



NEW WESTMINSTER POLICE SERVICE

555 Columbia Street New Westminister, B.C. V3L 1B2 (604) 525-5411 FAX (604) 529-2401
www.nwpolice.org

W.L. (Lorne) Zapotichny, Chief Constable

Dear Applicant,

Thank you for your interest in the New Westminister Police Service.

RCMP officers with more than 2 years service in BC or BC municipal police officer with 3 years service are not required to write Exemption Exams. Police officers from other provinces are required to write these exams or attend the JIBC Police Academy for training.

Only those candidates who submit applications meeting **ALL** the minimum requirements will be considered for the initial physical and written tests. Dates for these tests are yet to be determined. Unfortunately, due to the number of applications we receive, only those applicants submitting a **complete** application and **meeting the minimum requirements** will be contacted. On average, however, these applicants will be notified within 30 days.

If you are hired by the New Westminister Police Service as a recruit, you will be required to attend the JIBC Police Academy for approximately 39 weeks of training. The cost of this training is currently \$9,500.00 which will be billed to you by the JIBC on the first day of training. Payment of these training fees is the responsibility of the recruit.

Once again, thank you for your interest in the New Westminister Police Service

NCO Human Resources And Training
New Westminister Police Service
Human Resources

NEW WESTMINSTER POLICE SERVICE POLICE RECRUIT - APPLICATION CHECKLIST

**Attach completed checklist to the front page of your application.
Applications will not be accepted unless all information and forms are included and completed.**

- Proof of Canadian citizenship or landed immigrant status (if not born in Canada)**
- Birth Certificate**
- Current Driver's Licence**
- High School Transcript**
- Post Secondary Transcript**
- Valid First Aid Certificate including expiry date**
- Assessment Center Background Interview form**
- Consent to Release of Information**
- Vision Report for Police Service**
- Audiometric Report for Police Service**
- Physical Test Score (if applicable)**
- Written Test Score (if applicable)**

For administrative use only. Do not write below this line

Human Resources Officer

Date



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APPLICATION FOR EMPLOYMENT

Regular Member Reserve Constable

1. PERSONAL DATA

Mr. Mrs.
Name: Ms. Miss _____
(Surname) (First) (Middle)

Previous Surname or other names used: (If applicable) _____

Address: _____
(Street) (City)

(Province) (Postal Code) (E-Mail Address)

Telephone: _____
(Home) (Work) (Mobile/Cellular)

Canadian Citizen: Yes No Landed Immigrant: Yes No

Date of Birth: _____ Social Insurance Number: _____
Year Month Day

2. EDUCATION AND TRAINING

(Additional pages may be attached; please follow this format)

a) High School Graduation Year
(Name / Location of High School) _____ Completed: _____

b) Degree, Diploma and/or Certificate Attained			
Name/Location of Institute	Course of Study	Degree, Diploma or Certificate	Start/Finish Dates
_____	_____	_____	_____
_____	_____	_____	_____

c) Additional Courses or Training: Ongoing or Incomplete Programs			
Name/Location of Institute	Course of Study	Number of Credits Earned to Date	Start/Finish Dates
_____	_____	_____	_____
_____	_____	_____	_____

d) First Aid Training			
Type of First Aid Certificate	Training Institution	Issued On	Expiry Date
_____	_____	_____	_____
_____	_____	_____	_____

3. EMPLOYMENT HISTORY

a) Police Constable Experience (please include Reserve/Auxiliary Police under Volunteer Experience)

Name of Police Agency Dates of Service Rank Attained Present/Last Location

Duties: _____

Reason for Leaving: _____

b) Employment History - (please start with the most recent and work back)

(additional pages may be attached; please follow this format)

Name of Employer: _____ **Phone:** _____

Address: _____

Type/Nature of Business: _____

Supervisor's Name: _____ **Supervisor's Title:** _____

Start Date: _____ **End Date:** _____ **Full-Time:** **Part Time:**

Duties: _____

If Part-time, average no. of hours per month: _____ **Reasons for Leaving:** _____

Name of Employer: _____ **Phone:** _____

Address: _____

Type/Nature of Business: _____

Supervisor's Name: _____ **Supervisor's Title:** _____

Start Date: _____ **End Date:** _____ **Full-Time:** **Part Time:**

Duties: _____

If Part-time, average no. of hours per month: _____ **Reasons for Leaving:** _____

Name of Employer: _____ **Phone:** _____

Address: _____

Type/Nature of Business: _____

Supervisor's Name: _____ **Supervisor's Title:** _____

Start Date: _____ **End Date:** _____ **Full-Time:** **Part Time:**

Duties: _____

If Part-time, average no. of hours per month: _____ **Reasons for Leaving:** _____

c) Please note any employers you do not wish us to contact at this time

Please attach copies of the following documents to this page:

Do not write
in this area

- 1. Proof of Canadian citizenship or landed immigrant status (if not born in Canada)
- 2. Birth Certificate.
- 3. Valid BC Driver's Licence.
- 4. Education Transcripts (proof of high school graduation plus post-secondary courses completed)
- 5. Valid First Aid Certificate.

4. APPLICATIONS WITH OTHER POLICE AGENCIES

(Please list all applications made within the past five years - additional pages may be attached)

Name of Police Agency	Status of Application	Date Terminated
-----------------------	-----------------------	-----------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

POPAT Yes No

ASSESSMENT CENTRE Yes No

Date: _____

Date: _____

Score: _____

Score: _____

(Min.) (Sec.)

Sponsoring
Department: _____

Sponsoring
Department: _____

5. OFFENCE RECORD

Have you ever been charged with a federal, provincial, or municipal offence (other than minor driving offences)? If a criminal pardon has been granted, attach a copy of the pardon to this page. (Note: Conviction of an offence does not necessarily preclude consideration for the position of Police Constable).

Yes No If yes, give date and particulars of each charge and/or conviction.

6. DRIVING HISTORY

(List all driver's licences held in Canada at any time)

Driver's Licence Number	Province	Class	Restrictions
-------------------------	----------	-------	--------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever had any driver's licence suspended? Yes No If so, when? _____

Reason: _____

7. MEDICAL HISTORY

Have you experienced any type of illness, injury or accident which may affect your ability to perform the duties of a Police Constable? Yes No

If yes, please explain: _____

Have you had eye surgery? Yes No If yes, please provide date: _____

Please provide type of surgery and problem corrected: _____

8. VOLUNTEER EXPERIENCE / COMMUNITY SERVICE

(Additional pages may be attached; please follow this format)

Name of Agency/Club/Service: _____ Phone: _____

Address: _____

Type/Nature of Agency/Service: _____

Supervisor/Organizer's Name: _____ Title: _____

Your Involvement Started: _____ Ended: _____

Average number of hours per month you were able to volunteer: _____

Duties: _____

Reasons for Leaving: _____

Name of Agency/Club/Service: _____ Phone: _____

Address: _____

Type/Nature of Agency/Service: _____

Supervisor/Organizer's Name: _____ Title: _____

Your Involvement Started: _____ Ended: _____

Average number of hours per month you were able to volunteer: _____

Duties: _____

Reasons for Leaving: _____

9. LANGUAGE SKILLS (OPTIONAL)

Do you speak a second language? Yes No If so, what language? _____

Understand Speak Read Write

To what level? Fluent Adequate Day to Day Basic

Enlistment with the New Westminster Police Service is contingent upon successful completion of all phases of the recruitment process. False or misleading information will result in the applicant being disqualified for appointment to the New Westminster Police Service. No information received from inquiries made concerning statements in this questionnaire will be released to the applicant.

PLEASE FORWARD TO:

Human Resources Section
New Westminster Police Service
555 Columbia Street
New Westminster, B.C. V3L 1B2

Signature of Applicant

Date

6) **Marital Status:** Single: _____ Married: _____ Separated: _____
Date Date Date
 Divorced: _____ Widow(er): _____ Other: _____
Date Date Date

FAMILY

1) **PARTNER**

Partner's Surname: _____ **Given:** _____

Maiden name: _____ Date of birth: _____
year/month/day

Relationship: _____
(ie. spouse, girlfriend/boyfriend, common-law)

Partner's
Occupation: _____

Partner's Employer: _____

Address: _____

If separated or divorced, give present name and address of former spouse(s):

Surname: _____ **Given:** _____

Address: _____

Reason for separation or divorce: _____

To what degree do you support your divorced or separated spouse(s) and/or children? _____

2) **DEPENDANTS (indicate their ages)**

Surname: _____ **Given:** _____

Relationship: _____ Age: _____

Address: _____

Surname: _____ **Given:** _____

Relationship: _____ Age: _____

Address: _____

Surname: _____ **Given:** _____

Relationship: _____ Age: _____

Address: _____

3) **PARENTS**

Father's Surname: _____ **Given:** _____

Natural Adoptive Step-parent Date of birth: _____
year/month/day

Deceased If deceased, cause of death: _____

Address: _____

Occupation: _____

Employer: _____

Mother's Surname: _____ **Given:** _____

Maiden name: _____ Date of birth: _____

Natural Adoptive Step-parent Deceased

If deceased, cause of death: _____

Address: _____

Occupation: _____

Employer: _____

4. **SIBLINGS**

Surname: _____ **Given:** _____

Relationship: _____

Address: _____

Occupation: _____ Deceased

Surname: _____ **Given:** _____

Relationship: _____

Address: _____

Occupation: _____ Deceased

Surname: _____ **Given:** _____

Relationship: _____

Address: _____

Occupation: _____ Deceased

5. **EXTENDED FAMILY**

Father-in-law

Surname: _____ Given: _____

Occupation: _____

Address: _____

Mother-in-law

Surname: _____ Given: _____

Maiden name: _____

Occupation: _____

Address: _____

RESIDENCES

In chronological order, list your places of residence for the past five years.

1) From: _____ To: _____
month/year month/year

Address: _____

2. From: _____ To: _____
month/year month/year

Address: _____

List residences outside of Canada (where you have lived as an adult).

1. From: _____ To: _____
month/year month/year

Address: _____

SECONDARY EDUCATION

1. From: _____ To: _____
month/year month/year

Name of institution: _____

Address: _____
town/city province/county country

Program of study: _____ Last completed grade/term: _____

POST-SECONDARY EDUCATION

1. From: _____ To: _____
month/year month/year

Name of institution: _____

Address: _____
town/city province/county country

Program of study: _____ Last completed grade/term: _____

Certificate/Diploma _____

Degree _____

2) **From:** _____ **To:** _____
day/month/year

Employer: _____

Employer's address: _____

Starting title: _____ Duties: _____

Leaving title: _____ Duties: _____

Reason for leaving: _____

What did you like best about your work? _____

What did you like least about your work? _____

3) **From:** _____ **To:** _____
day/month/year

Employer: _____

Employer's address: _____

Starting title: _____ Duties: _____

Leaving title: _____ Duties: _____

Reason for leaving: _____

What did you like best about your work? _____

LIST ANY OTHER VOLUNTEER WORK YOU HAVE PARTICIPATED IN:

Are you engaged in any business as an owner or partner (active or silent?) Yes No

If so, detail: _____

Have you ever received Workers' Compensation Board benefits? Yes No

If so detail: _____

Have you ever received disability benefits or pension from any other source? Yes No

If so detail: _____

MILITARY AND POLICE SERVICE

If you have served in the Armed Forces or Police Forces of any country, complete the following:

1) From: _____ To: _____
month/year month/year

Service/Branch/Trade: _____

Address: _____
town/city province/county country

Rank/Regimental #: _____ Commanding Officer: _____

Are you still engaged: Yes No Type of discharge: _____

Medals awarded and/or decorations: _____

Are you a member of the Reserve Forces of any branch of the Armed Forces? Yes No

If so, specify: _____

Rank: _____ Commanding Officer: _____

FINANCIAL BACKGROUND

Have you ever been bonded? Yes No If so, detail: _____

Have you ever declared bankruptcy? Yes No If so, detail: _____

Have your wages ever been garnished? Yes No If so, detail: _____

Have you ever written any N.S.F. cheques? Yes No If so, detail: _____

Do you own your home? Yes No If so, address: _____

Do you own your car? Yes No Make and year: _____

To what extent are you personally insured? _____

Current net income per month: \$ _____

1) Do you have any loans? Yes No

If so, be specific when completing the following:

LENDER	PURPOSE	ORIGINAL AMOUNT	BALANCE	MONTHLY PAYMENTS
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

2) Do you have any credit cards? Yes No

If so, be specific when completing the following:

CARD COMPANY	CREDIT LIMIT	BALANCE	MONTHLY PAYMENTS
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

3) List your assets. (i.e. home, car, savings, etc.)

TYPE	VALUE
	\$
	\$
	\$
	\$
	\$
	\$
	\$

MEDICAL

1) Have you ever had any broken bones? Yes No If so, complete the following:

Age: _____ Injury: _____

Age: _____ Injury: _____

2) Do you have any diseases or medical conditions now? Yes No If so, specify.

Condition: _____

3) Are you taking any pills or medication now? Yes No If so, specify.

Type: _____

DRIVING HISTORY

Driver's License #: _____ Class: _____

Province: _____ Expiry date: _____

List all driving offences.

DATE	OFFENCE	LOCATION (City, Province)

GENERAL INFORMATION

1) What do you do to maintain your physical fitness?

2) **Do you belong to any clubs or organizations (other than religious or political)?**

3) **Name three things you have done of which you were most proud (work or non-work related).**

4) **What are your plans for the future?**

5) **What actions have you taken to implement these plans?**

6) **What magazines do you commonly read? Indicate number of issues read per year and any books you have recently read.**

7) **Do you correspond with or visit your parents?** Yes No **Brothers and sisters?** Yes No

At what age did you leave home? _____ What activities do you share with your family?

8) **Do you drink?** Yes No To what extent? _____

9) **Prior to 18 years of age**, were you ever checked, questioned, apprehended, arrested by a Police officer or charged with a criminal offence? Yes No If so, please explain in detail:

10) **Have you ever been arrested, charged or convicted of a criminal offence?** Yes No

11) **Has any member of your family ever been arrested, charged or convicted of a criminal offence?** Yes No

12) **Are you proficient in any language other than English?** Yes No If so, please specify.

13) **Have you ever applied for a position or been a member (civilian or sworn) with any other Police Department?** Yes No If so, detail:

14) **What association have you had with police officers or police work?**

15) **What do you think about the value of the polygraph with respect to recruit applications?**

I hereby certify the above to be correct and that all statements in this application are true.

Applicant's signature

Date



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CONSENT TO RELEASE OF PERSONAL AND/OR PRIVATE INFORMATION, WAIVER AND RELEASE

FULL NAME: _____

FORMERLY KNOWN AS: _____

DATE OF BIRTH: _____ SOCIAL INSURANCE #: _____

I, _____, having applied for a position with the New Westminster Police Service, and recognizing that I am required to furnish information to be used to determine my qualifications, moral character, honesty and suitability for employment with the Service, hereby request and authorize the full disclosure of any and all records, files, notes, reports, opinions or other information concerning me, including employment files and records, performance evaluations, discipline records, background investigation files, polygraph reports, medical, psychiatric and psychological files and reports, complaints or grievances filed by or against me, training files, education files, school records and transcripts, credit rating and history files, income tax files, records and returns, driving records, military records, criminal records and police, probation and parole reports.

I waive the right to read or review any information received by the New Westminster Police Service.

I release any individual, company, government agency, or public body and their representatives, agents and employees from any claim or action whatsoever which may result from furnishing the above information to the New Westminster Police Service.

A photocopy of this release is to be considered as valid as an original waiver even though it does not contain an original of my signature.

This waiver is valid for a period of one year from the date of signature.

SIGNATURE: _____ DATE: _____

WITNESS: _____

Print Name: _____

Address: _____

Occupation: _____



NEW WESTMINSTER POLICE SERVICE
POLICE OFFICERS' PHYSICAL ABILITIES TEST
MEDICAL EXAMINATION / WAIVER

Applicant's Name and Address:

This person is an applicant for the position of Police Constable with the New Westminster Police Service. He/she is required to perform a Police Officer's Physical Abilities Test (POPAT). The POPAT test is designed to simulate and measure an officer's physical ability to respond to a critical incident and apprehend and/or control a prisoner/suspect. The test was developed by exercise physiologists and is based on their research findings. Their research has identified that the usual physical components of a response to a critical incident may involve quick action in getting to the problem, intensive heavy work resolving the problem and then removing the problem. The test is conducted in a gymnasium and consists of running 400 metres (1/4 mile), which includes climbing up and down stairs, jumping over low obstacles, pushing/pulling heavy weights (80 lbs / 37 kg) then lifting and carrying a "dead weight" of 100 lbs (45 kg) over a distance of 15 metres (50 ft.). It was found that most test participants experienced maximal heart rate during the test. This indicates brief (up to 4 minutes) but maximal stress being placed on the cardiovascular system. To minimize the chance of precipitating a major cardiovascular event, we are requesting that this person be examined to determine his/her employment and test risk potential.

In addition to your usual examination, we request your assessment of this person with respect to factors which may place him/her at risk during this test or during future police officer-related duties:

1. Hypertension with possible causative factors;
2. Diabetes Mellitus;
3. Known heart disease or symptomatic cardiovascular disease including Angina, breathlessness, palpitations, edema, syncope, dizziness, etc;
4. Low fitness level;
5. Acute systemic infections including viral respiratory infections;
6. Muscular and/or skeletal problems which may affect physical performance or present long-term limitations;
7. Any other areas of concern.

IN YOUR OPINION, IS THIS PERSON AT RISK IN COMPLETING A POLICE OFFICERS' PHYSICAL ABILITIES TEST? YES NO

Comments: _____

Date: _____ Signature & Stamp of Medical Doctor: _____

NOTES: Physician - Please return this form to the applicant.
 Applicant - You must bring this completed form to the POPAT test.



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AUDIOMETRIC REPORT FOR POLICE SERVICE

TO BE COMPLETED BY THE APPLICANT

Name of Applicant: _____
Surname Given Name Initial

Address of Applicant: _____
Street
City Province Postal Code

Telephone: _____
(Home) (Work)

Date of Birth: _____
Year Month Day

TO BE COMPLETED BY THE ATTENDING AUDIOLOGIST/AUDIOMETRIC TECHNICIAN

THE ABOVE NAMED INDIVIDUAL IS AN APPLICANT FOR A POLICE CONSTABLE POSITION WITH THE NEW WESTMINSTER POLICE SERVICE.

The entry level hearing standards for Police Service are:

Hearing loss in one ear not greater than 50dB and the other ear not greater than 30 dB in the 500 - 3000 CPS range

Please conduct whatever tests are necessary to determine if this candidate meets the minimum standards

Date of Examination: _____

Meets Standard: Yes No

COMMENTS: _____

ATTENDING AUDIOLOGIST/AUDIOMETRIC TECHNICIAN

Name: _____ Telephone: _____

Address: _____

Signature & Stamp: _____

APPLICANT'S SIGNATURE: _____ DATE: _____