



EXPERIENCED POLICE OFFICER APPLICATION 2024/2025

“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)	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> 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 <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> DIPLOMA <input type="checkbox"/> DEGREE <input type="checkbox"/> STILL IN PROGRESS <input type="checkbox"/> 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 <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> DIPLOMA <input type="checkbox"/> DEGREE <input type="checkbox"/> STILL IN PROGRESS <input type="checkbox"/> INCOMPLETE		

HIGH SCHOOL	NAME OF SCHOOL	CITY / PROVINCE / COUNTRY	
	EDUCATION LEVEL OBTAINED	YEAR OF GRADUATION	
<input type="checkbox"/> DIPLOMA <input type="checkbox"/> GED <input type="checkbox"/> ABE			

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.

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			
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 ADDRESS (CITY / PROVINCE / COUNTRY)		TELEPHONE	
DATE OF BIRTH (Y/M/D)	PLACE OF BIRTH (CITY/PROVINCE/COUNTRY)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NON-BINARY	
STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> COMMON-LAW <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> 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.

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
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
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

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

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SURNAME / MAIDEN NAME	FIRST NAME	MIDDLE NAME(S)
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.