents, inhalants, gasoline, glue, propane, etc)?

☐ Yes ☐ No

If "yes", please provide details for each substance:

_____

_____

_____

_____

E) Have you ever purchased, possessed, or stored any illegal drug or controlled substance; or illegally purchased, possessed or sold prescription drugs, or attempted any of these activities?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

_____

F) Have you ever sold, manufactured, cultivated, transported, or delivered any type of drug or controlled substance, or attempted any of these activities, for any reason?

☐ Yes ☐ No

If "yes", provide details including date(s).

_____

_____

_____

_____

G) Have you ever given anyone any illegal drugs or controlled substances?

☐ Yes ☐ No

If "yes", provide details including date(s).

_____

_____

_____

_____

H) Have you ever attended and remained at a party or gathering where illegal drugs, narcotics or substances were being used?

☐ Yes ☐ No

If "yes", provide details including date(s).

_____

_____

_____

I) Have you ever allowed someone to use illegal drugs at your residence or in your vehicle?
☐ Yes ☐ No
If "yes", provide details including date(s).

_____
_____
_____

J) Do you associate with anyone who uses illegal drugs?
☐ Yes ☐ No
If "yes", provide details including date(s).

_____
_____
_____

K) Have you ever sold or used steroids and/or other performance enhancing drugs?
☐ Yes ☐ No
If "yes", provide details including date(s).

_____
_____
_____

L) Have you ever misused a prescription or non-prescription drug?
☐ Yes ☐ No
If "yes", provide details including date(s).

_____
_____
_____

M) Have you ever worked while you have been impaired or unfit under the influence of drugs / alcohol / cannabis?
☐ Yes ☐ No
If "yes", provide details including date(s).

_____
_____
_____

N) Have you ever been in a verbal or physical altercation while under the influence of drugs / alcohol / cannabis?
☐ Yes ☐ No
If "yes", provide details including date(s).

_____
_____
_____

17 GAMBLING: (copy and complete additional pages if required):

A) Do you gamble?
☒ Yes ☐ No
If "yes", please provide details.

_____
_____
_____

B) If you gamble, how much money have you spent, wagered, won and lost in the last year as a result of gambling?

_____
_____
_____

C) Do you presently owe any gambling debts?
☐ Yes ☒ No
If "yes", please provide details.

_____
_____
_____

D) Have you ever placed a wager/bet with a professional bookmaker (bookie)?
☐ Yes ☐ No
If "yes", please provide details.

_____
_____
_____

E) Do you play VLTs, buy lottery tickets or instant scratch cards, bet in sports pools or participate in any other type of betting?
☐ Yes ☐ No
If "yes", please provide details.

_____
_____
_____

F) If you play VLTs, buy lottery tickets or instant scratch cards, bet in sports pools or participate in any other type of betting, how much money have you spent, wagered, won and lost in the last year as a result of this activity?
☐ Yes ☐ No
If "yes", please provide details.

_____
_____
_____

18 PRELIMINARY MEDICAL QUESTIONNAIRE:

An applicant will be disqualified due to the presence of any medical condition, treatment, limitation, or disease that, in the performance of essential police duties:

- Inhibits performance to a degree that, even with reasonable accommodation, essential duties cannot be completed safely and effectively;
- Increases, to an unacceptable level, the risk to the applicant's personal health;
- Increases the applicant's risk of sudden incapacitation or impaired judgement;
- Can result in the transmission of an infectious disease to a co-worker or the public; or
- Renders the individual unfit to be a professional driver.

Indicate Yes or No if you have been treated or are presently being treated for any of the following conditions:

Cancer:	☐ Yes	☐ No
Asthma or other respiratory disease:	☐ Yes	☐ No
High Blood Pressure:	☐ Yes	☐ No
Cerebrovascular Disease:	☐ Yes	☐ No
Nervous System disease or disorder:	☐ Yes	☐ No
Renal / Urinary disorder:	☐ Yes	☐ No
Endocrine disorder:	☐ Yes	☐ No
Epilepsy / Convulsions:	☐ Yes	☐ No
Diabetes:	☐ Yes	☐ No
Psychological / Psychiatric Illness:	☐ Yes	☐ No
Phobias:	☐ Yes	☐ No
Life threatening infectious diseases:	☐ Yes	☐ No
Medication, alcohol, or drug dependency:	☐ Yes	☐ No

A) Do you have any other disease(s) or medical condition(s)?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

B) Have you ever broken any bones, or had a sprain, tear or dislocation?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

C) Are you taking any pill(s) or medication(s)?

☐ Yes ☐ No

If "yes", please list:

_____

_____

Name of Family Doctor:	Address:
Name of Clinic:	Phone:

19 FAMILY: (copy and complete additional pages if required):

Applicants must list all details of:

1) the applicant's immediate relatives, AND
2) the applicant's current spouse, domestic partner, common-law or significant other, and their immediate relatives AND
3) the applicant's former spouse(s), domestic partner(s), common-law(s), or significant other(s) (for the past ten years).

Immediate relatives include: parents, step parents, guardians, current and/or former spouse, domestic partner, common-law or significant other, children, step-children, adopted children, brothers, sisters, step-brothers/sisters, adopted brothers/sisters (who are age 12 or over). This includes individuals who are alive or deceased.

Surname/Maiden Name/Other Name	First Name	Middle Name	Date of Birth	
Address	City		Province	Telephone
Relationship			Occupation	
Surname/Maiden Name/Other Name	First Name	Middle Name	Date of Birth	
Address	City		Province	Telephone
Relationship			Occupation	
Surname/Maiden Name/Other Name	First Name	Middle Name	Date of Birth	
Address	City		Province	Telephone
Relationship			Occupation	
Surname/Maiden Name/Other Name	First Name	Middle Name	Date of Birth	
Address	City		Province	Telephone
Relationship			Occupation	
Surname/Maiden Name/Other Name	First Name	Middle Name	Date of Birth	
Address	City		Province	Telephone
Relationship			Occupation	
Surname/Maiden Name/Other Name	First Name	Middle Name	Date of Birth	
Address	City		Province	Telephone
Relationship			Occupation	

Surname/Maiden Name/Other Name	First Name	Middle Name	Date of Birth	
Address	City		Province	Telephone
Relationship			Occupation	
Surname/Maiden Name/Other Name	First Name	Middle Name	Date of Birth	
Address	City		Province	Telephone
Relationship			Occupation	
Surname/Maiden Name/Other Name	First Name	Middle Name	Date of Birth	
Address	City		Province	Telephone
Relationship			Occupation	
Surname/Maiden Name/Other Name	First Name	Middle Name	Date of Birth	
Address	City		Province	Telephone
Relationship			Occupation	
Surname/Maiden Name/Other Name	First Name	Middle Name	Date of Birth	
Address	City		Province	Telephone
Relationship			Occupation	
Surname/Maiden Name/Other Name	First Name	Middle Name	Date of Birth	
Address	City		Province	Telephone
Relationship			Occupation	
Surname/Maiden Name/Other Name	First Name	Middle Name	Date of Birth	
Address	City		Province	Telephone
Relationship			Occupation	
Surname/Maiden Name/Other Name	First Name	Middle Name	Date of Birth	
Address	City		Province	Telephone
Relationship			Occupation	

20 CLOSE FRIENDS AND ASSOCIATES:

(copy and complete additional pages if required):

Applicants must list all details of the applicant's close friends.

1) Surname/Maiden Name/Other Name First Name Middle Name			Date of Birth
Address	City	Province	Telephone
How do you know this person?	Occupation		Known them since (yyyy / mm):
2) Surname/Maiden Name/Other Name First Name Middle Name			Date of Birth
Address	City	Province	Telephone
How do you know this person?	Occupation		Known them since (yyyy / mm):
3) Surname/Maiden Name/Other Name First Name Middle Name			Date of Birth
Address	City	Province	Telephone
How do you know this person?	Occupation		Known them since (yyyy / mm):
4) Surname/Maiden Name/Other Name First Name Middle Name			Date of Birth
Address	City	Province	Telephone
How do you know this person?	Occupation		Known them since (yyyy / mm):
5) Surname/Maiden Name/Other Name First Name Middle Name			Date of Birth
Address	City	Province	Telephone
How do you know this person?	Occupation		Known them since (yyyy / mm):
6) Surname/Maiden Name/Other Name First Name Middle Name			Date of Birth
Address	City	Province	Telephone
How do you know this person?	Occupation		Known them since (yyyy / mm):
7) Surname/Maiden Name/Other Name First Name Middle Name			Date of Birth
Address	City	Province	Telephone
How do you know this person?	Occupation		Known them since (yyyy / mm):

21 FOREIGN TRAVEL:

(copy and complete additional pages if required):

A) Have you travelled outside of North America (Canada, the United States and Mexico)?

☐ Yes ☐ No

If "yes", please provide details, including reason, counries/locations and date(s).

B) Have you previously held a non-Canadian passport, do you currently hold a non-Canadian passport and/or have you applied for a non-Canadian passport?

☐ Yes ☐ No

If "yes", please provide details, including country, purpose; and date(s).

C) Have you ever been refused entry into any country?

☐ Yes ☐ No

If "yes", please provide details including date(s).

D) Have you ever participated in any type of smuggling, including non-disclosure goods at a Border Crossing (e.g. humans, cigarettes, drugs, weapons, prohibited products from other countries)?

☐ Yes ☐ No

If "yes", please provide details including date(s).

22 POLICE INVESTIGATIONS:

A) Has any member of your immediate family, or a close friend ever been arrested, charged or convicted of a criminal or other federal offence?

☐ Yes ☐ No

If yes, please provide details (including name, date, location, and offence):

_____

_____

_____

23 INVOLVEMENT WITH PEACE OFFICER OR JUDICIAL SYSTEM:

A) Have you ever lied to, and/or filed a false report or complaint (written or verbal) to a Peace Officer or other Government official (municipal, provincial, federal, or international) (i.e. Police Officer, Canada Border Services Officer, U.S. Customs and Immigration, Conservation Officer, Canada Revenue Agency, etc.)?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

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_____

B) Have you ever impersonated a Peace Officer, Police Officer or other Government official (municipal, provincial, federal, or international) (i.e. Police Officer, Canada Border Services Officer, U.S. Customs and Immigration, Conservation Officer, Canada Revenue Agency, etc.)?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

_____

C) Have you ever misrepresented yourself to a Peace Officer, Police Officer or other Government official (municipal, provincial, federal, or international) (i.e. Police Officer, Canada Border Services Officer, U.S. Customs and Immigration, Conservation Officer, Canada Revenue Agency, etc.)?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

_____

D) Have you ever been interviewed, questioned or contacted as a witness, complainant, suspect or accused; or have you been investigated by any law enforcement agency (including any instance where charges were filed, warrants issued, and/or court orders issued against you, such as search warrants, arrest warrants, peace bonds, restraint orders, protection orders or restitution orders)?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

_____

E) Have you ever engaged in obstructing, evading, fleeing, resisting or interfering with any Peace Office or Police Officer engaged in an investigation, conducting a traffic stop, making an arrest or detention of any person, including yourself?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

_____

F) Have you ever hidden anyone or helped anyone avoid being arrested or found by police?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

_____

G) Are you now, or have you ever been, involved in any civil or criminal litigation (including lawsuits)?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

_____

H) Have you ever been fingerprinted, for any reason?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

_____

I) Have you ever taken a polygraph or computer voice stress analysis examination?
☐ Yes ☐ No
If "yes", please provide details including date(s).

_____
_____
_____
_____

24 ORGANIZED CRIMINAL ACTIVITY:

A) Do you or have you ever associated with, been a member of, or participated in a gang, criminal enterprise or organized activity which utilizes any of the following:
murder, arson, robbery, break and enter, theft, kidnapping, aggravated assault, forgery, fraud, money counterfeiting, illegal gambling, prostitution, promotion or distribution of drugs or controlled substances, promotion or sale of obscene materials, or any other criminal act?

Note: Criminal enterprise or organized activity means three or more people with a main purpose to commit serious criminal offences.

☐ Yes ☐ No
If "yes", please provide details including date(s).

_____
_____
_____
_____
_____

B) Have you ever visited a 'clubhouse', residence, or other place used by a gang or persons involved in criminal activity?
☐ Yes ☐ No
If "yes", please provide details including date(s).

_____
_____
_____
_____

25 UNLAWFUL ACTIVITY:

A) Have you ever been arrested, charged or convicted of a criminal offence?
☐ Yes ☐ No
If "yes", please provide details including date(s).

_____
_____
_____
_____

B) Have you ever illegally entered a building, vehicle, or house in order to take cash, property or merchandise, or with the intent of committing any other criminal act?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

_____

_____

C) Have you ever knowingly purchased or possessed stolen property?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

_____

D) Have you ever stolen anything?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

_____

E) Have you ever engaged in fraud of any sort?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

_____

_____

F) Have you ever intentionally damaged someone else's property?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

_____

G) Have you ever told a lie or misrepresentation of any act, while under oath, or on a sworn or notarized document?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

_____

H) Have you ever bribed anyone or attempted to bribe anyone?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

_____

26 UNLAWFUL SEXUAL ACTIVITY:

A) Have you ever had sex with someone against their will, without their knowledge, or without their consent?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

_____

B) Have you ever engaged in any incestuous activity (sex with a person who is a blood relationship)?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

_____

C) Have you ever accessed, viewed, downloaded, uploaded, distributed, or engaged in the making of any material that could be considered child pornography?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

_____

D) Have you ever communicated with a child or under age person to persuade and/or lure them in to pursuing activities of a sexual nature, including on-line / virtual contact?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

_____

E) Have you ever been involved in a sexual manner or had sexual contact with a child or underage person, including any on-line / virtual contact?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

_____

F) Have you ever exposed your genital organs or committed an indecent act in public?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

_____

G) Have you ever participated in any type of commercial sexual activity (e.g. prostitution, escort services, massage parlour, live sex show, strip club) either in Canada or abroad, or engaged in a sex act for money?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

_____

H) Have you ever recorded and/or distributed, by any media, sexual acts of another person without their consent?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

_____

I) Have you ever watched another person who was naked, or partly naked, without their knowledge or consent (i.e. voyeurism)?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

_____

J) Have you ever engaged in sexual activity with an animal?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

_____

K) Have you ever committed a sexual act that if you were caught, you might have been prosecuted?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

_____

27 UNLAWFUL VIOLENT ACTIVITY:

A) Have you ever stalked (repeatedly followed, communicated with, or watched) any person against their wishes or without their knowledge or have you harassed (physically or verbally) any person, including on-line / virtually?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

B) Have you ever threatened or intimidated anyone over the internet or using other electronic method of communication?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

_____

C) Have you ever engaged in any act of violence (e.g. slapping, kicking, pushing, punching, or restraining) against a member of your family or household or with anyone that you were in a relationship with?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

_____

D) Have you ever engaged in any act of violence (e.g. slapping, kicking, pushing, punching, fighting, restraining, abducting) against a person?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

_____

E) Have you ever been physically violent towards a child, infant or elderly person?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

_____

F) Have you ever caused the death of another person, or contributed in any way to the death of another person?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

_____

G) Have you ever engaged in cruelty to any animal that resulted in harm, injury or death, other than legally licensed hunting or fishing?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

_____

_____

28 ACTIVITY INVOLVING WEAPONS:

A) Do you own or possess any firearms?

☐ Yes ☐ No

If "yes", please provide details:

_____

_____

_____

_____

_____

_____

_____

B) Do you currently have a valid firearms licence?

☐ Yes ☐ No

If "yes", please provide details:

_____

_____

_____

_____

C) Have you ever been refused a firearm permit or had a permit revoked?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

_____

_____

_____

_____

D) Have you ever used a firearm, knife, club, weapon or any object, physical force, threat, or intimidation in order to steal or take property from another person?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

_____

_____

E) Have you ever unlawfully possessed any unregistered firearm or illegal weapon (e.g. explosive, firearm, short-barreled firearm, armour piercing ammunition, silencer, knife, brass knuckles, or chemical dispensing device)?

☐ Yes ☐ No

If "yes", please provide details including date(s):

_____

_____

_____

_____

F) Have you ever unlawfully carried or concealed a firearm, knife, club or any other weapon?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

_____

G) Have you ever researched, manufactured, used or threatened to use, an explosive device or incendiary device (e.g. bomb, Molotov cocktail, pipe bomb, etc.)?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

_____

29 SECURITY SCREENING HISTORY:

A) Have you previously applied for a security status or security screening with any organization, department or agency in Canada, a foreign government (any level) or an international body (ex. NATO)?

☐ Yes ☐ No

If "yes", for each application, please provide details including the name of the organization, department or agency, date(s) and the level of security screening that was required.

_____

_____

_____

_____

B) Have you ever been granted a reliability status and/or security clearance by any organization, department or agency in Canada, a foreign government (any level) or an international body?

☐ Yes ☐ No

If "yes", for each one, please provide details including the name of the organization, department or agency in Canada, a foreign government (any level) or an international body (ex. NATO), date(s) and the level of security screening that was granted.

_____

_____

_____

_____

C) Has your security screening ever been revoked or cancelled?

☐ Yes ☒ No

If "yes", for each occurrence, please provide details including name of the organization, department or agency in Canada, a foreign government (any level) or an international body (ex. NATO), date(s) and an explanation.

_____

_____

_____

_____

D) Have you ever been denied a reliability status and/or security clearance by any organization, department or agency in Canada, a foreign government (any level) or an international body?

☐ Yes ☐ No

If "yes", for each instance, please provide details including the name of the organization, department or agency in Canada, a foreign government (any level) or an international body (ex. NATO), date(s) and an explanation.

_____

_____

_____

_____

E) Have you ever been subject to, or do you feel you might have engaged in, any activity for which you could be subject to blackmail or coercion?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

_____

F) Are you aware of any reason that may disqualify you from a police officer or civilian employee with the Winkler Police Service?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

30 SUBVERSIVE, SEDITIOUS AND TERRORIST ACTIVITY:

A) Have you ever been a member of, affiliated with, joined, led, participated in, attended a rally or event for, supported or financed an individual, group or organization that advocates hate, violence, racism, terrorism, illegal activities, or the overthrowing of a government or belonged to an online group that supports any such group or organization? This includes, but is not limited to, any militant group, subversive organizations, racial gang, street gang, biker gang, organized crime group, white supremacist group, protest action group, terrorist network or cell, or freedom fighter.

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

_____

_____

_____

31 TREASONOUS ACTIVITY:

A) Have you ever, without lawful authority, contacted or attempted to contact a foreign agent, representative or government with the intent to provide them with information whose disclosure might be prejudicial to the safety or defence of Canada?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

_____

_____

_____

B) Have you ever, without lawful authority, provided or attempted to provide a foreign agent, representative or government with information or aid?

☐ Yes ☐ No

If "yes", please provide details including date(s).

_____

_____

_____

_____

_____

_____

32 APPLICANT'S STATEMENT:

Detail your reasons for wanting to become a member or civilian employee of the Winkler Police Service.

33 APPLICANT'S ADDITIONAL COMMENTS / DISCLOSURE:

Provide any additional pertinent information that may positively or negatively affect your application.

34 DECLARATION, ACKNOWLEDGEMENT AND CONSENT:

Please check and initial each line.	Applicant Initials
☐ I am providing this information voluntarily, based on my desire to pursue a career with the Winkler Police Service.	
☐ I declare that the information I have provided is up-to-date, accurate, complete, and honest, to the best of my knowledge and belief.	
☐ I am not participating in any criminal behaviour or activity, and have not in the past five years (whether investigated, arrested, charged or not).	
☐ I am not under investigation on any provincial, criminal or other federal matter.	
☐ I do not have any matters pending or before a criminal or civil court.	
☐ I do not have any pending and/or current personal bankruptcies or consumer proposals.	
☐ I declare that the statements made above are complete and correct to the best of my knowledge and that I have not withheld any relevant information or made any misleading statements.	
☐ I understand that if I disclose or admit to having committed one or a number of criminal offences in this application or during any interview, that actions could be taken which could lead to an investigation, arrest, charge(s), criminal prosecution, conviction, and ultimately imposition of a sentence. I further understand that such disclosure may also lead to incident reports being entered into police databases, which could impact my future employment or volunteering opportunities, or other activities that require security screening.	
☐ I understand that if in light of the answers I provide in this application, I am deemed to pose a serious risk to the safety of others, actions may be taken which could lead, ultimately, to the imposition of an order and/or sentence.	
☐ I understand that any misstatements or omissions of material facts may subject me to **disqualification from this application process and/or result in my future dismissal from the Winkler Police Service**.	
☐ I understand that I may amend my answers to any question(s) in this application at any time prior to the start of a background check by contacting the Chief of Police.	
☐ I acknowledge that incomplete forms may result in the disqualification of my application.	
☐ I consent to the Winkler Police Service or their designated representative contacting the above noted individuals and businesses, and speaking with them as part of the security screening process.	
☐ I consent to the Winkler Police Service or their designated representative contacting other individuals and businesses that are not listed above, and speaking with them as part of the security screening process.	
☐ I consent to my personal information being collected, used, and disclosed for purposes in relation to this application, security screening, and employment purposes.	

Applicant Signature:	Date (yyyy-mm-dd)

Applicant Vision Examination Report

(Examination must have been completed within six months of application)

Applicant Information (to be completed by the applicant)

Surname	Given Names		Date of Birth (yyyy-mm-dd)
Street Address	**City**	**Province**	**Postal Code**

Visual Examination (to be completed by the Ophthalmologist or Optometrist)

Name of Optometrist/ophthalmologist	Specialty ☐ Ophthalmology ☐ Optometrist	Date of exam (yyyy-mm-dd)
Business Address	**Licence Number**	**Business Phone**

Visual Acuity

Winkler Police Service Vision Standards – Visual Acuity

- Corrected vision (with glasses or contacts) must be at least 6/6 (20/20) in one eye and 6/9 (20/30) in the other eye, or better, and
- Uncorrected vision (without glasses or contacts) must be at least 6/18 (20/60) in each eye OR 6/12 (20/40) in one eye and at least 6/24 (20/80) in the other eye, or better.

Uncorrected right eye (6/ or 20/):	Uncorrected left eye (6/ or 20/):
Corrected right eye (6/ or 20/):	Corrected left eye (6/ or 20/):

Corrected by: ☐ Eye glasses ☐ Contact Lens

Meets standards, both corrected and uncorrected?
☐ Yes ☐ No

Farsightedness

Winkler Police Service Vision Standards – Farsightedness

- No great than +2.00 D, spheroequivalent in the least hyperopic eye

Meets standards?
☐ Yes ☐ No

Peripheral Vision

Winkler Police Service Vision Standards – Peripheral Vision

- Must be at least 150 degrees continuous along the horizontal meridian and 20 degrees continuous above and below fixation, with both eyes open and examined together.

Meets standards?
☐ Yes ☐ No

Colour Vision

Winkler Police Service Vision Standards – Colour Vision

- Testing is to be done without the candidate using any colour correcting aids, such as coloured contact lenses.
- Test 1: Using the standardized Ishihara pseudo-isochromatic plates, if the applicant correctly identifies at least 17 of 21 patterns, colour vision will be considered normal (pass).
- Test 2: If required, further evaluation will be conducted with the Farnsworth D-15 test. If the applicant passes the Farnsworth D-15 test, the applicant will meet the minimum colour vision standards.
- If the applicant fails both tests, the minimum standards are not met.

Result of standardized Ishihara pseudo-isochromatic plates test
☐ Passed ☐ Failed. If so, re-test using Farnsworth D-15.

Results of the Farnsworth D-15 test (if the applicant failed the plates test (attach results))
☐ Passed ☐ Failed

Meets standards?
☐ Yes ☐ No

Ocular Disease / Conditions

- Applicant must be free of ocular diseases that impair visual performance or will produce sudden unpredictable incapacitation of the visual system. Applicant must not have Strabismus or Diplopia.

Meets standards?
☐ Yes ☐ No

- Is there any indication that the applicant could be at risk of experiencing double vision when tired or in an environment with reduced visual cues and/or greater visual strain and/or stress?

☐ Yes ☐ No

Corrective Surgery

- Orthokeratology, Corneal Transplants, and Intra-Stromal Corneal Rings are not allowed
- Has the applicant ever had corrective surgery?

☐ Yes ☐ No

If yes, please identify the type and date of procedure. The applicant must wait the indicated amount of time prior to having this vision examination.

☐ LASIK	Date:	Wait time: six months
☐ PRK	Date:	Wait time: six months
☐ Implanted Corrective Lens	Date	Wait time: twelve months
☐ Other (explain):		Date:

Does the applicant have any history of (check all that apply):
☐ Halos ☐ Starbursts ☐ Night Vision Difficulties ☐ Contrast Sensitivity Difficulties

Is the applicant's vision now stable? ☐ Yes ☐ No	Is there currently any increased risk, relative to 'normal' eyes, for damage to the eyes upon physical confrontation? ☐ Yes ☐ No

Night Vision (only required if an applicant had corrective surgery)

- The applicant must obtain minimum scores on at least 2 out of the 3 following tests.
- The testing is done binocularly with, or without, any spectacle or contact lens correction.

☐ 1) Bailey-Lovie Low Contrast Acuity in Room Illumination: Minimum acuity of 0.20 logMAR
☐ 2) Bailey-Lovie High Contrast Acuity in Dim Illumination: Minimum acuity of 0.30 logMAR
☐ 3) Bailey-Lovie Low Contrast Acuity in Dim Illumination: Minimum acuity of 0.58 logMAR

Meets standards?
☐ Yes ☐ No

Specify any other acute or chronic problems with the function of the eyes or adnexa, if applicable.

Declaration, Acknowledgement and Consent (to be completed by the applicant)

☐ I declare that the statements made to the Ophthalmologist/Optometrist are complete and correct to the best of my knowledge and that I have not withheld any relevant information or made any misleading statements.

☐ I acknowledge that incomplete forms will be returned to my attention and may result in disqualification of my application.

☐ I acknowledge that my vision examination report is valid for one year from the testing date.

☐ I acknowledge that the cost of this examination, refractive correction surgery, and reports prepared by the Ophthalmologist/Optometrist are my responsibility.

☐ I consent to this information being provided to the Winkler Police Service for application purposes.

☐ I consent to the Winkler Police Service or their designated representative contacting the Ophthalmologist/Optometrist indicated below if clarification of this vision examination is required.

Applicant Signature:	Date (yyyy-mm-dd)

Ophthalmologist or Optometrist (to be completed by the Ophthalmologist or Optometrist)

Comments:

Ophthalmologist/Optometrist Signature:	Date (yyyy-mm-dd)

Applicant Hearing Examination Report

(Examination must have been completed within six months of application)

Applicant Information (to be completed by the applicant)

Surname	Given Names		Date of Birth (yyyy-mm-dd)
Street Address	**City**	**Province**	**Postal Code**

Hearing Examination (to be completed by the Audiologist / Otolaryngologist)

Name of Audiologist / Otolaryngologist	Date of exam (yyyy-mm-dd)
Business Address	**Business Phone**

Audiogram Results

Winkler Police Service Unaided Hearing Standards

- Pure tone hearing loss no greater than 25 dB in each ear in the 500, 1000, 2000 and 3000 Hz range.
- The 4000 Hz shall not exceed 45 dB.
- Hearing examination must be performed unaided.

Pure Tone Thresholds In Hz	500	1000	2000	3000	4000	6000	8000
Right Ear							
Left Ear							

- Place an X in any box where the standard is not met.

Meets Standard?

☐ Yes ☐ No

Declaration, Acknowledgement and Consent (to be completed by the applicant)

☐ I declare that the statements made are complete and correct to the best of my knowledge and that I have not withheld any relevant information or made any misleading statements.

☐ I acknowledge that incomplete forms will be returned to my attention and may result in disqualification of my application.

☐ I acknowledge that my hearing examination report is valid for one year from the testing date.

☐ I acknowledge that the cost of this examination and any reports prepared are my responsibility.

☐ I consent to this information being provided to the Winkler Police Service for application purposes.

☐ I consent to the Winkler Police Service or their designated representative contacting the practitioner indicated below if clarification of this hearing examination is required.

Applicant Signature:	Date (yyyy-mm-dd)

Practitioner (to be completed by the Audiologist / Otolaryngologist)

Comments:

Audiologist/Otolaryngologist Signature:	Date (yyyy-mm-dd)

Applicant Consent, Waiver and Release of Liability

Applicant Information (to be completed by the applicant)

Surname	Given Names	Date of Birth (yyyy-mm-dd)

Overview:

Please read the following form carefully.

The purpose of Part A of this form is to authorize the Winkler Police Service and other individuals and entities noted below to collect, to use and to disclose personal information about you for the purpose of assessing your abilities to be a volunteer, civilian employee or sworn member with the Winkler Police Service.

The purpose of Part B of this form is to waive your right to access any information received by, or to question or grieve any method or decision by the Winkler Police Service.

The purpose of Part C of this form is to release any of the individuals or entities named on this form from liability that might arise as a result of the collection, use or disclosure of your personal information in accordance with Part A.

Part A - Consent / Assessment:

I hereby authorize the Winkler Police Service to request and obtain personal information about me as prescribed below from any or all of the following individuals or entities:

- Manitoba Public Insurance, which maintains driving records of Manitoba residents;
- Any other Police Service or law enforcement agency in Canada or outside of Canada, which may hold personal information about me;
- The Canadian Police Information Centre (CPIC), which is owned by the RCMP, and which maintains a computerized system to provide law enforcement agencies with information on individuals with criminal records;
- Any health care practitioner (including doctors, nurses, psychologists, or other licensed or registered health professionals and their agents) who has provided me with health care treatment, either as a part of this selection process or otherwise;
- Any current or previous employer who may hold personal information on me;
- Any volunteer organization who may hold personal information on me;
- Any financial institution or consumer reporting agency which maintains credit or other personal information about a consumer;
- Any educational institution in which I have been, or am currently enrolled and which has information about me, including my grade or performance results;
- Any relative, friend , nieghbour or reference; and

I further authorize the Winkler Police Service to provide a copy of this completed form to any and all of the above-noted individuals or entities, and for them to keep a copy for their files.

I further hereby authorize any of the above-noted individuals or entities to collect or use personal information about me as described above, and to disclose such personal information to the Winkler Police Service as part of this selection system.

I further acknowledge that any of the above-noted individuals or entities may disclose to the Winkler Police Service any or all of the following records, including any parts of the following records:

- Academic records and transcripts;
- Employment or volunteer records (police service, military and other), including performance evaluation / reviews, discipline, complaint, grievance and attendance information;
- Police records and history of law involvement, including criminal and provincial reports and convictions, and intelligence information;
- Police service applications;
- Background investigation reports and files;
- Polygraph reports;
- Medical and health information;
- Psychiatric and psychological files and reports;
- Background and security checks (including CPIC, NCIC, Interpol, etc);
- Financial information, including credit bureau check;
- Driving record;
- Physical, psychological, visual, aptitude and other employment-related tests, questions, answers and scores, and the interview notes, summaries, opinions, assessments and evaluations of psychologists;
- Applicant survey information;
- Training records; and
- Other personal information.

Part B – Waiver:

I waive the right to read, review or obtain copies of any information received by the Winkler Police Service.

I understand that the Winkler Police Service will have the final say in the approval or rejection of this application, and the criteria and method they use in arriving at their decision will not be questioned or objected to by me, and I will have no grievance against the Winkler Police Service or City of Winkler in this regard.

Part C - Release of Liability:

By signing this form, I agree that in consideration for applying for a position with the Winkler Police Service I hereby release and forever discharge all of the individuals, entities, and classes of individuals and entities referred to on this form, and their agents, licensees, employees, directors, officers, and subcontractors, including but not limited to His Majesty the King in Right of Manitoba, the Winkler Police Service, the Winkler Police Service Board, and City of Winkler, and all their respective agents, licensees, employees, directors, officers, elected officials and subcontractors, from any and all actions, causes of action, claims, demands, and remedies, for any and all damages, losses, injuries and expenses of any nature or kind howsoever arising, which hereafter may be sustained by me in connection with the collection, use, and disclosure of information about me in accordance with the consents provided by me in this form, and from the use or reliance upon information about me obtained in accordance with these consents.

I further agree that this Applicant Consent, Waiver and Release of Liability shall apply to and be binding on my heirs, administrators, executors, and assigns and each of them.

I confirm that a photocopy of this form is to be considered as valid as an original, even though it does not contain an original of my signature.

I have read both pages of this Applicant Consent, Waiver and Release of Liability Form, and by signing below I certify that I understand its content, agree to its terms, and am at least eighteen (18) years of age.

Applicant's Name (please print):	**Applicant's Signature:**	Date (yyyy-mm-dd)
Witness's Name (Please print):	**Witness's Signature:**	Date (yyyy-mm-dd)

Medical Clearance Form

(Must have been completed within six months of application)

Applicant Information (to be completed by the applicant)		
Surname	Given Names	Date of Birth (yyyy-mm-dd)

Dear Doctor:

The above named individual has applied for employment with the Winkler Police Service. As a pre-requisite, they are required to demonstrate a minimum level of physical ability and fitness. This is to be accomplished by successfully completing a test called the Police Officer Physical Ability Test (POPAT).

The test is designed to simulate and measure an officer's physical ability to respond to a critical incident and apprehend or potentially control a prisoner/suspect. The test was developed by exercise physiologists and is based on their research findings. Their research has identified that the usual physical components of a response to a critical incident may involve quick action including various motor skills while simulating getting to a problem, intensive heavy work resolving the problem, and then removing the problem.

The test is conducted in a gymnasium where the applicant first runs a six-lap obstacle course (approx. 400 meters in total length), in which each lap includes climbing over a three-foot fence, jumping over 18" high obstacles, making sharp left and right turns, and climbing up and down stairs. After this, the applicant must pull an 80-lb. weight for three arcs. The applicant sprawls and gets up and touches a five-foot mark on the wall twice. The applicant then pushes the 80-lb weight through three arcs and completes two more sprawls. The push pull and sprawl routine is then repeated a second time. This must be accomplished within 4 min-15 sec. Then after a 30-sec. rest, must carry an 80-lb. weight over a distance of 50 feet.

Research has found that most participants of the test experience maximal heart rate during the test. This indicates a brief (up to 4:45 minutes) but maximal stress being placed on the cardiovascular system. To minimize the chance of precipitating a major cardiovascular event, or other injury, we are requesting that this person be examined to determine his/her test risk potential.

In addition to your usual examination we request your assessment of this person with respect to factors which may place him/her at risk during this maximal test or future police officer related duties:

- Hypertension with possible causative factors
- Diabetes Mellitus
- Persons with known heart disease or symptomatic cardiovascular disease including angina, breathlessness, palpitations, edema, syncope, and dizziness
- Individuals with low fitness levels
- Acute systemic infections including viral respiratory infections
- Muscular and/or skeletal problems which may affect physical performance or present long term limitations of the person
- Any other areas of concern_____

To minimize the health risk, we are requesting this medical examination to determine whether the applicant is healthy enough to undertake the POPAT.

Applicant Information (to be completed by the applicant)			
Surname	Given Names		Date of Birth (yyyy-mm-dd)
Ht:	Wt:	Resting BP:	Resting HR:

In your professional opinion, do you consider this applicant to be healthy enough to take the POPAT? ☐ **Yes** ☐ **No**

Considering the fact that an applicant's typical response prior to maximal testing may include fear and anxiousness due to anticipation:

Does this applicant remain safe to perform the POPAT if resting blood pressure and/or resting heart rate values exceed 144/94 mmHg or 100 bpm, and all signs of chest, arm, neck and jaw pain, light headedness, fainting, and shortness of breath are absent?

☐ **Yes** ☐ **No**

Comments:

_____

_____

_____

Physician's name (please print): _____

Physician's Address: _____

Physician's Signature: _____ Date: _____

Please give the completed form to the applicant. Thank-you.

Note: This medical clearance form is valid for a maximum of six months from the date of completion and becomes invalid if the applicant's health status / condition changes.

INFORMED CONSENT FORM
Police Officers Physical Abilities Test (POPAT)

Applicant Information (to be completed by the applicant)		
Surname	Given Names	Date of Birth (yyyy-mm-dd)

I, _____ understand that the POPAT is a job related physical ability test that evaluates my physical capacity as it applies to police work. The successful completion of this test demonstrates that I possess the minimal physical abilities deemed essential to perform the duties of a police officer.

I understand the test is a physically demanding test and my heart rate will reach its maximum levels and may remain there for several minutes, thus placing my body under heavy physiological stress during the test. The test will also challenge my muscular strength and coordination skills.

If I have known health problems that would be aggravated by intense exercise, I should refrain from performing the test. I also understand that I may choose to discontinue the test at any time and also acknowledge that the test administrator may stop my performance in the test at their discretion due to safety reasons. My blood pressure, heart rate and body composition analysis may also be taken before and after I perform the test.

Further, I understand that the POPAT will be described and the correct procedure for each station demonstrated to me and that I will be given time to practice each station if I wish. Following the delivery of test instructions, I understand I will be provided the opportunity to practice and I have the responsibility to ask questions and/or seek additional clarification to resolve any concerns I have.

I understand and consent that my results will be provided to the Winkler Police Service in which I am applying for employment.

I consider myself ready to safely undertake the test.

Applicant's Statement:

I, _____ understand the instructions and information provided in relation to the test. My health status / condition remains unchanged since the completion of my Medical Clearance form by my Medical Doctor, and I am not aware of any medical conditions or physical problems that would place me at risk by doing this test. I also understand that the successful completion of the test is a condition of employment.

_____ _____

Signature of Applicant Date:

WINKLER POLICE SERVICE
POLICE OFFICER PHYSICAL ABILITIES TEST
(POPAT)

Date:	Time:
Test Location:	

Applicant Information (to be completed by the applicant)

Surname	Given Names	Date of Birth (yyyy-mm-dd)

Resting Data:

1st reading	Heart Rate	/bpm	Blood Pressure mm Hg
2nd reading	Heart Rate	/bpm	Blood Pressure mm Hg

Notes:

_____

Test Data:

Lap Splits:

Push / Pull splits:

Errors:	Penalty Time:
_____ _____ _____	

Test Results:

Total Time:	Total time plus penalty(s):	☐ Pass	☐ Fail

Applicant informed of test results: ☐ Yes ☐ No

Test Supervisor:

Name:	Badge / Employee #
Signature:	Date: