



POLICE CONSTABLE / CADET APPLICANT REGISTRATION FORM

Last Name	3 rd , 6 th & 9 th digits of SIN #	First Name	Middle Initial	
Complete Address (include Number, Street, Apt., Lot, Concession Rural Route #)	City	Province	Postal Code	
	E-Mail Address			
Home (or evening) (include area code) Telephone () Fax ()	Business (or day) (include area code) Telephone () Fax ()			
<p>I have read the Applicant Information document of the OACP Constable Selection System, and in particular, the section entitled What it Takes to Become a Police Constable. I confirm (tick box) that I:</p> <ul style="list-style-type: none"> <input type="checkbox"/> am a Canadian citizen or permanent resident of Canada; <input type="checkbox"/> am at least 18 years of age; <input type="checkbox"/> am physically and mentally able to perform the duties of the position, having regard to my own safety and the safety of members of the public; <input type="checkbox"/> have successfully completed at least four years of secondary school education or its equivalent; <input type="checkbox"/> possess a valid driver's license with no more than six accumulated demerit points, permitting me to drive an automobile in Ontario with full driving privileges; <input type="checkbox"/> have/will have current certification in CPR and first aid by the time an offer of employment is given; <input type="checkbox"/> am of good moral character and habits, meaning that I am an individual other people would look upon as being trustworthy and having integrity. <p>I now hereby apply to take the pre-interview qualifying tests and enclose the required non-refundable applicant fee. I acknowledge that photo-identification will be required for all testing. I understand that success in these tests will determine my eligibility for an interview, but will in no way obligate any police service to either grant me an interview or offer me employment.</p>				
			Yes	No
I have previously applied to a police service for employment as a police constable. (If Yes , provide details, including name(s) of police service(s), dates of application. Use additional paper if necessary)			<input type="checkbox"/>	<input type="checkbox"/>
I have another current registration / application in progress with a police service. (If Yes , provide details, including name(s) of police service(s) and present status)			<input type="checkbox"/>	<input type="checkbox"/>
<p>I have an OACP Certificate of Results stating that I have successfully completed one or more OACP tests. (If Yes, specify which tests and expiry dates, as noted on the certificate)</p> <p><input type="checkbox"/> Aptitude Test Expiry Date _____ <input type="checkbox"/> WCT Expiry Date _____</p> <p><input type="checkbox"/> PREP Expiry Date _____ <input type="checkbox"/> BPAD Expiry Date _____</p>			<input type="checkbox"/>	<input type="checkbox"/>
I am requesting a test / retest. (If Yes , indicate which tests.) <input type="checkbox"/> Aptitude Test <input type="checkbox"/> WCT <input type="checkbox"/> PREP <input type="checkbox"/> BPAD			<input type="checkbox"/>	<input type="checkbox"/>
I require accommodation for testing. (If Yes , provide details, including supporting documentation from your doctor.)			<input type="checkbox"/>	<input type="checkbox"/>
<p>DISCLOSURE</p> <p>I hereby declare that the foregoing information is true and complete. I understand that a false statement may disqualify me from employment or result in dismissal.</p>				
Applicant's Signature			Date	

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Personal information on this form is collected under the authority of the Police Services Act, Sections 43, and will be used to examine your suitability for appointment as a police officer. Questions about this collection may be directed to: the OACP licensed assessment firm, or if appropriate, to the assessing police service.



	<p>POSITION OF CONSTABLE / CADET</p> <h2 style="margin: 0;">APPLICATION</h2>
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IMPORTANT:

1. Carefully review and follow application instructions issued with this application form.
2. Please print clearly, complete fully, and use additional paper if space is insufficient.

PERSONAL INFORMATION				
Last Name	Given Name (1)	Given Name (2)		
Complete Address (including Number, Street, Apt. Number, Lot, Concessions, Rural Route #)				
City or Town	Province	Postal Code		
Business or Day Phone Number: ()	Home or Evening Phone Number: ()	E-Mail Address		
			Yes	No
Are you at least 18 years of age?			<input type="checkbox"/>	<input type="checkbox"/>
Are you legally eligible to work in Canada?			<input type="checkbox"/>	<input type="checkbox"/>
Are you a Canadian citizen or a permanent resident of Canada?			<input type="checkbox"/>	<input type="checkbox"/>
Do you possess a valid driver's licence that permits you to drive an automobile in Ontario with full driving privileges and do you have six or fewer demerit points?			<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of any criminal offence for which a pardon has not been granted or issued? (This means any fine, period of imprisonment, or period of probation offered by the court)			<input type="checkbox"/>	<input type="checkbox"/>
If you were previously convicted under a federal statute, have you been granted or issued a pardon; or in the event of a discharge related to a finding of guilt, have the records been sealed by the R.C.M.P.?		N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you possess a CPR certificate? (If Yes , please provide the expiry date. If no, please provide date of scheduled training.)			<input type="checkbox"/>	<input type="checkbox"/>
Do you possess a first-aid certificate? (If Yes , please provide the expiry date. If no, please provide date of scheduled training.)			<input type="checkbox"/>	<input type="checkbox"/>

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EDUCATION

Secondary School Attended		Highest Grade or Level Completed (If applicable, attach equivalency certificate)	
Type of Certificate or Diploma Obtained			
Business, Trade or Technical School Attended			
Course Name		Length of Course	
Licence, Certificate or Diploma Awarded			
Community College Attended			
Program Name		Length of Program	
Licence, Certificate or Diploma Awarded			
University Attended			
Major Area of Study		Length of Course	
Degree Awarded		General <input type="checkbox"/>	Honours <input type="checkbox"/>
Other relevant Courses, Workshops, Seminars, Training, Licenses, Certificates or Degrees			

LIST ANY QUALIFICATIONS YOU HAVE, WHICH YOU BELIEVE ARE RELEVANT TO THIS POSITION:

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Have you ever applied to any other police service(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, complete the following:

Name of Service(s)	Date(s)	Is your application currently active?	
1.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Declaration: I hereby declare that the foregoing information is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from further consideration for employment or result in dismissal should I be appointed as a police constable / cadet. It is understood and accepted that I am involved in a competition process and that I may be declined at any stage of the process.

Applicant's Signature:	Date:
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POLICE CONSTABLE SELECTION
CONFIDENTIAL APPLICANT SURVEY FORM

PLEASE PRINT:

Name: _____

Date: _____

FOR OFFICE USE ONLY:

Assigned No.: _____

It is necessary to continually collect data to evaluate the test instruments of the **OACP Constable Selection System** for fairness. This type of data collection is a normal part of test development and evaluation. The information in this survey is being gathered in accordance with the **Freedom of Information and Protection of Privacy Act**, Section 39(2) or the **Municipal Freedom of Information and Protection of Privacy Act**, Section 29(2). **Completion of this form is voluntary, and all information provided will be kept confidential.**

The information you provide on this form will not be used to assess your suitability for the position of constable.

When you have completed this form, it should be **enclosed with your Applicant Registration Form** and returned to the assessing police service or to the OACP-licensed assessment firm. Please remember to include your name in the space provided.

PLEASE NOTE: In order for our records to be complete, please insert your name and return this survey, *whether or not* you have chosen to complete it.

If you have any inquiries about this survey, they should be directed to the assessing police service or to the OACP-licensed assessment firm.

Please read each of the following questions carefully, and check the responses, which apply to you. Mark answers with a check mark. Information, which may assist you in responding to this survey, is contained on pages 3 and 4.

1. Please indicate your sex:

- Male Female

2. Which one of the following do you consider yourself to be:

- Aboriginal (e.g., a member of the Indian, Inuit or Metis people).
- White (e.g., Caucasian: British, French, East or West European, Russian, Ukrainian, Mediterranean).
- Racial Minority (Racial minority status is based on race or skin colour, not place of birth or nationality; see page 2 for a list of categories which belong to "Racial Minority").

3. If you consider yourself a member of a racial minority, indicate which one of the following best describes your race or colour, regardless of your place of birth:

- | | |
|--|---|
| <input type="checkbox"/> Black | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Oceanic |
| <input type="checkbox"/> Other South East Asian | <input type="checkbox"/> South Asian (Indo Pakistani) |
| <input type="checkbox"/> Person of mixed race or colour
(including at least one of the above) | <input type="checkbox"/> Visible Minority West Asian or North African |
| | <input type="checkbox"/> Visible Minority Central or South American |

4. Do you consider yourself to be a person with a disability?

“Person with a disability” means a person with a permanent physical, mental or medical condition that limits the kind or amount of activities of daily living the person can do, and the kind or amount of work the person can do.”

- Yes - Proceed to Question 5 No - Proceed to Question 6

5. Do you feel that your disability will require some form of job accommodation?

- Yes No

If you have answered “yes” to the above, the assessing police service or OACP-licensed assessment firm will assess your needs in consultation with you.

6. To assist with future recruitment activities please indicate how you heard about the constable opportunities:

- | | |
|---|-------|
| <input type="checkbox"/> Newspaper (Please indicate which) | _____ |
| <input type="checkbox"/> Posting | _____ |
| <input type="checkbox"/> Recruiting Presentation (Specify location) | _____ |
| <input type="checkbox"/> Community Contact/Agency | _____ |
| <input type="checkbox"/> School/College/University Guidance | _____ |
| <input type="checkbox"/> Other (Specify) | _____ |

7. What attracted you to apply?

ABORIGINAL PERSON

Other terms that are widely used to describe aboriginal people include: North American Indian, First Nations People, Native People or Amerindian.

Aboriginal persons include people living on and off reserves plus Status, Non-Status, and Treaty Indians. Aboriginals from Latin America, and East Indians should mark themselves as a racial minority.

RACIAL MINORITY STATUS

Racial minority status is based on race or colour, not nationality. Therefore, there are many persons who were born in Canada or who are Canadian citizens who would consider themselves to be a visible minority because of their race or colour.

The listing of racial minorities is for guidance only. While some categories refer to both nationality and racial origin, it is racial origin, not nationality that should guide you. For example, if you are of Chinese origin but were born in South America, you would select "Chinese."

RACIAL MINORITY GROUPS

- Black:** includes Canadian, African, American, West Indian and South American Black.
- Oceanic:** includes Polynesian, Micronesian, Melanesian and Fijian.
- Other South East Asian:** includes Burmese, Cambodian, Laotian, Thai and Vietnamese.
- South Asian (Indo-Pakistani):** includes Bengali, Gujarati, Punjabi, Tamil, East Indian (including those born in the Caribbean or East Africa), Bangladeshi, Sinhalese and Sri Lankan.
- Visible Minority Central or South American:** includes those from Central or South America who do not select one of the other racial minority groups.
- Visible Minority West Asian and North African:** includes visible minorities who are Lebanese, Egyptian, Palestinian, Syrian, Iranian, Turk, Armenian, North African and Mauritian.

DISABILITY

The examples below provide a guide to the different types of disabilities, which may limit a person in the kind of activities of daily living they can do, and the kind or amount of work they can do.

Visual/Sight Impairment:	blindness or other serious impairment which is not readily subject to correction through glasses or contact lenses and requires job accommodation.
Hearing Impairment:	deafness or serious hearing loss, which is not readily subject to correction through a hearing aid.
Mobility/Dexterity Impairment:	due to any cause including paralysis, amputation or disease, and requiring the use of a wheelchair or other device, or which seriously limits your ability to walk or manipulate objects.
Speech Impairment:	limited in the ability to speak and be understood from causes such as muteness.
Learning Impairment:	includes dyslexia and other learning disabilities due to development impairments or brain injury.
Emotional or Psychiatric Impairment:	includes serious psychiatric disorders such as manic or chronic depression, schizophrenia or any other serious disorders.
Other Impairments	epilepsy, diabetes and other permanent medical conditions, only if you consider that your opportunities for employment or progression are limited or affected by your condition.