

Kennebecasis Regional Police Force

Auxiliary Constable Tier 2 Application



All information given in completing this form will be considered in strict confidence by the Kennebecasis Regional Police Force. All information supplied WILL BE verified by investigation.

			Date Received
Last Name Name	First Name	Middle	Date of Birth (YYYY/MM/DD)
Street Address			Social Insurance Number
City/Town	Province	Postal Code	Email Address

Driver's License #: _____ Class #: _____	Have you ever been convicted of a criminal offence for which you have not received a Pardon?: Y__ N__ If yes, explain:	Can you speak languages other than English? Y__ N__ List:
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EDUCATION

	Name of Institute	Cert/Diploma Obtained	Major/Minor/Concentration	Year(s) Complete
High School				
College/University				
Post Graduate				
Vocational/Trade School				

WORK EXPERIENCE

Company/Department	Address	Supervisor	Phone Number
Present Place of Employment			

Past Employment			
Past Employment			
Past Employment			

VOLUNTEERING

List any other community involvement you have:

Attach any supporting documentation.

REFERENCES:

Please provide three references (Name, Address, Phone Number).

STATEMENT OF APPLICATION:

I hereby affirm that the information given by me in this form is true, correct and complete to the best of my knowledge. I authorize investigation by the Kennebecasis Regional Police Force of all statements contained in this application. I understand that misrepresentation of these facts may be cause for rejection or dismissal from the Kennebecasis Regional Police Force Auxiliary Program.

Signature: _____

Date: _____