



I attended the information session on: \_\_\_\_\_

# Vancouver Police Department Employment Application

Revised 2022/01/11

POLICE CONSTABLE

SPECIAL MUNICIPAL CONSTABLE

DROP OFF OR MAIL COMPLETED APPLICATION PACKAGE TO:

VANCOUVER POLICE DEPARTMENT  
RECRUITING UNIT  
3585 GRAVELEY STREET, VANCOUVER BC, V5K 5J5  
EMAIL: [recruiting@vpd.ca](mailto:recruiting@vpd.ca)

1. An essential component in the selection process of the Vancouver Police Department is a background investigation. Information gathered will be used to assess the suitability of the Applicant for a police career. There will be a security check on the Applicant and members of their family.
2. All questions must be answered. If a question is not applicable, mark *N/A* and attach a note explaining the reason any question is left blank.
3. All information supplied is subject to verification by investigation. False statements can disqualify or result in dismissal if employed.
4. Complete this form by **printing in black ink**. Neatness and legibility are of the utmost importance.
5. If extra space is required, attach additional pages to this application.
6. Postal codes must be supplied for each address given.
7. No information received from inquiries concerning information in this application will be released to the applicant.

**All of the items below must be submitted with this application form.**

- Completed lifestyle and integrity questionnaire
- Original certified educational transcripts from high school and post-secondary Institution
- Copy of birth certificate and Canadian Citizenship or Permanent Resident documentation
- Copy of valid Standard First Aid Certificate with CPR "Level C"
- Completed visual assessment form
- Copy of photo identification - (driver's license)
- Detailed current resume with cover letter
- International Credential Evaluation Service (ICES) report *(if applicable)*
- Criminal pardon *(if applicable)*
- Two (2) passport-sized photo wearing professional business attire
- Signed authorization form
- Signed feedback waiver form
- Copy of police information check – vulnerable sector (PIC-VS) (consult your local police department on how to obtain)
- Copy of social insurance card

**\*\*INCOMPLETE APPLICATIONS WILL NOT BE HELD OR PROCESSED\*\***

Surname: \_\_\_\_\_ Given: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone (H): \_\_\_\_\_ Phone (C): \_\_\_\_\_

Email: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Y/M/D)

Other than the name(s) listed above, please list any name change(s), or name(s) you may have used in the past.

Name change from: \_\_\_\_\_ to: \_\_\_\_\_ Date of change \_\_\_\_/\_\_\_\_/\_\_\_\_

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Personal information on this employment application is being collected under the authority of the Freedom of Information & Protection of Privacy Act (FOIPPA) Section 33©. It will be used to determine your suitability, eligibility or qualifications for employment. Questions about the use or collection of this information should be directed to the FOIPPA Program Administrator.

### EDUCATION AND TRAINING - Proof of education will be required prior to engagement

INSTITUTION FROM MOST RECENT	FROM YR/MTH	TO YR/MTH	COURSES OF STUDY	DEGREE, CERTIFICATE OR # OF CREDITS COMPLETED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LANGUAGES SPOKEN: \_\_\_\_\_

LANGUAGES WRITTEN: \_\_\_\_\_

ADDITIONAL EDUCATION INCLUDING COURSES, WORKSHOPS AND SEMINARS:

\_\_\_\_\_

\_\_\_\_\_

### MEDICAL HISTORY

Have you ever experienced any type of illness, injury or accident that may affect your performance as a police constable?

YES  NO      If yes, please specify: \_\_\_\_\_

Have you had laser eye surgery?

YES  NO      If yes, please specify type: \_\_\_\_\_

Date of surgery: \_\_\_\_\_

### DRIVING HISTORY

Driver's License:      Province: \_\_\_\_\_ Class(es): \_\_\_\_\_ Licence Number: \_\_\_\_\_

Have you ever had a driver's licence in another province or state?  YES  NO

If yes, please specify: \_\_\_\_\_

Have you ever had your driver's licence suspended?  YES  NO

If yes, please specify: \_\_\_\_\_

List all driving offences. Attach page if necessary:

DATE	OFFENCE	LOCATION	POINTS/FINE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

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## LAW ENFORCEMENT APPLICATIONS

List all applications to this or any other law enforcement agencies (including police, corrections, sheriffs, CSIS, and border agencies):

AGENCY	APPLICATION DATE	STATUS (describe reason for non-selection)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever taken a polygraph examination?  YES  NO

If yes, please specify date and agency: \_\_\_\_\_

## EMPLOYMENT HISTORY

Begin with your most recent employer and continue in reverse order. Provide history for the last ten (10) years if applicable. Provide an explanation for all gaps in employment.

1. EMPLOYER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

START DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ FINISH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ POSITION HELD: \_\_\_\_\_

DUTIES/RESPONSIBILITIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

2. EMPLOYER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

START DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ FINISH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ POSITION HELD: \_\_\_\_\_

DUTIES/RESPONSIBILITIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

3. EMPLOYER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

START DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ FINISH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ POSITION HELD: \_\_\_\_\_

DUTIES/RESPONSIBILITIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

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4. EMPLOYER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

START DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ FINISH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ POSITION HELD: \_\_\_\_\_

DUTIES/RESPONSIBILITIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

If you were asked to resign, or were fired from a job, or had a gap in employment, provide details and explanations. \_\_\_\_\_

\_\_\_\_\_

**VOLUNTEER EXPERIENCE**

ORGANIZATION NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

START DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ FINISH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ POSITION HELD: \_\_\_\_\_

DUTIES/RESPONSIBILITIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

ORGANIZATION NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

START DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ FINISH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ POSITION HELD: \_\_\_\_\_

DUTIES/RESPONSIBILITIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**OFFENCE RECORD**

Have you ever been charged with a federal, provincial or municipal offence (other than minor driving offences)?  YES  NO If yes, give date and particulars of each charge and/or conviction:

\_\_\_\_\_

If a criminal pardon has been granted, attach a copy of the pardon.

Note: Conviction of an offence does not necessarily preclude consideration for employment by the Vancouver Police Department.

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## REFERENCES

List four people who we can contact for a character reference. They cannot be related to you or present or past employers:

NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

ADDRESS AND POSTAL CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

ADDRESS AND POSTAL CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

ADDRESS AND POSTAL CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

ADDRESS AND POSTAL CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Do you know anyone employed by the Vancouver Police Department?  YES  NO

If yes, name of individual(s): \_\_\_\_\_

Your connection: \_\_\_\_\_

How did you learn about Vancouver Police vacancies?

- |   |  |
|---|--|
| <input type="checkbox"/> University/college     | <input type="checkbox"/> Newspaper             |
| <input type="checkbox"/> Radio                  | <input type="checkbox"/> Police officer: _____ |
| <input type="checkbox"/> Television             | <input type="checkbox"/> City employee: _____  |
| <input type="checkbox"/> School liaison officer | <input type="checkbox"/> Other: _____          |

## COMPLETION OF THIS SECTION IS VOLUNTARY

Please check the boxes that apply to you:

- Male
- Female
- Non-binary/Gender diverse
- Indigenous
- Ethnically diverse – specify origin: \_\_\_\_\_

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## Employment Application

### VISUAL ASSESMENT

The following information is required to determine if your patient meets our visual requirements. Please note the information must be in the Snellen format (i.e. 20/20, 20/40, etc.)

**POLICE**

The vision standards are:

- **Uncorrected Vision:** 20/40 with both eyes open, with any one eye no worse than 20/100.
- **Corrected Vision:** 20/20 with both eyes open, with any one eye no worse than 20/40.
- **Colour Vision:** Colour vision should be normal (i.e. pass the Farnsworth D-15 test).
- **Peripheral Vision:** 150 continuous degrees along the horizontal meridian binocularity and 30 degrees above and below the fixation point.
- **Binocular Vision:** Stereoacuity of 100 seconds of arc or better (i.e. pass the TITUMS or RANDOT – Circles test).

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The vision standards are:

- **Corrected Vision:** 20/20 with both eyes open, with any one eye no worse than 20/40.
- **Colour Vision:** Colour vision should be normal (i.e. pass the Farnsworth D-15 test).
- **Binocular Vision:** Stereoacuity of 100 seconds of arc or better (i.e. pass the TITUMS or RANDOT – Circles test).

Please note \*orthokeratology (ortho-k) is not an accepted procedure.

Has your patient had laser surgery? YES / NO

<b>PHYSICIAN'S STAMP:</b>
---------------------------

If yes, date of surgery: \_\_\_\_\_

<b>DATE:</b> _____	<b>PHYSICIAN:</b> _____	
		<b>SIGNATURE:</b> _____
<b>PATIENT'S NAME:</b> _____		
<b>UNCORRECTED:</b>		
<b>LEFT EYE:</b> _____	<b>RIGHT EYE:</b> _____	<b>BOTH EYES OPEN:</b> _____
<b>CORRECTED:</b>		
<b>LEFT EYE:</b> _____	<b>RIGHT EYE:</b> _____	<b>BOTH EYES OPEN:</b> _____
<b>COLOUR VISION:</b> _____		
<b>PERIPHERAL VISION:</b> _____		
<b>BINOCULAR VISION:</b> _____		

**MEETS VISUAL STANDARD**  YES  NO

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

I, \_\_\_\_\_, having applied for a position with the Vancouver Police Department, and recognizing that I am required to supply information to be used to determine my qualifications, moral character, honesty and suitability for employment with the Department, 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 hereby authorize the Vancouver Police Department to make such investigations, as they deem necessary to determine approval or disapproval of this application. I understand that the Vancouver Police Department will have the final say in the approval or rejection of this application, and the criteria and method they use in arriving at their decision will not be questioned or objected to by me and I will have no grievance against the Vancouver Police Department or the City of Vancouver in this regard.

I waive the right to review any information received by the Vancouver Police Department.

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 Vancouver Police Department.

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

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**

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## FEEDBACK WAIVER

Dear Applicant:

You are competing in a highly competitive process designed so you can prove your abilities. Our objective is to select individuals we believe are the best qualified to provide policing service in Vancouver, now and for the future.

The process is lengthy and at each step, a minimum level of achievement must be met. However, even if you meet this minimum standard, the Recruiting Unit must still determine which applicants are the best qualified to proceed for further testing. This decision will be based on the qualifications of the applicants, how many testing spaces are available at each step, and on how many police officers we expect to hire. To reiterate, even if you meet our minimum standard of performance, you may not be selected to proceed to the next step of testing due to the number of other more qualified applicants in the process.

We encourage you to keep other career options open and to manage your life based on the fact you may not achieve your goal of becoming a police officer with the Vancouver Police Department. If you are advised after a testing step that others are more competitive, please remember that due to the volume of qualified applicants, the reason has less to do with you and more to do with others.

This volume also means that we do not have the resources to meet with unsuccessful applicants, nor are we able to provide specific feedback to these individuals when they are not selected to continue in our process.

These words may sound discouraging to you. However, we prefer to be as direct as possible so that you know what is involved in the process. If you do not accept these conditions, please do not enter our testing process so that our significant investment of time, money and staff can be allocated toward other more committed applicants.

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I understand and accept that I cannot be provided with feedback if I am unsuccessful in my application to become a police officer with the Vancouver Police Department.

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

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Print Name

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Signature

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Date

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