



BRANTFORD POLICE SERVICE

Auxiliary Unit

P.O. Box 1116, 344 Elgin Street
Brantford, Ontario N3T 5T3

APPLICATION FOR
VOLUNTEER
MEMBER

Address all correspondence
to:
CHIEF OF POLICE

AN EQUAL OPPORTUNITY EMPLOYER

Personal information relating to the recruitment and selection process is collected under the authority of the Police Services Act and will be used to determine suitability as a volunteer with the Brantford Police Service Auxiliary. Information is subject to verification and confirmation with corresponding documents at any time. Continuation in the selection process is dependant upon the receipt of various documents at different stages. Questions about this collection of personal information should be directed to the Administration Branch of the Brantford Police Service.

Please **PRINT (or type)** clearly and answer all questions fully.
Incomplete applications may not be considered.

Submit completed application package to above address marked Attention: Auxiliary Police Recruitment

PERSONAL DATA:		
Last Name	Given Name	Middle Name
Address	Apt. No.	Home Phone No.
City	Province	Postal Code
		Business Phone No.
Are you legally eligible to work in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/>		Email:
Have you ever been convicted of a criminal offence under a Federal Statute for which a pardon has not been granted? If Yes give details:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you 18 years of age or older and less than 65 years of age?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you able to attend 2 hour regular training on Monday evenings September- June?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you able to provide volunteer service on a monthly basis totaling a minimum of 100 hours annually?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you applied here previously? If yes, When: (Month/Year)		Yes <input type="checkbox"/> No <input type="checkbox"/>
What position(s)		
Have you worked/volunteered here previously? If yes, When: (Month/Year to Month/Year)		Yes <input type="checkbox"/> No <input type="checkbox"/>
What position(s)		

EDUCATION: Check the highest grade/year successfully completed in its entirety.

Grade: 9 10 11 12 13 College: 1 2 3 4 University: 1 2 3 4

Major subjects:

Institutions attended:

List below any details which you feel might help us to further evaluate your application, including special skills, hobbies, certificates, diplomas or degrees, memberships in professional associations, computer skills, computer software skills, any languages fluently spoken and written and skills acquired through offices held in community organizations. List specific skills as per position requirements (if more space required attach additional pages).

EMPLOYMENT HISTORY: List ALL previous employers, attach additional pages if required.

YOUR PRESENT OR LAST WORK	BRIEFLY DESCRIBE YOUR DUTIES
EMPLOYER ADDRESS PHONE No. JOB TITLE EMPLOYED FROM: TO: SUPERVISOR HIS/HER TITLE REASON FOR LEAVING	

YOUR WORK BEFORE THAT	BRIEFLY DESCRIBE YOUR DUTIES
EMPLOYER ADDRESS PHONE No. JOB TITLE EMPLOYED FROM: TO: SUPERVISOR HIS/HER TITLE REASON FOR LEAVING	

YOUR WORK BEFORE THAT	BRIEFLY DESCRIBE YOUR DUTIES
EMPLOYER ADDRESS PHONE No. JOB TITLE EMPLOYED FROM: TO: SUPERVISOR HIS/HER TITLE REASON FOR LEAVING	

IF NOW EMPLOYED, MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes No

CHARACTER REFERENCES: List three (3) people whom we may personally contact or write for a character reference.
 (DO NOT LIST RELATIVES, FORMER EMPLOYERS, PRIESTS, PASTORS, MINISTERS OF RELIGION, OR POLITICAL LEADERS)

NAME	HOME PHONE NUMBER
ADDRESS	BUSINESS PHONE NUMBER
Relationship: (i.e.: friend, co-worker)	YEARS KNOWN
NAME	HOME PHONE NUMBER
ADDRESS	BUSINESS PHONE NUMBER
Relationship: (i.e.: friend, co-worker)	YEARS KNOWN
NAME	HOME PHONE NUMBER
ADDRESS	BUSINESS PHONE NUMBER
Relationship: (i.e.: friend, co-worker)	YEARS KNOWN

APPLICANT – PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

I confirm that the information given is true and correct to the best of my knowledge. I authorize the **BRANTFORD POLICE SERVICE** to collect personal information concerning myself including academic records, pre-volunteer testing results and assessments, aptitude test(s) results, work history, disciplinary records, financial records, character statements, and non-pardoned criminal records from sources other than myself. I understand the Police Service will require me to perform job related academic, aptitude, attitude and physical testing, and after an offer of volunteer service to undergo job related medical tests. Furthermore, I hereby absolve and save harmless members of the **BRANTFORD POLICE SERVICES BOARD**, the **BRANTFORD POLICE SERVICE** and all its individual employees from all liability, cause of action, or damages resulting from the release of any or all such information. I agree to comply with all **BRANTFORD POLICE SERVICE** directives, Rules and Regulations, safety procedures, the Ontario Police Services Act and other Terms and Conditions of volunteer service as may be instituted or revised by the **BRANTFORD POLICE SERVICE** from time to time.

REFERENCES:

For employment and/or character references, I, _____ (Print Name) authorize the **BRANTFORD POLICE SERVICE** to contact and collect information concerning my job performance and character from employers/supervisors and persons named herein. The persons named herein may furnish information they may have concerning my suitability for the position applied for to the **Brantford Police Service**, and I do release such individual from any and all liability by reason of furnishing such information.

I agree and understand that any misrepresentation of facts shall constitute just cause for the termination of my volunteer service and/or association with the **BRANTFORD POLICE SERVICE**, at any time.

Furthermore, I agree and understand the information obtained through background investigation checks concerning job performance and character references from employers, supervisors, and those named herein is a confidential process. Information obtained through background investigation will not be available to me or my representative.

DATED _____ Applicant's Signature _____

PLEASE PROVIDE A RESUME WHEN ATTENDING TESTING

The position you have applied for may require written and physical testing as part of the selection process.

If you have a condition or disability that could adversely affect your test performance in writing the test(s), it is your responsibility to inform the **Brantford Police Service** Training Branch at your earliest convenience **PRIOR TO ATTENDING** the scheduled testing.