



# TIMMINS POLICE SERVICE

## CIVILIAN APPLICATION FORM

Please submit completed application form, cover letter and resume to Timmins Police Service via email to [tpsrecruitment@timmins.ca](mailto:tpsrecruitment@timmins.ca).

### SECTION 1: PERSONAL INFORMATION

Last Name:	Given Name:	Middle Name:
Complete Address (including Number, Street, Apt. Number, Lot, Concessions, Rural Route #)		
City or Town	Province	Postal Code:
Business or Day Phone Number:	Cell Phone Number:	
Home or Evening Phone Number:	E-Mail Address:	

Question:	Yes	No
Are you at least 18 years of age?		
Are you legally eligible to work in Canada?		
Are you a Canadian citizen or a permanent resident of Canada?		
Do you possess a valid driver's license that permits you to drive an automobile in Ontario with full driving privileges and do you have six or fewer demerit points?		
Have you ever been convicted of any criminal offence under a federal statute 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)		
If you were previously convicted under a federal statute (this does not involve a finding of guilt under the YCJA or the YOA, or a finding of delinquency under the JDA), have you been granted or issued a pardon? If yes, please provide details of the circumstance:		
or in the event of a discharge relating to a finding of guilt (this does not involve a finding of guilt under the YCJA or the YOA, or a finding of delinquency under the JDA), have the records been sealed by the R.C.M.P.?		
Will you possess a valid CPR and First Aid Certificate by the time a job offer is given?		



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### SECTION 2: EDUCATION

<b>SECONDARY SCHOOL ATTENDED</b>		Highest Grade or Level Completed (if applicable, attach equivalency certificate)	
Address (including city)		Type of Certificate or Diploma Obtained	
<b>BUSINESS, TRADE OR TECHNICAL SCHOOL ATTENDED</b>		Course Name	
Address (including city)		Dates and number of years attended	
<b>COMMUNITY COLLEGE ATTENDED</b>		Program Name	
Address (including city)		Date and number of years attended	
Specify License, Certificate or Diploma Awarded			
<b>UNIVERSITY ATTENDED</b>		Specify Major Area of Study	
Address (including city)		Dates and number of years attended	
Degree Awarded		General	Honors
<b>OTHER RELEVANT COURSES, WORKSHOPS, SEMINARS, TRAINING, CERTIFICATES OR DEGREES</b>			



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### SECTION 3: EMPLOYMENT HISTORY

**Please Note:** Beginning with your present or previous employer 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)** 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	Your 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	Your 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	Your Position Title	
Brief Description of Duties		
Reason for Leaving		



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### SECTION 4: LIST ANY QUALIFICATIONS YOU HAVE WHICH YOU BELIEVE ARE RELEVANT TO THIS POSITION:

List Qualifications here:		
Have you ever applied to any other police service?	Yes	No
If yes, complete the following:		
Name of Service(s)	Date(s)	Is your application currently active?
1.		Yes      No
2.		Yes      No
3.		Yes      No
4.		Yes      No
5.		Yes      No
6.		Yes      No
7.		Yes      No
8.		Yes      No
Did any member of the Timmins Police Service refer to our application process?	Yes	No
If yes, what is the name of the member? (Note: you can only provide one name)		
<b>Declaration: I hereby declare that the above information is true and complete to the best of my knowledge.</b>		
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 Timmins Police Service Civilian Staff member 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: \_\_\_\_\_



## CONSTABLE SELECTION SYSTEM

### CONSENT AND RELEASE OF LIABILITY FORM

<b>Last Name, First Name, Middle Name(s) (Please Print)</b>	<b>(Date of Birth MM/DD/YY)</b>

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

**Please read the following form carefully.**

**Parts A and B** of this form are to authorize Police Services and other individuals and entities noted below to **collect, use and disclose personal information** about you for the purpose of assessing your abilities to be a police constable under the Ontario Constable Selection System, and for related research, information and statistical tracking.

**Part C** of this form **releases any of the individuals and/or entities named in this form from liability** named in Part C that might arise from the collection, use, or disclosure of your personal information in accordance with parts A and B.

#### **A. CONSENT TO ASSESSMENT**

**I hereby authorize** any police service or member of the Constable Selection System in Ontario ("Ontario Police Service") to whom I have submitted an application to be hired as a constable, special constable or justice practitioner, to collect my personal information as set out in Page 2 from any or all of the following individuals and entities:

- The Ontario Association of Chiefs of Police ("OACP"), who operates the Constable Selection System, stores personal information belonging to police constable applicants in a secure electronic database, and uses this information to track demographic data and assessment results;
- The OACP Constable Selection System assessment firm 2588232 Ontario Inc., operating under the business name, TNT Justice Consultants, ("TNT"), which provides assessment services on behalf of the OACP, and which collects assessment results as well as the personal information required for Constable Selection System registration;



## CONSTABLE SELECTION SYSTEM

- The Ontario Ministry of the Solicitor General responsible for the Community Safety and Correctional Services, which is the former licensor of the Constable Selection System, and which conducts research using personal information to support the validity and reliability of the Constable Selection System;
- The Ontario and National Sex Offender Registries;
- The Ontario Ministry of Transportation, which maintains driving records of Ontario residents;
- All Ontario police services or law enforcement agencies, 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;
- All health care practitioners (including without limitation, doctors, nurses, psychologists and their agents) who have provided me with health care treatment, either as part of this constable selection process or otherwise;
- All previous employers who may hold personal information about me;
- One or more consumer reporting agencies, which maintains credit or other personal information about a consumer; and,
- Any educational institution in which I have been, or am currently, enrolled and which has information about me, including my grade or performance results.

I authorize the OACP, any Ontario Police Service and any member of the Constable Selection System to collect personal information about me from sources other than myself and I consent to their using and disclosing this information as they require and/or as is described above and/or in the [www.oacpcertificate.ca](http://www.oacpcertificate.ca) privacy policy

I further consent to the disclosure of such personal information to a Ontario Police Service or member of the Constable Selection System to whom I have applied for employment as a police officer, special constable or justice practitioner.



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I **acknowledge** that any of the above-noted individuals and entities may disclose to a requesting Ontario Police Service or member of the Constable Selection System to which I have submitted an application which may include any or all of the following records, including any parts of the following record:

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• Academic records and transcripts;</li><li>• Employment records (Police Service and other), including performance evaluation / reviews, reference, discipline, complaint and attendance information;</li><li>• Police records and history of law involvement, including criminal and provincial reports and convictions, and intelligence information;</li><li>• Police service applications;</li><li>• Medical information;</li><li>• Information from background and security checks (including CPIC, NCIC, Interpol, OIPRD, Vulnerable checks, NICHE, CBSA, YCJA &amp; YOA records etc.);</li></ul> | <ul style="list-style-type: none"><li>• Financial information, including credit bureau check;</li><li>• Driving record;</li><li>• Physical, psychological, visual, aptitude and other employment-related tests, including but not limited to MMPI-2 -questions, answers and scores, and the interview notes, summaries, opinions, assessments and evaluations of psychologists;</li><li>• Pre-Screening Test Scores</li><li>• Applicant survey information; and,</li><li>• Training record.</li><li>• Social networking websites, blogs, chatrooms, email or other online content.</li></ul> |
|---|--|

### B. CONSENT TO RESEARCH

I understand that my personal information as described herein may be required occasionally for research and analytics purposes, and in particular for documenting findings and trends, and for reviewing the validity and reliability of the Constable Selection System. I hereby consent to any or all of the personal information collected about me, pursuant to this form or at any point while I am being trained to be a constable, to be used and/or disclosed to a researcher or to the OACP/ Ministry/2588232 Ontario Inc., operating under the business name, TNT Justice Consultants, ("TNT"), for these purposes. I understand that in providing this consent that my personal information shall never be published in a publication that is available to the general public, unless in accordance with applicable laws or in connection with a legal proceeding.



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### C. RELEASE OF LIABILITY

By signing this form, I agree that in consideration for applying to be a constable, special constable or justice practitioner, 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 His Majesty the King in Right of Ontario, His Majesty the King in Right of Canada, the OACP/2588232 Ontario Inc., operating under the business name, TNT Justice Consultants, ("TNT"), any Ontario Police Service, members of the Constable Selection System and any Ontario 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 AGREE AND UNDERTAKE:

- (a) That if I makes any claim, demand or complaint or take any action or proceeding whatsoever against the Releasee arising out of the matters described above in this Release shall be deemed to be a complete defence and bar to any such claim, demand, complaint, action or proceeding;
- (b) Not to make any claim or take any proceeding against any other person or entity which might result in a claim for contribution or indemnity being made against the Releasee;
- (c) To indemnify and save harmless the Releasee from any costs, expenses, losses or damages whatsoever incurred by the Releasee in connection with or in any way related to defending or responding to any action or other proceeding brought by any other person or entity against the Releasee for contribution or indemnity or any other claim over as a result of any action or other proceeding brought by me.





I have read all five 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

THIS RELEASE SHALL BE INTERPRETED AND THE RIGHTS OF THE PARTIES DETERMINED UNDER THE LAWS OF THE PROVINCE OF ONTARIO. THE ONTARIO COURTS SHALL HAVE EXCLUSIVE JURISDICTION FOR ANY DISPUTE ARISING UNDER, OR PERTAINING TO, THIS WAIVER AND RELEASE.

I have carefully read this Release and fully understand its contents. I am aware that this is a release of liability and a binding contract between myself and the persons and entities mentioned above and I sign it of my own free will. I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing this Release freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. I have read the information in this form thoroughly, that I fully understand it, and that by signing below, I have the capacity to provide consent, and that I am providing consent freely and voluntarily.

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Candidate's Name (Please Print)  
**Must include first, middle(s) and last names**

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Name of Witness (Please Print)

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Candidate's Signature

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Signature of Witness

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Date of Candidate Signature (dd/mmm/yyyy)

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Date of Witness Signature (dd/mmm/yyyy)

*Personal information obtained through the completion of this form is collected in relations to section 83 of the Community Safety and Policing Act 2019 for the purpose of assessing qualifications and suitability for employment as a police officer. Information collected may be disclosed for the purpose for which it was obtained or for a consistent purpose. Questions concerning the collection or disclosure of this information should be addressed to OACP-TNT Justice Consultants Administrator.*