



CIVILIAN PERSONAL HISTORY FORM

Personal information on this form is being collected pursuant to Section 29 of the Municipal Freedom of Information and Protection of Privacy Act and under the authority of the Police Services Act, for the purpose of assessing your suitability for employment.

IMPORTANT

1. **All sections** of this form must be answered. **When a question is not applicable, mark 'N/A'.**
2. Complete this form by printing neatly in **black ink**.
3. **If extra space is required, use the additional space provided on the last page of this form.**
4. Any questions regarding the collection of this information should be directed to:

Employment Unit
Toronto Police Service
40 College Street, Toronto, Ontario M5G 2J3
(416) 808-7150

Name				
Address				
City, Province and Postal Code			Social Insurance Number (S.I.N.)	
Home Telephone Number		Cellular Telephone Number		Business Telephone Number
Date of Birth (yyyymmdd)	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Driver's Licence Number	
Province of Issue				
Email addresses				

1. IF YOU HAVE USED A SURNAME OR A GIVEN NAME OTHER THAN THE ONE LISTED ON THE FIRST PAGE, GIVE DETAILS BELOW.

Changed From	Changed To	Date Changed (yyyymmdd)
Changed From	Changed To	Date Changed (yyyymmdd)

2. PROVIDE DETAILS BELOW WITH REGARDS TO SPOUSE/COMMOM LAW SPOUSE/PARTNER/COHABITANT/ROOM-MATE(S)

Surname	First Name	Middle Name(s)		
Street and Number (include apartment number)		Telephone Home	Business	Cell
City or Town	Province	Date of Birth (yyyymmdd)		

3. IF PERSON IN SECTION 2 HAS USED A SURNAME OR A GIVEN NAME OTHER THAN THE ONE LISTED ABOVE GIVE DETAILS BELOW.

Changed From	Changed To	Date Changed (yyyymmdd)
Changed From	Changed To	Date Changed (yyyymmdd)

4. PROVIDE DETAILS BELOW OF PARENTS OF SPOUSE/COMMOM LAW SPOUSE/PARTNER/COHABITANT/ROOM-MATE(S). IF DECEASED ALSO INDICATE DATE OF DEATH.

Father's Surname	First Name	Middle Name(s)		
Street and Number (include apartment number)		Telephone Home	Business	Cell
City or Town	Province	Date of Birth (yyyymmdd)		

Mother's Surname	First Name	Middle Name(s)		
Street and Number (include apartment number)		Telephone Home	Business	Cell
City or Town	Province	Date of Birth (yyyymmdd)		

5. PLEASE LIST THE NAMES OF ALL IMMEDIATE FAMILY MEMBERS 12 YEARS OF AGE AND OLDER. (I.E. FATHER, MOTHER, BROTHER(S), SISTER(S), SON(S) AND DAUGHTER(S). INCLUDE ADOPTIVE PARENTS AND STEP-RELATIVES. IF A FAMILY MEMBER IS DECEASED GIVE DATE OF BIRTH, DATE OF DEATH AND LAST ADDRESS WHILE LIVING.

1/ Surname	First Name	Middle Name(s)		
Street and Number (include apartment number)		Telephone Home	Business	Cell
City or Town	Province	Date of Birth (yyymmdd)	Relationship	
2/ Surname	First Name	Middle Name(s)		
Street and Number (include apartment number)		Telephone Home	Business	Cell
City or Town	Province	Date of Birth (yyymmdd)	Relationship	
3/ Surname	First Name	Middle Name(s)		
Street and Number (include apartment number)		Telephone Home	Business	Cell
City or Town	Province	Date of Birth (yyymmdd)	Relationship	
4/ Surname	First Name	Middle Name(s)		
Street and Number (include apartment number)		Phone –Home	Business	Cell
City or Town	Province	Date of Birth (yyymmdd)	Relationship	
5/ Surname	First Name	Middle Name(s)		
Street and Number (include apartment number)		Telephone Home	Business	Cell
City or Town	Province	Date of Birth (yyymmdd)	Relationship	
6/ Surname	First Name	Middle Name(s)		
Street and Number (include apartment number)		Telephone Home	Business	Cell
City or Town	Province	Date of Birth (yyymmdd)	Relationship	

6. LIST THE NAMES OF ALL FORMER SPOUSES (COMMONLAW SPOUSE/PARTNER OR COHABITANT).

1. Surname	First Name	Middle Name(s)		
Street and Number (include apartment number)		Telephone Home	Business	Cell
City or Town	Province		Date of Birth (yyyymmdd)	
2. Surname	First Name	Middle Name(s)		
Street and Number (include apartment number)		Telephone Home	Business	Cell
City or Town	Province		Date of Birth (yyyymmdd)	
3. Surname	First Name	Middle Name(s)		
Street and Number (include apartment number)		Telephone Home	Business	Cell
City or Town	Province		Date of Birth (yyyymmdd)	

7. LIST ALL PERSONS YOU RESIDE WITH WHO ARE NOT MEMBERS OF YOUR IMMEDIATE FAMILY. INCLUDE ROOM-MATE(S) AND OTHER COHABITANTS.

Surname	First Name	Middle Name	Date of Birth (yyyymmdd)	Relationship

8. LIST ALL BROTHERS - SISTERS IN-LAW AND THEIR SPOUSES/COMMON LAW

1/ Surname		First Name		Middle Name(s)	
Street and Number (include apartment number)			Telephone Home		Business Cell
City or Town		Province	Relationship		Date of Birth (yyyymmdd)
2/ Surname		First Name		Middle Name(s)	
Street and Number (include apartment number)			Telephone Home		Business Cell
City or Town		Province	Relationship		Date of Birth (yyyymmdd)
3/ Surname		First Name		Middle Name(s)	
Street and Number (include apartment number)			Telephone Home		Business Cell
City or Town		Province	Relationship		Date of Birth (yyyymmdd)
4/ Surname		First Name		Middle Name(s)	
Street and Number (include apartment number)			Telephone Home		Business Cell
City or Town		Province	Relationship		Date of Birth (yyyymmdd)
5/ Surname		First Name		Middle Name(s)	
Street and Number (include apartment number)			Telephone Home		Business Cell
City or Town		Province	Relationship		Date of Birth (yyyymmdd)
6/ Surname		First Name		Middle Name(s)	
Street and Number (include apartment number)			Telephone Home		Business Cell
City or Town		Province	Relationship		Date of Birth (yyyymmdd)

9. CHARACTER REFERENCES

LIST THE NAMES OF ADULTS NOT RELATED TO YOU, EXCLUDING EMPLOYERS, WHO ARE COMPETENT TO JUDGE YOUR CHARACTER, TEMPERAMENT AND WORK HABITS AND HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS AND SUITABILITY FOR THE POSITION.

1/ Surname		First Name		Middle Name
Street and Number (include apartment number)			Telephone –Home	Telephone (Cell) and (Bus.)
City or Town	Province		Postal Code	
Occupation		Years Known		Association with Applicant
2/ Surname		First Name		Middle Name
Street and Number (include apartment number)			Telephone –Home	Telephone (Cell) and (Bus.)
City or Town	Province		Postal Code	
Occupation		Years Known		Association with Applicant
3/ Surname		First Name		Middle Name
Street and Number (include apartment number)			Telephone –Home	Telephone (Cell) and (Bus.)
City or Town	Province		Postal Code	
Occupation		Years Known		Association with Applicant

10. PLEASE LIST IN CHRONOLOGICAL ORDER, BEGINNING WITH YOUR MOST RECENT, and EVERY ADDRESS THAT YOU HAVE RESIDED AT SINCE 12 YEARS OF AGE. INCLUDE ADDRESSES OUTSIDE OF CANADA.

From (yyymmdd)	Street and Number (include apartment number)	
To (yyymmdd)	City or Town	Province
From (yyymmdd)	Street and Number (include apartment number)	
To (yyymmdd)	City or Town	Province
From (yyymmdd)	Street and Number (include apartment number)	
To (yyymmdd)	City or Town	Province
From (yyymmdd)	Street and Number (include apartment number)	

