EXPERIENCED POLICE OFFICER APPLICATION

"Building Safe and Healthy Communities Together"

PERSONAL INFORMATION

SURNAME	FIRST NAME	MIDDLE NAME(S)	CITIZENSHIP

ADDRESS	CITY / PROVINCE / COUNTRY	POSTAL CODE

TELEPHONE (HOME)	TELEPHONE (CELL)	DATE OF BIRTH (Y/M/D)	PLACE OF BIRTH (CITY/PROVINCE/COUNTRY)

☐ MALE ☐ FEMALE ☐ NON-BINARY	EMAIL ADDRESS

If at any time you have used a surname (e.g., maiden) or first name other than the one listed above, please list below:

CHANGED FROM	CHANGED TO	DATE OF CHANGE (Y/M/D)

Please list the usernames for any social media accounts that you hold (i.e., Facebook, Instagram, Twitter, etc.):

DRIVER INFORMATION

DRIVER'S LICENSE NUMBER	PROVINCE	CLASS(ES)	DATE OF EXPIRY (Y/M/D)

RESTRICTIONS / CONDITIONS

Please identify any certifications you have to operate all-terrain vehicles, snowmobiles and marine craft:

Please identify any driver training that you have:

RECRUITMENT INFORMATION

How did you learn of the RNC's recruitment initiative?

☐ RNC Website ☐ RNC Twitter ☐ RNC Member: _____

☐ RNC Facebook Page ☐ Human Resource Secretariat ☐ RNC Cadet: _____

☐ Other (please specify): _____

Have you ever applied for employment with the Royal Newfoundland Constabulary or any other policing agency?

☐ No ☐ Yes

If Yes, please fill out information below:

AGENCY APPLIED FOR	APPLICATION DATE (Y/M/D)	DETAILED OUTCOME

Have you ever taken a pre-employment polygraph examination?

☐ No ☐ Yes

If Yes, please fill out information below:

AGENCY APPLIED FOR	WHO COMPLETED EXAM	DATE OF EXAM (Y/M/D)

Have you ever run the Physical Abilities Requirement Evaluation (PARE)?

☐ No ☐ Yes

If Yes, please fill out information below:

AGENCY	PARE RESULT	DATE OF PARE (Y/M/D)

EDUCATION HISTORY

POLICING ACADEMY	NAME OF INSTITUTION	CITY / PROVINCE / COUNTRY	
	PROGRAM COURSE	START DATE (Y/M/D)	END DATE (Y/M/D)
	EDUCATION LEVEL COMPLETE ☐ CERTIFICATE ☐ DIPLOMA ☐ DEGREE ☐ STILL IN PROGRESS ☐ INCOMPLETE		

POST-SECONDARY INSTITUTION	NAME OF INSTITUTION	CITY / PROVINCE / COUNTRY	
	PROGRAM COURSE, MAJOR / MINOR	START DATE (Y/M/D)	END DATE (Y/M/D)
	EDUCATION LEVEL COMPLETE ☐ CERTIFICATE ☐ DIPLOMA ☐ DEGREE ☐ STILL IN PROGRESS ☐ INCOMPLETE		

HIGH SCHOOL	NAME OF SCHOOL	CITY / PROVINCE / COUNTRY
	EDUCATION LEVEL OBTAINED ☐ DIPLOMA ☐ GED ☐ ABE	YEAR OF GRADUATION

EMPLOYMENT HISTORY

Begin with your most recent employer and continue in reverse time order. Provide history for the **last 10 years**, if applicable. In the case of former employers, applicants are required to provide the most appropriate contact. Attach additional sheets, if required, in the same format.

<table>
<tr><td colspan="3">ORGANIZATION</td><td>TELEPHONE</td></tr>
<tr><td colspan="3">ORGANIZATION'S ADDRESS (CITY / PROVINCE / COUNTRY)</td><td>POSTAL CODE</td></tr>
<tr><td colspan="2">CONTACT PERSON</td><td>EMAIL ADDRESS</td><td>TELEPHONE</td></tr>
<tr><td>START DATE (Y/M)</td><td>END DATE (Y/M)</td><td colspan="2">TITLE HELD</td></tr>
<tr><td colspan="2">DUTIES AND RESPONSIBILITIES</td><td colspan="2">WEEKLY WORK SCHEDULE</td></tr>
<tr><td colspan="4">REASON FOR LEAVING</td></tr>
</table>

ORGANIZATION		TELEPHONE
ORGANIZATION'S ADDRESS (CITY / PROVINCE / COUNTRY)		POSTAL CODE
CONTACT PERSON	EMAIL ADDRESS	TELEPHONE

START DATE (Y/M)	END DATE (Y/M)	TITLE HELD
DUTIES AND RESPONSIBILITIES		WEEKLY WORK SCHEDULE
REASON FOR LEAVING		

ORGANIZATION		TELEPHONE
ORGANIZATION'S ADDRESS (CITY / PROVINCE / COUNTRY)		POSTAL CODE
CONTACT PERSON	EMAIL ADDRESS	TELEPHONE

START DATE (Y/M)	END DATE (Y/M)	TITLE HELD
DUTIES AND RESPONSIBILITIES		WEEKLY WORK SCHEDULE
REASON FOR LEAVING		

VOLUNTEER WORK

ORGANIZATION		TELEPHONE
ORGANIZATION'S ADDRESS (CITY / PROVINCE / COUNTRY)		POSTAL CODE
CONTACT PERSON	EMAIL ADDRESS	TELEPHONE
START DATE (Y/M)	END DATE (Y/M)	
DUTIES AND RESPONSIBILITIES		
ORGANIZATION		TELEPHONE
ORGANIZATION'S ADDRESS (CITY / PROVINCE / COUNTRY)		POSTAL CODE
CONTACT PERSON	EMAIL ADDRESS	TELEPHONE
START DATE (Y/M)	END DATE (Y/M)	
DUTIES AND RESPONSIBILITIES		
ORGANIZATION		TELEPHONE
ORGANIZATION'S ADDRESS (CITY / PROVINCE / COUNTRY)		POSTAL CODE
CONTACT PERSON	EMAIL ADDRESS	TELEPHONE
START DATE (Y/M)	END DATE (Y/M)	
DUTIES AND RESPONSIBILITIES		

SECURITY CLEARANCE DECLARATION

The following pages request detailed information regarding you, your family and your associates. This information is required to determine your eligibility for training with the Royal Newfoundland Constabulary. The information provided will be held in the strictest confidence. Ensure that all sections are completed. Failure to do so may result in your application being dismissed. Attach additional sheets, if required, in the same format.

APPLICANT INFORMATION		
SURNAME	FIRST NAME	MIDDLE NAME(S)
MAIDEN / OTHER NAMES USED		PREFERRED FIRST NAME
CURRENT STREET ADDRESS (CITY / PROVINCE / COUNTRY)		TELEPHONE
DATE OF BIRTH (Y/M/D)	PLACE OF BIRTH (CITY/PROVINCE/COUNTRY)	☐ MALE ☐ FEMALE ☐ NON-BINARY

STATUS

☐ SINGLE ☐ MARRIED ☐ COMMON-LAW ☐ SEPARATED ☐ DIVORCED

☐ SIGNIFICANT OTHER (i.e., Boyfriend/Girlfriend)

If you have checked married, common-law or significant other, please give full name and date of birth of your partner.

SURNAME / MAIDEN / OTHER	FIRST NAME	MIDDLE NAME(S)	DATE OF BIRTH (Y/M/D)

CURRENT AND FORMER RESIDENCES

Begin with your current address and continue in reverse time order. Indicate every place you have resided in the **last 10 years**. Please estimate age if exact date of birth cannot be obtained for person(s) with whom you have shared an address. Attach additional sheets, if required, in the same format.

STREET ADDRESS (CITY / PROVINCE / COUNTRY / POSTAL CODE)		**START DATE** (Y/M/D)	**END DATE** (Y/M/D)
NAME OF PERSON(S) WHO SHARE ADDRESS	TELEPHONE	RELATIONSHIP	DOB (Y/M/D)
STREET ADDRESS (CITY / PROVINCE / COUNTRY / POSTAL CODE)		**START DATE** (Y/M/D)	**END DATE** (Y/M/D)
NAME OF PERSON(S) WHO SHARE ADDRESS	TELEPHONE	RELATIONSHIP	DOB (Y/M/D)
STREET ADDRESS (CITY / PROVINCE / COUNTRY / POSTAL CODE)		**START DATE** (Y/M/D)	**END DATE** (Y/M/D)
NAME OF PERSON(S) WHO SHARE ADDRESS	TELEPHONE	RELATIONSHIP	DOB (Y/M/D)

FAMILY MEMBERS / INTIMATE PARTNER

Applicants **must** include all immediate relatives, spouse, intimate partner **and** the immediate relatives of their current/former spouse, intimate partner or common intimate partner.

Immediate relatives include parents, step-parents, guardians, children, step-children, adopted children, brother/sister, step-brother/sister, adopted brother/sister, in-law (including brothers/sisters in-law) living or deceased.

Please ensure **FULL NAMES** are included.

SURNAME / MAIDEN NAME	FIRST NAME	MIDDLE NAME(S)
STREET ADDRESS (CITY / PROVINCE / COUNTRY)		POSTAL CODE
DATE OF BIRTH (Y/M/D)	TELEPHONE	RELATIONSHIP
SURNAME / MAIDEN NAME	FIRST NAME	MIDDLE NAME(S)
STREET ADDRESS (CITY / PROVINCE / COUNTRY)		POSTAL CODE
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STREET ADDRESS (CITY / PROVINCE / COUNTRY)		POSTAL CODE
DATE OF BIRTH (Y/M/D)	TELEPHONE	RELATIONSHIP

This concludes the Experienced Police Officer Application form.

Please ensure you complete all sections.

Save this document as instructed and attach it to your email submission along with all other documents required.