



APPLICATION FORM AEC POLICE TECHNOLOGY PROGRAM / SPECIAL CONSTABLE



PERSONAL INFORMATION

Last Name	First Name	Gender M <input type="radio"/> F <input type="radio"/>
Birth Name (If different)	Other Names	Date of Birth (yyyy/mm/dd)
Band Number	Beneficiary Number	Community/City
Address		Postal Code
E-mail1		Mobile Phone Number:
Driver License? Yes <input type="radio"/> No <input type="radio"/>	Are you a Beneficiary under the JBNQA? Yes <input type="radio"/> No <input type="radio"/>	Beneficiary Number

EDUCATION

Have you attended High School? Yes <input type="radio"/> No <input type="radio"/>	High School Diploma? Yes <input type="radio"/> No <input type="radio"/>	Highest Grade Completed
Name of the High School you last attended		
College Education		
Have you attended College? Yes <input type="radio"/> No <input type="radio"/>	College Diploma? Yes <input type="radio"/> No <input type="radio"/>	Last Year of College (yyyy)
College Program Title	College Name	
University Education		
Have you attended University? Yes <input type="radio"/> No <input type="radio"/>	University Diploma? Yes <input type="radio"/> No <input type="radio"/>	Last Year of University (yyyy)
University Program Title	University Name	

ENPQ

Have you ever completed a Basic Training program at the <i>Ecole Nationale de Policedu Quebec</i> ? Yes <input type="radio"/> No <input type="radio"/>	
Basic Special Constable Training Program - <i>Constable Spécial</i>	Diploma Date (yyyy/mm/dd)

PREVIOUS WORK EXPERIENCE

A	Job Title	From: (yyyy/mm/dd)	To: (yyyy/mm/dd)
	Employer Name		Telephone
	Employer Address		
	Name of Immediate Supervisor	Job Title	Reason for Leaving
B	Job Title	From: (yyyy/mm/dd)	To: (yyyy/mm/dd)
	Employer Name		Telephone
	Employer Address		
	Name of Immediate Supervisor	Job Title	Reason for Leaving
C	Job Title	From: (yyyy/mm/dd)	To: (yyyy/mm/dd)
	Employer Name		Telephone
	Employer Address		
	Name of Immediate Supervisor	Job Title	Reason for Leaving
D	Job Title	From: (yyyy/mm/dd)	To: (yyyy/mm/dd)
	Employer Name		Telephone
	Employer Address		
	Name of Immediate Supervisor	Job Title	Reason for Leaving

AUTHORIZATION FOR RELEASE OF INFORMATION

Last Name	First Name	Gender
Birth Name (If different)	Other Names	Date of Birth (yyyy/mm/dd)
Address	Community/City	Prov. Postal Code
<p>I, the undersigned, hereby authorize any person, employer or organization to provide any information, opinion, reports, records, documents or copies thereof in any form, which may be requested in connection with my application for employment with the Eeyou Eenou Police Force and any subsequent training.</p> <p>Personal information about me will be used to assess my qualifications and suitability in relation to my application as a police officer as well as research purposes. I consent to the collection, use, disclosure, transmittal, and examination of all information compiled by the Eeyou Eenou Police Force.</p> <p>Personal information about me that is obtained during the integration or selection process, or any subsequent training and employment, may be disclosed to any law enforcement agency for the purpose for which it was obtained.</p> <p>I agree to waive any right of action against any person or organization providing information or opinions in compliance with this authorization.</p> <p>I hereby acknowledge and declare the terms of this authorization for release of information are fully understood by me.</p>		
Applicant's Signature		Date of Signature
Use the 'Sign' tool from the 'Fill and Sign' menu		

CHECKLIST

STOP! Before submitting your application, you must provide the following documents.

Letter of Interest
EEPF Application
Cegep de L'Abitibi-Temiscamingue Registration Form
Copy of High School, College and University Diplomas
Copy High School Transcripts
Copy of Birth Certificate and dependents if any
Copy of Driver's Permit
Copy Indian Status Card
Copy Health Insurance Card
Completed Application Cree School Board Post- Secondary Services for Financial Assistance