



YORK REGIONAL POLICE

Court Security Officer

Checklist of Mandatory Application Documents

APPLICANT INFORMATION	
Surname:	
Given Name(s):	

- The following list of documents must be included with your application package in the order shown below.
- This checklist must be submitted with your application package as the first page.
- Please do not submit binders or folders with hard copy applications.
- Check or initial the boxes to indicate you have included the documents in your application package.
- We will accept forms typed with electronic signature, or handwritten in **black ink only**.

<input type="checkbox"/>	Completed Checklist of Mandatory Application Documents
<input type="checkbox"/>	Cover Letter and Resume
<input type="checkbox"/>	Completed YRP Application for Civilian Position Application Form
<input type="checkbox"/>	A listing of all volunteer work/community service completed during the past five years, on the form provided – <i>Include name of volunteer organization(s), with phone number and address, duties performed, years of service, and contact information of supervisor(s).</i>
<input type="checkbox"/>	Copy of valid Hearing and Vision Results (must meet standard) – <i>Download the required forms from our website under Court Security Careers, at https://www.yrp.ca/en/Minimum-Requirements.asp. Results from an ATS or TNT OACP Certificate of Results will also be accepted (OACP certificate and fitness logs are not required).</i>
<input type="checkbox"/>	Copy of Emergency or Standard First Aid Certificate and CPR Level "C" Certificate – <i>these certifications must remain valid throughout the selection process.</i>
<input type="checkbox"/>	Proof of successful completion of four years of Secondary School Education, or Equivalency certificate if education was obtained outside of Canada – include copies of both your diploma AND transcripts – <i>If you do not have your high school diploma and it cannot be replaced, we will accept correspondence on official letterhead from either your School Board or High School, indicating your name, dates attended and diploma awarded, in addition to your transcript.</i>
<input type="checkbox"/>	Proof of successful completion of Canadian Post-Secondary Education, or Equivalency certificate if education was obtained outside of Canada – include copies of both your diploma(s) AND transcripts – <i>If degree or diploma is pending, please indicate anticipated date of receipt:</i>
<input type="checkbox"/>	Completed Authorization for Release of Information
<input type="checkbox"/>	Confidential Applicant Survey Form



YORK REGIONAL POLICE APPLICATION FOR CIVILIAN POSITION

Personal information on this form is being collected pursuant to Section 29 of *The Municipal Freedom of Information and Protection of Privacy Act*, and under the authority of the *Police Services Act*, for the purposes of processing your application for employment.

Any questions regarding this collection should be directed to:

**York Regional Police
Uniform Recruiting Unit**
47 Don Hillock Drive
Aurora, ON L4G 0S7
Telephone: 905-830-0303, ext. 6720

Instructions:

All of the information provided will be held in strict confidence within York Regional Police.

- Applicants must meet the Service's basic requirements for the position
- All sections of this form must be completed (if not applicable, mark "N/A")
- Complete this form by printing in black ink
- If extra space is required, please use additional pages

Position Applied For (Select one only):

- ☐ **Court Security Officer**
- ☐ **Auxiliary Constable**

I. Personal Information

Last Name	Given Name(s)	3rd, 6th & 9th digits of SIN #	
Complete Address (including Number, Street, Apartment or Unit Number, Lot, Concessions, Rural Route #)			
City or Town	Province	Postal Code	
Business or Day Phone Number:	Cell Phone Number:		
Home or Evening Phone Number:	E-Mail Address:		
		Yes	No
Are you at least 18 years of age?			
Are you legally eligible to work in Canada?			
Are you a Canadian citizen or a permanent resident of Canada?			
Do you possess a valid driver's licence that permits you to drive an automobile in Ontario with full driving privileges and do you have six or fewer demerit points?			
Have you ever been convicted of any criminal offence for which a pardon has not been granted or issued? (This means any fine, period of imprisonment, or period of probation offered by the court)			
If you were previously convicted under a federal statute, have you been granted or issued a pardon; or in the event of a discharge related to a finding of guilt, have the records been sealed by the R.C.M.P.?	N/A		
Do you possess a CPR certificate? (If Yes , please provide the expiry date – if no, please provide date of scheduled training)			
Do you possess a first-aid certificate? (If Yes , please provide the expiry date – if no, please provide date of scheduled training)			

II. Education

Secondary School Attended		Highest Grade or Level Completed (If applicable, attach equivalency certificate)	
Type of Certificate or Diploma Obtained			
Business, Trade or Technical School Attended			
Course Name		Length of Course	
Licence, Certificate or Diploma Awarded			
Community College Attended			
Program Name		Length of Program	
Licence, Certificate or Diploma Awarded			
University Attended			
Major Area of Study		Length of Course	
Degree Awarded		General	Honours
Other relevant Courses, Workshops, Seminars, Training, Licenses, Certificates or Degrees:			

III. Employment History

- Note:** 1. Beginning with your present or previous employer and continuing in reverse time order, list and describe every position you have held since the beginning of your work experience. If you have held two or more positions with the same employer, list and describe each position separately. Include military, part-time and summer employment (attach additional sheets as required)
2. Is your current employer(s) aware you are seeking employment? Please be advised they may be contacted at a further point in the selection process.

Present or Previous Employer:	
Telephone Number:	Date of Employment: From To
Complete Mailing Address (including Postal Code):	
Supervisor's Name and Title:	Your Position Title:
Brief Description of Duties:	
Reason for Leaving:	
Present or Previous Employer:	
Telephone Number:	Date of Employment: From To
Complete Mailing Address (including Postal Code):	
Supervisor's Name and Title:	Your Position Title:
Brief Description of Duties:	
Reason for Leaving:	
Present or Previous Employer:	
Telephone Number:	Date of Employment: From To
Complete Mailing Address (including Postal Code):	
Supervisor's Name and Title:	Your Position Title:
Brief Description of Duties:	
Reason for Leaving:	

Use the Employment History template to add extra pages for all additional jobs, if required

IV. List any qualifications you have which you believe are relevant to this position:
(ie. Languages, Special Skills, Specialized Training, Certifications)

Have you ever applied to any other police service(s) for any position: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please complete the following:			
Name of Service(s)	Position Applied for:	Date(s)	Is your application currently active?
1.			<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No
5.			<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Information

If required, please use the following space to provide, further information regarding any of the questions previously asked. Please indicate the question number when providing the information.

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In the space provided below, please provide any information that you feel is relevant to your application, such as personal achievements, awards, community service etc.

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VOLUNTEER / COMMUNITY SERVICE WORK

(WITHIN THE LAST 5 YEARS)

Present or Previous Volunteer Organization:	
Telephone Number:	Date of Volunteer Service: From To
Complete Mailing Address of Organization (including Postal Code):	
Supervisor's Name and Title:	Position Title:
Brief Description of Duties:	
Reason for Leaving (if applicable):	
Present or Previous Volunteer Organization:	
Telephone Number:	Date of Volunteer Service: From To
Complete Mailing Address of Organization (including Postal Code):	
Supervisor's Name and Title:	Position Title:
Brief Description of Duties:	
Reason for Leaving (if applicable):	
Present or Previous Volunteer Organization:	
Telephone Number:	Date of Volunteer Service: From To
Complete Mailing Address of Organization (including Postal Code):	
Supervisor's Name and Title:	Position Title:
Brief Description of Duties:	
Reason for Leaving (if applicable):	

Use the Volunteer / Community Service Work template to add extra pages for all additional positions, if required



CONSTABLE SELECTION SYSTEM

CONSENT AND RELEASE OF LIABILITY FORM

Last Name, First Name (*Please Print*)

____/____/____
3rd/6th/9th digits of SIN Number

Home Address: _____

Please read the following form carefully.

Parts A and B of this form is authorize police services and other individuals and entities noted below to **collect, use and disclose personal information** about you for the purpose of assessing your abilities to be a police constable under the Ontario Constable Selection System, and for related research, information and statistical tracking.

Part C of this form **releases any of the individuals and/or entities named in this form from liability** that might arise from the collection, use, or disclosure of your personal information in accordance with parts A and B.

A. CONSENT TO ASSESSMENT

I hereby authorize any police service in Ontario to which I have submitted an application to be hired as a constable, and all other licensed members of the Constable Selection System, to collect my personal information as set out in Page 2 from any or all of the following individuals and entities:

- The Ontario Association of Chiefs of Police ("OACP"), which is licensed by the Ontario Government to operate the Constable Selection System, stores personal information belonging to police constable applicants in a secure electronic database, and uses this information to track demographic data and assessment results;
- The OACP Constable Selection System-licensed assessment firm 2588232 Ontario Inc., operating under the business name, TNT Justice Consultants, ("TNT"), which provides assessment services on behalf of the OACP and RCMP, and which collects assessment results as well as the personal information required for Constable Selection System registration;



CONSTABLE SELECTION SYSTEM

- The Ontario Ministry of Solicitor General responsible for the Community Safety and Correctional Services, which is the licensor of the Constable Selection System, and which conducts research using personal information to support the validity and reliability of the Constable Selection System;
- The Ontario and National Sex Offender Registries;
- The Ontario Ministry of Transportation, which maintains driving records of Ontario residents;
- All Ontario police service or law enforcement agency, which may hold personal information about me;
- The Canadian Police Information Centre, which is owned by the RCMP, and which maintains a computerized system to provide law enforcement agencies with information on individuals with criminal records;
- All health care practitioners (including without limitation, doctors, nurses, psychologists and their agents) who have provided me with health care treatment, either as part of this constable selection process or otherwise;
- All previous employers who may hold personal information about me;
- One or more consumer reporting agencies, which maintains credit or other personal information about a consumer; and,
- Any educational institution in which I have been, or am currently, enrolled and which has information about me, including my grade or performance results.

I irrevocably authorize the above-noted individuals and entities to collect personal information about me from sources other than myself and I consent to their using and disclosing this information as they require and/or as is described above and/or in the www.oacpcertificate.ca privacy policy.

I further consent to the disclosure of such personal information to a police service that is a licensed member of the Constable Selection System and to whom I have applied for employment as a police officer.



CONSTABLE SELECTION SYSTEM

I acknowledge that any of the above-noted individuals and entities may disclose to the requesting police service to which I have submitted an application which may include any or all of the following records, including any parts of the following record:

- | | |
|--|---|
| <ul style="list-style-type: none">• Academic records and transcripts; Employment records (Police Service and other), including performance evaluation / reviews, reference, discipline, complaint and attendance information;• Police records and history of law involvement, including criminal and provincial reports and convictions, and intelligence information;• Police service applications;• Medical information;• Information from background and security checks (including CPIC, NCIC, Interpol, Vulnerable checks, NICHE, CBSA, YCJA & YOA records etc.); | <ul style="list-style-type: none">• Financial information, including credit bureau check;• Driving record;• Physical, psychological, visual, aptitude and other employment-related tests, including but not limited to MMPI-2 - questions, answers and scores, and the interview notes, summaries, opinions, assessments and evaluations of psychologists;• Pre-Screening Test Scores• Applicant survey information; and,• Training record.• Social networking websites, blogs, chatrooms, email or other online content. |
|--|---|

B. CONSENT TO RESEARCH

I understand that my personal information as described herein may be required occasionally for research and analytics purposes, and in particular for documenting findings and trends, and for reviewing the validity and reliability of the Constable Selection System. I hereby consent to any or all of the personal information collected about me, pursuant to this form or at any point while I am being trained to be a constable, to be used and/or disclosed to a researcher or to the OACP/RCMP/Ministry/2588232 Ontario Inc., operating under the business name, TNT Justice Consultants, ("TNT"), for these purposes. I understand that in providing this consent that my personal information shall never be published in a publication that is available to the general public, unless in accordance with applicable laws or in connection with a legal proceeding.



CONSTABLE SELECTION SYSTEM

C. WAIVER AND RELEASE OF LIABILITY

FOR GOOD AND VALUABLE CONSIDERATION, including the opportunity to submit my application for consideration to a police service, I, on my own behalf and on behalf of my assigns, insurers, personal representatives, agents, attorneys, estate, and heirs, release and forever discharge, Her Majesty the Queen in Right of Ontario, Her Majesty the Queen in Right of Canada, the OACP/RCMP/2588232 Ontario Inc., operating under the business name, TNT Justice Consultants, ("TNT"), and any Ontario police services board, and their respective assigns, insurers, licensees, representatives, agents, employees, subcontractors, attorneys, partners, subsidiaries, officers, directors, shareholders, associates, and affiliates (hereinafter collectively referred to as the "Releasee") from any and all actions, causes of action, suits, debts, dues, accounts, bonds, covenants, contracts, claims and demands whatsoever which I have ever had, now have or may hereinafter have against the Releasee, which hereafter may be sustained by me in connection with the collection, use, and disclosure of information about me in accordance with the consents provided by me in this form, and from the use or reliance upon information about me obtained in accordance with these consents.

I AGREE AND UNDERTAKE:

- (a) That if I makes any claim, demand or complaint or take any action or proceeding whatsoever against the Releasee arising out of the matters described above in this Release shall be deemed to be a complete defence and bar to any such claim, demand, complaint, action or proceeding;
- (b) Not to make any claim or take any proceeding against any other person or entity which might result in a claim for contribution or indemnity being made against the Releasee;
- (c) To indemnify and save harmless the Releasee from any costs, expenses, losses or damages whatsoever incurred by the Releasee in connection with or in any way related to defending or responding to any action or other proceeding brought by any other person or entity against the Releasee for contribution or indemnity or any other claim over as a result of any action or other proceeding brought by me.



CONSTABLE SELECTION SYSTEM

I have read all five pages of this Consent and Release of Liability Form, and by signing below, I certify that I understand its content, agree to its terms, and am at least eighteen (18) years of age.

THIS WAIVER AND RELEASE SHALL BE INTERPRETED AND THE RIGHTS OF THE PARTIES DETERMINED UNDER THE LAWS OF THE PROVINCE OF ONTARIO. THE ONTARIO COURTS SHALL HAVE EXCLUSIVE JURISDICTION FOR ANY DISPUTE ARISING UNDER, OR PERTAINING TO, THIS WAIVER AND RELEASE.

I have carefully read this Waiver and Release and fully understand its contents. I am aware that this is a release of liability and a binding contract between myself and the persons and entities mentioned above and I sign it of my own free will. I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing this Waiver and Release freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. I have read the information in this form thoroughly, that I fully understand it, and that by signing below, I have the capacity to provide consent, and that I am providing consent freely and voluntarily.

The information provided is collected under the authority of Section 11 of the *Private Security and Investigative Services Act, 2005* for the purpose of issuing a licence under the Act.

Candidate's Name (Please Print)

Name of Witness (Please Print)

Candidate's Signature

Signature of Witness

Date of Candidate Signature

Date of Witness Signature

Personal information obtained through the completion of this form is collected pursuant to section 43 of the Police Service Act 1990 for the purpose of assessing qualifications and suitability for employment as a police officer. Information collected may be disclosed for the purpose for which it was obtained or for a consistent purpose. Questions concerning the collection or disclosure of this information should be addressed to OACP-TNT Justice Consultants Administrator.



YORK REGIONAL POLICE

Candidate Declaration

I hereby declare that the foregoing information is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from further consideration for employment, or result in my dismissal should I be appointed as a Court Security Officer.

It is understood and accepted that I am involved in a competitive process, and that I may be declined at any stage of the recruitment and selection process.

Candidate's Signature

Date



**Police Constable Selection
APPLICANT SURVEY FORM
CONFIDENTIAL**

Last Name: _____ 3rd/6th/9th digits of SIN# _____/_____/_____

First Name: _____ **FOR OFFICE USE ONLY:**

Date: _____ Assigned File Number: _____

It is necessary to continually collect data to evaluate the *OACP Constable Selection System* for fairness and effectiveness. This type of data collection is a normal part of Selection System development and evaluation. The information in this survey is being gathered in accordance with the *Police Services Act*, Section 3. Completion of this form is voluntary, and all information provided will be kept confidential. The information you provide on this form will not be used to assess your suitability for the position of Police Constable.

When you have completed this form, please enclose it with your Application Form and return both forms to the assessing police service. Please remember to include your name in the space provided. Please note: In order for our records to be complete, please include your name and return this survey with your application package, whether or not you have chosen to complete it. If you have inquiries about this survey, please contact the assessing police service or the OACP-licensed assessment firm.

Please read each of the following questions carefully, and check the responses that apply to you with a checkmark in the applicable box. Information which may assist you in responding to this survey is listed on page 3.

1. Please indicate your sex and age (in years):

☐ Male ☐ Female ☐ Other (specify): _____

Age: _____

2. Please indicate the highest level of education you have completed:

- ☐ High school diploma (or equivalency)
☐ 2-year college diploma
☐ 3-year college diploma
☐ Bachelor's degree (i.e. B. A., B. Sc., B. Ed., B.S.W., etc.)
☐ Master's degree (i.e. M.A., M. Sc., M. Ed., M.S.W., etc.)
☐ Doctoral degree / professional designation (i.e. Ph.D., Ed. D., M.D., P. Eng., LL.B., C.A., etc.)

3. Did you complete Police Foundations Training?

☐ Yes – Go to Question 4 ☐ No – Go to Question 5

4. At what institution did you take Police Foundations Training? (specify name of institution):

- ☐ Community College Specify: _____
☐ Private College Specify: _____
☐ University Specify: _____
☐ Other Specify: _____

5. Which one of the following do you consider yourself to be:

- ☐ Indigenous (i.e. First Nations, Inuit, Metis)
- ☐ White (i.e. Caucasian – British, French, Eastern or Western European, Russian, Ukranian, Mediterranean)
- ☐ Racial Minority (status is based on race or skin colour, not place of birth or nationality – see Additional Information below for a list of categories which belong to “racial minority”)

6. If you consider yourself a member of a racial minority, indicate which one of the following best describes your race or colour, regardless of your place of birth (see “Additional Information” below):

- | | |
|---|--|
| <input type="checkbox"/> Black | <input type="checkbox"/> Visible Minority Central or South American |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Oceanic |
| <input type="checkbox"/> Korean | <input type="checkbox"/> South Asian (Indo-Pakistan) |
| <input type="checkbox"/> South East Asian | <input type="checkbox"/> Visible Minority West Asian or North African |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Mixed Race or Colour (including one of the above) |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other (specify): _____ |

7. Do you consider yourself to be a person with a disability?

Person with a disability means a person with a permanent physical, mental or medical condition that limits the kind or amount of activities of daily living the person can do, and the kind or amount of work the person can do.

- ☐ Yes – Go to Question 8 ☐ No – Go to Question 9

8. Do you feel that your disability will require some form of job accommodation?

- ☐ Yes ☐ No

If you have answered “yes” to the above, the assessing police service or OACP-licensed assessment firm will assess your needs in consultation with you.

9. To assist with future recruitment activities, please indicate how you heard about the constable opportunities:

- | | |
|---|-------|
| <input type="checkbox"/> Newspaper or Social Media (specify) | _____ |
| <input type="checkbox"/> Posting on yrp.ca/careers website | |
| <input type="checkbox"/> Recruiting Presentation (specify location) | _____ |
| <input type="checkbox"/> Community Contact / Agency | |
| <input type="checkbox"/> School / College / University Guidance | |
| <input type="checkbox"/> Other (specify) | _____ |

10. What attracted you to apply:

ADDITIONAL INFORMATION

Indigenous Person: Other terms that are widely used to describe Indigenous people include Aboriginal or First Peoples. Indigenous persons include people living on and off reserves, plus Status, Non-Status, or a First Nations Person with Status under the Indian Act. Indigenous people from Latin America and East Indians should mark themselves as a racial minority.

Racial Minority Status: Racial minority status is based on race or colour, not nationality. Therefore, there are many persons who were born in Canada or who are Canadian citizens who would consider themselves to be a visible minority because of their race or colour. The listing of racial minority groups below is for guidance only. While some categories refer to both nationality and racial origin, it is racial origin, not nationality that should guide you. For example, if you are of Chinese origin but were born in South America, you would select “Chinese”.

<u>Black:</u>	Includes Canadian, African, American, West Indian and South American Black
<u>Oceanic:</u>	Includes Polynesian, Micronesian, Melanesian and Fijian
<u>South East Asian:</u>	Includes Burmese, Cambodian, Laotian, Thai and Vietnamese
<u>South Asian (Indo-Pakistan):</u>	Includes Bengali, Gujarati, Punjabi, Tamil, East Indian (including those born in the Caribbean or East Africa), Bangladeshi, Sinhalese and Sri Lankan
<u>Visible Minority Central or South American:</u>	Includes those from Central or South America who do not select one of the other racial minority groups
<u>Visible Minority West Asian and North African:</u>	Includes visible minorities who are Lebanese, Egyptian, Palestinian, Syrian, Iranian, Turk, Armenian, North African and Mauritian

Disability: The examples below provide a guide to the different types of disabilities that may limit a person in the kind of activities of daily living they can do and the kind or amount of work they can do.

<u>Visual/Sight Impairment:</u>	Blindness or other serious impairment, which is not readily subject to correction through glasses or contact lenses and requires job accommodation.
<u>Hearing Impairment:</u>	Deafness or serious hearing loss, which is not readily subject to correction through a hearing aid.
<u>Mobility/Dexterity Impairment:</u>	Due to any cause including paralysis, amputation or disease, and requiring the use of a wheelchair or other device, or which seriously limits your ability to walk or manipulate objects.
<u>Speech Impairment:</u>	Limited in the ability to speak and be understood from causes such as muteness.
<u>Learning Impairment:</u>	Includes dyslexia and other learning disabilities due to development impairments or brain injury.
<u>Emotional or Psychiatric Impairment:</u>	Includes serious psychiatric disorders such as manic or chronic depression, schizophrenia or any other serious disorders.
<u>Other Impairments:</u>	Epilepsy, diabetes and other permanent medical conditions, only if you consider that your opportunities for employment or progression are limited or affected by your condition.