



Surname:
First Name:
Middle Name:

**Checklist of MANDATORY Information**

**The Following list of documents must be included with your application package. Failure to include any of the requested documents will delay the processing of your application.**

**Initial Boxes**

- Cover Letter & Resume
- Completed Application *(enclosed)*
- Personal History Form *(enclosed)*
- Pre-Employment Physical Fitness Testing Medical Consent *(enclosed)*
- Applicant Vision Examination Report *(enclosed)*
- Authorization for Release of Information *(enclosed)*
- Consent to Security Clearance Investigation *(enclosed)*
- Consent and Release of Liability Form *(enclosed)*
- Release and Discharge Relating to Consent to Disclosure of Criminal Record Information *(enclosed) {\$25 fee @ office}*
- Copy of Certificate of Results and any letters regarding updated tests (if applicable) *{ATS Screening}*
- Proof of valid drivers' licence with full driving privileges
- Copy of Birth Certificate (Baptismal Certificates not accepted). If born outside of Canada please provide a copy of Citizenship or Landed Immigrant Status
- Have you had a Psychological Assessment from another police service within the last year? (If yes, provide police service and date)

No

Yes \_\_\_\_\_

Police Service

\_\_\_\_\_ Date  
(dd/mm/yyyy)

<b>For Office Use Only</b>
----------------------------



## APPLICATION Position of First Nation Constable

- 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.

### I. Personal Information

Last Name	Given Name (1)	Given Name (2)	SIN #
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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: (     )

Are you at least 18 years of age?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you legally eligible to work in Canada?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a Canadian citizen or a permanent resident of Canada?	Yes <input type="checkbox"/> No <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?	Yes <input type="checkbox"/> No <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)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you were previously convicted under a federal statute, have you been granted or issued a pardon; in the event of a discharge related to a finding of guilt, have the records been sealed by the R.C.M.P.?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you possess a CPR certificate? (if <b>Yes</b> , please provide the expiry date, if no, please provide date of scheduled training.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you possess a first aid certificate? (if <b>Yes</b> , please provide the expiry date, if no, please provide date of scheduled training.)	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Confidential**

## II. Education

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

### III. Employment History

- Note:** 1. Beginning with your present or previous 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	

### III. Employment History

- Note:** 1. Beginning with your present or previous 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.)
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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	

### III. Employment History

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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	

### III. Employment History

- Note:** 1. Beginning with your present or previous 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**

Have you ever applied to any other police service(s) Yes  No   
 If **Yes**, completed 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 competitive 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 Candidate Personal History Form

Pursuant to section 39(2) of the Freedom of Information and Protection of Privacy Act and section 29(2) of the Municipal Freedom of Information and Protection of Privacy Act, you are hereby notified that information about you including academic, employment, medical, physical, financial, character and personal data is being collected during the recruitment process for the purpose of assessing your qualifications in relation to your application for employment. The authority for this collection is the Police Services Act, Section 43.

Please address any questions concerning the collection of this information to:

<p><b>WIKWEMIKONG TRIBAL POLICE SERVICE</b>  <b>2074 WIKWEMIKONG WAY, BOX 27,</b>  <b>WIKWEMIKONG, ON P0P 2J0</b></p> <p><b>ATTN.: RECRUITMENT</b></p>
--

**Important**

In compliance with the Ontario Human Rights Code, information sought in the course of a pre-employment investigation for the position of Police Constable involves distinct separation from normal recruitment, application, testing and interview requirements and is used to verify applicant concurrence with basic conditions of appointment and in the determination of applicant suitability and security clearance.

The form is supplied to applicants enrolled in the Police Constable recruitment process who have progressed beyond initial selection phases and will be used only if advanced to the background investigation phase.

Please print clearly. Complete fully. Use additional paper if spaces are insufficient.

Last Name		First Name(s) (in full)		Name Commonly Used	
Social Insurance Number			City, Province and Country of Birth		
Date of Birth	Citizenship	Home Telephone Number ( )	Business Telephone Number ( )		
Indicate any changes of name From:			To:		
Date (D,M,Y)		Place		Method (By what authority)	

**Confidential**

**List immediate family over 16 years of age. Provide full information (including maiden or married name if applicable) for your current spouse / partner, all former spouse(s) / partner(s), sons, daughters, father, mother, brothers, sisters, and their spouses / partners.**

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16.	Name in Full (No initials)		Relationship	Date of Birth	City, Province and Country of Birth	Current Full Address and Telephone Number
	Last Name	First Name(s)				

**Confidential**

**Police Constable Selection  
Confidential Candidate Personal History Form**

List your address (es) for past ten years, giving present address first.					
City and Province (Give country if other than Canada)	Address	From		To	
		Month	Year	Month	Year

In chronological order, list all schools you have attended from secondary school to present.			
Name of School and Complete Mailing Address (include postal code)	Level of Education	Attended	Graduate
	Secondary	From	Yes
	Business/Trade College University	To	No
	Secondary	From	Yes
	Business/Trade College University	To	No
	Secondary	From	Yes
	Business /Trade College University	To	No
	Secondary	From	Yes
	Business /Trade College University	To	No
	Secondary	From	Yes
	Business/Trade College University	To	No

**Confidential**

**Police Constable Selection  
Confidential Candidate Personal History Form**

Language Skills				
Languages		Weak ( )	Fair ( )	Proficient ( )
1.	Speak			
	Read			
	Write			
2.	Speak			
	Read			
	Write			
3.	Speak			
	Read			
	Write			

Do you possess a valid driver's license?    No     Yes  (If yes, give details)

Province of Issue	Class	License number	Date of issue	Date of expiry	Total current demerit points
Vehicle license			Make and year		
List all accidents you have been involved in as a driver:					
Date	Location	Total Damage	Injuries	Were you at fault? (If yes, give details)	

Do you have any damage or injury suits pending from traffic accidents?    No     Yes  (If yes, give details)

Have you any loan, mortgage, debt, garnishee, wage assignment or judgement pending against you?    No <input type="checkbox"/> Yes <input type="checkbox"/> (If yes, give details)					
TYPE (Loan, Garnishee, Judgement, etc.)	WHEN INCURRED	ORIGINAL AMOUNT	PRESENT AMOUNT	MONTHLY PAYMENT	AMOUNT ARREARS (If any)

Have you ever used any drugs or narcotics which were not prescribed for your specific use by a medical doctor or other qualified person?	No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, give details)
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**Confidential**

**Police Constable Selection  
Confidential Candidate Personal History Form**

(NOTE: Please make reference contacts as recent as possible, e.g., within past 5 years)

<b>Work References</b>	<b>School References</b>
<p>1).Name: _____</p> <p>Position: _____</p> <p>Relationship: _____</p> <p>Company / Employer Name: _____</p> <p>Full Mailing Address: _____ <span style="display: block; text-align: center;"><i>(No. Street)</i></span>_____</p> <p style="text-align: center;"><i>(City) (Province) (Postal Code)</i></p> <p>Telephone Number: _____</p>	<p>1).Name: _____</p> <p>Position: _____</p> <p>Relationship: _____</p> <p>School Name: _____</p> <p>Full Mailing Address: _____ <span style="display: block; text-align: center;"><i>(No. Street)</i></span>_____</p> <p style="text-align: center;"><i>(City) (Province) (Postal Code)</i></p> <p>Telephone Number: _____</p>
<p>2).Name: _____</p> <p>Position: _____</p> <p>Relationship: _____</p> <p>Company / Employer Name: _____</p> <p>Full Mailing Address: _____ <span style="display: block; text-align: center;"><i>(No. Street)</i></span>_____</p> <p style="text-align: center;"><i>(City) (Province) (Postal Code)</i></p> <p>Telephone Number: _____</p>	<p>2).Name: _____</p> <p>Position: _____</p> <p>Relationship: _____</p> <p>School Name: _____</p> <p>Full Mailing Address: _____ <span style="display: block; text-align: center;"><i>(No. Street)</i></span>_____</p> <p style="text-align: center;"><i>(City) (Province) (Postal Code)</i></p> <p>Telephone Number: _____</p>
<p>3).Name: _____</p> <p>Position: _____</p> <p>Relationship: _____</p> <p>Company / Employer Name: _____</p> <p>Full Mailing Address: _____ <span style="display: block; text-align: center;"><i>(No. Street)</i></span>_____</p> <p style="text-align: center;"><i>(City) (Province) (Postal Code)</i></p> <p>Telephone Number: _____</p>	<p>3).Name: _____</p> <p>Position: _____</p> <p>Relationship: _____</p> <p>School Name: _____</p> <p>Full Mailing Address: _____ <span style="display: block; text-align: center;"><i>(No. Street)</i></span>_____</p> <p style="text-align: center;"><i>(City) (Province) (Postal Code)</i></p> <p>Telephone Number: _____</p>

**Confidential**

**Police Constable Selection  
Confidential Candidate Personal History Form**

(NOTE: Please make reference contacts as recent as possible, e.g., within past 5 years)

<b>Personal References</b>	
<p>1).Name: _____</p> <p>Position: _____</p> <p>Relationship: _____</p> <p>Full Mailing Address: _____  <div style="text-align: center;"><i>(No. Street)</i></div> <hr/> <div style="display: flex; justify-content: space-between;"><i>(City)</i> <i>(Province) (Postal Code)</i></div> </p> <p>Telephone Number: _____</p>	
<p>2).Name: _____</p> <p>Position: _____</p> <p>Relationship: _____</p> <p>Full Mailing Address: _____  <div style="text-align: center;"><i>(No. Street)</i></div> <hr/> <div style="display: flex; justify-content: space-between;"><i>(City)</i> <i>(Province) (Postal Code)</i></div> </p> <p>Telephone Number: _____</p>	
<p>3).Name: _____</p> <p>Position: _____</p> <p>Relationship: _____</p> <p>Full Mailing Address: _____  <div style="text-align: center;"><i>(No. Street)</i></div> <hr/> <div style="display: flex; justify-content: space-between;"><i>(City)</i> <i>(Province) (Postal Code)</i></div> </p> <p>Telephone Number: _____</p>	

<p><b>Declaration</b></p> <p>I hereby declare that the foregoing information is true and complete. 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. I hereby consent to have a pre-employment investigation conducted in conjunction with my application for the position of Police Constable. I also give consent for the information in this form to be available to the Police Service, the Ontario Association of Chiefs of Police, and the Ministry of the Solicitor General and Correctional Services.</p>			
Applicant Signature	Date	Witness Signature	Date

**Confidential**



**INSTRUCTIONS**

This document has areas for completion both by a qualified physician of the applicant's choice and by the applicant. Once fully completed, it is to be forwarded by the applicant with the Wikwemikong Tribal Police application form.

**Part A (To be completed by physician)**

As an applicant for the position of constable with the Ontario Provincial Police, your patient presenting this document must undertake mandatory physical fitness testing to ensure preparedness and ability to carry out the essential requirements of the position. Prior to this testing it is requested that you complete the assessment portion below attesting to the applicant's medical fitness. For your information and convenience the Ontario Provincial Police fitness standards are printed on the reverse side of this form.

Name of Applicant

In your opinion is this individual at risk or medically unable to complete Wikwemikong Tribal Police fitness testing?  Yes  No

Comments

Name of Physician (print)

Signature

Office Address

Telephone #

Date of Examination

**Part B (To be completed by applicant)**

I hereby consent to the release of the above information to the Wikwemikong Tribal Police to be used for the purposes of determining my eligibility for participation in Wikwemikong Tribal Police fitness testing.

Applicant's signature

Date

## Pre-engagement Physical Fitness Testing Standards

Physical testing is a mandatory requirement of the Wikwemikong Tribal Police Recruitment Process. Completing these tests will ensure:

- An applicant's readiness to undertake physical classes at the Provincial Police Academy Orientation Training Courses
- An applicant's ability to surpass both the minimum entrance and graduation physical standards at Ontario Police College. Acquisition of a recruit graduation diploma is dependent in part upon successful completion of the physical training syllabus, and, an O.P.C. graduation diploma is a factor in determining permanent Wikwemikong Tribal Police Constable status.
- An applicant's preparedness to meet the physical rigors and challenges inherent in the policing profession. Our citizens and fellow police officers may rely on a successful applicant for physical assistance and protection in critical emergent circumstances.

Outlined below are minimum desired standards. Adopting them as a goal will give an applicant an 80% score in each category. Of course if ability permits, applicants are encouraged to strive for an even higher standing. The actual aggregate score attained is a factor considered by the Final Review Board when assessing eligibility for appointment. Proper exercise form is a vital component in determining scores. The test will be administered in the same order as presented below and completed within a one hour time frame. Because of the importance of fitness testing, we encourage immediate preparatory training for the specific tests. Once enrolled in the selection process, fitness testing may be administered at any time.

Test	80 % Standards – Men			80% Standards - Woman			Point Value Notation		
	Age						80%	100%	
	18 – 29	30 – 34	35 – 39	Over 40	18 – 29	30 – 34			35 – 39
<b>Pushups – In one minute:</b> <b>Men:</b> Hands directly under shoulders. Body/head straight and rigid. Full movement up and down.	31	24	19	19	23	21	21	16 20	20 20
<b>Women:</b> As above except pivot at knee.									
<b>Sit and Reach – Flexibility:</b> A measuring instrument is used to indicate distance reached beyond toes with knees locked. Twenty-five centimeters is equivalent to touching the toes.	36	34	31	31	38	37	37	8 10	10 10
<b>Situps – In one minute:</b> Knees bent 90 degrees. Feet head. Palms held tightly over ears. Elbows touch knees. Shoulders touch floor. No bounding.	39	32	32	28	31	25	25	16 20	20 20
<b>2.4 KM. (1.5 mile) Run – Min/Secs:</b> Completed as quickly as possible.	10.31	10.51	11.43	12.53	12.35	12.46	13.47	40 50	50 50
								80 100	80 100

**Note:** Swimming tests form part of Ontario Police College probationary training which follows engagement. Non-swimmers and weak swimmers should take needed training now.





*Note: Please ensure all areas are fully completed.*

Pursuant to S39(2) of the Freedom of Information and Protection of Privacy Act, you are hereby notified that personal information about you is being collected during the recruitment process for the purpose of assessing your qualifications in relation to your application for employment. The authority for this collection is the Police Services Act, Sections 18 and 43. Please address any questions concerning the collection of this information to the Chief of Police, Wikwemikong Tribal Police Service, Box 27, 2074 Wikwemikong Way, Wikwemikong, ON P0P 2J0, 705-859-3141.

**A. Applicant Particulars**

Surname		Given Names	
Address			Postal Code

**B. Findings of Eye Examiner**

1. Visual Acuity Test	Visual Acuity – Far		Visual Acuity – Near	
	Uncorrected	Corrected	Uncorrected	Corrected
Right Eye				
Left Eye				
Both Eyes				
Method of Measurement	<input type="checkbox"/> Snellen <input type="checkbox"/> Decimal <input type="checkbox"/> A.M.A.		<input type="checkbox"/> Snellen <input type="checkbox"/> Jaegar <input type="checkbox"/> Point	
2. Visual Correction		Frequency of use		
<input type="checkbox"/> Nil <input type="checkbox"/> Eyeglasses <input type="checkbox"/> Contact lenses		<input type="checkbox"/> For permanent use <input type="checkbox"/> For occasional use		
3. Corrective Procedures				
<input type="checkbox"/> Nil <input type="checkbox"/> Radial keratotomy <input type="checkbox"/> Orthokeratology <input type="checkbox"/> Laser Keratectomy <input type="checkbox"/> X-chrom lenses <input type="checkbox"/> Other				

4. Visual Fields

A normal visual field for the purpose of this examination is defined as a vision of 120° in each eye in the horizontal plane and the absence of scotoma.

Normal    Defective (*Details*):

5. Diplopia	6. Colour Vision	
<input type="checkbox"/> Absent  <input type="checkbox"/> Present ( <i>Details</i> ):	Use Ishihara Pseudo-Isochromatic plates. If deficiency is found, administer Farnsworth D-15 as an alternatively acceptable test. In the event of a colour vision deficiency, kindly attach actual Ishihara and Farnsworth D-15 results for subsequent review.	<input type="checkbox"/> Normal  <input type="checkbox"/> Deficiency

7. Other conditions or comments (*If space is insufficient, please attach separate page*)

**C. Particulars Re Examiner**

Surname		Initials	Qualifications	
Address		Telephone	Signature	Date of Examination



First Nations Constable Program

I, \_\_\_\_\_,  
the undersigned, hereby authorize any physician, employer, organization or person to whom a signed copy, facsimile transmittal or a photocopy of this authorization thereof is delivered, to provide any information, opinion, reports, records or copies thereof, which may be requested by a representative of the First Nation Territory or Ontario Provincial Police in connection with the background investigation relating to my application for employment with any First Nation Territory and specifically:

Authorized Areas of Disclosure:

- Academic records and transcripts
- Employment Records
- Military and police service records as applicable (includes complaint, disciplinary investigations and results)
- Medical information
- Financial information including credit bureau check
- Police records including applicant files and history
- Driving record check
- Criminal record check
- Character and reference checks
- Other \_\_\_\_\_

I understand this information will be used to access my qualifications and suitability in relation to my application for employment as a First Nations Constable. I further understand that any questions that I may have concerning the collection of this information should be addressed to the Chief of Police, Wikwemikong Tribal Police Service, 2074 Wikwemikong Way, Box 27, Wikwemikong, ON P0P 2J0, (705) 859-3141.

I hereby acknowledge and declare that the terms of this authorization for release of information are fully understood by me.

In witness whereof, I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signed in the presence of:

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Applicant



## CONSENT TO SECURITY CLEARANCE INVESTIGATION

Surname	Given Name	Middle Name(s)	Date YY	of MM	Birth DD	<input type="checkbox"/> Male <input type="checkbox"/> Female
Previous Surnames (eg. former marriage, maiden)						
Address (number, street, apt., lot, concession, township, rural route #, city, postal code)						
Driver's Licence #			Prov./State			

The undersigned hereby authorizes the Wikwemikong Tribal Police (WTP) to conduct a security clearance investigation. In accordance with s. 39(1)(a) of the *Freedom of Information and Protection of Privacy Act*, I hereby authorize the WTP to collect personal information about me from third parties. Specifically, I consent to full disclosure to the WTP by any police service, employer, organization, business or person to whom a signed copy of this Authorization or a photocopy or fax thereof is delivered, of any information, opinions, reports, records, documents or copies thereof, in any form which may be requested. Such information may include, but is not limited to, the following:

- Employment records including performance evaluations/reviews, discipline, and/or complaint information
- Police records and history of Police involvement, including federal and provincial reports and convictions, local occurrence and intelligence information
- Financial information, including credit bureau and/or bank Checks Driving record

I hereby acknowledge that the terms of this authorization for collection and disclosure of information are fully understood by me and that this consent is given pursuant to s. 42(b) of the *Freedom of Information and Protection of Privacy Act*. I understand that all information about me that is obtained during this security clearance investigation may be disclosed by the WTP for the purpose of making a decision with respect to my security clearance or for a consistent purpose.

I acknowledge that records and/or information is obtained based on a name search and as a result may or may not pertain to me. I understand that positive identification may only be confirmed through comparison of fingerprints, which must be submitted by me.

I hereby release and forever discharge Her Majesty the Queen in Right of Ontario, the Commissioner of the WTP and all members and employees of the WTP from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the collection and/or disclosure of information by the WTP.

I have read and understood and consent to the above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



## WIKWEMIKONG CONSTABLE SELECTION SYSTEM Consent and Release of Liability Form

\_\_\_\_\_

Last Name (please print)

\_\_\_\_\_

3<sup>rd</sup>, 6<sup>th</sup> & 9<sup>th</sup> digits of SIN

Please read the following form carefully.

The purposes of part A of this form are to authorize police services 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 police constable under the Wikwemikong Constable Selection System, and for related research, information and statistical tracking.

The purpose of part B 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.

### A. CONSENT/ASSESSMENT

I authorize the police governing authority or band council of the Community, who receives their policing arrangement through the Ontario First Nation Policing Agreement (ONFPA) in conjunction with the Ontario Provincial Police who are the administrators of the ONFPA, to which I have submitted an application to be hired as a First Nations constable, to request and obtain personal information about me as described below from any or all of the following individuals or entities:

- the Ontario Ministry of Transportation, which maintains driving records of Ontario residents;
- any other Ontario police service or law enforcement agency, which may hold personal information about me;
- the Canadian Police Information Centre, 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 and their agents) who has provided me with health care treatment, either as part of this constable selection process or otherwise;
- any previous employer who may hold personal information about me;
- any 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; and,

I further acknowledge that any of the above-noted individuals or entities may disclose to the requesting ONFPA police service to which I have submitted an application any or all of the following records, including any parts of the following records:

- |  |  |
|--|--|
| ✓ academic records and transcripts;  | ✓ financial information, including credit bureau check;  |
| ✓ employment records (Police Service and other), including performance evaluation / reviews, discipline, complaint and attendance information; | ✓ driving record;  |
| ✓ police records and history of law involvement, including criminal and provincial reports and convictions, and intelligence information;      | ✓ physical, psychological, visual, aptitude and other employment-related tests, including but not limited to MMPI-2 - questions, |
| ✓ police service applications;   | ✓ answers and scores, and the interview notes, summaries,  |
| ✓ medical information;   | ✓ opinions, assessments and evaluations of psychologists; 9 applicant survey information; and,                                   |
| ✓ background and security checks (including CPIC, NCIC, Interpol, etc.);   | ✓ training record.   |

**B. RELEASE OF LIABILITY**

By signing this form, I agree that in consideration for applying to be a First Nations constable within the OFNPA, 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 Her Majesty the Queen in Right of Ontario, The Chief and Council of the First Nations community police service, police services board, and their respective agents, licensees, employees, directors, officers, 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.

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

**I have read all pages of this Consent 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.**

\_\_\_\_\_  
Candidate's Name (Please Print)

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Name of Witness (Please Print)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date of Signature



# Criminal Record Check Police Record Check

Personal information contained on this form is collected pursuant to the *Police Services Act*, s. 41 and federal and provincial privacy legislation and is collected for the purpose of processing this Police and/or Criminal Record Check(s). Information related to these checks will be retained for two years. Questions concerning this collection should be directed to the Wikwemikong Police Service. Please indicate the check you are requesting below.

<input type="checkbox"/> <b>Criminal Record Name Check</b> <b>This check will include the following information as it exists on the date of the search:</b> Criminal convictions from RCMP National Repository of Criminal Records (Identification Databank), Canadian Police Information Centre (Intelligence and Investigative Databank), and local police databases where applicant resides Outstanding entries, such as charges and warrants, judicial orders, Peace Bonds, Probation and Prohibition orders Absolute and Conditional Discharges (1-3 years) from local databases only <b>This check will not include:</b> <i>Convictions where a pardon has been granted</i> <i>Convictions under provincial statutes</i> <i>Local police contacts</i> <i>Family court restraining orders</i> <i>Foreign information</i> <i>A Vulnerable Sector Verification search</i>	<input type="checkbox"/> <b>Police Record Name check</b> <b>This check will include the following information as it exists on the date of the search:</b> Criminal convictions from RCMP National Repository of Criminal Records (Identification Databank), Canadian Police Information Centre (Intelligence and Investigative Databank), and local police databases where applicant resides Outstanding entries, such as charges and warrants, judicial orders, Peace Bonds, Probation and Prohibition orders Absolute and Conditional Discharges (1-3 years) from local databases only Family court restraining orders Criminal charges resulting in dispositions including, but not limited to, Stayed, Withdrawn, Dismissed and cases of not criminally responsible by reason of mental disorder as listed on local indices Police contacts including but not limited to theft, weapons, sex offences, or violent, harmful and threatening behavior <b>This check will not include:</b> <i>A Vulnerable Sector Verification search</i>
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**Applicant information**

Last Name, First Name, and Middle Names					Gender	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
Maiden Name or other Last Names used			Name commonly used or other First Names			
Street Number and Name or Lot, Conc. And Township		Apt. #	City, Town or Village		Province/State	Postal/ZIP Code
Date of Birth (YYYY/MM/DD)	Country of Birth	Telephone		E-mail address		

**Your residence addresses for the past five (5) years (if different from above)**

Street Number and Name or Lot, Conc. And Township	Apt. #	City, Town or Village	Province/State	Postal/ZIP Code	From (MM/YY)	To (MM/YY)

**Purpose of the record check (if other, please specify)**

<input type="checkbox"/> Volunteer Work	<input type="checkbox"/> Employment	<input type="checkbox"/> Student Placement	<input type="checkbox"/> Immigration/Citizenship	<input type="checkbox"/> Office of the Children's Lawyer
<input type="checkbox"/> Adoption	<input type="checkbox"/> U.S. Waiver	<input type="checkbox"/> Legal name change	<input type="checkbox"/> Visa	<input type="checkbox"/> Other: _____
Description of employment/volunteer position:				
<input type="checkbox"/> Agency/organization/client stamp affixed or letter attached				
Extra copy (additional \$5.00 fee / certified copy)		Reason for each copy requested if different from above:		
<input type="checkbox"/> quantity: _____				

**Third Party Disclosure (if applicable)**

I hereby consent to full disclosure, by the WPS to the person(s) listed below, of all police record information. This consent includes the release of records listed at the top of this form. This consent is given pursuant to s. 42(b) of the *Freedom of Information and Protection of Privacy Act*.

Last Name, First Name	Title:
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Name of Organization/agency

**Release and Discharge**

Altering or tampering with this form, including any information on or attached to it that has been provided by a member of a law enforcement agency, is a Criminal Code offence. I hereby certify that the information provided above is true and correct to the best of my knowledge and belief. I hereby authorize the WPS to conduct such searches as are deemed necessary and as I have authorized herein and to conduct a local police contact search with any Police Service in Canada, to obtain the information required to complete this check and disclose such information to me or, if I have so requested, to the third party described above.

I hereby release and forever discharge Her Majesty the Queen in Right of Ontario, the Chief of Police of the Wikwemikong Police Service and all members and employees of the WPS from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the collection and/or disclosure or information by the WPS. Furthermore, I waive all rights, present and future, relating to the disclosure of the information set out herein, and I understand that upon disclosure of such information, the WPS and all the aforesaid waive any responsibility for the use, application and/or dissemination of same by me.

This release and discharge shall apply to and be binding on my heirs, administrators, executors and assigns.

<input type="checkbox"/> Form WA 768 – Declaration of Criminal Record attached	Signature of Applicant	Date (yyyy/mm/dd)
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**Identification**

<input type="checkbox"/> Identity of applicant has been Verified	Name of organization/agency/client	
Telephone	Signature of organization/agency/client witness	Date (yyyy/mm/dd)

**POLICE USE ONLY**

<input type="checkbox"/> Checked for completeness by:	Member ID	Receipt Number	Fee received: <input type="checkbox"/> \$ _____
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**RESULTS FOR NAME-BASED CRIMINAL RECORD VERIFICATION**

<input type="checkbox"/>	NEGATIVE	<b>Based solely on the name(s) and date of birth provided and the criminal record information declared by the applicant, a search of the RCMP National Repository of Criminal Records did NOT identify any records with the name(s) and date of birth of the applicant. Positive identification that a criminal record does or does not exist at the RCMP National Repository of Criminal Records can only be confirmed by FINGERPRINT comparison.</b> Delays do exist between a conviction being rendered in court, and the details being accessible on the RCMP National Repository of Criminal Records. Not all offences are reported to the RCMP National Repository of Criminal Records.
<input type="checkbox"/>	INCOMPLETE	<b>Based solely on the name(s) and date of birth provided and the criminal record information declared by the applicant, a search of the RCMP National Repository of Criminal Records could NOT be completed. Positive identification that a criminal record does or does not exist requires the applicant to SUBMIT FINGERPRINTS to the RCMP National Repository of Criminal Records by an authorized police service or accredited private fingerprint company.</b> Delays do exist between a conviction being rendered in court, and the details being accessible on the RCMP National Repository of Criminal Records. Not all offences are reported to the RCMP National Repository of Criminal Records.
<input type="checkbox"/>	Confirmation of a Criminal record  <i>(see attached page(s) for details)</i>	<b>Based solely on the name(s) and date of birth provided and the criminal record information declared by the applicant, a search of the RCMP National Repository of Criminal Records has resulted in a POSSIBLE match to a registered criminal record. Positive identification that a criminal record does or does not exist at the RCMP National Repository of Criminal Records can only be confirmed by FINGERPRINT comparison. As such, the criminal record information declared by the applicant does NOT constitute a Certified Criminal Record by the RCMP.</b> Delays do exist between a conviction being rendered in court, and the details being accessible on the RCMP National Repository of Criminal Records. Not all offences are reported to the RCMP National Repository of Criminal Records.

**RESULTS OF FINGERPRINT COMPARISON SEARCH WITH THE NATIONAL REPOSITORY OF CRIMINAL RECORDS**

<input type="checkbox"/>	NEGATIVE – See attached results letter
<input type="checkbox"/>	POSITIVE – See attached results letter

**RESULTS OF INVESTIGATION DATABANK AND LOCAL INDICES RESULTS**

<input type="checkbox"/>	NEGATIVE – No information was revealed that can be disclosed in accordance with federal laws and RCMP policies
<input type="checkbox"/>	POSSIBLE – There may be records held by a local police service that are relevant to screening the applicant. The applicant should contact the police service to determine if the record(s) are relevant to the screening process. Police Service _____
<input type="checkbox"/>	POSITIVE – See attached results letter

Date of Search (yyyy/mm/dd)	Member ID and Signature	Total number of pages Attached to this form
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Not valid  
Unless embossed by  
Wikwemikong  
Police Service seal



Wikwemikong  
Tribal Police

# Criminal Record Check Police Record Check

Personal information contained on this form is collected pursuant to the *Police Services Act*, s. 41 and federal and provincial privacy legislation and is collected for the purpose of processing this Police and/or Criminal Record Check(s). Information related to these checks will be retained for two years. Questions concerning this collection should be directed to the Wikwemikong Police Service.  
Please indicate the check you are requesting below.

<input type="checkbox"/> <b>Criminal Record Name Check</b> <b>This check will include the following information as it exists on the date of the search:</b> Criminal convictions from RCMP National Repository of Criminal Records (Identification Databank), Canadian Police Information Centre (Intelligence and Investigative Databank), and local police databases where applicant resides Outstanding entries, such as charges and warrants, judicial orders, Peace Bonds, Probation and Prohibition orders Absolute and Conditional Discharges (1-3 years) from local databases only <b>This check will not include:</b> <i>Convictions where a pardon has been granted</i> <i>Convictions under provincial statutes</i> <i>Local police contacts</i> <i>Family court restraining orders</i> <i>Foreign information</i> <i>A Vulnerable Sector Verification search</i>	<input type="checkbox"/> <b>Police Record Name check</b> <b>This check will include the following information as it exists on the date of the search:</b> Criminal convictions from RCMP National Repository of Criminal Records (Identification Databank), Canadian Police Information Centre (Intelligence and Investigative Databank), and local police databases where applicant resides Outstanding entries, such as charges and warrants, judicial orders, Peace Bonds, Probation and Prohibition orders Absolute and Conditional Discharges (1-3 years) from local databases only Family court restraining orders Criminal charges resulting in dispositions including, but not limited to, Stayed, Withdrawn, Dismissed and cases of not criminally responsible by reason of mental disorder as listed on local indices Police contacts including but not limited to theft, weapons, sex offences, or violent, harmful and threatening behavior <b>This check will not include:</b> <i>A Vulnerable Sector Verification search</i>
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### Applicant information

Last Name, First Name, and Middle Names				Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Maiden Name or other Last Names used			Name commonly used or other First Names		
Street Number and Name or Lot, Conc. And Township	Apt. #	City, Town or Village	Province/State	Postal/ZIP Code	
Date of Birth (YYYY/MM/DD)	Country of Birth	Telephone	E-mail address		

### Your residence addresses for the past five (5) years (if different from above)

Street Number and Name or Lot, Conc. And Township	Apt. #	City, Town or Village	Province/State	Postal/ZIP Code	From (MM/YY)	To (MM/YY)

### Purpose of the record check (if other, please specify)

<input type="checkbox"/> Volunteer Work	<input type="checkbox"/> Employment	<input type="checkbox"/> Student Placement	<input type="checkbox"/> Immigration/Citizenship	<input type="checkbox"/> Office of the Children's Lawyer
<input type="checkbox"/> Adoption	<input type="checkbox"/> U.S. Waiver	<input type="checkbox"/> Legal name change	<input type="checkbox"/> Visa	<input type="checkbox"/> Other: _____
Description of employment/volunteer position:				
<input type="checkbox"/> Agency/organization/client stamp affixed or letter attached				
Extra copy (additional \$5.00 fee / certified copy)		Reason for each copy requested if different from above:		
<input type="checkbox"/> quantity: _____				



**Third Party Disclosure (if applicable)**

I hereby consent to full disclosure, by the WPS to the person(s) listed below, of all police record information. This consent includes the release of records listed at the top of this form. This consent is given pursuant to s. 42(b) of the *Freedom of Information and Protection of Privacy Act*.

Last Name, First Name

Title:

Name of Organization/agency

**Release and Discharge**

Altering or tampering with this form, including any information on or attached to it that has been provided by a member of a law enforcement agency, is a Criminal Code offence. I hereby certify that the information provided above is true and correct to the best of my knowledge and belief. I hereby authorize the WPS to conduct such searches as are deemed necessary and as I have authorized herein and to conduct a local police contact search with any Police Service in Canada, to obtain the information required to complete this check and disclose such information to me or, if I have so requested, to the third party described above.

I hereby release and forever discharge Her Majesty the Queen in Right of Ontario, the Chief of Police of the Wikwemikong Police Service and all members and employees of the WPS from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the collection and/or disclosure or information by the WPS. Furthermore, I waive all rights, present and future, relating to the disclosure of the information set out herein, and I understand that upon disclosure of such information, the WPS and all the aforesaid waive any responsibility for the use, application and/or dissemination of same by me.

This release and discharge shall apply to and be binding on my heirs, administrators, executors and assigns.

 Form WA 768 – Declaration of Criminal Record attached

Signature of Applicant

Date (yyyy/mm/dd)

**Identification**
 Identity of applicant has been Verified

Name of organization/agency/client

Telephone

Signature of organization/agency/client witness

Date (yyyy/mm/dd)

**POLICE USE ONLY**
 Checked for completeness by:

Member ID

Receipt Number

Fee received:

 \$
**RESULTS FOR NAME-BASED CRIMINAL RECORD VERIFICATION**

<input type="checkbox"/>	NEGATIVE	Based solely on the name(s) and date of birth provided and the criminal record information declared by the applicant, a search of the RCMP National Repository of Criminal Records did NOT identify any records with the name(s) and date of birth of the applicant. Positive identification that a criminal record does or does not exist at the RCMP National Repository of Criminal Records can only be confirmed by FINGERPRINT comparison. Delays do exist between a conviction being rendered in court, and the details being accessible on the RCMP National Repository of Criminal Records. Not all offences are reported to the RCMP National Repository of Criminal Records.
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**RESULTS OF FINGERPRINT COMPARISON SEARCH WITH THE NATIONAL REPOSITORY OF CRIMINAL RECORDS**

<input type="checkbox"/>	NEGATIVE – See attached results letter
<input type="checkbox"/>	POSITIVE – See attached results letter

**RESULTS OF INVESTIGATION DATABANK AND LOCAL INDICES RESULTS**

<input type="checkbox"/>	NEGATIVE – No information was revealed that can be disclosed in accordance with federal laws and RCMP policies
<input type="checkbox"/>	POSSIBLE – There may be records held by a local police service that are relevant to screening the applicant. The applicant should contact the police service to determine if the record(s) are relevant to the screening process. Police Service _____
<input type="checkbox"/>	POSITIVE – See attached results letter

Date of Search (yyyy/mm/dd) Member ID and Signature

Total number of pages Attached to this form