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.camrosepolice.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:

- ❑ **Copy of High School Diploma**
- ❑ **Certified copy of High School Transcript**
- ❑ **Completed Personal Disclosure Form**
- ❑ **Driving Record Abstract – last three years** (Out of Province Applicants must supply their Provincial Equivalent)
- ❑ **Pardon** (if applicable)
- ❑ **Copy of Vision Report**
- ❑ **Copy of Hearing Report**
- ❑ **Post-Secondary Documents** (if applicable)
- ❑ **Copy of Birth Certificate and/or Canadian Citizenship or Legal Permanent Resident documentation (and photo ID/per pg. 8)**
- ❑ **Copy of A-PREP** (Alberta- Physical Readiness Evaluation for Police Officer Applicants) **results – certified within the last 6 months** ❑ **Attached** ❑ **Yet To Be Arranged with Agency**
- ❑ **Copy of Certificate of Standard First Aid** – certified within the last 36 months
- ❑ **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 (FOIPP) 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

Proof of education is required prior to engagement.
(Certified Transcripts may be requested)

HIGH SCHOOL — *Circle highest grade completed*

◯10 ◯11 ◯12 ◯13

NAME OF SCHOOL | LOCATION

❒ HIGH SCHOOL DIPLOMA
❒ EQUIVALENCY DIPLOMA

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)*

❒ YES ❒ 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)*

❒ YES ❒ 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)*

❒ YES ❒ 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)*

❒ YES ❒ 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)*

❒ YES ❒ NO

I. Q. A. S.

(International Qualifications Assessment Standards – Certificate - if applicable)
For International applicants only – Please state the highest level education achieved.

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)*

❒ YES ❒ 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 YYYY	MM	DD	STATUS (describe reason for non-selection)

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 YYYY	START DATE MM	FINISH DATE YYYY	FINISH DATE MM	POSITION HELD

DUTIES/RESPONSIBILITIES

REASON FOR LEAVING

2nd

EMPLOYER'S NAME	TELEPHONE NUMBER [ ]
EMPLOYER'S ADDRESS	POSTAL CODE
NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER [ ]

START DATE YYYY	START DATE MM	FINISH DATE YYYY	FINISH DATE MM	POSITION HELD

DUTIES/RESPONSIBILITIES

REASON FOR LEAVING

3rd

EMPLOYER'S NAME	TELEPHONE NUMBER [ ]
EMPLOYER'S ADDRESS	POSTAL CODE
NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER [ ]

START DATE YYYY	START DATE MM	FINISH DATE YYYY	FINISH DATE MM	POSITION HELD

DUTIES/RESPONSIBILITIES

REASON FOR LEAVING

EMPLOYMENT HISTORY

(Continued)
Provide history for the last ten (10) years.
Provide an explanation for all gaps in employment.
Attach an additional sheet(s) if required – following the suggested format.

4th

EMPLOYER'S NAME	TELEPHONE NUMBER [ ]
EMPLOYER'S ADDRESS	POSTAL CODE
NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER [ ]

START DATE YYYY	START DATE MM	FINISH DATE YYYY	FINISH DATE MM	POSITION HELD

DUTIES/RESPONSIBILITIES

REASON FOR LEAVING

5th

EMPLOYER'S NAME	TELEPHONE NUMBER [ ]
EMPLOYER'S ADDRESS	POSTAL CODE
NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER [ ]

START DATE YYYY	START DATE MM	FINISH DATE YYYY	FINISH DATE MM	POSITION HELD

DUTIES/RESPONSIBILITIES

REASON FOR LEAVING

IF YOU WERE ASKED TO RESIGN, OR WERE FIRED FROM A JOB, OR IF YOU HAVE HAD ANY PERIODS OF UNEMPLOYMENT; PLEASE PROVIDE DETAILS AND EXPLANATIONS HERE:

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 / M M / D D)

EMPLOYER'S NAME

CURRENT ADDRESS — **FROM** (YYYY / MM / DD) — **TO** (YYYY / MM / DD)

CITY | PROVINCE | COUNTRY | POSTAL CODE

PREVIOUS ADDRESS — **FROM** (YYYY / MM / DD) — **TO** (YYYY / MM / DD)

CITY | PROVINCE | COUNTRY | POSTAL CODE

PREVIOUS ADDRESS — **FROM** (YYYY / MM / DD) — **TO** (YYYY / MM / DD)

CITY | PROVINCE | COUNTRY | POSTAL CODE

PREVIOUS ADDRESS — **FROM** (YYYY / MM / DD) — **TO** (YYYY / MM / DD)

CITY | PROVINCE | COUNTRY | POSTAL CODE

DRIVER'S LICENCE	PROVINCE	CLASS(ES)	LICENCE NUMBER	**DATE OF ISSUE** (YYYY / M M / D D)

CREDIT CARDS	TYPE	ISSUING INSTITUTION	CURRENT BALANCE OWING	EXPIRATION DATE (YYYY / M M)
2	TYPE	ISSUING INSTITUTION	CURRENT BALANCE OWING	EXPIRATION DATE (YYYY / M M)
3	TYPE	ISSUING INSTITUTION	CURRENT BALANCE OWING	EXPIRATION DATE (YYYY / M M)
4	TYPE	ISSUING INSTITUTION	CURRENT BALANCE OWING	EXPIRATION DATE (YYYY / M M)

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 (YYYY / MM / DD)	SEX	PLACE OF BIRTH (INCLUDE CITY / COUNTRY BORN)
	◯ Male ◯ Female	

MARITAL STATUS

◯ Single ◯ Married ◯ Common-law / Domestic Partner ◯ Separated ◯ 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:

◯ DRIVER'S LICENCE ◯ PASSPORT ◯ CITIZENSHIP

HAVE YOU APPLIED FOR EMPLOYMENT/CONTRACT WORK/VOLUNTEER WORK WITH ANY POLICE SERVICE IN THE PAST?

◯ YES ◯ NO

POSITION APPLIED FOR	DIVISION / SECTION

IN CHRONOLOGICAL ORDER, *CURRENT ADDRESS FIRST*, 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)

NAME OF PERSON(S) WHO SHARE ADDRESS WITH YOU	TELEPHONE NUMBER	RELATIONSHIP	SEX	DATE OF BIRTH (YYYY / MM / DD)
	[ ]		☐ Male ☐ Female	
	[ ]		☐ Male ☐ Female	
	[ ]		☐ Male ☐ Female	

ADDRESS	CITY	PROVINCE	POSTAL CODE	FROM (YYYY / MM / DD)	TO (YYYY / MM / DD)

NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU	TELEPHONE NUMBER	RELATIONSHIP	SEX	DATE OF BIRTH (YYYY / MM / DD)
	[ ]		☐ Male ☐ Female	
	[ ]		☐ Male ☐ Female	
	[ ]		☐ Male ☐ Female	

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

ADDRESS CITY PROVINCE POSTAL CODE		FROM YYYY MM DD		TO YYYY MM DD	
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU	TELEPHONE NUMBER [ ]	RELATIONSHIP	SEX ☐ Male ☐ Female	DATE OF BIRTH YYYY MM DD	
	TELEPHONE NUMBER [ ]	RELATIONSHIP	SEX ☐ Male ☐ Female	DATE OF BIRTH YYYY MM DD	
	TELEPHONE NUMBER [ ]	RELATIONSHIP	SEX ☐ Male ☐ Female	DATE OF BIRTH YYYY MM DD	
ADDRESS CITY PROVINCE POSTAL CODE		FROM YYYY MM DD		TO YYYY MM DD	
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU	TELEPHONE NUMBER [ ]	RELATIONSHIP	SEX ☐ Male ☐ Female	DATE OF BIRTH YYYY MM DD	
	TELEPHONE NUMBER [ ]	RELATIONSHIP	SEX ☐ Male ☐ Female	DATE OF BIRTH YYYY MM DD	
	TELEPHONE NUMBER [ ]	RELATIONSHIP	SEX ☐ Male ☐ Female	DATE OF BIRTH YYYY MM DD	
ADDRESS CITY PROVINCE POSTAL CODE		FROM YYYY MM DD		TO YYYY MM DD	
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU	TELEPHONE NUMBER [ ]	RELATIONSHIP	SEX ☐ Male ☐ Female	DATE OF BIRTH YYYY MM DD	
	TELEPHONE NUMBER [ ]	RELATIONSHIP	SEX ☐ Male ☐ Female	DATE OF BIRTH YYYY MM DD	
	TELEPHONE NUMBER [ ]	RELATIONSHIP	SEX ☐ Male ☐ Female	DATE OF BIRTH YYYY MM DD	
ADDRESS CITY PROVINCE POSTAL CODE		FROM YYYY MM DD		TO YYYY MM DD	
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU	TELEPHONE NUMBER [ ]	RELATIONSHIP	SEX ☐ Male ☐ Female	DATE OF BIRTH YYYY MM DD	
	TELEPHONE NUMBER [ ]	RELATIONSHIP	SEX ☐ Male ☐ Female	DATE OF BIRTH YYYY MM DD	
	TELEPHONE NUMBER [ ]	RELATIONSHIP	SEX ☐ Male ☐ Female	DATE OF BIRTH YYYY MM DD	
ADDRESS CITY PROVINCE POSTAL CODE		FROM YYYY MM DD		TO YYYY MM DD	
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU	TELEPHONE NUMBER [ ]	RELATIONSHIP	SEX ☐ Male ☐ Female	DATE OF BIRTH YYYY MM DD	
	TELEPHONE NUMBER [ ]	RELATIONSHIP	SEX ☐ Male ☐ Female	DATE OF BIRTH YYYY MM DD	
	TELEPHONE NUMBER [ ]	RELATIONSHIP	SEX ☐ Male ☐ Female	DATE OF BIRTH YYYY MM 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 ☐ Male ☐ Female	DATE OF BIRTH YYYY M M D D	
	TELEPHONE NUMBER [ ]	RELATIONSHIP	SEX ☐ Male ☐ Female	DATE OF BIRTH YYYY M M D D	
	TELEPHONE NUMBER [ ]	RELATIONSHIP	SEX ☐ Male ☐ 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 ☐ Male ☐ Female	DATE OF BIRTH YYYY M M D D	
	TELEPHONE NUMBER [ ]	RELATIONSHIP	SEX ☐ Male ☐ Female	DATE OF BIRTH YYYY M M D D	
	TELEPHONE NUMBER [ ]	RELATIONSHIP	SEX ☐ Male ☐ 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 ☐ Male ☐ Female	DATE OF BIRTH YYYY M M D D	
	TELEPHONE NUMBER [ ]	RELATIONSHIP	SEX ☐ Male ☐ Female	DATE OF BIRTH YYYY M M D D	
	TELEPHONE NUMBER [ ]	RELATIONSHIP	SEX ☐ Male ☐ 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 ☐ Male ☐ Female	DATE OF BIRTH YYYY M M D D	
	TELEPHONE NUMBER [ ]	RELATIONSHIP	SEX ☐ Male ☐ Female	DATE OF BIRTH YYYY M M D D	
	TELEPHONE NUMBER [ ]	RELATIONSHIP	SEX ☐ Male ☐ 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 ☐ Male ☐ Female	DATE OF BIRTH YYYY M M D D	
	TELEPHONE NUMBER [ ]	RELATIONSHIP	SEX ☐ Male ☐ Female	DATE OF BIRTH YYYY M M D D	
	TELEPHONE NUMBER [ ]	RELATIONSHIP	SEX ☐ Male ☐ Female	DATE OF BIRTH YYYY M M D D	

FAMILY MEMBERS

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

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	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER
	☐ Male ☐ Female					[ ]

SURNAME / MAIDEN NAME / OTHER NAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME USED	DATE OF BIRTH YYYY MM DD

RELATIONSHIP	SEX	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER
	☐ Male ☐ Female					[ ]

SURNAME / MAIDEN NAME / OTHER NAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME USED	DATE OF BIRTH YYYY MM DD

RELATIONSHIP	SEX	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER
	☐ Male ☐ Female					[ ]

SURNAME / MAIDEN NAME / OTHER NAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME USED	DATE OF BIRTH YYYY MM DD

RELATIONSHIP	SEX	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER
	☐ Male ☐ Female					[ ]

SURNAME / MAIDEN NAME / OTHER NAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME USED	DATE OF BIRTH YYYY MM DD

RELATIONSHIP	SEX	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER
	☐ Male ☐ Female					[ ]

SURNAME / MAIDEN NAME / OTHER NAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME USED	DATE OF BIRTH YYYY MM DD

RELATIONSHIP	SEX	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER
	☐ Male ☐ Female					[ ]

SURNAME / MAIDEN NAME / OTHER NAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME USED	DATE OF BIRTH YYYY MM DD

RELATIONSHIP	SEX	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER
	☐ Male ☐ Female					[ ]

SURNAME / MAIDEN NAME / OTHER NAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME USED	DATE OF BIRTH YYYY MM DD

RELATIONSHIP	SEX	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER
	☐ Male ☐ Female					[ ]

SURNAME / MAIDEN NAME / OTHER NAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME USED	DATE OF BIRTH YYYY MM DD

RELATIONSHIP	SEX	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER
	☐ Male ☐ Female					[ ]

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	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER
	☐ Male ☐ Female					[ ]

SURNAME / MAIDEN NAME / OTHER NAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME USED	DATE OF BIRTH YYYY MM DD

RELATIONSHIP	SEX	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER
	☐ Male ☐ Female					[ ]

SURNAME / MAIDEN NAME / OTHER NAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME USED	DATE OF BIRTH YYYY MM DD

RELATIONSHIP	SEX	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER
	☐ Male ☐ Female					[ ]

SURNAME / MAIDEN NAME / OTHER NAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME USED	DATE OF BIRTH YYYY MM DD

RELATIONSHIP	SEX	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER
	☐ Male ☐ Female					[ ]

SURNAME / MAIDEN NAME / OTHER NAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME USED	DATE OF BIRTH YYYY MM DD

RELATIONSHIP	SEX	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER
	☐ Male ☐ Female					[ ]

SURNAME / MAIDEN NAME / OTHER NAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME USED	DATE OF BIRTH YYYY MM DD

RELATIONSHIP	SEX	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER
	☐ Male ☐ Female					[ ]

SURNAME / MAIDEN NAME / OTHER NAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME USED	DATE OF BIRTH YYYY MM DD

RELATIONSHIP	SEX	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER
	☐ Male ☐ Female					[ ]

SURNAME / MAIDEN NAME / OTHER NAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME USED	DATE OF BIRTH YYYY MM DD

RELATIONSHIP	SEX	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER
	☐ Male ☐ Female					[ ]

SURNAME / MAIDEN NAME / OTHER NAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME USED	DATE OF BIRTH YYYY MM DD

RELATIONSHIP	SEX	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER
	☐ Male ☐ Female					[ ]

SURNAME / MAIDEN NAME / OTHER NAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME USED	DATE OF BIRTH YYYY MM DD

RELATIONSHIP	SEX	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER
	☐ Male ☐ Female					[ ]

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)	◯ **YES** ◯ **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.	◯ **YES** ◯ **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.	◯ **YES** ◯ **NO**
4. Are you associated with any companies, or businesses, not listed on your application? ❑ Owner ❑ Director ❑ Controlling Share Holder ❑ Other _____	◯ **YES** ◯ **NO**
5. Are you a member of any clubs or organizations? **If yes –** explain which _____	◯ **YES** ◯ **NO**
6. If you answered yes to the previous question, do you hold a position in that club or organization? ❑ President ❑ Chair ❑ Director ❑ Other _____	◯ **YES** ◯ **NO**
7. In the past 10 years, have you been involved in any lawsuits or civil actions? **If yes –** explain on separate sheet.	◯ **YES** ◯ **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		
			YYYY	M M	D D

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:		
			YYYY	M M	D D
NAME OF WITNESS:	SIGNATURE OF WITNESS:		DATE:		
			YYYY	M M	D D

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	M M	D D

I,_____, the undersigned, hereby voluntarily, without threats, promises of immunity or reward and without duress, coercion of force, agree to take a truth vertification 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	M M	D D

NAME OF WITNESS:	SIGNATURE OF WITNESS:	DATE: YYYY	M M	D D

NOTE: The Witness must be 18 years or older

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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** ❑ YES ❑ NO
FARSIGHTEDNESS – NORMAL Not greater than +2.00 D, spheroequivalent in the least hyperopic eye	**APPLICANT STANDARD** ❑ YES ❑ NO
BEST CORRECTED VISUAL ACUITY – NORMAL At least 20/20 (6/6) with both eyes open	**APPLICANT STANDARD** ❑ YES ❑ NO
COLOUR VISION – NORMAL Pass Ishihara (Book or Titmus) without any colour corrective (e.g. X-Chrom, Chromagen) lenses	**APPLICANT STANDARD** ❑ YES ❑ NO
NOTE: Farnsworth Vision Test – is recommended for unsuccessful Ishihara Tests Pass Farnsworth D-15 without any colour corrective (e.g. X-Chrom, Chromagen) lenses	**APPLICANT STANDARD** ❑ YES ❑ NO
LATERAL PHORIA FAR – NORMAL No more than 5 eso or 5 exo	**APPLICANT STANDARD** ❑ YES ❑ 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** ❑ YES ❑ 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

APPLICANT STANDARD

❑ **YES** ❑ **NO**

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:

- **Temporal (0º meridian) 75º**
- **Superior-temporal (45º meridian) 40º**
- **Superior (90º meridian) 35º**
- **Superior-nasal (135º meridian) 35º**
- **Nasal (180º meridian) 45º**
- **Nasal-inferior (225º meridian) 35º**
- **Inferior (270º meridian) 55º**
- **Inferior-temporal (315º meridian) 70º**

OCULAR DISEASE – NORMAL

APPLICANT STANDARD

❑ **YES** ❑ **NO**

Free from diseases that impair visual performance as indicated by the standards above, or will produce sudden, unpredictable incapacitation of the visual system.

CORRECTIVE SURGERY

HAVE YOU EVER HAD CORRECTIVE SURGERY? ❑ **YES** ❑ **NO**

PROCEDURE TYPE – ***Please indicate which procedure from the list below…***

DATE OF PROCEDURE YYYY | M M | D D

❑	**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.
❑	**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).
❑	**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).
❑	**Orthokeratology, Corneal Transplants, and Intra-Stromalcorneal Rings**	**Not allowed.**

NIGHT VISION – *Only required if an Applicant had Corrective Surgery*

APPLICANT STANDARD

❑ **YES** ❑ **NO**

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):

- **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**

SIGNATURE OF DOCTOR | **DATE** YYYY | M M | D D

SIGNATURE OF APPLICANT | **DATE** YYYY | M M | D D

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 Acuities Right Eye:		
Left Eye:		
Best Corrected Visual Acuities Right Eye:		
Left Eye:		
Subjective Refraction (Sphere and cylinder) Right Eye:		
Left Eye:		
Current Medication Related to the Surgery:		

[1] These examinations must be at least 21 days apart.

[2] If 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/Optometrist'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		

[1] All testing should be done binocularly

[2] The 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?	❒ **NO** ❒ **YES** (please elaborate)			
If the surgery was a clear lens extraction, was prophylactic laser surgery performed? **YES** **NO** **N/A**				
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. **YES** **NO**				

	Address:
Signature	
Ophthalmologist/Optometrist'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 Acuities[1] 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:		

[1]Visual 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 noted[2]: _____

[2]If 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/Optometrist'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:	

	12 Month Post Operative Assessment
Date of Assessment:	
Uncorrected Visual Acuities[1] 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[1] Right Eye:	
Left Eye:	

Date that any lens opacities/vacuoles/cataracts were first noted[i]: _____

[1]If 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/Optometrist's 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

After reviewing A-PREP Medical Clearance PART 1 and evaluating the following risk factors:

- 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

It is in my professional opinion that the above named patient is (select opinion below):

SELECT	OPINION
□	MEDICALLY FIT to participate in the Alberta Physical Readiness Evaluation for Police
□	NOT MEDICALLY FIT to participate in the Alberta Physical Readiness Evaluation for Police

Comments:

PHYSICIAN SIGNATURE:
MANDATORY

DATE: DD / MM / YYYY MANDATORY

Physician stamp:
(If unavailable, clinic information must be provided)

MANDATORY