

BACKGROUND INVESTIGATION QUESTIONNAIRE

INFORMATION

Under the powers granted by the Police Act, the Quebec government adopted regulations determining norms for the hiring of police officers throughout the province. These norms are standard procedures for all police forces.

Article 2B of this regulation stipulates that, to become a police officer, a candidate must undergo an investigation to assess his character and morals, particularly with respect to his family, social, financial, academic and professional background and his judicial record.

The information gathered from this questionnaire will be used to complete the investigation by helping to assess the candidate's character and morals and will be used only for this purpose.

In order to be eligible for hiring, the candidate must complete, sign and return the questionnaire.

INSTRUCTIONS

The information you provide on this form will be used to assess your suitability and qualification for employment with the Eeyou Eenu Police Force and will remain confidential. Any personal information collected on this form is protected under the provisions of the Act respecting Access to documents held by public bodies and the Protection of personal information (R.S.Q., chapter A-2.1).

Please follow the instructions below:

1. Carefully review and follow instructions issued with this questionnaire.
2. Complete this form by printing legibly in blue or black ink.
3. The information requested in this questionnaire is in addition to the questions asked on the Eeyou Eenu Police Force Application Form.
4. All questions must be answered. If the question is not applicable or you can't answer it, mark N/A and attach a note explaining the reason any question is left blank.
5. If extra space is required, attach additional pages to this form.
6. All information supplied is subject to verification by investigation. False statements can disqualify or result in dismissal if employed.
7. Read carefully, sign and date.
8. Email completed questionnaire to recruitment@eepf.ca

Note: The masculine gender is used without bias and only to lighten the text

All requested information **MUST BE PROVIDED**. Incomplete or illegible forms **WILL NOT BE CONSIDERED**.

1. IDENTIFICATION			
Surname		Given name	
		Gender Male Female	
Other name(s) used		Name at birth (if different)	
Address		Community, city or town	
Province	Postal code	Email	
Telephone number (home)	Telephone number (work)	Telephone number (other)	
Date of birth (year-month-day)	Social Insurance Number	Driver's license	Class
Health insurance number		Canadian passport number	

2. JUDICIAL RECORD	
2.1	Have you ever been the object of a police investigation?
	Yes No If yes, please specify
	Place
	Date (year-month-day)
	Police force involved
Circumstances	
2.2	Have you ever been placed under arrest in Canada or in another country?
	Yes No If yes, please specify
	Place
	Date (year-month-day)
	Police force involved
Circumstances	
2.3	Have you ever been accused of an infraction of the law in Quebec, in Canada or in another country?
	Yes No If yes, please specify
	Nature of the infraction
	Place
	Date (year-month-day)
	Verdict
Decision	

2.4	Have you ever, for personal reasons, visited one or more persons incarcerated in Canada or in another country?		
	Yes	No	If yes, please specify
Name of the person you visited			
Name of the institution			
Date (year-month-day)			

2.5	Have you ever been involved in the process of obtaining a bond for a person who was incarcerated?		
	Yes	No	If yes, please specify
Name of person detained			
Steps completed			
Your relationship to this person			

2.6	Have you ever testified in favour of a person who was accused of a criminal act?		
	Yes	No	If yes, please specify
Name of the accused			
Nature of criminal act			
Place			
Date (year-month-day)			

3. FAMILY BACKGROUND

3.1	Do have any children?		
	Yes	No	
3.1	Do your children live with you?		
	Yes	No	
If your children do not live with you, please specify who has custody or with whom the children are living.			
Surname		Given name	
Date of birth (year-month-day)		Relationship	
Address	Community, city or town	Province	Postal code
Occupation	Employer's name	Employer's address	

4. ACADEMIC BACKGROUND

4.1

Have you ever had to repeat an academic year?

Yes No

If yes, which year and why

4.2

Have you ever been expelled from an educational establishment?

Yes No

If yes, which one and why

4.3

Have you ever been suspended from an educational establishment?

Yes No

If yes, which one and why

4.4

Have you ever been refused entry into an educational establishment?

Yes No

If yes, which one and why

5. EMPLOYMENT HISTORY

5.1

Have you ever been under investigation for allegations of professional misconduct with the Commissaire à la déontologie policière or the Bureau des enquêtes indépendantes for a police intervention in which you were involved?

Yes No If yes, please specify

Name of employer:

Circumstances:

5.2

Have you ever been the object of disciplinary action from any employer?

Yes No If yes, please specify

Name of employer:

Circumstances:

5.3

Have you ever been dismissed by any employer?

Yes No If yes, please specify

Name of employer:

Reason for dismissal:

5.4

Have you ever applied to become a police officer or a security officer elsewhere in Canada?

Yes No If yes, please specify

Name of police force	Latest Status Hired Refused. Date & reason: In Progress
Name of police force	Latest Status Hired Refused. Date & reason: In Progress
Name of police force	Latest Status Hired Refused. Date & reason: In Progress
Name of police force	Latest Status Hired Refused. Date & reason: In Progress

6. FINANCIAL BACKGROUND

6.1

If you own any of the following, whether they are completely paid or not, please indicate the value of each

House	Cottage
Lot	Automobile
Motorcycle	Boat
Furniture	Appliances
Audio-Visual Equipment	Computer
Investments	REER
Other	Other

6.2

Complete this section concerning any loans you may have taken out, regardless of their nature
(include your mortgage)

AMOUNT DUE	NAME OF CREDITOR	REASON FOR LOAN

6.3

Are you presently the co-signer of a loan?

Yes No If yes, please specify

Name of borrower _____

Amount of loan _____

Date of final payment to repay the loan (year-month-day) _____

6.4

If you own one or more credit cards, complete this section

COMPANY	CARD NUMBER	CREDIT LIMIT	BALANCE

6.5	Have you ever been unable to fulfil your financial obligations?		
	Yes	No	If yes, please specify

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6.6	Have you ever had to declare personal bankruptcy?		
	Yes	No	If yes, please specify

--	--	--	--

6.7	Are you or is a member of your immediate family, including your children, involved in a civil lawsuit?		
	Yes	No	If yes, please specify

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6.8	Are you or is a member of your immediate family, including your children, under sentence following a civil lawsuit?		
	Yes	No	If yes, please specify

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6.9	Complete this section concerning the financial institutions you deal with		
	INSTITUTION	ADDRESS	PHONE NUMBER

INSTITUTION	ADDRESS	PHONE NUMBER

6.10**Have you ever participated in any of the following activities?***If yes, specify the amount spent yearly*

ACTIVITY	YES/ NO		AMOUNT SPENT YEARLY			
	Yes	No	\$0-\$500	\$500-\$1000	\$1000-\$2000	\$2000+
Bingo	Yes	No				
Card Games	Yes	No				
Lotteries	Yes	No				
Active presence in a casino	Yes	No				
Active presence in a horse races	Yes	No				
Active presence in a gaming house	Yes	No				
Active presence in a gambling house	Yes	No				
Electronic Machines	Yes	No				
Other:	Yes	No				

6.11**Have you ever experienced financial difficulties because of your participation in games of chance?**

Yes No

If yes, please specify

7. SOCIAL BACKGROUND

7.1 Do you have an account (s) on the following social networks?

If so, specify below

Facebook Username:

Twitter Username:

Instagram Username:

7.2 If you were born in Canada, specify the province and community or city

Province

City

Community

7.3 If you were born outside Canada, name the country, state and community or city

Country

State

Community or city

7.4 If you were born outside Canada, specify the date you entered the Country

Date (year-month-day)

7.5 If you were born outside Canada, specify the date you received your Canadian citizenship

Date (year-month-day)

7.6 If you were born outside Canada and have become a Canadian citizen complete this section concerning your sponsor

Surname

Given name

Address

Community, city or town

Province

Postal code

Telephone number (home)

Telephone number (work)

7.7 From what date have you lived at your current address?

Date (year-month-day)

7.8 Are you a tenant or an owner?

Tenant Owner

7.9 If you are a tenant, complete this section concerning your landlord

Surname		Given name	
Address			Community, city or town
Province		Postal code	
Telephone number (home)		Telephone number (work)	

7.10 Complete the following information regarding your places of residence during the last ten years

	From		To		Address	Owner	Tenant
	Year	Month	Year	Month			
7.11							
7.12							
7.13							
7.14							
7.15							
7.16							
7.17							
7.18							

7.19 During the last ten years, have you traveled outside Canada?

Yes No If yes, specify the dates, cities (states) and countries

DATE (Year-Month-Date)	COUNTRY/ STATE	CITY

7.20 If you are or ever have been a member of an organization or group, club or association in or outside Canada, indicate the type and name of the organization and describe the role you played

- **Passive role:** the member rarely participates
- **Active role:** the member regularly participates

- **Directing role** : the member participates in the decision-making and in the organization of activities

TYPE OF ORGANIZATION	YES/ NO		NAME OF ORGANIZATION	ROLE
Sports	Yes	No		
Cultural	Yes	No		
Social	Yes	No		
Artistic	Yes	No		
Other	Yes	No		

7.21	List your leisure activities by order of importance				
1.			2.		
3.			4.		

7.22 Apart from your immediate family, your spouse's or partner's family and your work environment, name five people with whom you are the most frequently in contact

7.23	Surname		Given name		
Address		Community, city or town	Province	Postal code	
Telephone number (home)			Telephone number (work)		
Occupation			Employer's name		

7.24	Surname		Given name		
Address		Community, city or town	Province	Postal code	
Telephone number (home)			Telephone number (work)		
Occupation			Employer's name		

7.25	Surname		Given name		
Address		Community, city or town	Province	Postal code	
Telephone number (home)			Telephone number (work)		
Occupation			Employer's name		

7.26	Surname		Given name		
Address		Community, city or town	Province	Postal code	
Telephone number (home)			Telephone number (work)		
Occupation			Employer's name		

7.27	Surname		Given name		
Address		Community, city or town	Province	Postal code	

Telephone number (home)	Telephone number (work)
Occupation	Employer's name

7.28	Do you consume alcoholic beverages?		
	Yes	No	If yes, please specify frequency
Number of times per: Week _____ Month _____ Year _____			

7.29	Apart from restaurants, name places that you commonly frequent which are licensed to sell alcoholic beverages		
	Name of establishment		
Address		Community, city or town	

7.30	Name of establishment		
	Address		Community, city or town

7.31	Name of establishment		
	Address		Community, city or town

7.32	Have you ever consulted health professionals (doctors, psychologists, psychiatrists, social workers, etc.) or a centre for dependency to alcohol, drugs (legal or illicit) or any other form of addiction?		
	Yes	No	

If yes, please specify the circumstances:

7.33	Have you ever used any of the following drugs?		
	If yes, specify the type and frequency of use (daily, weekly, monthly, yearly) and approximate date of last use		

TYPE	YES/NO		FREQUENCY	DATE OF LAST USE (Year-Month-Date)
Cannabis	Yes	No		
Hashish	Yes	No		
Cocaine	Yes	No		
Heroin	Yes	No		
P.C.P.	Yes	No		
Crack	Yes	No		

Magic mushrooms	Yes	No		
LSD	Yes	No		
Mescaline	Yes	No		
Other (specify) _____	Yes	No		

7.34 **Have you ever used any of the following?**
If yes, specify the type and frequency of use (daily, weekly, monthly, yearly) and approximate date of last use

TYPE	YES/NO	FREQUENCY	DATE OF LAST USE (Y-M-D)
Barbiturates	Yes No		
Amphetamines	Yes No		
Tranquilizers	Yes No		
Sleeping pills	Yes No		
Anti-depressants	Yes No		
Other (specify) _____	Yes No		

7.35 **Were any of these drugs prescribed by an authorized health professional?**
If yes, please complete this section concerning the health professional

Surname		Given name	
Address	Community, city or town	Province	Postal code
Telephone number (business)			

7.36 **Have you ever suffered from any of the following?**

	YES/NO	FROM (Year-Month-Date)	TO (Year-Month-Date)
Depression	Yes No		
Anxiety	Yes No		
Panic attacks	Yes No		
Behaviour problems	Yes No		
Phobias	Yes No		
Other mental health problems	Yes No		

7.37 **Have you ever consulted any of the following mental health professionals?**

TYPE	YES/NO	HAVE THEY EVER RECOMMENDED THERAPY?
Psychiatrist	Yes No	Yes No

Psychologist	Yes	No	Yes	No
Other (specify) _____	Yes	No	Yes	No

If yes, please complete the section below concerning the practicing health professional with whom you have consulted

Surname		Given name		
Address	Community, city or town	Province	Postal code	
Telephone number (business)				

7.38	Has an employer ever asked you to consult a health professional (doctor, psychologist, psychiatrist, social worker etc.) for problems related to your work?			
	Yes	No		

If yes, please specify:

7.39	Have you ever been hospitalized?			
	Yes	No		

If yes, explain why and specify the time period:

7.40	Complete this section, supplying information on the general practitioner you normally consult			
	Surname		Given name	
Address		Community, city or town	Province	Postal code
Telephone number (business)				

7.41	Have you ever had any injuries work related injuries?			
	Yes	No		
If yes, explain why and specify the time period:				

8. ATTESTATION

I _____
Surname, Given Name

certify that the information given in the Background Investigation Questionnaire is complete and consistent with the truth. I understand that a false declaration would automatically terminate my candidature.

Applicant's Signature: _____

Date: _____

9. CONSENT FORM

I hereby authorize representatives of the Eeyou Eenou Police Force to use and transmit, when necessary, the information I have provided in the *Background Investigation Questionnaire* during the investigation concerning my application to become a police officer.

I also authorize other individuals to provide information concerning myself to the Eeyou Eenou Police Force, realizing that this information could be helpful in the investigation concerning my application to become a police officer.

I understand that this information concerns my behaviour as an employee and student, as well as my personal financial, medical, and judicial files.

Applicant's Signature: _____

Date: _____

9.1 CONSENT FORM

Authorization for Release of Information from the Commissaire à la déontologie policière

I hereby authorize the Commissaire à la déontologie policière to communicate to the representatives of the Eeyou Eenou Police Force any information concerning my ethics file and, if applicable, any decision of the Ethics Committee relating thereto.

This authorization is only valid within the framework of the pre-employment investigation of the Eeyou Eenou Police Force and for a maximum period of one year from the signing of this form.

Applicant's Signature: _____

Date: _____

9.2 CONSENT FORM

Authorization for Release of Information from the Bureau des enquêtes indépendantes

I hereby authorize the Commissaire à la déontologie policière to communicate to the representatives of the Eeyou Eenou Police Force any information concerning my ethics file and, if applicable, any decision of the Ethics Committee relating thereto.

This authorization is only valid within the framework of the pre-employment investigation of the Eeyou Eenou Police Force and for a maximum period of one year from the signing of this form.

Applicant's Signature: _____

Date: _____

9.3. CONSENT FOR CONDUCTING TESTS FOR THE DETECTION OF ILLICIT DRUGS

I hereby authorize the police force to summon me at any time during the hiring process to conduct tests for illicit drug detection, and I consent to provide samples to the representatives for this purpose, should they deem it necessary.

I understand that my refusal to consent to these tests, or to provide samples, could result in the termination of my candidature.

I also understand that, should any results of these tests prove positive; my application will automatically be rejected.

Applicant's Signature: _____

Date: _____