



# **RESERVE CONSTABLE PROGRAM**

## **APPLICATION PACKAGE**

Questions? Email [reserves@portmoodypolice.com](mailto:reserves@portmoodypolice.com)

**Port Moody Police Department  
3051 St. Johns Street  
Port Moody, BC V3H 2C4  
Phone: 604-461-3456  
Fax: 604-461-1734  
[www.portmoodypolice.com](http://www.portmoodypolice.com)**

August 27, 2008



# PORT MOODY POLICE DEPARTMENT

## Reserve Constable Program

### Program Eligibility Requirements

Applicants must meet the following minimum requirements in order to be considered for the Reserve Constable Program:

- Minimum age 19
- Canadian Citizen or Permanent Resident
- Grade 12 education or equivalent
- No criminal record, and no pending charges
- Valid British Columbia Drivers License and responsible driving history
- Physically fit, able to meet the physical component of training
- Medically suitable (including meeting **vision requirements<sup>1</sup>** )
- Good moral character
- Mature and responsible
- Capable of passing background investigation and security clearance
- Fully available to attend initial training and to meet program participation expectations (two-year commitment after graduation/minimum 20 volunteer hours per month)
- Not ineligible for the Program due to **conflict of interest<sup>2</sup>**

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#### <sup>1</sup> Vision Requirements

- binocular vision, with uncorrected visual acuity of not less than 20/40 in one eye and 20/100 in the other eye, with a corrected visual acuity of not less than 20/20 in one eye and 20/30 in the other eye,
- normal colour vision, and
- the same standards apply to those applicants who have had laser eye surgery, except that there is a further minimum three month waiting period (Lasik) or six month waiting period (PRK) from the date the last eye was corrected, for the purpose of assessing both vision and stability.

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<sup>2</sup> **Conflict of Interest**

- (a) At the discretion of the Chief Constable or delegate, persons who hold peace officer status in any other area of employment or any other volunteer service, unless employed directly by, or volunteering directly with, the same police agency where the Reserve Constable is appointed, may be reviewed on a case-by-case basis to determine if the authorized Reserve Constable activities give rise to a real or perceived conflict of interest any may be deemed ineligible;
- (b) Persons licensed under PISA as private investigators or who perform the same functions in an unlicensed capacity;
- (c) Persons who are employed as security personnel may be excluded from eligibility for the Reserve Constable Program or may be excluded from authorized Reserve Constable activities that give rise to a real or perceived conflict of interest. For the purposes of Reserve Constable recruiting policy, "security personnel" included private security and loss prevention officers; and
- (d) Persons who have business or social activities that create a real or perceived conflict of interest.

In addition, please note the following:

- Ineligibility criteria that arise subsequent to appointment as a Reserve Constable may result in release from the Reserve Constable Program. Where the ineligibility criteria relates to a Reserve Constable obtaining regular employment, the employer must confirm in writing that participation in the Reserve Constable Program does not create a conflict of interest with the Reserve Constable's employment duties or functions. This judgment is at the sole discretion of the Chief Constable.
- Reserve Constables must not use their peace officer status or Program affiliation for financial gain.



# PORT MOODY POLICE DEPARTMENT

## Reserve Constable Program

### Selection Process

Meeting the Program Eligibility Requirements does not guarantee selection. We will select those applicants who are best suited to be sent into the community as our representatives. Candidates must successfully pass each stage before proceeding. The selection process for Reserve Constables is as follows:

1. Submission of completed Application Package before deadline. **Please note that incomplete applications will not be processed.**
2. Completion of the Intake Examination (Grade 12 equivalency exam which covers spelling, usage, grammar, composition, mathematics and memory recall) with a passing mark of 60%.
3. Suitability Interview conducted by one or more police officers.
4. Medical Examination.
5. Polygraph Examination to test truthfulness about personal history, qualifications and integrity.
6. Background investigation conducted by an experienced investigator.
7. Interview by Chief Constable or delegate.
8. Selection for training.
9. Upon graduation from initial training, appointment as a *Special Municipal Constable (Reserve Constable Program)*.

Applicants are responsible for providing all necessary documents during the application process, including, without limitation, the certified driving extract, vision certificate and medical clearance, at their own expense.

APPLICATION RECEIVED DATE		
YEAR	MONTH	DAY



## PORT MOODY POLICE DEPARTMENT

### RESERVE CONSTABLE PROGRAM APPLICATION (Volunteer)

Carefully read the following instructions before commencing the task of completing the application form:

1. An essential component in the selection process is a background investigation. Information garnered will be used to assess the suitability of the applicant to be a volunteer **Reserve Constable**. There will be a security check on applicants and members of their families.
2. Selection as a **Reserve Constable** is contingent upon successful completion of all steps of the selection process.
3. False statements or omitted information can result in disqualification of an applicant.
4. Complete the document legibly, in black or blue ink, in your own handwriting.
5. All questions must be answered. Mark N/A in cases where the question is not applicable.
6. Attach a separate sheet if there is insufficient space for your answer to any of the questions.
7. No information received from inquiries concerning information in this application will be released to the applicant.
8. Postal codes must be included for all addresses given.

**IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED, YOU MUST ATTACH COPIES OF THE FOLLOWING TO THIS APPLICATION:**

- Birth certificate or Canadian Citizenship or Permanent Resident Card
- Current drivers' license
- Recent passport size photograph
- Social Insurance Card
- Certified Driver's Extract obtained from Motor Vehicle Branch
- High School Diploma, GED or transcript confirming high school completion
- Report from eye care professional confirming minimum vision requirements met (no more than 1 year old) – may be on doctor's letterhead or on a PMPD Reserve Constable Vision Report
- Pardon Documentation (if applicable)

I have read and understand the instructions above

Signature:

Dated:

Full Name:

Address (including postal code):

Phone No:

Email Address\*:

**\*We use email extensively to contact applicants. Be sure to provide an email address that you check daily. Alert us if you cannot be reached this way. \***

## PERSONAL INFORMATION

Last Name			First name		Middle Names	
Home address including postal code				E-Mail Address		
Home phone number ( )		Business phone no. ( )		Other number ( )		
Social Insurance number		Drivers licence number			Province of origin	
Date of birth		Place of birth			Address	
Citizenship			Permanent Resident Yes ( ) No ( )			
Height	Weight	Eye colour	Hair colour			
Right handed ( )			Left handed ( )			
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Other Comments (include applicable dates)						
<b>Drivers License Information</b>						
License No.		Province	Class		Expiry date	
<b>List all driving offences (including roadside suspensions)</b>						
Date		Province		Offence		

## FAMILY

**Attach additional sheets as required, using prescribed format. In the event a family member listed is deceased, note this in same box as surname. Include the date of death.**

### Spouse / partner

Surname	First / middle names
Date of birth (YY – MM – DD)	Maiden name
Address	Phone number (residential)
Phone number (other)	Occupation

### Children

Surname	First name
Middle names	Date of birth (YY – MM – DD)
Address	Phone number (residential)
Phone number (other)	Occupation

### Children

Surname	First name
Middle names	Date of birth (YY – MM – DD)
Address	Phone number (residential)
Phone number (other)	Occupation

### Children

Surname	First name
Middle names	Date of birth (YY – MM – DD)
Address	Phone number (residential)
Phone number (other)	Occupation

## FAMILY (continued)

### Children

Surname	First name
Middle names	Date of birth (YY – MM – DD)
Address	Phone number (residential)
Phone number (other)	Occupation

### Parents - Mother

Surname	First / middle names
Date of birth (YY – MM – DD)	Maiden name
Address	Phone number (residential)
Phone number (other)	Occupation

### Parents – Father

Surname	First name
Middle names	Date of birth (YY – MM – DD)
Address	Phone number (residential)
Phone number (other)	Occupation

### Mother-in-law

Surname	First / middle names
Date of birth (YY – MM – DD)	Maiden name
Address	Phone number (residential)
Phone number (other)	Occupation

## FAMILY (continued)

### Father-in-law

Surname	First name
Middle names	Date of birth (YY – MM – DD)
Address	Phone number (residential)
Phone number (other)	Occupation

### Siblings

Surname	First name
Middle names	Date of birth (YY – MM – DD)
Address	Phone number (residential)
Phone number (other)	Occupation

### Siblings

Surname	First name
Middle name	Date of birth (YY – MM – DD)
Address	Phone number (residential)
Phone number (other)	Occupation

### Siblings

Surname	First name
Middle names	Date of birth (YY – MM – DD)
Address	Phone number (residential)
Phone number (other)	Occupation

## FAMILY (continued)

### Siblings

Surname	First name
Middle Names	Date of birth (YY – MM – DD)
Address	Phone number (residential)
Phone number (other)	Occupation

### Siblings

Surname	First name
Middle names	Date of birth (YY – MM – DD)
Address	Phone number (residential)
Phone number (other)	Occupation

### List details about former spouses, if you are separated or divorced

Name	Date of birth (YYY – MM – DD)
Address	Phone Number
Name	Date of birth (YYY – MM – DD)
Address	Phone Number
Comments	

## RESIDENCES

**In chronological order, most recent first, indicate every place you have resided in the past 10 years. Include in this list any residence outside of Canada you have lived in as an adult. Attach additional sheet if required.**

From (M/Y)		To (M/Y)
Address		
Names of persons who shared address with you	Relationship	Date of birth YYYY- MM - DD
From (M/Y)		To (M/Y)
Address		
Names of persons who shared address with you	Relationship	Date of birth YYYY- MM - DD
From (M/Y)		To (M/Y)
Address		
Names of persons who shared address with you	Relationship	Date of birth YYYY- MM - DD
From (M/Y)		To (M/Y)
Address		
Names of persons who shared address with you	Relationship	Date of birth YYYY- MM - DD

### RESIDENCES (continued)

From (M/Y)		To (M/Y)
Address		
Names of persons who shared address with you	Relationship	Date of birth YYYY- MM - DD
From (M/Y)		To (M/Y)
Address		
Names of persons who shared address with you	Relationship	Date of birth YYYY- MM - DD
From (M/Y)		To (M/Y)
Address		
Names of persons who shared address with you	Relationship	Date of birth YYYY- MM - DD
From (M/Y)		To (M/Y)
Address		
Names of persons who shared address with you	Relationship	Date of birth YYYY- MM - DD

## EDUCATION AND TRAINING

High School (circle highest year completed)	Name of School	City	Diploma or GED obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No
9 10 11 12 13			
College, Business School or Technical School	Name of School	City	
Program or Course		Start Date YYY - MM	Finish Date YYY - MM
Length of the Course	Credits Earned	Certificate, Diploma or License awarded? (If no, provide details) <input type="checkbox"/> Yes <input type="checkbox"/> No	
College, Business School or Technical School	Name of School	City	
Program or Course		Start Date YYY - MM	Finish Date YYY - MM
Length of Course	Credits Earned	Certificate, Diploma or License awarded? (If no, provide details) <input type="checkbox"/> Yes <input type="checkbox"/> No	
University	Name of School	City	
Program or Course		Start Date YYY - MM	Finish Date YYY - MM
Major/Minor			
Length of Course	Credits Earned	Certificate, Diploma, Degree or License awarded? (If no, provide details) <input type="checkbox"/> Yes <input type="checkbox"/> No	
University	Name of School	City	
Program or Course		Start Date YYY - MM	Finish Date YYY - MM
Major/Minor			
Length of Course	Credits Earned	Certificate, Diploma, Degree or License awarded? (If no, provide details) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional related education/courses (night school, special courses etc.)			

**MY TOTAL POST SECONDARY CREDITS EARNED TO DATE:** \_\_\_\_\_

## EMPLOYMENT HISTORY

**Starting with your most recent job, list in reverse order your employment history for at least the past 10 years. Provide an explanation for all gaps in employment. If extra space is required attach additional pages to this application.**

From	To
Employers name	Address
Supervisor	Phone
Position you hold	
Duties	
Reason for leaving	
<b>From</b>	<b>To</b>
Employers name	Address
Supervisor	Phone
Position you held	
What did you like best about your work?	
What did you like least about your work?	
Duties	
Reason for leaving	

## EMPLOYMENT HISTORY (continued)

<b>From</b>	<b>To</b>
Employers name	Address
Supervisor	Phone
Position you held	
What did you like best about your work?	
What did you like least about your work?	
Duties	
Reason for leaving	
<b>From</b>	<b>To</b>
Employers name	Address
Supervisor	Phone
Position you held	
What did you like best about your work?	
What did you like least about your work?	
Duties	
Reason for leaving	
<b>From</b>	<b>To</b>
Employers name	Address
Supervisor	Phone
Position you held	

## EMPLOYMENT HISTORY (continued)

What did you like best about your work?	
What did you like least about your work?	
Duties	
Reason for leaving	
<b>From</b>	<b>To</b>
Employers name	Address
Supervisor	Phone
Position you held	
What did you like best about your work?	
What did you like least about your work?	
Duties	
Reason for leaving	
<b>From</b>	<b>To</b>
Employers name	Address
Supervisor	Phone
Position you held	
What did you like best about your work?	
What did you like least about your work?	

## EMPLOYMENT HISTORY (continued)

Duties	
Reason for leaving	
<b>From</b>	<b>To</b>
Employers name	Address
Supervisor	Phone
Position you held	
What did you like best about your work?	
What did you like least about your work?	
Duties	
Reason for leaving	
<b>From</b>	<b>To</b>
Employers name	Address
Supervisor	Phone
Position you held	
What did you like best about your work?	
What did you like least about your work?	
Duties	
Reason for Leaving	





## VOLUNTEER DUTIES

**Starting with the most recent and then in reverse order describe volunteer and/or community work you have been involved with for the past 10 years (attach additional pages if necessary)**

**(Check if Not Applicable)**

<b>From</b>	<b>To</b>
Organization	Address
Phone number	Hours volunteered weekly
Supervisor	Your Title
Address	Phone number
Your duties	
Reason for leaving	
<hr/>	
<b>From</b>	<b>To</b>
Organization	Address
Phone number	Hours volunteered weekly
Supervisor	Your Title
Address	Phone number
Your duties	
Reason for leaving	
<hr/>	
<b>From</b>	<b>To</b>
Organization	Address
Phone number	Hours volunteered weekly
Supervisor	Your Title
Address	Phone number
Your duties	

## VOLUNTEER DUTIES (Continued)

What did you like best about volunteer work?
What do you like least about volunteering?

### REFERENCES

**List at least 7 adults who are not related to you, excluding employers, whom we may contact and who are competent to judge your character, temperament and work habits. They must have definite knowledge of your qualifications and fitness for the position of a Reserve Constable, and the bulk of your references should live locally.**

<b>Surname</b>		<b>Given Names</b>	
Full Address			Postal Code
Residential Telephone (     )	Business Telephone (     )	Occupation	Years Known
Relationship to applicant			
<b>Surname</b>		<b>Given Names</b>	
Full Address			Postal Code
Residential Telephone (     )	Business Telephone (     )	Occupation	Years Known
Relationship to applicant			
<b>Surname</b>		<b>Given Names</b>	
Full Address			Postal Code
Residential Telephone (     )	Business Telephone (     )	Occupation	Years Known
Relationship to applicant			
<b>Surname</b>		<b>Given Names</b>	
Full Address			Postal Code
Residential Telephone (     )	Business Telephone (     )	Occupation	Years Known
Relationship to applicant			
<b>Surname</b>		<b>Given Names</b>	

Full Address			Postal Code
Residential Telephone ( )	Business Telephone ( )	Occupation	Years Known
Relationship to applicant			
<b>Surname</b>		<b>Given Names</b>	
Full Address			Postal Code
Residential Telephone ( )	Business Telephone ( )	Occupation	Years Known
Relationship to applicant			
<b>Surname</b>		<b>Given Names</b>	
Full Address			Postal Code
Residential Telephone ( )	Business Telephone ( )	Occupation	Years Known
Relationship to applicant			
<b>Surname</b>		<b>Given Names</b>	
Full Address			Postal Code
Residential Telephone ( )	Business Telephone ( )	Occupation	Years Known
Relationship to applicant			
<b>Surname</b>		<b>Given Names</b>	
Full Address			Postal Code
Residential Telephone ( )	Business Telephone ( )	Occupation	Years Known
Relationship to applicant			

## MEDICAL

Family Doctor			
Address		Phone (   )	
Have you ever broken any bones?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Age	Injury		
Age	Injury		
Do you wear corrective lenses?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you aware of any deficiency with your colour vision?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had corrective eye surgery? When? _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had a hearing examination?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you wear a hearing aid?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your hearing impaired in any way?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you smoke?	<input type="checkbox"/> Yes (identify how many cigarettes you smoke each day) <input type="checkbox"/> 1 - 5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21 or more		<input type="checkbox"/> No

Do you have any diseases or medical conditions now or in the past that may affect your performance as a **Reserve Constable**?       Yes       No  
 (If yes, provide details)


## GENERAL INFORMATION

If you answer “yes” to any of the following questions, provide an explanation below with complete details regarding the specific incident. Attach additional sheet(s) if necessary. If pardoned, attach pardon documentation.

List any individual sports you play

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List any team sports that you play

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List any awards you have won and identify any special achievements

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Other than political or religious list any clubs or organizations you belong to.

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List your current hobbies, sports, recreational activities and special interests and amount of time spent on each

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Name three things you have done of which you are most proud

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Name three things you have done of which you are not proud

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What are your plans for the future?

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What actions have you taken to implement these plans?

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What magazines do you currently read?

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Do you own a computer?  Yes  No

Do you use the Internet?  Yes  No

What Web sites do you visit? (Be specific)

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Do you correspond with or visit your parents?  Yes  No

Do you correspond with or visit your brothers/sisters?  Yes  No

At what age did you leave home?

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What activities do you share with your family?

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Are you proficient in any languages other than English?  Yes  No

Explanation (which languages/level of fluency)

Language	Written	Spoken	Level of Proficiency

What association have you had with police officers or police work?

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## STATEMENT OF CONSENT

I hereby consent that any and all information pertaining to a criminal record registered in my name with National Repository for Criminal Records in Canada may be provided to authorized persons at the Port Moody Police Department. I further consent, if requested, to attend the Identification Section of the Port Moody Police Department for fingerprint confirmation. I further agree to absolutely release, discharge and absolve the Port Moody Police Department, the City of Port Moody, and its employees from all claims, losses, or damages including indirect or consequential, occasioned by me during, or as a result of any investigation for a criminal record.

Date	Signature
Printed name of witness	Witness signature

**PORT MOODY POLICE DEPARTMENT  
AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, the undersigned, hereby authorize any person, firm, corporation or government agency, including, without limitation, any employer, employee, coworker, physician, or police agency, to provide any information whatsoever including, without limitation, any opinion, report, record, recording, document, or copy thereof in any form which may be requested by representatives of Port Moody Police Department in connection with my application for a **volunteer position as a Reserve Constable** with Port Moody Police Department, the selection process, and any subsequent training.

Personal information about me will be used to assess my qualifications and suitability in relation to my application as a **Reserve Constable**, as well as research purposes. I consent to the collection, use, disclosure, transmittal and examination of all information compiled by the Port Moody Police Department.

In particular, but without limiting the generality of the foregoing, personal information about me that is obtained during the selection process, or any subsequent training and engagement as a volunteer **Reserve Constable**, may be disclosed by Port Moody Police Department to any other law enforcement agency or service provider involved in the selection process (including, without limitation, police psychologist, medical doctors, polygraph examiner, occupational health workers, and physical trainers) for the purpose for which it was obtained, or in connection with my employment application to another law enforcement agency, or for any other reason.

I agree to waive any right of action against any person, firm, corporation or government agency providing information or opinions in compliance with this authorization.

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

Applicant's signature	Date
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Witness signature	Date
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Witness name (please print)
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Witness address (please print)	Phone number
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## RESERVE CONSTABLE INTEGRITY AND LIFESTYLE QUESTIONNAIRE

Honesty, Integrity and Lifestyle are areas that are scrutinized closely in considering Reserve Constable applications. This questionnaire pertains to your lifestyle and integrity. It is expected that you will answer all questions accurately, completely and honestly. Should you be considered to continue in the process, your answers will be verified by a polygraph and/or a detailed background investigation. Deceit, dishonesty or non-disclosure concerning questions in this document will result in disqualifying you from this and any future selection processes.

Information supplied in this document will be considered in the context of the application for the position of a Reserve Constable and will be held in confidence under those circumstances, except that if you subsequently apply for a position (sworn, civilian or volunteer) at this or another police agency, your answers herein will be also be considered in the context of that application.

Please complete the questionnaire in black or blue ink. In all incidents, provide specific details including month and year. This questionnaire must be completed **in your own handwriting and legible**. If you require additional space, please use the back of the previous page. **Write "N/A" to indicate that you have read a question but the situation has never occurred in your life.**

I have read and understand the above. \_\_\_\_\_  
Signature
Date

**Shaded areas throughout questionnaire are for Reserve Constable recruiting staff purposes only.**

SURNAME:		GIVEN:	
MAIDEN NAME:		MIDDLE NAME:	
DATE OF BIRTH:		ADDRESS:	
CITY:	PROVINCE:	POSTAL CODE:	
PHONE (HOME):		PHONE (BUSINESS):	
PHONE (CELL/PAGER):		E-MAIL ADDRESS:	

ADMINISTRATION USE ONLY

## ALCOHOL USE

1. Do you consume alcoholic beverages?  No  Yes  
If yes, how much and how often do you drink?



2. When and why are you most likely to consume alcohol? When was the last time you were drunk? How often have you been drunk in your life? What is your definition of "drunk"?



3. Provide details where you have been in a verbal or physical altercation while under the influence of alcohol. (Where, when, circumstances & how often?)



4. Provide details about the last time you drove when you thought you were over the legal alcohol limit. How many drinks did you have and over what period of time? What type of drinks were they? When did this occur? How many times in total?



5. Has alcohol ever caused you a problem in your job, school or community? (If yes, provide details.)  No  Yes



### DRIVING

6. Detail your involvement in any motor vehicle accidents during the past five years. What are the details of the accidents? Were you ever at fault?



7. Have you ever received any insurance settlements resulting from a motor vehicle accident? (If yes, provide details.)  No  Yes



8. Have you ever been involved in a hit and run accident? (If yes, provide details.)  No  Yes



9. Have you ever deliberately left the scene of an accident? (If yes, provide details.)  No  Yes



## DRUG USE

10. Have you ever used an illegal drug?

No     Yes

Cocaine	<input type="checkbox"/> No	<input type="checkbox"/> Yes	# of times: _____	When: _____
Crack	<input type="checkbox"/> No	<input type="checkbox"/> Yes	# of times: _____	When: _____
Ecstasy	<input type="checkbox"/> No	<input type="checkbox"/> Yes	# of times: _____	When: _____
Hashish	<input type="checkbox"/> No	<input type="checkbox"/> Yes	# of times: _____	When: _____
Heroin	<input type="checkbox"/> No	<input type="checkbox"/> Yes	# of times: _____	When: _____
LSD	<input type="checkbox"/> No	<input type="checkbox"/> Yes	# of times: _____	When: _____
Marihuana	<input type="checkbox"/> No	<input type="checkbox"/> Yes	# of times: _____	When: _____
Methamphetamine	<input type="checkbox"/> No	<input type="checkbox"/> Yes	# of times: _____	When: _____
Mushrooms	<input type="checkbox"/> No	<input type="checkbox"/> Yes	# of times: _____	When: _____
PCP	<input type="checkbox"/> No	<input type="checkbox"/> Yes	# of times: _____	When: _____
Speed	<input type="checkbox"/> No	<input type="checkbox"/> Yes	# of times: _____	When: _____
_____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	# of times: _____	When: _____

Additional comments regarding frequency of use and time frames:



11. When did you last use an illegal drug? What were the circumstances? What type of drug?



12. Have you ever purchased illegal drugs? (If yes, provide details.)  No  Yes



13. Have you ever sold illegal drugs? (If yes, provide details.)  No  Yes



14. Have you ever grown/manufactured/imported or transported  No  Yes  
illegal drugs? (If yes, provide details.)



15. Have you ever used or sold steroids? (If yes, provide details.)  No  Yes



16. Have you ever misused prescription drugs? (If yes, provide  No  Yes  
details.)



17. Have you ever misused non-prescription drugs?  
(If yes, provide details.)

No  Yes



**FINANCIAL**

18. Have you ever declared bankruptcy? (If yes, provide details.)

No  Yes



19. Has a collection agency ever been assigned to any of your  
outstanding debts? (If yes, provide details.)

No  Yes



20. How often have you written a NSF cheque? Provide details of the circumstances and dates.



21. Have you ever had or do you currently have a problem with a  No  Yes debt? (If yes, provide details.)



22. What did you do to handle your debt problem? Be specific.



23. Have you ever been involved in any legal suits?  
(If yes, provide details.)

No  Yes



24. Have you ever been bonded? (If yes, provide details.)

No  Yes



25. Have your wages ever been garnished? (If yes, provide details.)

No  Yes



## PERSONAL RELATIONSHIPS

26. Provide details on all physical altercations you have had with a spouse or partner or anyone associated to you in a domestic or family relationship.



27. Provide details on when you have used physical violence toward any adult person. (Sports or otherwise)



28. Provide details where you have been physically violent toward a child.



**29. Provide details of the times where you paid for sexual activities.**



**30. Tell us about the times you have retained or have been involved with the services of an escort agency.**



**31. Have you ever had any sexual involvement with anyone without  No  Yes their consent? (If yes, provide details.)**



32. Have you ever been involved in a sexual manner with a child or under age person (If yes, provide details.)  No  Yes



33. Have you ever committed a sexual act that if you were caught, you would have been prosecuted? (If yes, provide details.)  No  Yes



### WORK AND SCHOOL

34. Have you ever held any employment/volunteer work that you are deliberately not disclosing? (If yes, provide details.)  No  Yes



35. Are you engaged in any business as an owner or partner (silent  No  Yes or active)? (If yes, provide details.)



35A. Have you ever stolen money or goods from an employer?  No  Yes  
(If yes, provide details.)



36. Tell us about the times that you were disciplined/documentated for inappropriate behaviour at work.



37. Have you ever been unemployed for extended periods of time?  No  Yes  
(If yes, provide details.)



38. Have you ever collected E.I. or Welfare? (If yes, provide details.)  No  Yes



39. How many times have you worked while on E.I. or Welfare and not reported your full earnings? Provide details of all incidents.



40. Have you ever received Workers' Compensation Board  No  Yes benefits?  
(If yes, provide details including WCB Claim number.)



41. Have you ever received disability benefits or pension from any  No  Yes other source? (If yes, provide details.)



42. Provide details of the times you have been asked to resign, fired, laid off or let go from your job(s).



43. Have you ever been suspended or formally reprimanded by an educational institution? (Include academic suspensions) (If yes, provide details.)  No  Yes



44. Have you ever had problems with absenteeism or lateness when you were a student or employee? (If yes, provide details.)  No  Yes



45. How many times have you booked off sick when you haven't been? Why? When was the last time? Provide details of all incidents.



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46. Tell us about the times you cheated on exams. Provide details of all incidents.



47. Have you ever plagiarized an essay? (If yes, provide details.)  No  Yes



### LIFESTYLE

48. Do you currently associate with, or have you in the past associated with, individuals or groups that engaged in criminal activity? (If yes, provide details.)  No  Yes



49. Do you now associate with or are you connected in any way to any gang or member of a gang? Have you in the past associated or been connected in any way to a gang? (If yes, provide details.)  No  Yes



50. Have you ever been convicted of any criminal offence in Canada or in any country for which a pardon or the equivalent of a pardon has or has not been granted? (Attach pardon documentation) (If yes, provide details.)  No  Yes



51. Prior to age 18, were you ever checked, questioned, apprehended or arrested by a police officer? (If yes, provide details.)  No  Yes



52. Have you ever been charged or found guilty of any criminal offence in Canada or in any country when you were under the age of 18 years? (If yes, provide details.)  No  Yes



53. Has any member of your family ever been arrested, charged or convicted of a criminal offence? (If yes, provide details.)  No  Yes



54. Do you ever gamble, including online gambling? (If yes, provide details as to amounts, frequency etc.)  No  Yes



55. Do you have any gambling debts? (If yes, provide details.)  No  Yes



56. Detail all occasions when you have filed an inaccurate tax return. (e.g. did not declare all income/tips, padded expenses, etc.)



57. Provide particulars on all occasions when you have failed to declare everything at the border. Please include date, value and type of item.



58. Are you aware of any reason why you would not be able to  No  Yes perform the physical duties of a Reserve Constable? (If you answer yes, provide details.)



59. Are you aware of any reasons that may disqualify you as a  No  Yes potential Reserve Constable? (If you answer yes, provide details.)



60. Are you now, or have you as an adult ever been investigated,  No  Yes arrested or charged in Canada or in any country for an offence of any kind? (If yes, provide details.)



## BACKGROUND

A background check is part of the selection process. It involves a detailed and thorough investigation of your history.

Is there is any information you wish to add or disclose that you feel the Port Moody Police Department Reserve Constable Program should be aware of at this time? Remember that non-disclosure may affect the status of your application.

No  Yes If yes, provide details. (Where, when, circumstances.)



Should you have any questions or concerns, you are advised to contact the Reserve Constable recruiting officer. All issues must be disclosed in advance of the background investigation or disqualification will be considered.

*I hereby certify the answers given by me in this questionnaire are true and complete. I agree and understand that if any answers and material facts are found to be false or omitted, it will cause forfeiture on my part of all rights to be considered as a potential Reserve Constable. I also understand that any information obtained during the selection process may be made available to other police organizations in Canada.*

<i>Applicant's signature</i>	<i>Date</i>
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# PORT MOODY POLICE DEPARTMENT

## VISION REPORT

### RESERVE CONSTABLE PROGRAM APPLICATION

#### TO BE COMPLETED BY THE APPLICANT:

Name of Applicant: \_\_\_\_\_  
Surname Given Name Initial

Address of Applicant \_\_\_\_\_  
Street

\_\_\_\_\_ City Province Postal Code

Have you ever had eye surgery? Yes  No  If yes, please indicate the date and type of procedure:  
\_\_\_\_\_

#### TO BE COMPLETED BY THE ATTENDING OPHTHALMOLOGIST / OPTOMETRIST

Date of examination: \_\_\_\_\_  
Year / Month / Date

1. Visual Acuity		Without Visual Aid	With best possible corrections
	Right Eye		20/
Left Eye		20/	20/
Both Eyes		20/	20/

2. Horizontal Field of Vision		Temporal	Nasal
	Right Eye		
Left Eye			

Binocular Vision (Depth Perception) Normal \_\_\_\_\_ Abnormal \_\_\_\_\_

COMMENTS: \_\_\_\_\_

#### 3. Colour Vision determined by Pseudo-Isochromatic Plates or Farnsworth-Munsell

Normal \_\_\_\_\_ Abnormal \_\_\_\_\_

COMMENTS: \_\_\_\_\_

#### ATTENDING OPHTHALMOLOGIST / OPTOMETRIST

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Signature & Stamp: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_