



APPLICATION FORM POSITION OF POLICE OFFICER



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 M F	
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 No		Are you a Beneficiary under the JBNQA? Yes No		Beneficiary Number	
Languages spoken (select all applicable) Cree English French Other _____			Languages written (select all applicable) Cree English French Other _____		

*James Bay Northern Quebec Agreement

EDUCATION

Have you attended High School? Yes No		High School Diploma? Yes No		Highest Grade Completed	
Name of the High School you last attended					
College Education					
Have you attended College? Yes No		College Diploma? Yes No		Last Year of College (yyyy)	
College Program Title		College Name			
University Education					
Have you attended University? Yes No		University Diploma? Yes No		Last Year of University (yyyy)	
University Program Title		University Name			

Last Name, First Name	Date of Birth (yyyy/mm/dd)
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ENPQ BASIC TRAINING

Have you ever completed a Basic Training program at the <i>Ecole Nationale de Police du Quebec</i> ? 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 Equivalency recognized by the <i>Ecole Nationale de Police du Quebec</i> ? Yes No	

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

E	Job Title	From: (yyyy/mm/dd)	To: (yyyy/mm/dd)
	Employer Name		Telephone
	Employer Address		
	Name of Immediate Supervisor	Job Title	Reason for Leaving
F	Job Title	From: (yyyy/mm/dd)	To: (yyyy/mm/dd)
	Employer Name		Telephone
	Employer Address		
	Name of Immediate Supervisor	Job Title	Reason for Leaving
G	Job Title	From: (yyyy/mm/dd)	To: (yyyy/mm/dd)
	Employer Name		Telephone
	Employer Address		
	Name of Immediate Supervisor	Job Title	Reason for Leaving
H	Job Title	From: (yyyy/mm/dd)	To: (yyyy/mm/dd)
	Employer Name		Telephone
	Employer Address		
	Name of Immediate Supervisor	Job Title	Reason for Leaving
I	Job Title	From: (yyyy/mm/dd)	To: (yyyy/mm/dd)
	Employer Name		Telephone
	Employer Address		
	Name of Immediate Supervisor	Job Title	Reason for Leaving
J	Job Title	From: (yyyy/mm/dd)	To: (yyyy/mm/dd)
	Employer Name		Telephone
	Employer Address		
	Name of Immediate Supervisor	Job Title	Reason for Leaving

Last Name, First Name

Date of Birth (yyyy/mm/dd)

TRANSFERABILITY 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

Applicant's Signature

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 and University Diplomas
- Medical Examination Report
- Eye Vision Examination Report
- Completed Authorization for Release of Information

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.

Applicant's Signature

Date: (yyyy/mm/dd)



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.
<p>Postal Code</p>		
<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 Eenuu 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 Eenuu 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>		
<p>_____</p> <p>Applicant's Signature</p>		<p>Date of Signature</p>