



CAMROSE POLICE SERVICE

EMPLOYMENT APPLICATION

Receipt No. _____

For Office Use Only

**MAIL COMPLETED
APPLICATION TO:**

**CHIEF OF POLICE
CAMROSE POLICE SERVICE
6220-48 Avenue
Camrose, Alberta, T4V 0K6**

For more information about opportunities with the Camrose Police Service, please see our website:
<https://www.camrosepolicy.ca>

1. An essential component in the selection process of the Camrose Police Service 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. 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 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 your application:

- | | |
|---|---|
| <input type="checkbox"/> Copy of High School Diploma | <input type="checkbox"/> Pardon (if applicable) |
| <input type="checkbox"/> Certified copy of High School Transcript | <input type="checkbox"/> Copy of Vision Report |
| <input type="checkbox"/> Completed Personal Disclosure Form | <input type="checkbox"/> Copy of Hearing Report |
| <input type="checkbox"/> Driving Record Abstract – last three years
(Out of Province Applicants must supply their Provincial Equivalent) | <input type="checkbox"/> Post-Secondary Documents (if applicable) |
| <input type="checkbox"/> Copy of Birth Certificate and/or Canadian Citizenship or Legal Permanent Resident documentation (and photo ID/per pg. 8) | |
| <input type="checkbox"/> Copy of A-PREP (Alberta- Physical Readiness Evaluation for Police Officer Applicants) results – certified within the last 6 months | <input type="checkbox"/> Attached <input type="checkbox"/> Yet To Be Arranged with Agency |
| <input type="checkbox"/> Copy of Certificate of Standard First Aid – certified within the last 36 months | |
| <input type="checkbox"/> Copy of Certificate in Cardiopulmonary Resuscitation (CPR) "Level B" – certified within the last 12 months | |
- Applicants without Standard First Aid or CPR, should check with the individual police agency he/she is applying to for additional information on how to meet this requirement...

LAST NAME		GIVEN NAME		MIDDLE NAME	
FULL ADDRESS		CITY	PROVINCE	POSTAL CODE	
EMAIL ADDRESS		TELEPHONE NO. (RES.) []	TELEPHONE NO. (BUS.) []	TELEPHONE NO. (OTHER) []	
Other than the name(s) listed above, please list any name change(s), or name(s) you may have used in the past.				DATE OF BIRTH YYYY MM DD	
NAME CHANGE FROM:		NAME CHANGE TO:		DATE OF CHANGE YYYY MM DD	
DRIVER'S LICENCE	PROVINCE	CLASS(ES)	LICENCE NUMBER	DATE OF ISSUE YYYY MM DD	

Personal information on this Employment Application is being collected under the authority of the Freedom of Information & Protection of Privacy Act (FOIP) Section 33(c). 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 FOIP Program Administrator.

The Human Resources Unit is constantly reviewing recruiting initiatives across Canada. To assist us with our future planning, please indicate how you learned about this employment opportunity:

- ☐ Career Fair ☐ Newspaper ☐ Radio/T.V. ☐ College Posting ☐ Police Officer ☐ Other _____

EDUCATION AND TRAINING <i>Proof of education is required prior to engagement. (Certified Transcripts may be requested)</i>											
HIGH SCHOOL		Circle highest grade completed		NAME OF SCHOOL				LOCATION		<input type="checkbox"/> HIGH SCHOOL DIPLOMA <input type="checkbox"/> EQUIVALENCY DIPLOMA	
10 11 12 13											
COLLEGE, BUSINESS SCHOOL, OR TECHNICAL SCHOOL		NAME OF SCHOOL				LOCATION					
PROGRAM OR COURSE								START DATE YYYY MM		FINISH DATE YYYY MM	
LENGTH OF COURSE		GRADE POINT AVERAGE		CERTIFICATE, DIPLOMA, OR LICENCE AWARDED? (IF NOT – PLEASE PROVIDE DETAILS)							
				<input type="checkbox"/> YES <input type="checkbox"/> NO							
COLLEGE, BUSINESS SCHOOL, OR TECHNICAL SCHOOL		NAME OF SCHOOL				LOCATION					
PROGRAM OR COURSE								START DATE YYYY MM		FINISH DATE YYYY MM	
LENGTH OF COURSE		GRADE POINT AVERAGE		CERTIFICATE, DIPLOMA, OR LICENCE AWARDED? (IF NOT – PLEASE PROVIDE DETAILS)							
				<input type="checkbox"/> YES <input type="checkbox"/> NO							
UNIVERSITY		NAME OF SCHOOL				LOCATION					
PROGRAM OR COURSE								START DATE YYYY MM		FINISH DATE YYYY MM	
MAJOR/MINOR											
LENGTH OF COURSE		GRADE POINT AVERAGE		CERTIFICATE, DIPLOMA, OR DEGREE AWARDED? (IF NOT – PLEASE PROVIDE DETAILS)							
				<input type="checkbox"/> YES <input type="checkbox"/> NO							
UNIVERSITY		NAME OF SCHOOL				LOCATION					
PROGRAM OR COURSE								START DATE YYYY MM		FINISH DATE YYYY MM	
MAJOR/MINOR											
LENGTH OF COURSE		GRADE POINT AVERAGE		CERTIFICATE, DIPLOMA, OR DEGREE AWARDED? (IF NOT – PLEASE PROVIDE DETAILS)							
				<input type="checkbox"/> YES <input type="checkbox"/> NO							
UNIVERSITY		NAME OF SCHOOL				LOCATION					
PROGRAM OR COURSE								START DATE YYYY MM		FINISH DATE YYYY MM	
MAJOR/MINOR											
LENGTH OF COURSE		GRADE POINT AVERAGE		CERTIFICATE, DIPLOMA, OR DEGREE AWARDED? (IF NOT – PLEASE PROVIDE DETAILS)							
				<input type="checkbox"/> YES <input type="checkbox"/> NO							
I. Q. A. S.		<i>(International Qualifications Assessment Standards – Certificate - If applicable) For International applicants only – Please state the highest level education achieved.</i>									
		NAME OF SCHOOL				LOCATION					
PROGRAM OR COURSE								START DATE YYYY MM		FINISH DATE YYYY MM	
MAJOR/MINOR											
LENGTH OF COURSE		GRADE POINT AVERAGE		CERTIFICATE, DIPLOMA, OR DEGREE AWARDED? (IF NOT – PLEASE PROVIDE DETAILS)							
				<input type="checkbox"/> YES <input type="checkbox"/> NO							
LANGUAGES SPOKEN											
LANGUAGES WRITTEN											

ADDITIONAL EDUCATION INCLUDING COURSES, WORKSHOPS, AND SEMINARS. (ATTACH AN ADDITIONAL PAPER IF NECESSARY)

ADDITIONAL COMPUTER SKILLS, TRAINING, COURSES, ETC ... (ATTACH AN ADDITIONAL PAPER IF NECESSARY)

HAVE YOU EVER WRITTEN THE ACT (*ALBERTA COMMUNICATION TEST*), THE CAAT (*CANADIAN ADULT ACHIEVEMENT TEST*), OR THE WCT (*WRITTEN COMMUNICATION TEST*)? ☐ YES ☐ NO

(If YES – Where & When)

HAVE YOU EVER WRITTEN THE APCAT (*ALBERTA POLICE APPLICANT COGNITIVE ABILITY TEST*)? ☐ YES ☐ NO

(If YES – Where & When)

HAVE YOU EVER APPLIED FOR A POSITION WITH THIS OR ANY OTHER POLICE AGENCY? ☐ YES ☐ NO

(If YES – List Where & When Below. Include previous applications to the Camrose Police Service)

LIST ALL APPLICATIONS TO THIS OR ANY OTHER POLICE AGENCIES

POLICE AGENCY	APPLICATION DATE			STATUS (describe reason for non-selection)
	YYYY	MM	DD	

HAVE YOU EVER TAKEN A POLYGRAPH OR COMPUTER VOICE STRESS ANALYSIS EXAMINATION? ☐ YES ☐ NO

AGENCY WHERE POLYGRAPH OR COMPUTER VOICE STRESS ANALYSIS EXAMINATION WAS COMPLETED

YYYY

MM

DD

REASON FOR POLYGRAPH OR COMPUTER VOICE STRESS ANALYSIS EXAMINATION

HAVE YOU EVER BEEN FINGERPRINTED? ☐ YES ☐ NO

REASON FOR FINGERPRINTING

EMPLOYMENT HISTORY

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

**MOST
RECENT**

EMPLOYER'S NAME

TELEPHONE NUMBER

[]

EMPLOYER'S ADDRESS

POSTAL CODE

NAME OF IMMEDIATE SUPERVISOR

TELEPHONE NUMBER

[]

START DATE FINISH DATE POSITION HELD
YYYY MM YYYY MM

DUTIES/RESPONSIBILITIES

REASON FOR LEAVING

2nd

EMPLOYER'S NAME

TELEPHONE NUMBER

[]

EMPLOYER'S ADDRESS

POSTAL CODE

NAME OF IMMEDIATE SUPERVISOR

TELEPHONE NUMBER

[]

START DATE FINISH DATE POSITION HELD
YYYY MM YYYY MM

DUTIES/RESPONSIBILITIES

REASON FOR LEAVING

3rd

EMPLOYER'S NAME

TELEPHONE NUMBER

[]

EMPLOYER'S ADDRESS

POSTAL CODE

NAME OF IMMEDIATE SUPERVISOR

TELEPHONE NUMBER

[]

START DATE FINISH DATE POSITION HELD
YYYY MM YYYY MM

DUTIES/RESPONSIBILITIES

REASON FOR LEAVING

REFERENCES

Please list five (5) adults, not related to you and not current / previous employers, whom we may contact as references to provide competent judgment of your personal character, temperament, and work habits.

SURNAME		GIVEN NAMES		RELATIONSHIP	
FULL ADDRESS			POSTAL CODE	EMAIL	
TELEPHONE NO. (RES.) []	TELEPHONE NO. (BUS.) []	OCCUPATION			YEARS KNOWN

SURNAME		GIVEN NAMES		RELATIONSHIP	
FULL ADDRESS			POSTAL CODE	EMAIL	
TELEPHONE NO. (RES.) []	TELEPHONE NO. (BUS.) []	OCCUPATION			YEARS KNOWN

SURNAME		GIVEN NAMES		RELATIONSHIP	
FULL ADDRESS			POSTAL CODE	EMAIL	
TELEPHONE NO. (RES.) []	TELEPHONE NO. (BUS.) []	OCCUPATION			YEARS KNOWN

SURNAME		GIVEN NAMES		RELATIONSHIP	
FULL ADDRESS			POSTAL CODE	EMAIL	
TELEPHONE NO. (RES.) []	TELEPHONE NO. (BUS.) []	OCCUPATION			YEARS KNOWN

SURNAME		GIVEN NAMES		RELATIONSHIP	
FULL ADDRESS			POSTAL CODE	EMAIL	
TELEPHONE NO. (RES.) []	TELEPHONE NO. (BUS.) []	OCCUPATION			YEARS KNOWN

CREDIT HISTORY*Please complete the following information.*

NAME										
MAIDEN NAME / OTHER NAMES USED										
DATE OF BIRTH YYYY MM DD			EMPLOYER'S NAME							
CURRENT ADDRESS				FROM			TO			
				YYYY	MM	DD	YYYY	MM	DD	
CITY		PROVINCE		COUNTRY			POSTAL CODE			
PREVIOUS ADDRESS				FROM			TO			
				YYYY	MM	DD	YYYY	MM	DD	
CITY		PROVINCE		COUNTRY			POSTAL CODE			
PREVIOUS ADDRESS				FROM			TO			
				YYYY	MM	DD	YYYY	MM	DD	
CITY		PROVINCE		COUNTRY			POSTAL CODE			
PREVIOUS ADDRESS				FROM			TO			
				YYYY	MM	DD	YYYY	MM	DD	
CITY		PROVINCE		COUNTRY			POSTAL CODE			
PREVIOUS ADDRESS				FROM			TO			
				YYYY	MM	DD	YYYY	MM	DD	
CITY		PROVINCE		COUNTRY			POSTAL CODE			
DRIVER'S LICENCE	PROVINCE		CLASS(ES)		LICENCE NUMBER			DATE OF ISSUE YYYY MM DD		
CREDIT CARDS	TYPE		ISSUING INSTITUTION			CURRENT BALANCE OWING			EXPIRATION DATE YYYY MM	
2	TYPE		ISSUING INSTITUTION			CURRENT BALANCE OWING			EXPIRATION DATE YYYY MM	
3	TYPE		ISSUING INSTITUTION			CURRENT BALANCE OWING			EXPIRATION DATE YYYY MM	
4	TYPE		ISSUING INSTITUTION			CURRENT BALANCE OWING			EXPIRATION DATE YYYY MM	
OFFICE USE ONLY										
FILE MANAGER										
DATE SENT (Fax)			YYYY	MM	DD	DATE RECEIVED (Fax)			YYYY	MM DD

SECURITY CLEARANCE DECLARATION

**FILE
MANAGER**
OFFICE USE ONLY

This section contains detailed information regarding you, your family, and associates.

This information is required to determine your eligibility for employment.

THIS INFORMATION WILL BE HELD IN STRICTEST CONFIDENCE.

Please print legibly. Ensure that all sections are completed. Additional sheets should follow the suggested format.

LAST NAME			FIRST NAME			MIDDLE NAME			PREFERRED FIRST NAME		
MAIDEN / OTHER NAMES USED											
FULL ADDRESS				CITY		PROVINCE		POSTAL CODE		TELEPHONE NUMBER []	
DATE OF BIRTH			SEX			PLACE OF BIRTH (INCLUDE CITY / COUNTRY BORN)					
YYYY	MM	DD	<input type="checkbox"/> Male <input type="checkbox"/> Female								
MARITAL STATUS											
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law / Domestic Partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced											
If you checked married, common-law or domestic partner, please give full name and date of birth of your partner.											
SURNAME / MAIDEN NAME / OTHER NAMES USED				FIRST NAME		MIDDLE NAME		DATE OF BIRTH			
								YYYY	MM	DD	
THE APPLICANT MUST PROVIDE A PHOTOCOPY OF ONE OF THE FOLLOWING DOCUMENTS:											
<input type="checkbox"/> DRIVER'S LICENCE <input type="checkbox"/> PASSPORT <input type="checkbox"/> CITIZENSHIP											
HAVE YOU APPLIED FOR EMPLOYMENT/CONTRACT WORK/VOLUNTEER WORK WITH ANY POLICE SERVICE IN THE PAST?											
<input type="checkbox"/> YES <input type="checkbox"/> NO											
POSITION APPLIED FOR						DIVISION / SECTION					
IN CHRONOLOGICAL ORDER, <i>CURRENT ADDRESS FIRST</i>, PLEASE PROVIDE THE ADDRESSES OF EVERY LOCATION WHERE YOU HAVE LIVED IN THE LAST TEN (10) YEARS, AND THE NAMES OF PERSONS WHOM LIVED WITH YOU. PLEASE ESTIMATE THE AGE IF THE EXACT DATE(S) OF BIRTH CANNOT BE OBTAINED. USE NEXT PAGE OR ATTACH ADDITIONAL SHEETS IF REQUIRED.											
ADDRESS				CITY		PROVINCE		POSTAL CODE		FROM	
										YYYY	MM
										DD	TO
										YYYY	MM
										DD	DD
NAME OF PERSON(S) WHO SHARE ADDRESS WITH YOU				TELEPHONE NUMBER		RELATIONSHIP		SEX		DATE OF BIRTH	
				[]				<input type="checkbox"/> Male <input type="checkbox"/> Female		YYYY	MM
										DD	DD
NAME OF PERSON(S) WHO SHARE ADDRESS WITH YOU				TELEPHONE NUMBER		RELATIONSHIP		SEX		DATE OF BIRTH	
				[]				<input type="checkbox"/> Male <input type="checkbox"/> Female		YYYY	MM
										DD	DD
NAME OF PERSON(S) WHO SHARE ADDRESS WITH YOU				TELEPHONE NUMBER		RELATIONSHIP		SEX		DATE OF BIRTH	
				[]				<input type="checkbox"/> Male <input type="checkbox"/> Female		YYYY	MM
										DD	DD
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU				TELEPHONE NUMBER		RELATIONSHIP		SEX		DATE OF BIRTH	
				[]				<input type="checkbox"/> Male <input type="checkbox"/> Female		YYYY	MM
										DD	DD
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU				TELEPHONE NUMBER		RELATIONSHIP		SEX		DATE OF BIRTH	
				[]				<input type="checkbox"/> Male <input type="checkbox"/> Female		YYYY	MM
										DD	DD

SECURITY CLEARANCE DECLARATION

(Continued)

Attach an additional sheet(s) if required – following the suggested format.

ADDRESS		CITY	PROVINCE	POSTAL CODE	FROM YYYY	M M	D D	TO YYYY	M M	D D
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU				TELEPHONE NUMBER []	RELATIONSHIP		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
				TELEPHONE NUMBER []	RELATIONSHIP		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
				TELEPHONE NUMBER []	RELATIONSHIP		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
ADDRESS		CITY	PROVINCE	POSTAL CODE	FROM YYYY	M M	D D	TO YYYY	M M	D D
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU				TELEPHONE NUMBER []	RELATIONSHIP		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
				TELEPHONE NUMBER []	RELATIONSHIP		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
				TELEPHONE NUMBER []	RELATIONSHIP		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
ADDRESS		CITY	PROVINCE	POSTAL CODE	FROM YYYY	M M	D D	TO YYYY	M M	D D
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU				TELEPHONE NUMBER []	RELATIONSHIP		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
				TELEPHONE NUMBER []	RELATIONSHIP		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
				TELEPHONE NUMBER []	RELATIONSHIP		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
ADDRESS		CITY	PROVINCE	POSTAL CODE	FROM YYYY	M M	D D	TO YYYY	M M	D D
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU				TELEPHONE NUMBER []	RELATIONSHIP		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
				TELEPHONE NUMBER []	RELATIONSHIP		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
				TELEPHONE NUMBER []	RELATIONSHIP		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
ADDRESS		CITY	PROVINCE	POSTAL CODE	FROM YYYY	M M	D D	TO YYYY	M M	D D
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU				TELEPHONE NUMBER []	RELATIONSHIP		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
				TELEPHONE NUMBER []	RELATIONSHIP		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
				TELEPHONE NUMBER []	RELATIONSHIP		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		

SECURITY CLEARANCE DECLARATION (Continued)

Attach an additional sheet(s) if required – following the suggested format.

ADDRESS		CITY	PROVINCE	POSTAL CODE	FROM YYYY	M M	D D	TO YYYY	M M	D D
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU			TELEPHONE NUMBER []		RELATIONSHIP		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
			TELEPHONE NUMBER []		RELATIONSHIP		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
			TELEPHONE NUMBER []		RELATIONSHIP		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
ADDRESS		CITY	PROVINCE	POSTAL CODE	FROM YYYY	M M	D D	TO YYYY	M M	D D
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU			TELEPHONE NUMBER []		RELATIONSHIP		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
			TELEPHONE NUMBER []		RELATIONSHIP		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
			TELEPHONE NUMBER []		RELATIONSHIP		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
ADDRESS		CITY	PROVINCE	POSTAL CODE	FROM YYYY	M M	D D	TO YYYY	M M	D D
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU			TELEPHONE NUMBER []		RELATIONSHIP		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
			TELEPHONE NUMBER []		RELATIONSHIP		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
			TELEPHONE NUMBER []		RELATIONSHIP		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
ADDRESS		CITY	PROVINCE	POSTAL CODE	FROM YYYY	M M	D D	TO YYYY	M M	D D
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU			TELEPHONE NUMBER []		RELATIONSHIP		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
			TELEPHONE NUMBER []		RELATIONSHIP		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		
			TELEPHONE NUMBER []		RELATIONSHIP		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH YYYY M M D D		

SECURITY CLEARANCE DECLARATION

(Continued)

Attach an additional sheet(s) if required – following the suggested format.

FAMILY MEMBERS

Applicants must list all names, relationship, sex, date of birth, address and phone number of the applicant's immediate relatives **AND** of the immediate relatives of the **current and/or former** spouse, domestic partner, common-law, or significant other.

- **Immediate relatives include parents, step-parents, guardians, current and/or former spouse, domestic partner, common-law, or significant other, as well as, children, stepchildren, adopted children, brothers, sisters, step-brothers/sisters, adopted brothers/sisters, who are age 12 or over. This includes individuals who are alive or deceased.**

SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []	

SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []	

SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []	

SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []	

SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []	

SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []	

SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []	

SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []	

SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []	

SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []	

FAMILY MEMBERS**SECURITY CLEARANCE DECLARATION***(Continued)**Attach an additional sheet(s) if required – following the suggested format.*

SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME		MIDDLE NAME		COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	ADDRESS		CITY		PROVINCE		POSTAL CODE	
									TELEPHONE NUMBER []
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME		MIDDLE NAME		COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	ADDRESS		CITY		PROVINCE		POSTAL CODE	
									TELEPHONE NUMBER []
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME		MIDDLE NAME		COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	ADDRESS		CITY		PROVINCE		POSTAL CODE	
									TELEPHONE NUMBER []
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME		MIDDLE NAME		COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	ADDRESS		CITY		PROVINCE		POSTAL CODE	
									TELEPHONE NUMBER []
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME		MIDDLE NAME		COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	ADDRESS		CITY		PROVINCE		POSTAL CODE	
									TELEPHONE NUMBER []
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME		MIDDLE NAME		COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	ADDRESS		CITY		PROVINCE		POSTAL CODE	
									TELEPHONE NUMBER []
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME		MIDDLE NAME		COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	ADDRESS		CITY		PROVINCE		POSTAL CODE	
									TELEPHONE NUMBER []
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME		MIDDLE NAME		COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	ADDRESS		CITY		PROVINCE		POSTAL CODE	
									TELEPHONE NUMBER []
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME		MIDDLE NAME		COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	ADDRESS		CITY		PROVINCE		POSTAL CODE	
									TELEPHONE NUMBER []
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME		MIDDLE NAME		COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	ADDRESS		CITY		PROVINCE		POSTAL CODE	
									TELEPHONE NUMBER []
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME		MIDDLE NAME		COMMON NAME USED		DATE OF BIRTH YYYY MM DD	
RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	ADDRESS		CITY		PROVINCE		POSTAL CODE	
									TELEPHONE NUMBER []

SECURITY CLEARANCE DECLARATION
(Continued)

Attach an additional sheet(s) if required – following the suggested format.

1. Have you ever been convicted of any criminal offence in Canada or in any other country for which a pardon, or the equivalent, of a pardon was or was not granted? (Attach Pardon Document)	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Are you now, or have you ever been investigated, arrested, or charged in Canada or in any other country for an offence of any kind? If yes – explain on separate sheet.	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Have you ever been found guilty of an offence in Canada or in any other country when you were under the age of 18? If yes – explain on separate sheet.	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Are you associated with any companies, or businesses, not listed on your application? <input type="checkbox"/> Owner <input type="checkbox"/> Director <input type="checkbox"/> Controlling Share Holder <input type="checkbox"/> Other _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Are you a member of any clubs or organizations? If yes – explain which _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. If you answered yes to the previous question, do you hold a position in that club or organization? <input type="checkbox"/> President <input type="checkbox"/> Chair <input type="checkbox"/> Director <input type="checkbox"/> Other _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. In the past 10 years, have you been involved in any lawsuits or civil actions? If yes – explain on separate sheet.	<input type="checkbox"/> YES <input type="checkbox"/> NO

If you have answered "YES" to any of the above questions, attach an additional sheet providing complete details regarding the specific incident, including what occurred, when, where, and why. If pardoned, attach Pardon documentation.

STATEMENT OF CONSENT

I HEREBY CONSENT THAT any and all information pertaining to a Criminal Record registered in my name with the National Repository for Criminal Records in Canada may be provided to authorized persons at the Camrose Police Service. I recognize that an employee of the Camrose Police is in a position of trust within the community and I hereby consent to the Camrose Police Service performing a VS (Vulnerable Sector) search of my name in the National Repository for Criminal Records. I understand that a VS search is a search that will check for pardoned sex offences. I further consent, if requested, to attend the Identification Section of the Camrose Police Service for fingerprint confirmation. I further agree to absolutely release, discharge, and absolve the Camrose Police Service, the City of Camrose and its employees from all claims, losses, or damages including indirect or consequential, occasioned by me during, or as a result of any investigation for a Criminal Record.

Dated this _____ day of _____, 20_____

SIGNATURE

PRINTED NAME OF WITNESS

WITNESS SIGNATURE

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ALBERTA POLICE RECRUIT SELECTION STANDARDS

AUTHORIZATION FOR RELEASE OF INFORMATION

NAME OF APPLICANT	SURNAME	GIVEN NAMES	INITIAL
ADDRESS OF APPLICANT			
CITY	PROVINCE	POSTAL CODE	DATE OF BIRTH
			<div style="display: flex; justify-content: space-between;"> YYYY MM DD </div>

I, _____, the undersigned, hereby authorize any person, employer, organization, or physician to provide any information, opinion, reports, records, documents or copies thereof in any form, which may be requested in connection with my application for employment with the Camrose Police Service and any subsequent training.

Personal information about me will be used to assess my qualifications and suitability in relation to my application as a police officer as well as research purposes. I consent to the collection, use, disclosure, transmittal, and examination of all information compiled by the Camrose Police Service.

Personal information about me that is obtained during the selection process, or any subsequent training and employment, may be disclosed to any law enforcement agency for the purpose for which it was obtained or for any other reason.

I agree to waive any right of action against any person or organization providing information or opinions in compliance with this authorization.

I hereby acknowledge and declare the terms of this authorization for release of information are fully understood by me.

SIGNATURES	SIGNATURE OF APPLICANT:	DATE:
		<div style="display: flex; justify-content: space-between;"> YYYY MM DD </div>
	NAME OF WITNESS:	DATE:
	SIGNATURE OF WITNESS:	<div style="display: flex; justify-content: space-between;"> YYYY MM DD </div>
NOTE: The Witness must be 18 years or older		

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ALBERTA POLICE RECRUIT SELECTION STANDARDS

Computer Volice Stress Anlaysis (CVSA)

EXAMINATION CONSENT

NAME OF APPLICANT	SURNAME	GIVEN NAMES	INITIAL		
ADDRESS OF APPLICANT					
CITY	PROVINCE	POSTAL CODE	DATE OF BIRTH YYYY MM DD		

I, _____, the undersigned, hereby voluntarily, without threats, promises of immunity or reward and without duress, coercion of force, agree to take a truth verification examination (i.e., CVSA), to be given to me by a Member of Camrose Police Service.

I fully realize I am not obligated to say anything and that anything I say may be given in evidence.

SIGNATURES	SIGNATURE OF APPLICANT:		DATE: YYYY MM DD		
	NAME OF WITNESS:	SIGNATURE OF WITNESS:	DATE: YYYY MM DD		
<p>NOTE: The Witness must be 18 years or older</p>					

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Alberta

VISION REPORT

*Examination **MUST** have been completed within 12 months of application.*

NAME OF APPLICANT		SURNAME	GIVEN NAMES	INITIAL
ADDRESS OF APPLICANT				
CITY	PROVINCE	POSTAL CODE	DATE OF BIRTH YYYY MM DD	

VISION STANDARDS FOR POLICE OFFICER APPLICANTS

OPTOMETRIST / OPHTHALMOLOGIST	NAME OF OPTOMETRIST/OPHTHALMOLOGIST	DATE OF EXAMINATION YYYY MM DD
ADDRESS OF OPTOMETRIST / OPHTHALMOLOGIST		
		TELEPHONE NUMBER []
UNCORRECTED VISUAL ACUITY – NORMAL At least 20/40 (6/12) with both eyes open		APPLICANT STANDARD <input type="checkbox"/> YES <input type="checkbox"/> NO
FARSIGHTEDNESS – NORMAL Not greater than +2.00 D, spherocylindrical in the least hyperopic eye		APPLICANT STANDARD <input type="checkbox"/> YES <input type="checkbox"/> NO
BEST CORRECTED VISUAL ACUITY – NORMAL At least 20/20 (6/6) with both eyes open		APPLICANT STANDARD <input type="checkbox"/> YES <input type="checkbox"/> NO
COLOUR VISION – NORMAL Pass Ishihara (Book or Titmus) without any colour corrective (e.g. X-Chrom, Chromagen) lenses		APPLICANT STANDARD <input type="checkbox"/> YES <input type="checkbox"/> NO
<i>NOTE: Farnsworth Vision Test – is recommended for unsuccessful Ishihara Tests</i>		APPLICANT STANDARD <input type="checkbox"/> YES <input type="checkbox"/> NO
Pass Farnsworth D-15 without any colour corrective (e.g. X-Chrom, Chromagen) lenses		
LATERAL PHORIA FAR – NORMAL No more than 5 eso or 5 exo		APPLICANT STANDARD <input type="checkbox"/> YES <input type="checkbox"/> NO
If No – please provide additional information, which documents that the person is unlikely to experience double vision when fatigued or functioning in reduced visual environments...		
LATERAL PHORIA NEAR – NORMAL No more than 6 eso or 10 exo		APPLICANT STANDARD <input type="checkbox"/> YES <input type="checkbox"/> NO
If No – please provide additional information, which documents that the person is unlikely to experience double vision when fatigued or functioning in reduced visual environments...		

PERIPHERAL VISION Peripheral visual field limits with a 5 mm white target at 33cm (or a target with similar angular size with respect to the candidate's viewing distance) should be no less than the limits given below. In addition, no blind spots should be present within these limits other than the physiological blind spot. Limits for the various meridians are: <ul style="list-style-type: none"> • Temporal (0° meridian) 75° • Superior-temporal (45° meridian) 40° • Superior (90° meridian) 35° • Superior-nasal (135° meridian) 35° • Nasal (180° meridian) 45° • Nasal-inferior (225° meridian) 35° • Inferior (270° meridian) 55° • Inferior-temporal (315° meridian) 70° 		APPLICANT STANDARD <input type="checkbox"/> YES <input type="checkbox"/> NO	
OCULAR DISEASE – NORMAL Free from diseases that impair visual performance as indicated by the standards above, or will produce sudden, unpredictable incapacitation of the visual system.		APPLICANT STANDARD <input type="checkbox"/> YES <input type="checkbox"/> NO	
CORRECTIVE SURGERY		HAVE YOU EVER HAD CORRECTIVE SURGERY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PROCEDURE TYPE – Please indicate which procedure from the list below...		DATE OF PROCEDURE YYYY MM DD	
<input type="checkbox"/> Corneal Refractive Surgery	Allowed; however, the candidate must meet additional requirements and must provide specific documentation on vision stability and night vision using Recruit Selection Standards approved forms located below or available through any Alberta Municipal Police Service, or from the Manager of First Nations Policing for the Alberta Solicitor General and Public Security.		
<input type="checkbox"/> Pseudophakic Intra-Ocular Lenses	Allowed; however, the candidate must meet additional requirements and must provide specific documentation on Alberta Police Recruit Selection Standards approved forms (located below).		
<input type="checkbox"/> Phakic Intra-Ocular Lens Implants (Piol)	Certain designs are allowed; however, the candidate must meet additional requirements and must provide specific documentation on vision stability and night vision using the Alberta Police Recruit Selection Standards approved forms (located below).		
<input type="checkbox"/> Orthokeratology, Corneal Transplants, and Intra-Stromal corneal Rings	Not allowed.		
NIGHT VISION – Only required if an Applicant had Corrective Surgery Obtain minimum scores on at least 2 of the 3 following tests (all testing is done binocularly with, or without, any spectacle or contact lens correction): <ul style="list-style-type: none"> • Bailey-Lovie Low Contrast Acuity in Room Illumination: minimum acuity of 0.20 logMAR • Bailey-Lovie High Contrast Acuity in Dim Illumination: minimum acuity of 0.30 logMAR • Bailey-Lovie Low Contrast Acuity in Dim Illumination: minimum acuity of 0.58 logMAR 		APPLICANT STANDARD <input type="checkbox"/> YES <input type="checkbox"/> NO	
SIGNATURE OF DOCTOR		DATE YYYY MM DD	
SIGNATURE OF APPLICANT		DATE YYYY MM DD	

Note: *All vision test results will be verified by a Pre-Employment Occupational Health and Safety Medical prior to employment.*


Alberta

**Police Recruit Selection Guideline
Corneal Refractive Surgery Summary for all Candidates**

Candidate's Name:	Date:
Refractive Surgery Procedure Performed:	Date of Surgery:

	Summary from Previous Assessment ¹	Summary from Most Recent Assessment ¹
Date of Assessment:		
Time of Day: ²		
Uncorrected Visual Acuties		
Right Eye:		
Left Eye:		
Best Corrected Visual Acuties		
Right Eye:		
Left Eye:		
Subjective Refraction (Sphere and cylinder)		
Right Eye:		
Left Eye:		
Current Medication Related to the Surgery:		

¹These examinations must be at least 21 days apart.

²If the candidate has undergone radial keratotomy, then the two assessments must be at different times of the day. These times should be at least 8 hours apart.

	Address:
Signature	
Ophthalmologist/Optomtrist's Name (Please print)	


Alberta

Police Recruit Selection Guideline Night Vision Testing Summary

For either corneal refractive surgical procedures or Phakic Intra-Ocular lens implants

Candidate's Name:

Date of Assessment:

Test ¹	Visual Acuity	Pass/Fail
Room Illumination Bailey-Lovie Low Contrast Acuity Minimum requirement is at least 0.20 logMAR		
High Contrast Bailey-Lovie Acuity with Filters (after 5 min of adaptation) ² Minimum requirement is at least 0.30 logMAR		
Low Contrast Bailey-Lovie Acuity with Filters (after 5 min of adaptation) ² Minimum requirement is at least 0.58 logMAR		

¹All testing should be done binocularly

²The dark adaptation period is with the filters on. The candidate is required to dark adapt only once for the low luminance testing sequence

In order to meet the night vision standard, the candidate must pass two of the three tests.

OVERALL RESULT

PASS: _____ **FAIL:** _____

	Address:
Signature	
Ophthalmologist/Optometrist's Name (Please print)	


Alberta

**Police Recruit Selection Guideline
Pseudophakic Intra-Ocular Lens Surgery Summary**

Candidate's Name:	Date:
Type of intra-ocular lens:	Date of Surgery:

Summary from Most Recent Assessment				
Date of Assessment:				
Uncorrected Visual Acuities	Right Eye:		Left Eye:	
Best Corrected Visual Acuities	Right Eye:		Left Eye:	
Subjective Refraction (Sphere and cylinder)	Right Eye:		Left Eye:	
Is the candidate strabismus or likely to experience double vision?	<input type="checkbox"/> NO <input type="checkbox"/> YES (please elaborate)			
If the surgery was a clear lens extraction, was prophylactic laser surgery performed? <div style="text-align: center; margin-top: 10px;"> YES NO N/A </div>				
In your opinion has the candidate recovered sufficiently from the surgery in order to participate in strenuous activities? For example, dragging a 45 kg weight for 10 metres, lifting 30kg, running at high speed for 100 metres, climbing over fences or other obstacles, jumping over low obstacles. <div style="text-align: center; margin-top: 10px;"> YES NO </div>				
			Address:	
Signature				
Ophthalmologist/Optomestrist's Name (Please print)				


Alberta

Police Recruit Selection Guideline Summary for Artisan Phakic Intra-ocular Lens Implant

Night Vision Testing is also required.

See Appendix 1 of the Guidelines for Examining Ophthalmologists/Optometrists

Candidate's Name:	Date:
Date of Surgery:	

	3 Month Post Operative Assessment	6 Month Post Operative Assessment
Date of Assessment:		
Uncorrected Visual Acuities¹		
Right Eye:		
Left Eye:		
Best Corrected Visual Acuities		
Right Eye:		
Left Eye:		
Subjective Refraction^{1,2} (Sphere and cylinder)		
Right Eye:		
Left Eye:		
Appearance of crystalline lens		
Right Eye:		
Left Eye:		

¹Visual acuities and refractive errors between 3 and 6 months post-operative must be stable. Acuities are considered as being stable if the values are within ± 3 letters of each other at each visit. The refractive results are stable if the spherical component for each eye is within ± 0.50 dioptre and the cylindrical component is also within ± 0.50 dioptre for each eye for the two assessments.

Date that any lens opacities/vacuoles/cataracts were first noted²: _____

²If there are any lens opacities present within the first 6 months post operative or the refractive error has not been stable for at least 3 months, then the waiting period will be extended. Please consult **Appendix 3** for more details.

	Address:
Signature	
Ophthalmologist/Optometrists Name (Please print)	


Alberta

Police Recruit Selection Guideline
Summary for Artisan Phakic Intra-ocular Lens Implant

Night Vision Testing is also required.

See Appendix 1 of the Guidelines for Examining Ophthalmologists/Optometrists

Candidate's Name:	Date:
Date of Surgery:	

	12 Month Post Operative Assessment
Date of Assessment:	
Uncorrected Visual Acuities¹	
Right Eye:	
Left Eye:	
Best Corrected Visual Acuities	
Right Eye:	
Left Eye:	
Subjective Refraction^{1, 2} (Sphere and cylinder)	
Right Eye:	
Left Eye:	
Appearance of crystalline lens¹	
Right Eye:	
Left Eye:	

Date that any lens opacities/vacuoles/cataracts were first noted¹: _____

¹If there are any lens opacities present within the first 12 months post-operative, then the waiting period will be extended. Please consult *Appendix 3* for more details.

	Address:
Signature	
Ophthalmologist/Optometrists Name (Please print)	

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Alberta

HEARING REPORT

*Examination **MUST** have been completed within 12 months of application.*

NAME OF APPLICANT	SURNAME	GIVEN NAMES	INITIAL
ADDRESS OF APPLICANT			
CITY	PROVINCE	POSTAL CODE	DATE OF BIRTH YYYY MM DD

HEARING STANDARDS FOR POLICE OFFICER APPLICANTS

AUDIOLOGIST / OTOLARYNGOLOGIST	NAME OF AUDIOLOGIST/OTOLARYNGOLOGIST:	DATE OF EXAMINATION YYYY MM DD
ADDRESS OF AUDIOLOGIST/OTOLARYNGOLOGIST:		
		TELEPHONE NUMBER []

PURE TONE THRESHOLDS IN HL	500	1000	2000	3000	4000
RIGHT EAR					
LEFT EAR					

PLACE A LARGE "X" IN THE APPROPRIATE BOX

I certify that the above named individual... ☐ Meets ☐ Does Not Meet
the hearing requirements for a Police Officer applicant as indicated in Unaided Criteria.

SIGNATURE OF TECHNICIAN/NURSE/DOCTOR	DATE YYYY MM DD
SIGNATURE OF APPLICANT	DATE YYYY MM DD

Note: *All vision test results will be verified by a Pre-Employment Occupational Health and Safety Medical prior to employment.*



ALBERTA POLICE RECRUIT SELECTION STANDARDS

SUPPLEMENTARY HEARING INFORMATION FOR AUDIOLOGISTS

The auditory requirements of a police constable's routine duties are such that the constable's life may depend on the ability to hear, localize and understand a variety of environmental and speech sounds, including soft sounds. The constable should hear well enough to avoid undue risk to bystanders and to herself/himself and to protect the public from harm.

The hearing requirements of the Alberta Police Recruit Selection Standards were developed based on task and job analysis and an expert opinion. The standard is based on the recognition that, for the police constable, hearing acuity, word discrimination and sound localization are important dimensions of hearing competency required to perform job-related tasks safely and effectively.

Alberta Police Recruit Selection Standards – Hearing Standards

Unaided Criteria I

Pure-tone threshold measured under audiometric earphones shall not exceed 25dB HL in each ear at the following frequencies: 500, 1000, 2000, 3000 and 4000 Hz.

Unaided Criteria II

For each ear, pure-tone thresholds measured under audiometric earphones shall not exceed a four-frequency average (500, 1000, 2000, 3000 Hz) of 25dB HL, thresholds at none of these single frequencies shall exceed 35 dB HL and thresholds at 4000 Hz shall not exceed 45 dB HL. In addition, speech recognition scores shall be 88% or better in each ear at 50dB HL in quiet, using half lists (25 test words) of recorded monosyllabic words presented under standard audiometric earphones. The lists of Northwestern University Test No. 6 are to be used for word discrimination testing, to achieve consistency across test sites. Furthermore, speech recognition scores measured with both ears open in sound field shall be 68% or better at a 5+ signal-to-noise (S/N) ration, when a half-list (25 test words) of recorded monosyllabic words is presented at 50 dB HL. For measurement, both the word list and competing speech noise shall be presented at 0° azimuth (i.e. from one speaker located directly in front of the candidate).

Unaided Criteria IA

Pure-tone thresholds measured under audiometric earphones shall not exceed 40 dB HL in each ear at the following frequencies: 500, 1000, 2000, 3000; and shall not exceed 55 dB HL at 4000 Hz.

- If the standards are met the applicant can proceed to Aided Criteria with any hearing aid.
- If the application does not meet hearing standards, accommodation with a hearing aid is not allowed.

Aided Criteria

NOTE: Individual assessments by an audiologist are recommended for candidates with any type of hearing aid, who then must decide whether the candidate is able to perform within the CSS Hearing Performance Standard criteria established for the sound field.

For each ear, narrow-band or warbled-tone thresholds measured in a calibrated sound field at 0° azimuth shall not exceed a four-frequency average (500, 1000, 2000 and 3000 Hz) of 25 dB HL; thresholds at none of these single frequencies shall exceed 35 dB HL, and threshold at 4000 Hz shall not exceed 45 dB HL. Measurements shall be made monaurally in an audiometric sound field with the aided (non-test) ear plugged or, when necessary, effectively masked. (Measurements of aided threshold may also be expressed as real-ear aided response, using probe-microphone measurements with sound pressure levels appropriately converted to hearing levels). In addition, speech recognition scores in sound field shall be 88% or higher in each aided ear (with the non-test ear plugged or appropriately masked) using half-lists (25 words) or recorded, monosyllabic words (Northwestern University NU-6 lists) presented at 50 dB HL in quiet at 0° azimuth. Furthermore, monaurally or binaurally aided speech recognition scores measured in sound field shall be 68% or higher at a +5 dB S/N ration, when NU-6 half lists are presented at 50 dB HL. Both the word list and competing speech noise shall be presented at 0° azimuth. Hearing aids worn shall be adjusted to those settings used in the "Hearing Acuity" portion of this criterion.

A-PREP INSTRUCTIONS FOR APPLICANTS

Alberta Physical Readiness Evaluation for Police (A-PREP) is physically demanding and incorporates the physical tasks often carried out by police officers. A-PREP includes running, climbing, vaulting, pushing, pulling and dragging. A-PREP is very strenuous and may require maximal effort. Applicants should be training regularly for 4-6 weeks prior to A-PREP.

A-PREP Instructions

Applicants must:

- Bring valid Government issued photo ID
- Bring completed Medical Clearance Form Part 2 (signed, stamped, and dated)
- Come dressed in suitable physical activity attire and bring clean exercise footwear that allow for grip.

Prior to A-PREP, applicants should abstain from:

- Using short-acting bronchodilators for at least 2 hours*
- Using any stimulants for at least 24 hours prior to A-PREP, (i.e. products containing ephedrine, pseudoephedrine, ephedra, or other similar stimulants).*
- Vigorous exercise in the preceding 24 hours.
- Eating a large meal before participating in A-PREP. A light meal or snack approximately 2 hours before the A-PREP begins is recommended. As the A-PREP Session might be lengthy, applicants may bring a snack with them, in case they get hungry during the Session.
- Alcohol for at least 6 hours.
- Smoking for at least 2 hours.
- Caffeine products for at least 2 hours.

*Applicants who answer **YES** to these questions may have their blood pressure taken to determine suitability for A-PREP.

Applicants should be prepared to answer the following questions at time of A-PREP:

Since your most recent Medical Clearance:

- Have you had any significant changes in your health?
- Have you had any new illnesses or injuries?
- Are you regularly taking any new medications?

If the applicant answers **YES** to any of these questions, they may be asked to obtain a new A-PREP Medical Clearance to determine their suitability for A-PREP.

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LETTER TO PHYSICIAN

Dear Physician,

This patient is seeking your Medical Clearance to undertake the Alberta Physical Readiness Evaluation for Police (A-PREP).

A-PREP is an occupational physical abilities assessment directly linked to police work and training. **It is a maximal exertion assessment equivalent to an exercise stress test at the 11.9 MET level.** A-PREP simulates a scenario where a police officer engages in a foot chase, takes physical control of the suspect, and then drags a person or an object away from the scene while wearing a 7.5kg weighted belt around their waist. It is divided into the following sections:

1. **Obstacle Circuit:** Completing a 100m run including four sets of stairs and scaling 1.52m fences.
2. **Push/Pull:** 34kg weight on a Body Control Simulator as well as 14.5kg and 16kg on an Arm Restraint Simulator.
3. **Body Drag:** dragging a 68kg Mannequin 7.5m and back for a total of a 15m drag.
4. **Aerobic Fitness Component:** complete Stage 7 of the Leger 20m Multi Stage Shuttle Run

The first three sections are timed; A-PREP Applicants must complete these sections in 2:10 minutes or less. During the 4th section, A-PREP Applicants must reach Stage 7 of the Leger 20m Multi Stage Shuttle Run, which is equivalent to an exercise stress test of 11.9 METS.

Please complete, sign and date the attached form. Place a copy of **Part 1** on the patient's medical file and give **Part 2** to the patient (Signed, dated, and with your office stamp).

A-PREP MEDICAL CLEARANCE FORM: PART 1 - **For Doctors Use Only**

Patient Information							
Surname:		Given Names:		Gender		Age (YRS)	
				M	F	Other	
Height (cm)	Weight (kg)	Resting Heart Rate (BPM)		Resting Blood Pressure (mmHg)			
Risk Factors							
Note to Physician : The A-PREP is a physically demanding assessment and is equivalent to an Exercise Stress Test at an 11.9 Metabolic Equivalents (MET) level . The following risk factors must be considered when assessing patient suitability for A-PREP.							
Section A: Pulmonary and Musculoskeletal Restrictions for all individuals							
If YES to any risk factor in Section A, patient should not undertake A-PREP.							
Pulmonary obstruction, restriction that would prevent maximal testing						YES	NO
Needs to use a short acting inhaler immediately prior to participation in maximal testing. Short acting inhalers can only be used after the test, if needed. Long acting or combined inhalers are allowed.						YES	NO
Musculoskeletal restrictions that could interfere with strenuous activities or maximal testing						YES	NO
Section B: High or Very High Cardiovascular Risk Factors for all individuals							
If YES to one or more risk factors in Section B, it is recommended to send the patient to an Exercise Stress Test before clearing for A-PREP.							
Previous CVA, MI, vascular surgery or any clinical evidence of atherosclerosis						YES	NO
Diabetes						YES	NO
Metabolic Syndrome						YES	NO
Section C: Coronary Artery Disease Risk Factors for Men > Age 40 and Women > 50							
If YES to two or more risk factors in Section C, it is recommended to send patient to an Exercise Stress Test before clearing for A- PREP.							
Family history of premature cardiovascular disease						YES	NO
Cigarette smoking						YES	NO
Hypertension						YES	NO
Dyslipidemia						YES	NO
Abnormal fasting glucose level						YES	NO
Obesity						YES	NO
Physical Inactivity						YES	NO
Section D- Exercise Stress Test (when required)							
Clinically Positive for ischemia						YES	NO
Electrically positive for ischemia						YES	NO
Number of MET reached (11.9 MET are required prior to undertaking A-PREP)							
Additional tests (if needed, specify):							

A-PREP MEDICAL CLEARANCE FORM: PART 2 - **Must Bring To A-PREP**

PATIENT INFORMATION						
SURNAME		GIVEN NAMES		GENDER		AGE (YEARS)
				M	F	Other
HEIGHT (CM)		WEIGHT (KG)		RESTING HEART RATE (BPM)		RESTING BLOOD PRESSURE (MMHG)
PHYSICIAN'S RECOMMENDATIONS						
<p>After reviewing A-PREP Medical Clearance PART 1 and evaluating the following risk factors:</p> <ul style="list-style-type: none"> • Pulmonary Obstruction/ Restriction • Coronary Artery Disease Risk Factors • Musculoskeletal Restrictions • Exercise Stress Test to 11.9 MET, if applicable • High or Very High Cardiovascular Risk Factors <p>It is in my professional opinion that the above named patient is (select opinion below):</p>						
SELECT		OPINION				
<input type="checkbox"/>		MEDICALLY FIT to participate in the Alberta Physical Readiness Evaluation for Police				
<input type="checkbox"/>		NOT MEDICALLY FIT to participate in the Alberta Physical Readiness Evaluation for Police				
<p>Comments:</p>						
<p>PHYSICIAN SIGNATURE:</p> <p>MANDATORY</p>				<p>Physician stamp:</p> <p style="background-color: yellow;">(If unavailable, clinic information must be provided)</p> <p style="text-align: center; margin-top: 100px;">MANDATORY</p>		
<p>DATE: DD / MM / YYYY MANDATORY</p>						