

VANCOUVER POLICE DEPARTMENT RECRUITING UNIT

Employment Application

VPD 1772 (28) Revised 2024/12/19

PERSONAL INFORMAT	ION		
Surname:		Given Name (s):	
Date of Birth: (YY-MMM-DD)		Date of Submission: (YY-MM-DD)	
Phone Number (s):			

Drop off or mail completed application package in a sealed envelope marked **CONFIDENTIAL** to:

Vancouver Police Department
Attention: Recruiting Unit
3585 Graveley Street, Vancouver, BC, V5K 5J5, Canada

British Columbia municipal police agencies are authorized under Section 26(c) of the *Freedom of Information and Protection of Privacy Act (FOIPPA)* to collect personal information as the information relates directly to and is necessary for the activity of determining suitability for security clearance in the policing environment.

A background investigation is an essential component of the VPD selection process. The information provided during the selection process is collected by the VPD for the purpose of:

- an employment application;
- assessing the integrity, honesty and character of applicants as to determine suitability for security clearance in the policing environment; and,
- assessing the suitability of the applicant for a career in law enforcement.

A security check of the applicant and their family members will be conducted.

If you have any questions or concerns about the collection of your personal information, please contact the FOIPPA Program Administrator or VPD Recruiting Unit at 604-717-2709 or recruiting@vpd.ca.

Please follow the instructions below carefully:

- You must complete this form electronically or by hand with legible writing. If you make a writing error, do not use correction fluid or tape. Place a single line through the error and write the correction above or beside the error.
- All questions must be answered. If a question is not applicable to the applicant, "N/A" is to be written in the space provided. If an entire section is not applicable, one "N/A" in the first space is sufficient.
- If extra space is required to answer a question, do not write on the back/flip side of any page. Simply print or photocopy another page of the document and continue answering the question or insert a blank page and continue answering the question. Be sure to include the question number you are continuing to answer and edit the inserted page number if necessary. For example, if you reprinted page 5 then indicate on that page or the inserted page that it is page 5-A.
- Unless specified otherwise, the date format should follow YY-MMM-DD [e.g., 24-JAN-31].
- Postal code or zip code must be supplied for each address given.
- Do not staple or put the forms in a binder, cover or page protector. You may use paperclips or a binder clip if you wish.
- All information provided is subject to verification. False statements may disqualify applicants from the VPD selection process and/or result in dismissal if employed by the VPD.

All of the items below must be submitted with this employment application form: ☐ Completed visual assessment form ☐ Completed waiver and release form ☐ Completed feedback waiver form ☐ Completed Integrity & Lifestyle Questionnaire ☐ Detailed current resume with cover letter ☐ Original certified educational transcripts from high school and post-secondary institutions ☐ Copy of birth certificate or equivalent documentation ☐ Copy of valid Standard First Aid Certificate with CPR "Level C" ☐ Copy of valid driver's licence (with photo) ☐ Two (2) passport-sized photos wearing professional attire ☐ Copy of social insurance number (SIN) card or document* *If SIN card or document shows no given name or surname, please attach the top portion of your T4 tax return. ☐ Copy of Canadian citizenship or Permanent Resident documentation (if applicable) ☐ Copy of criminal pardon or record suspension documentation (if applicable) ☐ International Credential Evaluation Service (ICES) or International Credential Assessment Service of Canada (ICAS) report (if applicable) **INCOMPLETE APPLICATIONS WILL NOT BE HELD OR PROCESSED**

Date of Birth: Address: City: Province/State: Country: Phone (Mobile): Email: SIN: SIN: SIN: ist all names and/or aliases you have used in the past, including date of legal change (if applicable): Emergency Contact: Phone (Mobile): Phone (Mobile): Phone (Mobile): Phone (Mobile): Province/State of Issue: Class(es): Restrictions: Iave you ever had a driver's licence in another province, state, or country? Tyes, please specify: MEDICAL HISTORY Iave you ever experienced any type of illness, disability, injury or accident that may affect your ability to erform the duties of a Police Officer or a Special Municipal Constable?	Police Constable:				
Date of Birth: Address: City: Province/State: Country: Phone (Mobile): Email: SIN: SIN: SIN: SIN: SIN: Emergency Contact: Phone (Mobile): Province/State of Issue: Class(es): Restrictions: Restrictions: Restrictions: Save you ever had a driver's licence in another province, state, or country? YES □ NO MEDICAL HISTORY Rever you ever experienced any type of illness, disability, injury or accident that may affect your ability to erform the duties of a Police Officer or a Special Municipal Constable?	Special Municipal Consta	ole:			
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Have you ever experienced any type of illness, disability, injury or accident that may affect your ability to perform the duties of a Police Officer or a Special Municipal Constable? ☐ YES ☐ NO	lave you ever had a drive	's licence in another province	e, state, or country?		
Have you ever experienced any type of illness, disability, injury or accident that may affect your ability to perform the duties of a Police Officer or a Special Municipal Constable? ☐ YES ☐ NO	•				
perform the duties of a Police Officer or a Special Municipal Constable? □ YES □ NO	YES NO				
f yes, please specify:	YES NO				
	YES □ NO f yes, please specify: Have you ever experience perform the duties of a Pol	MEDICAL d any type of illness, disability	HISTORY y, injury or accident		affect your ability to
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EDUCATION AND TRAINING

SECONDARY EDUCATION

From:	To):
Address:		
_ast completed grade/term:		GPA (if applicable):
2. Name of Institution:		
rom:	To	o:
Address:		
_ast completed grade/term:		GPA (if applicable):
	POST-SECONDAR	RY EDUCATION
. Name of Institution:		
rom:	То):
Address:		
Credits Earned:	(GPA (if applicable):
Program of Study:		
Degree/diploma/certificate a	 awarded:	
2. Name of Institution:		
From:	То	o:
Address:		
Credits Earned:	(GPA (if applicable):
Program of Study:		
Degree/diploma/certificate a	awarded:	
Degree/diploma/certificate a	awarded: 	
	awarded:	
Degree/diploma/certificate a _anguages spoken: _anguages written:	awarded:	

OTHER LAW ENFORCEMENT APPLICATIONS

List all previous a	and current a	applications to the	e VPD and/or an	y other law enfor	cement agencies (police,
corrections service	es, sheriff serv	vices, CSIS, borde	er agencies, etc.).	Attach additional	pages if necessary.

1. Agency:	Date of Submission:	
Ethos Exam Score:	Ethos Exam Date:	
POPAT/COPAT Score:	POPAT/COPAT Score Date:	
Application Status:		
If removed from process, sta	ite the reason you believed you were removed:	
romorou nom process, etc	to the reason year concrete year nere remered.	
2. Agency:	Date of Submission:	
Ethos Exam Score:	Ethos Exam Date:	
POPAT/COPAT Score:	POPAT/COPAT Score Date:	
Application Status:		
If removed from process, sta	te the reason you believed you were removed:	
3. Agency:	Date of Submission:	
Ethos Exam Score:	Ethos Exam Date:	
POPAT/COPAT Score:	POPAT/COPAT Score Date:	
Application Status:		
If removed from process, sta	ite the reason you believed you were removed:	

EMPLOYMENT HISTORY

Begin with your most recent employer. Include all forms of employment, including part-time employment, self-employment, and all employment while at school. Attach additional pages if necessary.

1. Employer:		
F	Part-Time	Seasonal Employment □
From:	-	То:
Employer's Addre	ess:	
Employer's Phon	e:	Position:
Previous Position	ns (within same company):	
Supervisor's Nan	ne:	Supervisor's Title:
Number of Shifts	and Hours per Week:	
Reason(s) for Le	aving:	
What did you like	e best about the position?	
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vvnat did you like	e least about the position?	
What was your p	roudest achievement?	
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What was your b	iggest work-related disappointments	?
If you could chan	ge one thing about the position, wha	t would it be?
Do you object to	us contacting your employer at this t	ime? ☐ Yes ☐ No
2. Employer:		
F	Part-Time	Seasonal Employment □
From:		То:
Employer's Addre	ess:	
Employer's Phon	e:	Position:
Previous Position	ns (within same company):	
Supervisor's Nan	ne:	Supervisor's Title:
Number of Shifts	and Hours per Week:	
Reason(s) for Le	aving:	
What did you like	e best about the position?	
What did you like	e least about the position?	
What was your =	roudest achievement?	
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What was your bi	ggest work-related disappointments	?
If you could chang	ge one thing about the position, wha	t would it be?
Do you object to ι	us contacting your employer at this t	ime? ☐ Yes ☐ No
3. Employer:		
	Part-Time	Seasonal Employment □
From:		То:
Employer's Addre		D. W.
Employer's Phone		Position:
	s (within same company):	
Supervisor's Nam		Supervisor's Title:
	and Hours per Week:	
Reason(s) for Lea	aving:	
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What did you like	least about the position?	
What was your pr	roudest achievement?	
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vvnat was your bi	ggest work-related disappointments	<i>!</i>
If you could chan	ge one thing about the position, wha	t would it be?
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Do you object to ι	us contacting your employer at this ti	ime? ☐ Yes ☐ No
4. Employer:		
- •	Part-Time □ Full-Time □	Seasonal Employment □
From:		То:
Employer's Addre	ess:	
Employer's Phone	e:	Position:
Previous Position	s (within same company):	
Supervisor's Nam	ne:	Supervisor's Title:
Number of Shifts	and Hours per Week:	
Reason(s) for Lea	aving:	
What did you like	best about the position?	

What did you like least about the position?	
What was your proudest achievement?	
What was your products domevernent:	
What was your biggest work-related disappointments?	
If you could change one thing about the position, what would it be?	
Do you object to us contacting your employer at this time? ☐ Yes ☐ No	
5. Employer:	
Part-Time ☐ Full-Time ☐ Seasonal Employment ☐	
From: To: Employer's Address:	
Employer's Phone: Position:	
Previous Positions (within same company):	
Supervisor's Name: Supervisor's Title:	
Number of Shifts and Hours per Week:	
Reason(s) for Leaving:	
What did you like best about the position?	
What did you like least about the position?	
What was your proudest achievement?	
What was your biggest work-related disappointments?	
what was your biggest work-related disappointments:	
If you could change one thing about the position, what would it be?	
Do you object to us contacting your employer at this time? ☐ Yes ☐ No	
Please provide details and explanations for any gaps in employment:	

VOLUNTEER EXPERIENCE

Begin with your most recent volunteer work. Attach additional pages if necessary.

1. Organization:	
From:	То:
Organization's Address:	
Organization's Phone:	Position:
Previous Positions (within same organization):	
Supervisor's Name:	Supervisor's Title:
Number of Shifts and Hours per Week:	
Reason(s) for Leaving:	
What did you like best about the position?	
What did you like least about the position?	
what did you like least about the position?	
What was your proudest achievement?	
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What were your biggest disappointments?	
If you could change one thing about the position, wh	nat would it be?
Do you object to us contacting the organization at the	nis time?
2. Organization:	Tai
From:	То:
Organization's Address:	
Organization's Phone:	Position:
Previous Positions (within same organization):	
Supervisor's Name:	Supervisor's Title:
Number of Shifts and Hours per Week:	
Reason(s) for Leaving:	
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What did you like best about the position?	
What did you like least about the position?	
What was your proudest achievement?	
What were your biggest disappointments?	

Do you object to us contacting the organ	nization at this time?	
3. Organization: From:	To:	
	10.	
Organization's Address:	I so vi	
Organization's Phone:	Position:	
Previous Positions (within same organization)		
Supervisor's Name:	Supervisor's Title:	
Number of Shifts and Hours per Week:		
Reason(s) for Leaving:		
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What did you like least about the position	n?	
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What were your biggest disappointments	s?	
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If you could change one thing about the	position, what would it be?
Do you object to us contacting the organ	nization at this time? □ Yes □ No
5. Organization:	
From:	То:
Organization's Address:	
Organization's Phone:	Position:
Previous Positions (within same organiz	zation):
Supervisor's Name:	Supervisor's Title:
Number of Shifts and Hours per Week:	I
Reason(s) for Leaving:	
What did you like best about the position	n?
What did you like least about the position	ın?
What was your proudest ashiovement?	
What was your proudest achievement?	
What were your biggest disappointment	is?
If you could change one thing about the	position, what would it be?
Do you object to us contacting the organ	nization at this time? ☐ Yes ☐ No

OFFENCE RECORD Have you ever been charged with a federal, provincial or municipal offence in Canada (other than minor driving offences)? If yes, provide date and details of each charge and/or conviction: \Box Yes \Box No Have you ever been charged with an offence outside of Canada (other than minor driving offences)? If yes, provide date and details of each charge and/or conviction: ☐ Yes ☐ No Note: If a criminal pardon or record suspension has been granted, attach a copy of the document. Conviction of an offence does not necessarily preclude consideration for employment by the VPD.

REFERENCES

	Name:	Occupation:	Years known:
		·	
		Email:	
	Name:	Occupation:	Years known:
		Email:	
3.	Name:	Occupation:	Years known:
	Address and postal code:		
		Email:	
4.	Name:	Occupation:	Years known:
		Email:	
5.	Name:	Occupation:	Years known:
5.		Occupation:	
Оо	Address and postal code: Phone number: you know anyone employed I	Email: by the VPD? □ Yes □ No	
Do f ye You	Address and postal code: Phone number: you know anyone employed I es, name of individual(s): ur relationship with the individ	Email:	
Do f ye You Hov	Address and postal code: Phone number: you know anyone employed I es, name of individual(s): ur relationship with the individ	Email:by the VPD? □ Yes □ No ual(s):	
Do f ye You Hov So	Address and postal code: Phone number: you know anyone employed I es, name of individual(s): ur relationship with the individ w did you learn about the VPE	Email: by the VPD? □ Yes □ No ual(s): D's employment opportunities?	
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VISUAL ASSESSMENT

THIS PAGE IS FOR AN OPHTHALMOLOGIST OR AN OPTOMETRIST TO COMPLETE.

The following information is required to determine if the applicant meets the VPD visual requirements.

Please note the information must be in the Snellen format (i.e., 20/20, 20/40, etc.) and orthokeratology (ortho-k) is <u>not</u> an accepted procedure.

POLICE CONSTABLE

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).

SPECIAL MUNICIPAL CONSTABLE

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).

If yes, date of surgery:		
Date of examination:		
Examiner:		
Business name and address:		
Signature:		
Telephone number:		
Patient's name:		
Uncorrected:		
Left eye: Both eyes open:		
Corrected:		
Left eye: Both eyes open:	Right eye: Both eyes open:	
Colour vision:		
Peripheral vision:		
Binocular vision:		

MEETS VISUAL STANDARD

☐ Yes ☐ No

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

I,		
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.		
Name of Applicant (Please Print) Signature of Applicant		
Date (YY-MMM-DD)		

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 the City of 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 how many sworn 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 or a Special Municipal Constable with the Vancouver Police Department. If you are advised after a testing step that other applicants 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 selection process.

These words may sound discouraging to you. However, the Vancouver Police Department prefers to be as direct as possible so that you know what is involved in the selection process. If you do not accept these conditions, please do not enter the Vancouver Police Department's selection process

I understand and accept that I cannot be provided with feedback if I am unsuccessful in my application to become a Police Officer or a Special Municipal Constable with the Vancouver Police Department.

Name of Applicant (Please print)	Signature of Applicant
Date (YY-MMM-DD)	