



Auxiliary Constable Checklist of Mandatory Application Documents

Surname: _____

First Name: _____

Middle Name: _____

Checklist of MANDATORY Application Documents

The following list of documents must be included with your application package. Failure to include any of the required documents will delay the processing of your application. This checklist must be submitted with your application package as well. **Please do not submit binders or folders.**

Initial the boxes when you have included the documents with your application package.

Current resume

Cover letter, including day and night phone numbers

Proof of successful completion of four years of Secondary School Education or equivalency

Proof of successful completion of Post Secondary Education (if applicable)

Completed Authorization for Release of Information

Copy of a valid Standard First Aid Certificate and CPR Level "C" Certificate.
These certifications must remain valid throughout the selection process

Completed Auxiliary Application Form

Completed Auxiliary Rules of Participation Form

Proof of valid photo identification



Stratford Police Service

Application for Auxiliary Constable

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 processing your application for employment.

Any questions regarding this collection should be directed to:

Stratford Police Service

17 George Street West

Stratford, ON N5A1A6

auxiliary@stratfordpolice.com

Instructions

- Applicants must meet the Service's Basic Requirements for the position.
- All sections of this form must be completed. If not applicable mark "N/A"
- Complete this form by printing in black ink.
- If extra space is required, attach additional pages.

Position Applied For :

<input type="checkbox"/>	Auxiliary Constable
<input type="checkbox"/>	

I Personal Information

Last Name	Given Name (1)	Given Name (2)	3rd, 6th & 9th digits of SIN #	
Complete Address (including Number, Street, Apt. Number, Lot, Concessions, Rural Route #)				
City or Town		Province	Postal Code	
Business or Day Phone Number: ()		Cell Phone Number: ()		
Home or Evening Phone Number: ()		E-Mail Address:		
			Yes	No
Are you at least 18 years of age?				
Are you legally eligible to work in Canada?				
Are you a Canadian citizen or a permanent resident of Canada?				
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?				
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)				
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		
Do you possess a CPR certificate? (If Yes, please provide the expiry date. If no, please provide date of scheduled training.)				
Do you possess a first-aid certificate? (If Yes, please provide the expiry date. If no, please provide date of scheduled training.)				

II 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	Honours
Other relevant Courses, Workshops, Seminars, Training, Licenses, Certificates or Degrees			

III Employment History

- Note:** 1. Beginning with your present or previous employer and continuing in reverse time order, list and describe every position you have held since the beginning of your work experience. If you have held two or more positions with the same employer, list and describe each position separately. Include military, part-time and summer employment. (Please attach additional sheets as required)
2. Is your current employer(s) aware you are seeking employment? Please be advised they may be contacted at a further point in the selection process.

Present or Previous Employer	
Telephone Number ()	Date of Employment: From To
Complete Mailing Address (include Postal Code)	
Supervisor's Name and Title	Position Title
Brief Description of Duties	
Reason for Leaving	
Present or Previous Employer	
Telephone Number ()	Date of Employment: From To
Complete Mailing Address (include Postal Code)	
Supervisor's Name and Title	Position Title
Brief Description of Duties	
Reason for Leaving	
Present or Previous Employer	
Telephone Number ()	Date of Employment: From To
Complete Mailing Address (include Postal Code)	
Supervisor's Name and Title	Position Title
Brief Description of Duties	
Reason for Leaving	

IV List any qualifications you have which you believe are relevant to this position:
 (ie. Languages, Special Skills, Specialized Training, Certifications)

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

Name of Service(s)	Position Applied for:	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"/>

Additional Information

If required, use the following space to provide, further information regarding any of the questions previously asked. Please indicate the question number when providing the information.

In the space provided below provide any information that you feel is relevant, such as personal achievements, awards, community service etc.

STRATFORD POLICE SERVICE

AUXILIARY MEMBER RULES OF PARTICIPATION

1. A minimum participation of 12 hours per month is required. You can accumulate these hours as follows:
 - a. Monthly meetings(s) or Training;
 - b. Special Event(s); or
 - c. Patrol.
2. You must attend all monthly meetings. Meetings are normally not scheduled for July, August or December.
3. If you cannot attend a scheduled meeting, you are required to notify the Auxiliary Liaison Officer to inform them of the reason.
4. You must attend all meetings in uniform unless prior arrangements have been made with the Auxiliary Liaison Officer. If not in uniform, the alternate dress code is "business" attire.
5. If you are unable to attend a duty for which you have previously committed, you must notify the Auxiliary Liaison Officer of your inability to attend.
6. All auxiliary members are expected to give their full attention to auxiliary business when on duty. Respect for and courtesy to fellow members and the general public is of paramount importance at all times. It is required that you provide the timeliest response possible to all auxiliary related telephone calls and your availability for duty. Late attendance or early departure at timed events (i.e. parades, meetings) is not acceptable.
7. It is the responsibility of auxiliary members to ensure the accurate and timely submission of monthly duty sheets. Duty sheets are to be submitted at the monthly meeting following the month the duties are performed (i.e. April's duty sheet must be submitted at the May monthly meeting).
8. Any Auxiliary Member "out of service" for a period of one week or longer must notify the Auxiliary Liaison Officer.
9. All special events requiring five or more auxiliary members will report to a Sergeant or Staff Sergeant, who may be in attendance.
10. You must notify the Stratford Police Service - Auxiliary Liaison Officer within 72 hours of any interaction with any police service during your time serving as an Auxiliary member.

I, _____, have read, understand and agree to abide by these "Rules of Participation". I further understand that failure to comply will result in disciplinary action. If circumstances are deemed significant enough to warrant a written reprimand, three such reprimands may result in dismissal.

Signature

Date

STRATFORD POLICE SERVICE
AUXILIARY POLICE CONSTABLE
Release of Information Form



PLEASE ANSWER THE FOLLOWING QUESTIONS:

- **MANDATORY ATTENDANCE** - ARE YOU WILLING AND ABLE TO COMMIT TO THIS PROGRAM AND ATTEND TRAINING CLASSES AS REQUIRED. Yes _____ No _____

- **PROOF OF IDENTITY** - ATTACHED IS A PHOTOGRAPH OF PHOTO IDENTIFICATION Yes _____ No _____

PLEASE READ CAREFULLY BEFORE SIGNING:

AS AN APPLICANT FOR THE STRATFORD POLICE SERVICE AUXILIARY CONSTABLE PROGRAM, I HEREBY AUTHORIZE THE STRATFORD POLICE SERVICE TO CONDUCT A CRIMINAL HISTORY BACKGROUND INVESTIGATION. I UNDERSTAND THAT THIS CRIMINAL HISTORY CHECK IS BEING CONDUCTED DUE TO THE NATURE OF THE TRAINING AND WORK AS AN AUXILIARY POLICE CONSTABLE.

I UNDERSTAND THAT ALL THE POLICE AND CRIMINAL RECORDS WILL BE CHECKED AND THAT THE INFORMATION WILL BE USED IN DETERMINING ELIGIBILITY OF APPLICANTS FOR THE AUXILIARY POLICE CONSTABLE PROGRAM. I UNDERSTAND THAT MY ACCEPTANCE IN THE AUXILIARY CONSTABLE PROGRAM WILL BE AT THE SOLE DISCRETION OF THE STRATFORD POLICE SERVICE.

I UNDERSTAND THAT THE OBJECTIVE OF THIS PROGRAM IS NOT TO PREPARE OR TRAIN GRADUATES TO BECOME POLICE OFFICERS, BUT INSTEAD, TO PROVIDE CITIZENS AN OPPORTUNITY TO PROVIDE VOLUNTEER SERVICE TO THE STRATFORD POLICE SERVICE.

I UNDERSTAND THAT ONLY SUCCESSFUL CANDIDATES WILL BE NOTIFIED.

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 or other position within the Stratford Police Service. It is understood and accepted that I am involved in a competitive process and that I may be declined at any stage of the process.

Signature of Candidate: _____ **Date:** _____

POLICE USE ONLY

RECORD CHECK: CPIC _____ RMS _____ PARIS _____ OTHER _____

COMMENTS: _____

Completed by: _____ **Date:** _____