



Auxiliary Officer Application Form

IMPORTANT: Carefully review and follow application instructions issued with this application. If additional space is required for any answer, attach and Appendix to your application.

Section 1. Personal Information

Last Name	Given Name	Middle Name(s)		
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:			
			Yes	No
Are you at least 18 years of age?			<input type="checkbox"/>	<input type="checkbox"/>
Are you legally eligible to work in Canada?			<input type="checkbox"/>	<input type="checkbox"/>
Are you a Canadian citizen or a permanent resident of Canada?			<input type="checkbox"/>	<input type="checkbox"/>
Are you a fully licensed driver in Ontario having accumulated no more than six (6) demerit points?			<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of any criminal offence under a federal statute for which a Record Suspension has not been granted or issued? (This means any fine, period of imprisonment, or period of probation offered by the court)			<input type="checkbox"/>	<input type="checkbox"/>
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 Record Suspension? If yes, please provide details of the circumstance:			<input type="checkbox"/>	<input type="checkbox"/>
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.?			<input type="checkbox"/>	<input type="checkbox"/>
Do you possess a valid CPR and First Aid Certificate?			<input type="checkbox"/>	<input type="checkbox"/>
Can you produce satisfactory proof of having successfully completed at least four (4) years of secondary school education or equivalent?			<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Are you prepared to swear/affirm an Oath of Secrecy/Oath of Office?	<input type="checkbox"/>	<input type="checkbox"/>
Are you prepared to make a minimum two (2) year commitment as an Auxiliary Officer with the Sarnia Police Service and will commit to, at least, twelve (12) hours per month of volunteer time?	<input type="checkbox"/>	<input type="checkbox"/>
Can you produce, at least, three (3) satisfactory letters of reference attesting to your good moral character and habits?	<input type="checkbox"/>	<input type="checkbox"/>
Are you the holder of a Private Investigator's Licence in Ontario?	<input type="checkbox"/>	<input type="checkbox"/>
Are you employed as a Security Officer within the City of Sarnia?	<input type="checkbox"/>	<input type="checkbox"/>
Can you meet vision standards of corrected visual acuity of 20/20 binocularly, with normal colour vision?	<input type="checkbox"/>	<input type="checkbox"/>

Section 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	Dates and number of years attended	
Specify License, Certificate or Diploma Awarded		
Community College Attended		
Program Name	Dates and number of years attended	
Specify License, Certificate or Diploma Awarded		
University Attended		
Specify Major Area of Study	Dates and number of years attended	
Degree Awarded	General	Honors
Other relevant Courses, Workshops, Seminars, Training, Licenses, Certificates or Degrees		

Section 3. Employment History

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)

1. 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:		
2. 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:		
3. 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:		

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(s) as an Auxiliary officer or any other position?	Yes	No
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If yes, complete the following:

Name of Service(s) & position applied to:	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

Declaration: I hereby declare that the foregoing information 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 an Auxiliary 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.

Applicant's Signature:	Date:
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