



PERSONAL INFORMATION:

| | | | |
|-------------------------------|--|------------------------------------|--|
| Surname: | | Given Name(s): | |
| Date of Birth: (yy-mmm-dd) | | Date of submission: (yy-mmm-dd) | |

Thank you for your application to Surrey Police Service (SPS). We greatly value the knowledge, skills, and experience that a potential recruit can bring to SPS.

As you already understand, honesty, lifestyle, and integrity are important qualities for police officers and so it is important for SPS to examine all applicants' suitability. Information supplied in this document will be considered in the context of the competition for employment for the position applied for and will be held in confidence under those circumstances.

The Recruiting team will be doing a thorough background investigation, which will involve speaking to references you provide and possibly other people you know who can verify or provide additional information. It is important that you provide thorough, honest, and complete answers to all the questions in the ILQ and at every stage of the process, regardless of the nature of the incident. This will afford you the best opportunity to be successful at all stages in the recruiting process.

Collection, Use, Access, Retention, and Disclosure of your Personal Information

The information you provide during the application process is collected by SPS for the purpose of an employment application. Personal information collected for the purposes of the employment process and determining suitability for employment with SPS is collected under section 26(c) of the Freedom of Information and Protection of Privacy Act (FOIPPA). It is retained and protected under section 30 of the FOIPPA, which requires a public body to protect personal information in its custody or under its control by making reasonable security arrangements against risks of unauthorized access, collection, use, disclosure, or disposal.

Your personal information will be stored securely within Surrey Police Service Recruiting Section, and access to records in recruiting databases is restricted to those involved in the recruiting process. Your personal information will not be disclosed except under section 33 of the FOIPPA. The Recruiting Section will retain your personal information for a minimum of 5 years.

If you have any questions or concerns about the collection of your personal information, please contact the Surrey Police Service careers@surreypolice.ca

If an applicant admits to having committed a serious and undetected criminal offence or is deemed to pose a serious risk to the safety of others, SPS may use or disclose specific information for a law enforcement or public safety purpose. While cases of such use and disclosure outside of the Recruiting Process are rare and exceptional, SPS strongly discourages an applicant from completing this form if you believe this notice applies to you.



Examples of serious criminal offences include, but are not limited to:

- Murder
- Impaired Driving
- Sexual assault
- Crimes relating to domestic violence
- Child pornography (includes accessing, possession, distribution, or production)
- Offences contrary to the Controlled Drugs and Substances Act
- Robbery
- Treason or high treason
- Forcible confinement
- Crime committed with a facial covering and/or a weapon
- Any crime involving children (includes physical or sexual abuse)

DECLARATION, ACKNOWLEDGEMENT, AND CONSENT

Collection and Retention of Information:

I consent to the collection and retention of my personal information (including applications, attachments, and draft applications) within Surrey Police Service Recruiting Section, and which will be collected and retained by Surrey Police Service in accordance with applicable laws.

Use of Information:

I consent to my personal information being used and disclosed by Surrey Police Service for recruitment and hiring purposes, including to conduct reference checks and verify the accuracy and completeness of my personal information. I further consent to Surrey Police Service sharing this personal information with any third party assisting with the recruitment and hiring processes.

I consent to Surrey Police Service using my personal information to consider me for any positions with Surrey Police Service in addition to those for which I have applied.

Truth, Completeness and Accuracy of Personal Information:

I confirm that, to the best of my ability, I have provided personal information that is truthful, complete, and accurate.

I am aware that any false, incorrect, or misleading information will render my application void and may cause my profile to be deleted.

I consent to Surrey Police Service verifying the truth, completeness, and accuracy of my personal information as part of the recruitment and hiring process.

I acknowledge that the submission of my personal information or applying for any positions does require Surrey Police Service to consider me for any position.



To apply for a position with SPS you must read the following Terms of Agreement and select the “I agree to the Terms of Agreement” checkbox, type your name (this will be your legal signature), and date before submitting your documentation.

- I have read and understood the Surrey Police Service Terms and Conditions
- I agree with the Surrey Police Service Terms and Conditions

Please follow the instructions below carefully. Incomplete questionnaires will not be reviewed.

1. All questions must be answered. Incomplete questionnaires will not be processed. If a question is not applicable use “N/A” in the appropriate space. If an entire section is not applicable, one “N/A” in the first space is sufficient.
2. Date format should follow yy-mmm-dd (10-Jan-31).
3. When answering questions with a yes/no box, please check the box you wish to select. We are aware that some questions are duplicates of questions asked of you in the application form.
4. Unless otherwise instructed, list items in chronological order beginning with the most recent. Leave no gaps in dates.
5. If extra space is required, we have included two extra pages at the end so you can continue answering your questions. Be sure you include the question number you are continuing to answer. This includes extra entries for family members. Please ensure you enter all the same applicable information.

NAME OF APPLICANT [PLEASE TYPE]

DATE OF APPLICATION [YY-MMM-DD]



All the items below must be uploaded with your application:

- Completed Lifestyle and Integrity Questionnaire
- Original Certified Educational Transcripts from High School and Post-Secondary Institution
- International Credential Evaluation Services (ICES) Report (if applicable)
- Copy of Birth Certificate and Canadian Citizenship or Permanent Resident Documentation
- Copy of valid Standard First Aid Certificate with CPR "Level C" with AED
- Completed Visual Assessment Form
- Completed Audio Assessment Form
- Copy of Photo Identification - (Driver's License)
- Driving Abstract
- Criminal pardon (if applicable)
- Two (2) Passport-sized photos wearing professional business attire
- Passing ETHOS score from other BC police agencies (if applicable)
- Criminal Record Check (if lived out of province for 6 months or more)

****INCOMPLETE APPLICATION WILL NOT BE HELD OR PROCESSED****



| FAMILY: | | | |
|---|--|--|--------------|
| Surname: | | Given Name: | |
| Previous Family Name: | | Middle Name: | |
| Have you ever changed your name? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Details: | | | |
| Date of birth (yy-mmm-dd): | | Age: | |
| Place of birth | | | |
| Citizenship: | | Sin: | |
| If Canadian by naturalization, provide date, certificate number and place of issue: | | | |
| | | | |
| Address: | | | |
| City: | | Province: | Postal Code: |
| Driver's License #: | | Phone (Home): | |
| Phone (Cell): | | Phone (Business): | |
| Email: | | | |
| Additional Email Addresses: | | | |
| Relationship Status: | | Date Relationship Started (if applicable): | |
| Emergency Contact: | | Relationship: | |
| Contact Number: | | | |
| If proficient in any other language(s) other than English – please specify: | | | |
| | | | |

PERSONAL INFORMATION:

If any person(s) listed for a relationship is deceased, the following details must be included in the two extra pages at the end of the application: date of birth, last known address, and month and year deceased.

| RELATIONSHIP INFORMATION: | | | |
|--|--|--------------------------|--|
| 1. Relationship: (e.g., spouse, girlfriend/boyfriend, common-law, significant other, includes dating partner) | | | |
| Relationship type: | | | |
| Surname: | | Given: | |
| Middle Name(s): | | Previous Family Name(s): | |
| Date of birth (yy-mmm-dd): | | Place of birth: | |
| Address: | | | |
| Home Phone: | | Email: | |
| Cell Phone: | | Business Phone: | |
| Employer: | | | |



| | |
|---|--|
| Employer's Address: | |
| Employer's Phone: | |
| To what degree do you financially support your child(ren) or former spouse? | |
| | |

| DEPENDANTS: | | | |
|---|--|--------------------------|--|
| Relationship: (e.g., Son, daughter, stepchild with) | | | |
| 1. Relationship type: | | | |
| Surname: | | Given: | |
| Middle Name(s): | | Previous Family Name(s): | |
| Date of birth (yy-mmm-dd): | | Place of birth: | |
| Address: | | | |
| Home Phone: | | | |
| Cell Phone: | | | |
| 2. Relationship type: | | | |
| Surname: | | Given: | |
| Middle Name(s): | | Previous Family Name(s): | |
| Date of birth (yy-mmm-dd): | | Place of birth: | |
| Address: | | | |
| Home Phone: | | | |
| Cell Phone: | | | |
| 3. Relationship type: | | | |
| Surname: | | Given: | |
| Middle Name(s): | | Previous Family Name(s): | |
| Date of birth (yy-mmm-dd): | | Place of birth: | |
| Address: | | | |
| Home Phone: | | | |
| Cell Phone: | | | |
| 4. Relationship type: | | | |
| Surname: | | Given: | |
| Middle Name(s): | | Previous Family Name(s): | |
| Date of birth (yy-mmm-dd): | | Place of birth: | |
| Address: | | | |
| Home Phone: | | | |
| Cell Phone: | | | |



PARENTS:

1. Father: (includes natural, half, or step relatives)

| | | | |
|----------------------------|--|--------------------------|--|
| Relationship type: | | | |
| Surname: | | Given: | |
| Middle Name(s): | | Previous Family Name(s): | |
| Date of birth (yy-mmm-dd): | | Place of birth: | |
| Address: | | | |
| Home Phone: | | | |
| Cell Phone: | | Email: | |
| Employer: | | | |
| Employer's phone: | | | |
| Occupation: | | | |

2. Mother: (includes natural, half, or step relatives)

| | | | |
|----------------------------|--|--------------------------|--|
| Relationship type: | | | |
| Surname: | | Given: | |
| Middle Name(s): | | Previous Family Name(s): | |
| Date of birth (yy-mmm-dd): | | Place of birth: | |
| Address: | | | |
| Home Phone: | | | |
| Cell Phone: | | Email: | |
| Employer: | | | |
| Employer's phone: | | | |
| Occupation: | | | |

3. Parent: (includes natural, half, or step relatives)

| | | | |
|----------------------------|--|--------------------------|--|
| Relationship type: | | | |
| Surname: | | Given: | |
| Middle Name(s): | | Previous Family Name(s): | |
| Date of birth (yy-mmm-dd): | | Place of birth: | |
| Address: | | | |
| Home Phone: | | | |
| Cell Phone: | | Email: | |
| Employer: | | | |
| Employer's phone: | | | |
| Occupation: | | | |

4. Parent: (includes natural, half, or step relatives)

| | | | |
|----------------------------|--|--------------------------|--|
| Relationship type: | | | |
| Surname: | | Given: | |
| Middle Name(s): | | Previous Family Name(s): | |
| Date of birth (yy-mmm-dd): | | Place of birth: | |



| | | | |
|--|--|--------------------------|--|
| Address: | | | |
| Home Phone: | | | |
| Cell Phone: | | Email: | |
| Employer: | | | |
| Employer's phone: | | | |
| Occupation: | | | |
| 5. Spouse or Common Law Partner's Parent: (includes natural, half, or step relatives) | | | |
| Relationship type: | | | |
| Surname: | | Given: | |
| Middle Name(s): | | Previous Family Name(s): | |
| Date of birth (yy-mmm-dd): | | Place of birth: | |
| Address: | | | |
| Home Phone: | | | |
| Cell Phone: | | Email: | |
| Employer: | | | |
| Employer's phone: | | | |
| Occupation: | | | |
| 6. Spouse or Common Law Partner's Parent: (includes natural, half, or step relatives) | | | |
| Relationship type: | | | |
| Surname: | | Given: | |
| Middle Name(s): | | Previous Family Name(s): | |
| Date of birth (yy-mmm-dd): | | Place of birth: | |
| Address: | | | |
| Home Phone: | | | |
| Cell Phone: | | Email: | |
| Employer: | | | |
| Employer's phone: | | | |
| Occupation: | | | |
| 7. Spouse or Common Law Partner's Parent: (includes natural, half, or step relatives) | | | |
| Relationship type: | | | |
| Surname: | | Given: | |
| Middle Name(s): | | Previous Family Name(s): | |
| Date of birth (yy-mmm-dd): | | Place of birth: | |
| Address: | | | |
| Home Phone: | | | |
| Cell Phone: | | Email: | |
| Employer: | | | |
| Employer's phone: | | | |
| Occupation: | | | |
| 8. Spouse or Common Law Partner's Parent: (includes natural, half, or step relatives) | | | |



| | | | |
|---|--|--------------------------|--|
| Relationship type: | | | |
| Surname: | | Given: | |
| Middle Name(s): | | Previous Family Name(s): | |
| Date of birth (yy-mmm-dd): | | Place of birth: | |
| Address: | | | |
| Home Phone: | | | |
| Cell Phone: | | Email: | |
| Employer: | | | |
| Employer's phone: | | | |
| Occupation: | | | |
| SIBLINGS | | | |
| 1. Relationship: (e.g., Brother, sister, step sibling, half sibling) | | | |
| Relationship type: | | | |
| Surname: | | Given: | |
| Middle Name(s): | | Previous Family Name(s): | |
| Date of birth (yy-mmm-dd): | | Place of birth: | |
| Address: | | | |
| Home Phone: | | | |
| Cell Phone: | | | |
| Occupation: | | | |
| 2. Relationship: (e.g., Brother, sister, step sibling, half sibling) | | | |
| Relationship type: | | | |
| Surname: | | Given: | |
| Middle Name(s): | | Previous Family Name(s): | |
| Date of birth (yy-mmm-dd): | | Place of birth: | |
| Address: | | | |
| Home Phone: | | | |
| Cell Phone: | | | |
| Occupation: | | | |
| 3. Relationship: (e.g., Brother, sister, step sibling, half sibling) | | | |
| Relationship type: | | | |
| Surname: | | Given: | |
| Middle Name(s): | | Previous Family Name(s): | |
| Date of birth (yy-mmm-dd): | | Place of birth: | |
| Address: | | | |
| Home Phone: | | | |
| Cell Phone: | | | |
| Occupation: | | | |
| 4. Relationship: (e.g., Brother, sister, step sibling, half sibling) | | | |



| | | | |
|----------------------------|--|--------------------------|--|
| Relationship type: | | | |
| Surname: | | Given: | |
| Middle Name(s): | | Previous Family Name(s): | |
| Date of birth (yy-mmm-dd): | | Place of birth: | |
| Address: | | | |
| Home Phone: | | | |
| Cell Phone: | | | |
| Occupation: | | | |

OTHER SIGNIFICANT FAMILY RELATIONSHIPS:

1. Additional Significant Family Member: (includes natural, half, or step relatives)

| | | | |
|----------------------------|--|--------------------------|--|
| Relationship type: | | | |
| Surname: | | Given: | |
| Middle Name(s): | | Previous Family Name(s): | |
| Date of birth (yy-mmm-dd): | | Place of birth: | |
| Address: | | | |
| Home Phone: | | | |
| Cell Phone: | | Email: | |
| Employer: | | | |
| Employer's phone: | | | |
| Occupation: | | | |

2. Additional Significant Family Member: (includes natural, half, or step relatives)

| | | | |
|----------------------------|--|--------------------------|--|
| Relationship type: | | | |
| Surname: | | Given: | |
| Middle Name(s): | | Previous Family Name(s): | |
| Date of birth (yy-mmm-dd): | | Place of birth: | |
| Address: | | | |
| Home Phone: | | | |
| Cell Phone: | | Email: | |
| Employer: | | | |
| Employer's phone: | | | |
| Occupation: | | | |

3. Additional Significant Family Member: (includes natural, half, or step relatives)

| | | | |
|----------------------------|--|--------------------------|--|
| Relationship type: | | | |
| Surname: | | Given: | |
| Middle Name(s): | | Previous Family Name(s): | |
| Date of birth (yy-mmm-dd): | | Place of birth: | |
| Address: | | | |
| Home Phone: | | | |



| | | | |
|---|--|--------------------------|--|
| Cell Phone: | | Email: | |
| Employer: | | | |
| Employer's phone: | | | |
| Occupation: | | | |
| 4. Additional Significant Family Member: (includes natural, half, or step relatives) | | | |
| Relationship type: | | | |
| Surname: | | Given: | |
| Middle Name(s): | | Previous Family Name(s): | |
| Date of birth (yy-mm-dd): | | Place of birth: | |
| Address: | | | |
| Home Phone: | | | |
| Cell Phone: | | Email: | |
| Employer: | | | |
| Employer's phone: | | | |
| Occupation: | | | |

Do you correspond with or visit your parents? Yes No

Do you correspond with or visit your brothers/sisters? Yes No

At what age did you leave home?

Has any of your immediate family ever been arrested, charged, or convicted of a criminal offense?

Yes No

If yes, provide brief details (Include year, place, and offence)



| EDUCATION: | | | |
|---------------------------------|--|---------------------------------|--|
| Secondary Education | | | |
| 1. From (mm/yyyy): | | To (mm/yyyy): | |
| Name of Institution: | | | |
| Location (Prov/State/Country): | | | |
| Last completed Grade/Term: | | | |
| 2. From (mm/yyyy): | | To (mm/yyyy): | |
| Name of Institution: | | | |
| Location (Prov/State/Country): | | | |
| Last completed Grade/Term: | | | |
| Post-Secondary Education | | | |
| 1. From (mm/yyyy): | | To (mm/yyyy): | |
| Name of Institution: | | | |
| Credits Earned: | | | |
| | <input type="checkbox"/> Certificate/Diploma | <input type="checkbox"/> Degree | |
| Program of Study: | | GPA: | |
| 2. From (mm/yyyy): | | To (mm/yyyy): | |
| Name of Institution: | | | |
| Credits Earned: | | | |
| | <input type="checkbox"/> Certificate/Diploma | <input type="checkbox"/> Degree | |
| Program of Study: | | GPA: | |

| EMPLOYMENT: | | | |
|--|------------------------------------|------------------------------------|--|
| Start with your most recent employer and include any part-time employment and any employment while at school. Add additional information to the two provided pages at the end if you require more space. | | | |
| 1. From (mm/yyyy): | | To (mm/yyyy): | |
| | <input type="checkbox"/> Part-Time | <input type="checkbox"/> Full-Time | <input type="checkbox"/> Seasonal Employment |
| Employer: | | | |
| Employer's Address: | | | |
| Employer's Telephone: | | Position: | |
| Previous Positions (With same employer) | | | |
| Supervisor's Name: | | Supervisor's Title | |
| Reason for leaving: | | | |
| What do you like best about that position? | | | |
| | | | |
| What do you like least about that position? | | | |
| | | | |



| | |
|--|--|
| Proudest achievements: | |
| | |
| Biggest work-related disappointments: | |
| | |
| What would you change about that position if you had the authority? | |
| | |
| Can SPS contact this employer at this time? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|--|------------------------------------|--|--|
| 2. From (mm/yyyy): | | To (mm/yyyy): | |
| <input type="checkbox"/> Part-Time | <input type="checkbox"/> Full-Time | <input type="checkbox"/> Seasonal Employment | |
| Employer: | | | |
| Employer's Address: | | | |
| Employer's Telephone: | | Position: | |
| Previous Positions (With same employer) | | | |
| Supervisor's Name: | | Supervisor's Title | |
| Reason for leaving: | | | |
| What do you like best about that position? | | | |
| | | | |
| What do you like least about that position? | | | |
| | | | |
| Proudest achievements: | | | |
| | | | |
| Biggest work-related disappointments: | | | |
| | | | |
| What would you change about that position if you had the authority? | | | |
| | | | |



| | | | |
|---|--|------------------------------------|--|
| Can SPS contact this employer at this time? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. From (mm/yyyy): | | To (mm/yyyy): | |
| <input type="checkbox"/> Part-Time | | <input type="checkbox"/> Full-Time | <input type="checkbox"/> Seasonal Employment |
| Employer: | | | |
| Employer's Address: | | | |
| Employer's Telephone: | | Position: | |
| Previous Positions (With same employer) | | | |
| Supervisor's Name: | | Supervisor's Title | |
| Reason for leaving: | | | |
| What do you like best about that position? | | | |
| | | | |
| What do you like least about that position? | | | |
| | | | |
| Proudest achievements: | | | |
| | | | |
| Biggest work-related disappointments: | | | |
| | | | |
| What would you change about that position if you had the authority? | | | |
| | | | |
| Can SPS contact this employer at this time? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

VOLUNTEER ACTIVITIES:

Start with your most recent volunteer activities. Add additional information to the two provided pages at the end if you require space.

| | | | |
|---|--|---------------|--|
| 1. From (mm/yyyy): | | To (mm/yyyy): | |
| Organization: | | | |
| Organization's Address: | | | |
| Telephone: | | Position: | |
| Previous Positions (With same employer) | | | |



| | | | |
|--|--|----------------------|--|
| Supervisor's Name: | | Supervisor's Title | |
| Number of hours per month: | | | |
| Reason for leaving: | | | |
| Major assignments, challenges, responsibilities: | | | |
| | | | |
| What do you like best about your position? | | | |
| | | | |
| What do you like least about your position? | | | |
| | | | |
| Proudest achievements: | | | |
| | | | |
| Biggest disappointments: | | | |
| | | | |
| 2. From (mm/yyyy): | | To (mm/yyyy): | |
| Organization: | | | |
| Organization's Address: | | | |
| Telephone: | | Position: | |
| Previous Positions (With same employer) | | | |
| Supervisor's Name: | | Supervisor's Title | |
| Number of hours per month: | | | |
| Reason for leaving: | | | |
| Major assignments, challenges, responsibilities: | | | |
| | | | |
| What do you like best about your position? | | | |
| | | | |
| What do you like least about your position? | | | |
| | | | |



Proudest achievements:

Biggest disappointments:

ASSOCIATIONS

List all persons (other than your spouse/partner or immediate family) with whom you have had regular contact with over the past 5 years. Ask yourself, what people do you spend most of your time with?

| | | | |
|------------------------------|--|--------------------------|--|
| 1. Relationship type: | | | |
| Surname: | | Given: | |
| Middle Name(s): | | Previous Family Name(s): | |
| Date of birth (yy-mmm-dd): | | Place of birth: | |
| Address: | | | |
| Home Phone: | | | |
| Cell Phone: | | | |
| 2. Relationship type: | | | |
| Surname: | | Given: | |
| Middle Name(s): | | Previous Family Name(s): | |
| Date of birth (yy-mmm-dd): | | Place of birth: | |
| Address: | | | |
| Home Phone: | | | |
| Cell Phone: | | | |
| 3. Relationship type: | | | |
| Surname: | | Given: | |
| Middle Name(s): | | Previous Family Name(s): | |
| Date of birth (yy-mmm-dd): | | Place of birth: | |
| Address: | | | |
| Home Phone: | | | |
| Cell Phone: | | | |
| 4. Relationship type: | | | |
| Surname: | | Given: | |
| Middle Name(s): | | Previous Family Name(s): | |
| Date of birth (yy-mmm-dd): | | Place of birth: | |
| Address: | | | |
| Home Phone: | | | |



| | | | |
|------------------------------|--|--------------------------|--|
| Cell Phone: | | | |
| 5. Relationship type: | | | |
| Surname: | | Given: | |
| Middle Name(s): | | Previous Family Name(s): | |
| Date of birth (yy-mmm-dd): | | Place of birth: | |
| Address: | | | |
| Home Phone: | | | |
| Cell Phone: | | | |
| 6. Relationship type: | | | |
| Surname: | | Given: | |
| Middle Name(s): | | Previous Family Name(s): | |
| Date of birth (yy-mmm-dd): | | Place of birth: | |
| Address: | | | |
| Home Phone: | | | |
| Cell Phone: | | | |

RESIDENCES:

In chronological order, list your places of residence for the past five years, starting with the most recent.

| | | | |
|---------------------------|--|----------------------|--|
| 1. From (mm/yyyy): | | To (mm/yyyy): | |
| Address: | | | |
| 2. From (mm/yyyy): | | To (mm/yyyy): | |
| Address: | | | |
| 3. From (mm/yyyy): | | To (mm/yyyy): | |
| Address: | | | |
| 4. From (mm/yyyy): | | To (mm/yyyy): | |
| Address: | | | |
| 5. From (mm/yyyy): | | To (mm/yyyy): | |
| Address: | | | |

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

| | | | |
|---------------------------|--|----------------------|--|
| 1. From (mm/yyyy): | | To (mm/yyyy): | |
| Address: | | | |
| 2. From (mm/yyyy): | | To (mm/yyyy): | |
| Address: | | | |



OTHER POLICE AGENCIES:

List ALL police agencies where you have applied. Add additional information to the two provided pages at the end if you require more space. Include law enforcement agencies you have applied to either as a civilian or sworn member. Include law enforcement agencies such as Military Police, Customs, Sheriffs, Corrections, Conservation Officer, CSIS, etc.

| | | | | | | | |
|---|--|------------------|--|---------------------------------------|--|-------------------|--|
| 1. Police Organization: | | | | Date of Submission (yy-mm-dd): | | | |
| Stages Completed: | | | | | | | |
| Exam Score | | Exam Date | | POPAT Score | | POPAT Date | |
| Current Application Status: | | | | | | | |
| If removed from process, state the reason you believed you were removed. | | | | | | | |
| | | | | | | | |
| 2. Police Organization: | | | | Date of Submission (yy-mm-dd): | | | |
| Stages Completed: | | | | | | | |
| Exam Score | | Exam Date | | POPAT Score | | POPAT Date | |
| Current Application Status: | | | | | | | |
| If removed from process, state the reason you believed you were removed. | | | | | | | |
| | | | | | | | |
| 3. Police Organization: | | | | Date of Submission (yy-mm-dd): | | | |
| Stages Completed: | | | | | | | |
| Exam Score | | Exam Date | | POPAT Score | | POPAT Date | |
| Current Application Status: | | | | | | | |
| If removed from process, state the reason you believed you were removed. | | | | | | | |
| | | | | | | | |



FINANCIAL:

As part of the background investigation and to obtain a valid security clearance, a credit check is required.

Do you consent to SPS conducting a credit check? Yes No

Section 1 – Please list all your assets you exclusively own

| A. Asset Classification (Real estate, Savings, Vehicle, Stocks, Investments etc.) | B. Current estimated market value of assets | C. Current mortgage/loan/lien on asset | D. Equity (B minus C) current value minus loan |
|--|--|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| Total: | | | |

Section 2 – Please list all your SHARED assets you own (e.g. with spouse, family, common-law, etc.)

| A. Asset Classification (Real estate, Savings, Vehicle, Stocks, Investments etc.) | B. Current estimated market value of assets | C. Current mortgage/loan/lien on asset | D. Percentage of your ownership (%) | E. Equity (B minus C, multiplied by D) Current value minus loan x your percentage of ownership |
|--|--|---|--|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total: | | | | |

Section 3 – Please list all other sources in income.

| A. Category (Salary, rent, dividend etc.) | B. Monthly Income |
|--|----------------------|
| | |
| | |
| | |
| Total: | |

Section 4 – Please list your debts

| A. Category (Loans, Credit Cards, Line of Credit, Child support etc.) | B. Original Amount | C. Current Amount | D. Monthly Payment |
|--|-----------------------|----------------------|-----------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| Total: | | | |



| | |
|---|--|
| Do you have any debts that are in default or overdue? If yes, provide details | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | |
| What is your annual gross income? | |

| | |
|--|--|
| 1. Have you been bonded? If yes, provide details [When, where circumstances] | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | |

SPS Notes:

| | |
|---|--|
| 2. Have you declared bankruptcy? If yes, provide details [When, where, circumstances] | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | |

SPS Notes:

| | |
|---|--|
| 3. Has a collection agency collected or attempted to collect an outstanding debt from you? If yes, provide details [When, where, circumstances] | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | |

SPS Notes:

| | |
|--|---|
| 4. Have you knowingly written an NSF cheque? If yes, provide details [When, where circumstances] | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | |

SPS Notes:

GENERAL INFORMATION:

| |
|---|
| 1. Name three things you have done, for which you are most proud: |
| |

SPS Notes:

| |
|---|
| 2. Name three things you have done, for which you are not proud of: |
| |

SPS Notes:



3. What are your plans for the next five years?

SPS Notes:

4. What actions have you taken to implement these plans?

SPS Notes:

5. Have you been refused entry to any country? If yes, please provide details including year, country, port of entry denied, and reason. Yes No

SPS Notes:

6. Are you aware of any reason why you may be disqualified as a potential employee of Surrey Police Service? If yes, please provide details. Yes No

SPS Notes:

7. Are you currently or have you in the past been involved in a civil lawsuit as a plaintiff, defendant, third party, petitioner, respondent or witness? Yes No

SPS Notes:

8. Has your status in Canada been investigated by a hearing or tribunal? If yes, by what agency? Please provide details. Yes No

SPS Notes:



SOCIAL MEDIA:

1. Please list any social media accounts or any public forums you are active in. Please provide all of your social media Username ID's.

2. Have you engaged/posted on social media or any forums which are or could become public Yes No related to SPS or SPS transition issues in support or otherwise? If yes, please provide details (where, when, context, etc.) SPS may require that you provide copies.

3. Do you consent to SPS reviewing your social media accounts and forums listed above? Yes No

DRIVING INFORMATION:

1. List **all** driving offenses for which you have **ever** received a ticket, including photo radar and out of province [include the year of the ticket(s)]

SPS Notes:

2. Have you failed to appear in court in relation to a traffic violation? Yes No
Have you had a driver's license suspended or revoked? Yes No
Have you driven while under suspension, prohibition, or without a license? Yes No
Have you been refused automobile insurance or have had it cancelled or suspended? Yes No
Have you ever received a letter about too many tickets? Yes No

If yes, please provide details [when, where, and circumstances]:

SPS Notes:



3. Have you ever been involved in any motor vehicle accidents? Yes No
Have you received insurance settlements resulting from a motor vehicle accident? Yes No
If yes, please provide details [when, where, and circumstances] and indicate if you were at fault:

SPS Notes:

4. Have you falsified, exaggerated, or lied about an insurance claim of any kind? If, yes, please Yes No
provide details [when, where, and circumstances]:

SPS Notes:

5. Have you been involved in a hit-and-run accident either as a driver or a passenger – no matter how minor the damage? If, yes, please provide details [when, where, and circumstances]: Yes No

SPS Notes:

6. Have you deliberately left the scene of an accident you were involved in? If, yes, please Yes No
provide details [when, where, and circumstances]:

SPS Notes:



EDUCATION:

1. Have you ever required additional assistance, support, or accommodations to achieve a passing grade for an exam or course at any point during your education? This would include extra support for a learning disability or been assigned an Independent Education Plan (IEP)? If yes, please provide details. Yes No

SPS Notes:

2. Have you ever cheated on an exam and/or plagiarized an essay or academic piece of work? If yes, please provide details [when, where, and circumstances]: Yes No

SPS Notes:

3. Have you been suspended or formally reprimanded by an educational institution? If yes, please provide details [When, where and circumstances, include academic suspensions] Yes No

SPS Notes:

EMPLOYMENT:

1. Have you held any employment or volunteer activities that you have not disclosed in this application process? If yes, please provide details [when, where, and circumstances]. Yes No

SPS Notes:

2. Have you held employment under another name? If yes, please provide details [name, when, where, and circumstances]: Yes No

SPS Notes:



3. Have you been disciplined/documentated for inappropriate behavior at work? If yes, please provide details [When, where and circumstances] Yes No

SPS Notes:

4. Have you been unemployed for extended periods of time? Yes No
Have you collected employment insurance benefits of welfare? Yes No
Have you worked while on employment insurance or welfare and not reported your full earnings? Yes No
If yes to any of the above, please provide details [when, where, and circumstances]:

SPS Notes:

5. Have you been unable to work for periods of 4 weeks or more due to an illness or injury? If yes, please provide details [when, where and circumstances] Yes No

SPS Notes:

6. Have you booked off sick when you have not been? If yes, please provide details [How many times, why, when was the last time] Yes No

SPS Notes:

7. Have you had problems with being late when you were a student or an employee? If yes, please provide details [When, where and circumstances] Yes No

SPS Notes:



DRUGS AND ALCOHOL:

1. Have you thought you were using, tested, sniffed, smoked, ingested, inhaled, injected, swallowed, attempted to use or experimented with any form of controlled drugs or substances such as but not limited to:

| | | | |
|----------------------------------|--|-------------|-------------------|
| COCAINE | <input type="checkbox"/> Yes <input type="checkbox"/> No | # of times: | When: (yy-mmm) |
| CRACK | <input type="checkbox"/> Yes <input type="checkbox"/> No | # of times: | When: (yy-mmm) |
| ECSTACY | <input type="checkbox"/> Yes <input type="checkbox"/> No | # of times: | When: (yy-mmm) |
| HEROIN | <input type="checkbox"/> Yes <input type="checkbox"/> No | # of times: | When: (yy-mmm) |
| LSD | <input type="checkbox"/> Yes <input type="checkbox"/> No | # of times: | When: (yy-mmm) |
| CANNABIS | <input type="checkbox"/> Yes <input type="checkbox"/> No | # of times: | When: (yy-mmm) |
| METHAMPHETAMINE | <input type="checkbox"/> Yes <input type="checkbox"/> No | # of times: | When: (yy-mmm) |
| MUSHROOMS | <input type="checkbox"/> Yes <input type="checkbox"/> No | # of times: | When: (yy-mmm) |
| PCP | <input type="checkbox"/> Yes <input type="checkbox"/> No | # of times: | When: (yy-mmm) |
| SPEED | <input type="checkbox"/> Yes <input type="checkbox"/> No | # of times: | When: (yy-mmm) |
| DESIGNER DRUGS | <input type="checkbox"/> Yes <input type="checkbox"/> No | # of times: | When: (yy-mmm) |
| INHALENTS [GAS/GLUE] | <input type="checkbox"/> Yes <input type="checkbox"/> No | # of times: | When: (yy-mmm) |
| OTHER (provide details below) | <input type="checkbox"/> Yes <input type="checkbox"/> No | # of times: | When: (yy-mmm) |

2. Please provide further details on your drug use, frequency and time frames: N/A

SPS Notes:

3. Do you possess, or have you possessed a medicinal cannabis card? If so, detail the reason you possessed such a card? Yes No

SPS Notes:



4. When did you last use a controlled drug or substance? What were the circumstances? What type of drug? N/A

SPS Notes:

5. Have you purchased controlled drugs or substances? If yes, please provide details [When, where, circumstances, and type of drug] Yes No

SPS Notes:

6. Have you sold controlled drugs or substances or illegally sold prescription drugs? If yes, please provide details [When, where, circumstances, and type of drug] Yes No

SPS Notes:

7. Have you grown/ manufactured/ imported/ transported controlled drugs or substances? If yes, please provide details [When, where, circumstances, and type of drug] Yes No

SPS Notes:

8. Do you know anyone who has ever sold, grown, or manufactured, imported, or transported controlled drugs or substances? If yes, please provide details [When, where and circumstances] Yes No

SPS Notes:

9. Have you been in a place where you knew controlled drugs or substances or narcotics were being used? If yes, please provide details [When, where and circumstances] Yes No

SPS Notes:



10. Have you allowed someone to use controlled drugs or substances at your residence or in your vehicle? If yes, please provide details [When, where and circumstances] Yes No

SPS Notes:

11. Have you used or sold steroids and/or other performance enhancing drugs? If yes, please provide details [When, where and circumstances] Yes No

SPS Notes:

12. Have you administered a controlled drug, substance, or intoxicant to a person without their knowledge or consent? If yes, please provide details [When, where and circumstances] Yes No

SPS Notes:

13. Have you misused prescription drugs? If yes, please provide details [when, where and circumstances] Yes No

SPS Notes:

14. Have you misused non-prescription drugs? If yes, please provide details [When, where and circumstances] Yes No

SPS Notes:

15. Have you driven a motor vehicle, boat or other vehicle while you have been under the influence of drugs/alcohol? If yes, please provide details [when, where & circumstances, what drug/alcohol did you use] Yes No

SPS Notes:



16. Have you worked while you have been impaired or unfit under the influence of drugs/ alcohol? If yes, please provide details [When, where and circumstances, what drug/alcohol did you use] Yes No

SPS Notes:

17. Have you been in a verbal or physical altercation while under the influence of alcohol or drugs? If yes, please provide details [When, where and circumstances] Yes No

SPS Notes:

18. Have you been charged for an offence involving the consumption, transportation, or distribution of alcohol? If yes, please provide details [When, where and circumstances] Yes No

SPS Notes:

19. How many times have you driven a motor vehicle, boat, or other vehicle while you have been under the influence of alcohol and thought you were over the legal alcohol limit? Please provide details [When, where and circumstances]

SPS Notes:

20. Provide details about the last time you drove when you thought you were over the legal alcohol limit. How many drinks did you have and over what period? How many times in total? When did this occur?

SPS Notes:



FIREARMS:

1. Have you had possession of an illegal or unregistered firearm or other weapons? Please provide details [When, where and circumstances] Yes No

SPS Notes:

LIFESTYLE AND INTEGRITY:

1. Have you been in a physical altercation with a spouse/ex-spouse, partner or anyone associated to you in a domestic or family relationship? If yes, please provide details [when, where and circumstances] Yes No

SPS Notes:

2. Have you been in a physical fight or assaulted anyone? [sports or otherwise, regardless of your age at the time] If yes, please provide details [when, where and circumstances] Yes No

SPS Notes:

3. Have you been physically violent towards a child? If yes, please provide details [when, where and circumstances] Yes No

SPS Notes:

4. Have you had sexual involvement with anyone without their consent? If yes, please provide details [when, where and circumstances] Yes No

SPS Notes:

5. Have you been involved in sexual activity where money has been exchanged? If yes, please provide details [when, where and circumstances] Yes No

SPS Notes:



6. Have you been involved in the sex trade industry, in any capacity? If yes, please provide details [when, where and circumstances] Yes No

SPS Notes:

7. Have you retained or participated in any type of commercial sexual activity for yourself or others, either in Canada or abroad? If yes, please provide details [when, where and circumstances] Yes No

SPS Notes:

8. Have you been involved in a sexual manner with a child, underage person or anyone purported to be a child or underage person? If yes, please provide details [when, where and circumstances] Yes No

SPS Notes:

9. Have you committed a sexual act that if you were caught, you might have been prosecuted (bestiality, indecent exposure, voyeurism, incest, sex in public, anonymous harassing phone calls, digital image and/or video recording people without permission)? If yes, please provide details [when, where and circumstances] Yes No

SPS Notes:

10. Have you used the internet to communicate in an inappropriate manner with a child, underage person, or anyone purported to be a child or underage person? If yes, please provide details [when, where and circumstances] Yes No

SPS Notes:

11. Have you recorded and/or distributed, by any media, sexual acts of another person in a public area or in a location where there was a reasonable expectation of privacy without their consent? If yes, please provide details [when, where and circumstances] Yes No

SPS Notes:



12. Have you had possession of or viewed any material that could be considered child, violent or animal pornography? If yes, please provide details [when, where and circumstances] Yes No

SPS Notes:

13. Have you used a name other than your own for any purpose, including false identification? If yes, please provide details [when, where and circumstances] Yes No

SPS Notes:

14. Have you falsified an official document, including by electronic means? If yes, please provide details [when, where and circumstances] Yes No

SPS Notes:

15. Have you told a lie or misrepresentation of any act, while under oath, or on a sworn or notarized document? If yes, please provide details [when, where and circumstances] Yes No

SPS Notes:

16. Have you been the subject of a restraining order? If yes, please provide details [when, where and circumstances] Yes No

SPS Notes:

17. Do you currently associate with, or have you in the past, associated with individuals or groups, including a family member, whom you know to be engaged in criminal activity? If yes, please provide details [when, where and circumstances] Yes No

SPS Notes:



18. Have you visited a “clubhouse”, residence, or any other place used by a criminal organization, gang, or persons involved in criminal activity? If yes, please provide details [when, where and circumstances] Yes No

SPS Notes:

19. Do you gamble? If yes, please provide details [when, where and circumstances] Yes No
Do you have any gambling debts? If yes, please provide details Yes No

SPS Notes:

20. Do you currently associate with a criminal organization, gang or member of a gang? If yes, please provide details [when, where and circumstances] Yes No

SPS Notes:

21. Have you in the past associated or been connected in any way to a criminal organization, gang or member of a gang? If yes, please provide details [when, where and circumstances] Yes No

SPS Notes:

22. Are you engaged in a business as an owner or partner? (Active partner/owner or silent partner) If yes, please provide details [when, where and circumstances] Yes No

SPS Notes:

23. Have you filed an inaccurate tax return [did not declare all income, etc.]? Yes No
Have you failed to file your income tax return? Yes No
Have you filed a late income tax return? Yes No
Are you responsible for filing your tax return? Yes No
If yes, please provide details [when, where and circumstances]

SPS Notes:



24. Have you failed to declare everything or made a false declaration at the Canada-USA border or other international border? If yes, please provide details [when, where and circumstances] Yes No

SPS Notes:

25. Have you been fired, laid off or let go from a job? Yes No
Have you ever resigned from a job to avoid termination of employment? Yes No
If yes to either question, please provide details [when, where and circumstances]

SPS Notes:

26. Have you committed a theft from any of your employers? If yes, please provide details [when, where and circumstances] Yes No

SPS Notes:

27. Have you been involved in any other thefts [shoplifting, price tag switching, theft from parents, etc.]? If yes, please provide details [when, where and circumstances] Yes No

SPS Notes:

28. Have you had possession of anything obtained through the commission of any offence? If yes, please provide details [when, where and circumstances] Yes No

SPS Notes:

29. Have you intentionally damaged someone else's property? If yes, please provide details [when, where and circumstances] Yes No

SPS Notes:



30. Do you currently have outstanding fines [traffic, parking violations, etc.]? If yes, please provide details [when, where and circumstances] Yes No

SPS Notes:

31. Have you been investigated, arrested, charged, or convicted of a regulatory or criminal offence, including abroad? If yes, please provide details [when, where and circumstances] Yes No

SPS Notes:

32. Have you been subject to any of the following by the police? (Including any police investigations you may be associated with, including in a foreign country):

- | | | | |
|------------|--|-------------|--|
| Checked | <input type="checkbox"/> Yes <input type="checkbox"/> No | Ticketed | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Detained | <input type="checkbox"/> Yes <input type="checkbox"/> No | Driven Home | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Questioned | <input type="checkbox"/> Yes <input type="checkbox"/> No | Arrested | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered yes to any of the above, please provide details [when, where and circumstances]:

SPS Notes:

33. Have you been chased, pursued, or hid from the police? If yes, please provide details [when, where and circumstances] Yes No

SPS Notes:

34. Have you hidden anyone or helped anyone avoid being arrested or found by the police? If yes, please provide details [when, where and circumstances] Yes No

SPS Notes:

35. Have you engaged in cruelty to any creature or animal that resulted in harm, injury, or death, other than legally licensed hunting or fishing? If yes, please provide details [when, where and circumstances] Yes No

SPS Notes:



36. Have you participated in unlawful acts that you have not already disclosed to us? If yes, please provide details [when, where and circumstances] Yes No

SPS Notes:

37. Have you caused the death of another person? If yes, please provide details [when, where and circumstances] Yes No

SPS Notes:

38. Have you contributed to the death of another person? If yes, please provide details [when, where and circumstances] Yes No

SPS Notes:

39. Do you currently or have you worked or volunteered in a policing environment? If you have answered yes to this question, please answer the following two questions, and provide details [when, where and circumstances]: Yes No

A. Are you currently the subject of an internal or external investigation? Yes No

B. Have you been formally investigated for any situations while working or volunteering in a policing environment? Yes No

C. Have you been dismissed from any volunteer position you have held? If yes, please provide details Yes No

SPS Notes:

40. A background check is part of the selection process. It involves a detailed and thorough investigation of your history. Is there any information you wish to add or disclose that you believe SPS should be aware of at this time? Please remember, non-disclosures may affect the status of your application. If yes, please provide details below: Yes No

SPS Notes:



41. Is there any reason why you could NOT perform the duties of the position for which you are applying? Yes No

SPS Notes:



BACKGROUND CHECK:

Should you have any questions or concerns, contact the Recruiting Section. All issues **must be disclosed in advance** of the polygraph examination or disqualification will be considered.

CLOSING DECLARATION

I hereby certify that the answers given by me in this integrity and lifestyle questionnaire are correct, and that all statements in this integrity and lifestyle questionnaire are true and complete. Employment with Surrey Police Service is requiring upon successful completion of all phases of the application process. I understand that deceit, dishonesty, or non-disclosure concerning questions in this document, or during any other stage of the application process, will result in my disqualification from this and any other future competitions or will result in dismissal. I understand that any information received from inquiries made concerning statements in this questionnaire will not be disclosed to me. I understand that information supplied in this document and obtained during the application process will be considered in the context of the competition and will be held in confidence under those circumstances; with the exception that this information may be made available to other police agencies in Canada and, if applicable any future employment or volunteer positions with Surrey Police Service.

Name of Applicant

Date of Application



**PERSONAL INFORMATION AND
REFERENCE CHECK RELEASE FORM**

Name of Applicant: _____

Position: _____

Applicant Authorization for Surrey Police Service to Collect Personal Information

I have applied to Surrey Police Service (“SPS”) for employment. I am aware the hiring process includes a detailed investigation conducted by SPS or its authorized agents/representatives, including a review of any information I have provided as part of the application process and during interviews, as well as the collection and review of any information that is publicly available, or could be made publicly available, about me (including through internet searches and on social media sites). I acknowledge the investigation may include reference checks and communications with my current and former employers, educational institutions, volunteer organizations and others.

I HEREBY AUTHORIZE AND CONSENT to the release of any information about me, including personal information, to SPS and its authorized agents/representatives that may be relevant to my application for employment with SPS, including but not limited to my current and past employment (including job performance), education, volunteering, and character, by any person who may have knowledge of, or access to the requested information.

Type your name (this will be your legal signature), and date before submitting your reference list.

Applicant Name (Type)

Date

Witness Name (Type)

Date

If you have any questions about this consent to receive personal information, please contact SPS Recruiting Section at careers@surreypolice.ca





[Empty questionnaire area]