



## APPLICATION FORM POLICE OFFICER POSITION



### PROTECTION OF PERSONAL INFORMATION

The personal information provided herein are protected by virtue of the dispositions of the  
*Act Respecting Access Held By Public Bodies And The Protection of Personal Information (R.S.Q., Chapter A-2.1).*

### PERSONAL INFORMATION

Last Name		First Name		Gender F <input type="checkbox"/> M <input type="checkbox"/>	
Birth Name (If different)		Other Names		Date of Birth (yyyy/mm/dd)	
Social Insurance Number		Driver's Permit Number		Class 4A? Yes No	
Address		Community/City	Prov.	Postal Code	
E-mail 1			E-mail 2		
Home Phone		Mobile Phone		Other Phone. (Specify)	
Are you a Canadian Citizen? 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	
Languages spoken (select all applicable) Cree <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other _____			Languages written (select all applicable) Cree English French Other _____		

\*James Bay Northern Quebec Agreement

### 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					
<b>College Education</b>					
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			
<b>University Education</b>					
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 BASIC TRAINING

Have you ever completed a **Basic Training** program at the *Ecole Nationale de Police du Quebec*?      Yes      No

Basic Police Patrolling Program - <i>Patrouille-Gendarmerie</i>	Diploma Date (yyyy/mm/dd)
Basic Special Constable Training Program - <i>Constable Spécial</i>	Diploma Date (yyyy/mm/dd)
Basic Police Management Program (Certificate) - <i>Gestion Policière</i>	Diploma Date (yyyy/mm/dd)
Basic Police Investigation Program - <i>Enquete Policière</i>	Diploma Date (yyyy/mm/dd)
Do you possess an <b>Equivalency</b> recognized by the <i>Ecole Nationale de Police du Quebec</i> ?      Yes      No	

## PREVIOUS WORK EXPERIENCE

<b>A</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
<b>B</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
<b>C</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
<b>D</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

## 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

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.

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.

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.

I agree to waive any right of action against any person or organization 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.

	Date of Signature
Applicant's Signature	Use the 'Sign' tool from the 'Fill and Sign' menu

## TRANSFER CONSENT

I \_\_\_\_\_ am willing to serve the Department of the Eeyou Eenou Police Force  
Print Name

anywhere within its jurisdiction throughout all nine (9) Cree communities in the Eeyou Istchee James Bay Territory.

Signed, here in \_\_\_\_\_ on the \_\_\_\_\_ day of the month of \_\_\_\_\_ in the year \_\_\_\_\_.  
Place

	Date: (yyyy/mm/dd)
Applicant's Signature	Use the 'Sign' tool from the 'Fill and Sign' menu

## CHECKLIST OF MANDATORY INFORMATION

**STOP! Before submitting your application, you must provide the following documents in the order listed below. Failure to include any of the requested documents and mandatory information will surely delay the processing of your application.**

Letter of Interest

Copy of Birth Certificate

Copy of Driver's Permit

Copy of ENPQ Diploma

Copy of Other Police Related Certificates or Diplomas

Copy of High School, College, University Certification

## DECLARATION

I hereby declare that the information herein is true and complete to the best of my knowledge. I understand that a false statement or omission may disqualify me from further consideration for employment or result in dismissal should I be appointed as a police officer. 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.

Date: (yyyy/mm/dd)

Applicant's Signature

Use the 'Sign' tool from the 'Fill and Sign' menu