



Auxiliary Member

Checklist of Mandatory Application Documents

Surname: _____

First Name: _____

Middle Name(s): _____

The following documents must be included with any application. Applications missing any documents indicated below will not be accepted. You will be required to re-submit the entire package. This checklist must be submitted with your application. Do not submit binders or folders or hard copy applications.

<input type="checkbox"/>	Completed Checklist of Mandatory Application Documents (<i>this page</i>)
<input type="checkbox"/>	Cover Letter and Resume
<input type="checkbox"/>	Completed Auxiliary Application Form
<input type="checkbox"/>	Copy of Standard First Aid, CPR-C and AED Certificate
<input type="checkbox"/>	Copy of Valid G Class Driver's Licence with no More than six (6) Demerit Points
<input type="checkbox"/>	Proof of successful completion of Four years of Ontario Secondary School Education or Equivalency (copies of diploma or transcripts required)
<input type="checkbox"/>	Proof of any Post-Secondary Education or Equivalency (copies of diploma or transcripts required)
<input type="checkbox"/>	Completed Authorization for Release of Information (<i>final four pages of this document</i>)
<input type="checkbox"/>	
<input type="checkbox"/>	



Application Position of Auxiliary

Important

1. Carefully review and follow application instructions included in this application form.
2. Please print clearly, complete fully, and use additional paper if space is insufficient.
3. Forward the completed application form along with all required documents via email to uniformrecruitment@ssmps.org

1. Personal Information

Last Name	Given Name (1)	Given Name (2)
Complete Address (including Number, Street, Apt. Number, Lot, Concession, Rural Route #)		
City or Town	Province	Postal Code
Phone Number		
Email Address		

	Yes	No
Are you at least 20 years of age?		
Have you successfully completed at least 4 years of secondary school or equivalent?		
Are you legally eligible to work in Canada?		
Are you a Canadian Citizen or permanent resident of Canada?		
Do you possess a valid driver's licence 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 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.)	N/A	
If you were previously convicted under a federal statute, have you been granted or issued a pardon; or in the event of a discharge related to a finding of guilt, have the records been sealed by the RCMP?	N/A	
Do you possess a valid CPR certificate? If yes, please provide the expiry date. If no, please provide date of scheduled training.		
Do you possess a valid first aid certificate? If yes, please provide the expiry date. If no, please provide date of scheduled training.		

2. Education

Secondary School Attended	Highest Grade or Level Completed (If applicable, attach equivalency certificate)
Type of Certificate or Diploma Obtained	

Business, Trade or Technical School Attended		
Course Name	Length of course in years	Number of years Completed
Licence, Certificate or Diploma Awarded Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of Award (e.g. Certificate – Medical Receptionist)	

Community College Attended		
Program Name	Length of program in years	Number of years completed
Licence, Certificate or Diploma Awarded Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of Award (e.g. Ontario College Diploma – Police Foundations)	

University Attended		
Major Area of Study	Length of program in years	Number of years completed
Degree Awarded Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of Degree Awarded (e.g. Bachelor of Arts - Geography)	

Other relevant Courses, Workshops, Seminars, Training, Licenses, certificates or Degrees

3. Employment History

Note:

1. Beginning with your most recent employer and continuing in reverse order, list and describe every position you held in 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 (attach additional sheets as required).

2. 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: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>		
Telephone Number :	Date Employed : From	To
Complete Mailing Address (include Postal Code)		
Supervisor's Name and Title	Applicant's Position / Title	
Brief Description of Duties		
Reason for Leaving		
<hr/>		
Present or Previous Employer Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>		
Telephone Number:	Date Employed : From	To
Complete Mailing Address (include Postal Code)		
Supervisor's Name and Title	Applicant's Position / Title	
Brief Description of Duties		
Reason for Leaving		
<hr/>		
Present or Previous Employer Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>		
Telephone Number:	Date Employed : From	To
Complete Mailing Address (include Postal Code)		
Supervisor's Name and Title	Applicant's Position / Title	
Brief Description of Duties		
Reason for Leaving		

4. Community Involvement

Note: 1. List all activities that you have volunteered for (did not receive compensation) and where, by volunteering, you gave of your time for a purpose or cause that benefited a particular individual, group or community. (attach additional sheets as required)

Present or Previous Organization		
Your Position	Dates From	To
Hours _____ Per: Week <input type="checkbox"/> Month <input type="checkbox"/>	Total Volunteer Hours	Currently Active: Yes <input type="checkbox"/> No <input type="checkbox"/>
Contact Person for verification (Name and Phone)		
Brief Description of Duties		
Reason for Leaving		
Present or Previous Organization		
Your Position	Dates From	To
Hours _____ Per: Week <input type="checkbox"/> Month <input type="checkbox"/>	Total Volunteer Hours	Currently Active Yes <input type="checkbox"/> No <input type="checkbox"/>
Contact Person for verification (Name and Phone)		
Brief Description of Duties		
Reason for Leaving		
Present or Previous Organization		
Your Position	Dates From	To
Hours _____ Per: Week <input type="checkbox"/> Month <input type="checkbox"/>	Total Volunteer Hours	Currently Active Yes <input type="checkbox"/> No <input type="checkbox"/>
Contact Person for verification (Name and Phone)		
Brief Description of Duties		
Reason for Leaving		

Have you ever applied to any other police service(s)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, complete the following			
Name of Service	Date(s)	Is your application currently active?	
1.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>Declaration: I hereby declare that the foregoing information is true and complete to the best of my knowledge. I understand that a false declaration may disqualify me from further consideration for employment or result in dismissal should I be appointed as a police constable / cadet. 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.</p>			
Applicant's Signature:		Date:	

PERSONAL INFORMATION WHICH MAY INCLUDE ACADEMIC, EMPLOYMENT, MEDICAL, PHYSICAL, FINANCIAL, CHARACTER AND OTHER PERSONAL DATA IS BEING COLLECTED DURING THE RECRUITMENT PROCESS UNDER THE AUTHORITY OF THE POLICE SERVICES ACT SECTIONS 38, 43 AND 53, FOR THE PURPOSE OF ASSESSING YOUR SUITABILITY FOR EMPLOYMENT. QUESTIONS ABOUT THIS COLLECTION SHOULD BE DIRECTED TO THE SERGEANT - UNIFORM RECRUITMENT, SAULT STE. MARIE POLICE SERVICE, 580 SECOND LINE EAST, SAULT STE. MARIE, ONTARIO, P6B 4K1, (705) 949-6300 Ext.238 OR EMAIL D.MACFARLANE@SSMPS.ORG



SAULT STE. MARIE POLICE SERVICE

CONSENT AND RELEASE OF LIABILITY FORM

Last Name, First Name

Please read the following form carefully.

The purposes of parts A and B of this form are to authorize the Sault Ste. Marie Police Service and other individuals and entities noted below to collect, to use and to disclose personal information about you for the purpose of assessing your abilities to be an employee of the Sault Ste. Marie Police Service.

The purpose of part C of this form is to release any of the individuals or entities named on this form from liability that might arise as a result of the collection, use, or disclosure of your personal information in accordance with parts A and B.

A. Consent/Assessment

I hereby authorize the Sault Ste. Marie Police Service, to which I have submitted an application, to be hired for employment, to request and obtain personal information about me as set out in Page 2 from any or all of the following individuals or entities:



Sault Ste. Marie POLICE

- **The Ontario and National Sex Offender Registries;**
- **The Ontario Ministry of Transportation, which maintains driving records of Ontario residents;**
- **All Ontario police service or law enforcement agency, 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;**
- **The Office of the Independent Review Director, which is an independent civilian oversight agency that handles public complaints of police conduct in the province of Ontario, Canada;**
- **All health care practitioners, including without limitation, doctors, nurses, psychologists and their agents, who has provided me with health care treatment, either as part of this 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;**
- **Any educational institution in which I have been, or am currently, enrolled and which has information about me, including my grade or performance results; and,**

I irrevocably authorize the above-noted individuals or entities to collect personal information about me from sources other than myself and I consent to their using this information as they require and/or as is described above, and I consent to the disclosure of such personal information to the Sault Ste. Marie Police Service and to whom I have applied for employment.



Sault Ste. Marie POLICE

I further acknowledge any of the above-noted individuals or entities may disclose to the Sault Ste. Marie Police Service, to which I have submitted an application, any or all of the following records, including any parts of the following records:

Academic records and transcripts;

Employment records (Police Service and other), including performance evaluation / reviews, reference, discipline, complaint and attendance information;

Police records and history of law involvement, including criminal and provincial reports and convictions, and intelligence information;

Police service applications;

Medical information;

Information from background and security checks (including OIPRD, CPIC, NCIC, Interpol, Vulnerable checks, NICHE, CBSA, YCJA & YOA records etc.);

Financial information, including credit bureau check;

Driving record;

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;

Applicant survey information;

and, Training record.

Social networking websites, blogs, chatrooms, email or other online content.

B. Consent/Research

I understand personal information may be required occasionally for research purposes, and in particular for documenting findings and trends, and for reviewing the validity and reliability of the hiring process. I hereby consent to any personal information collected about me, pursuant to this form or at any point while I am being trained to be an employee of the Sault Ste. Marie Police Service, to be used and to be disclosed to a researcher or to the OACP/Ministry/TNT for these purposes. I understand in providing this consent no personal information that identifies me shall ever be, unless by way of court order, published in a publication available to the general public.



Sault Ste. Marie POLICE

C. Release of Liability

By signing this form, I understand, acknowledge and irrevocably agree that in consideration for applying to be an employee of the Sault Ste. Marie Police Service, 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 Her Majesty the Queen in Right of Ontario, Her Majesty the Queen in Right of Canada, the OACP, TNT 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 each of my heirs, administrators, executors, assigns.

I have read the 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.

Candidate's Name (Please Print)

Name of Witness (Please Print)

Date of Signatures

Personal information obtained through the completion of this form for employment as an auxiliary member is collected pursuant to section 43 of the Police Services Act, 1990 for the purpose of assessing qualifications and suitability for employment as an auxiliary member. Information collected may be disclosed for the purpose for which it was obtained or for a consistent purpose.