



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
www.camrosepoliceservice.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"/> Certified copy of High School Transcript
<input type="checkbox"/> Completed Personal Disclosure Form
<input type="checkbox"/> Driving Record Abstract – last three years
<i>(Out of Province Applicants must supply their Provincial Equivalent)</i>
<input type="checkbox"/> Copy of Birth Certificate and/or Canadian Citizenship or Legal Permanent Resident documentation
<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"/> 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
➤ <i>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...</i> | <input type="checkbox"/> Pardon (if applicable)
<input type="checkbox"/> Copy of Vision Report
<input type="checkbox"/> Copy of Hearing Report
<input type="checkbox"/> Post-Secondary Documents (if applicable)
<input type="checkbox"/> Attached <input type="checkbox"/> Yet To Be Arranged with Agency |
|--|--|

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.

NAME CHANGE FROM:	NAME CHANGE TO:	DATE OF CHANGE YYYY YYYY YYYY
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											
<i>Proof of education will be required prior to engagement</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 (*if YES – Where & When*) NO

HAVE YOU EVER WRITTEN THE APCAT (*ALBERTA POLICE APPLICANT COGNITIVE ABILITY TEST*)? YES (*if YES – Where & When*) NO

HAVE YOU EVER APPLIED FOR A POSITION WITH THIS OR ANY OTHER POLICE AGENCY? YES (*if YES – Where & When*) NO

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
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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 if applicable.
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 MM	FINISH DATE YYYY 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 MM	FINISH DATE YYYY 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 MM	FINISH DATE YYYY MM	POSITION HELD		
DUTIES/RESPONSIBILITIES				
REASON FOR LEAVING				

REFERENCES

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

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

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

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

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

NAME		GIVEN NAMES	RELATIONSHIP	
FULL ADDRESS			POSTAL CODE	
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 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			
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 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 page 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 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 <input type="checkbox"/> Male <input type="checkbox"/> Female			PLACE OF BIRTH (INCLUDE CITY / COUNTRY BORN)											
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							
YOU MUST PROVIDE A PHOTOCOPY OF ONE OF THE FOLLOWING DOCUMENTS THAT PERTAINS TO YOU:																	
<input type="checkbox"/> YOUR DRIVER'S LICENCE				<input type="checkbox"/> YOUR PASSPORT				<input type="checkbox"/> YOUR PROOF OF 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>MOST RECENT FIRST</i> , PLEASE PROVIDE THE ADDRESSES OF EVERY LOCATION WHERE YOU HAVE LIVED IN THE LAST 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 <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH YYYY MM DD					
				TELEPHONE NUMBER []			RELATIONSHIP			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH YYYY MM DD					
				TELEPHONE NUMBER []			RELATIONSHIP			SEX <input type="checkbox"/> Male <input type="checkbox"/> 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 <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH YYYY MM DD					
				TELEPHONE NUMBER []			RELATIONSHIP			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH YYYY MM DD					
				TELEPHONE NUMBER []			RELATIONSHIP			SEX <input type="checkbox"/> Male <input type="checkbox"/> 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 <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		
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		
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		
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		
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		
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		
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		
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		
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		
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		
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		
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		

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. Attach additional sheets if required.

- Immediate relatives include parents, stepparents, 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 M M D D	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY M M D D	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY M M D D	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY M M D D	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY M M D D	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY M M D D	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY M M D D	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY M M D D	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY M M D D	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY M M D D	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY M M D D	
RELATIONSHIP	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 M M D D	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY M M D D	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY M M D D	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY M M D D	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY M M D D	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY M M D D	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY M M D D	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY M M D D	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY M M D D	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY M M D D	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY M M D D	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY M M D D	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED		DATE OF BIRTH YYYY M M D D	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER []		

SECURITY CLEARANCE DECLARATION

(Continued)

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

<p>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)</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>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.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>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.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>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 _____</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>5. Are you a member of any clubs or organizations? If yes – explain which _____</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>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 _____</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>7. In the past 10 years, have you been involved in any lawsuits or civil actions?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

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



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 / OPTHALMOLOGIST			
			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, spherocivalent 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	
Pass Farnsworth D-15 without any colour corrective (e.g. X-Chrom, Chromagen) lenses		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DEPTH PERCEPTION – NORMAL Stereo acuity of 80 seconds of arc or better		APPLICANT STANDARD <input type="checkbox"/> YES <input type="checkbox"/> NO	
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...			



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 hearing 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 a Completely in Canal (CIC) hearing aid.
- If the application does not meet hearing standards, accommodation with a CIC is not allowed.

Aided Criteria

NOTE: Accommodation with CIC hearing aides is allowed. Use of other types of hearing aids is not allowed.

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.

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

If
you
answered

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME _____

SIGNATURE _____

DATE _____

SIGNATURE OF PARENT _____
or GUARDIAN (for participants under the age of majority)

WITNESS _____

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.



PAR-Q & YOU

Physical Activity Readiness
Questionnaire - PAR-Q
(revised 2002)

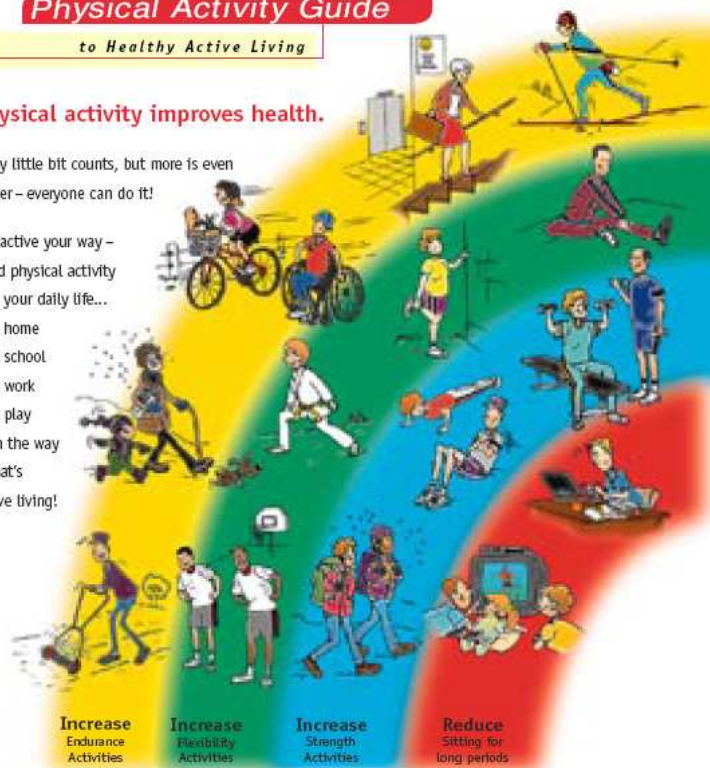


Physical activity improves health.

Every little bit counts, but more is even better – everyone can do it!

Get active your way – build physical activity into your daily life...

- at home
 - at school
 - at work
 - at play
 - on the way
- ...that's active living!



Increase
Endurance
Activities

Increase
Flexibility
Activities

Increase
Strength
Activities

Reduce
Sitting for
long periods

Choose a variety of activities from these three groups:

Endurance

4-7 days a week
Continuous activities for your heart, lungs and circulatory system.

Flexibility

4-7 days a week
Gentle reaching, bending and stretching activities to keep your muscles relaxed and joints mobile.

Strength

2-4 days a week
Activities against resistance to strengthen muscles and bones and improve posture.

Starting slowly is very safe for most people. Not sure? Consult your health professional.

For a copy of the *Guide Handbook* and more information: 1-888-334-9769, or www.paguide.com

Eating well is also important. Follow *Canada's Food Guide to Healthy Eating* to make wise food choices.

Get Active Your Way, Every Day – For Life!

Scientists say accumulate 60 minutes of physical activity every day to stay healthy or improve your health. As you progress to moderate activities you can cut down to 30 minutes, 4 days a week. Add-up your activities in periods of at least 10 minutes each. Start slowly... and build up.

Time needed depends on effort				
Very Light Effort	Light Effort	Moderate Effort	Vigorous Effort	Maximum Effort
60 minutes	30-60 minutes	20-30 minutes	20-30 minutes	
<ul style="list-style-type: none"> • Strolling • Dusting 	<ul style="list-style-type: none"> • Light walking • Volleyball • Easy gardening • Stretching 	<ul style="list-style-type: none"> • Brisk walking • Biking • Raking leaves • Swimming • Dancing • Water aerobics 	<ul style="list-style-type: none"> • Aerobics • Jogging • Hockey • Basketball • Fast swimming • Fast dancing 	<ul style="list-style-type: none"> • Sprinting • Racing
Range needed to stay healthy				

You Can Do It – Getting started is easier than you think

Physical activity doesn't have to be very hard. Build physical activities into your daily routine.

- Walk whenever you can – get off the bus early, use the stairs instead of the elevator.
- Reduce inactivity for long periods, like watching TV.
- Get up from the couch and stretch and bend for a few minutes every hour.
- Play actively with your kids.
- Choose to walk, wheel or cycle for short trips.
- Start with a 10 minute walk – gradually increase the time.
- Find out about walking and cycling paths nearby and use them.
- Observe a physical activity class to see if you want to try it.
- Try one class to start – you don't have to make a long-term commitment.
- Do the activities you are doing now, more often.

Benefits of regular activity: Health risks of inactivity:

- | | |
|--|--|
| <ul style="list-style-type: none"> • better health • improved fitness • better posture and balance • better self-esteem • weight control • stronger muscles and bones • feeling more energetic • relaxation and reduced stress • continued independent living in later life | <ul style="list-style-type: none"> • premature death • heart disease • obesity • high blood pressure • adult-onset diabetes • osteoporosis • stroke • depression • colon cancer |
|--|--|



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Source: Canada's Physical Activity Guide to Healthy Active Living, Health Canada, 1998 <http://www.hc-sc.gc.ca/hppb/paguide/pdf/guideEng.pdf>

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FITNESS AND HEALTH PROFESSIONALS MAY BE INTERESTED IN THE INFORMATION BELOW:

The following companion forms are available for doctors' use by contacting the Canadian Society for Exercise Physiology (address below):

The **Physical Activity Readiness Medical Examination (PARmed-X)** – to be used by doctors with people who answer YES to one or more questions on the PAR-Q.

The **Physical Activity Readiness Medical Examination for Pregnancy (PARmed-X for Pregnancy)** – to be used by doctors with pregnant patients who wish to become more active.

References:

- Arraix, G.A., Wigle, D.T., Mao, Y. (1992). Risk Assessment of Physical Activity and Physical Fitness in the Canada Health Survey Follow-Up Study. *J. Clin. Epidemiol.* 45:4 419-428.
- Mottola, M., Wolfe, L.A. (1994). Active Living and Pregnancy. In: A. Quinney, L. Gauvin, T. Wall (eds.), **Toward Active Living: Proceedings of the International Conference on Physical Activity, Fitness and Health**. Champaign, IL: Human Kinetics.
- PAR-Q Validation Report, British Columbia Ministry of Health, 1978.
- Thomas, S., Reading, J., Shephard, R.J. (1992). Revision of the Physical Activity Readiness Questionnaire (PAR-Q). *Can. J. Sport Sci.* 17:4 338-345.

For more information, please contact the:

Canadian Society for Exercise Physiology
202-185 Somerset Street West
Ottawa, ON K2P 0J2
Tel. 1-877-651-3755 • FAX (613) 234-3565
Online: www.csep.ca

The original PAR-Q was developed by the British Columbia Ministry of Health. It has been revised by an Expert Advisory Committee of the Canadian Society for Exercise Physiology chaired by Dr. N. Gledhill (2002).

Disponible en français sous le titre «Questionnaire sur l'aptitude à l'activité physique - Q-AAP (révisé 2002)».



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Supported by:



Health Canada Santé Canada

PARmed-X PHYSICAL ACTIVITY READINESS MEDICAL EXAMINATION

The PARmed-X is a physical activity-specific checklist to be used by a physician with patients who have had positive responses to the Physical Activity Readiness Questionnaire (PAR-Q). In addition, the Conveyance/Referral Form in the PARmed-X can be used to convey clearance for physical activity participation, or to make a referral to a medically-supervised exercise program.

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. The PAR-Q by itself provides adequate screening for the majority of people. However, some individuals may require a medical evaluation and specific advice (exercise prescription) due to one or more positive responses to the PAR-Q.

Following the participant's evaluation by a physician, a physical activity plan should be devised in consultation with a physical activity professional (CSEP-Professional Fitness & Lifestyle Consultant or CSEP-Exercise Therapist™). To assist in this, the following instructions are provided:

- PAGE 1:** • Sections A, B, C, and D should be completed by the participant BEFORE the examination by the physician. The bottom section is to be completed by the examining physician.
- PAGES 2 & 3:** • A checklist of medical conditions requiring special consideration and management.
- PAGE 4:** • Physical Activity & Lifestyle Advice for people who do not require specific instructions or prescribed exercise.
• Physical Activity Readiness Conveyance/Referral Form - an optional tear-off tab for the physician to convey clearance for physical activity participation, or to make a referral to a medically-supervised exercise program.

This section to be completed by the participant

A PERSONAL INFORMATION:

NAME _____

ADDRESS _____

TELEPHONE _____

BIRTHDATE _____ GENDER _____

MEDICAL No. _____

B PAR-Q: Please indicate the PAR-Q questions to which you answered YES

- Q 1 Heart condition
- Q 2 Chest pain during activity
- Q 3 Chest pain at rest
- Q 4 Loss of balance, dizziness
- Q 5 Bone or joint problem
- Q 6 Blood pressure or heart drugs
- Q 7 Other reason: _____

C RISK FACTORS FOR CARDIOVASCULAR DISEASE:

Check all that apply

- Less than 30 minutes of moderate physical activity most days of the week.
- Excessive accumulation of fat around waist.
- Currently smoker (tobacco smoking 1 or more times per week).
- Family history of heart disease.
- High blood pressure reported by physician after repeated measurements.
- High cholesterol level reported by physician.

Please note: Many of these risk factors are modifiable. Please refer to page 4 and discuss with your physician.

D PHYSICAL ACTIVITY INTENTIONS:

What physical activity do you intend to do?

This section to be completed by the examining physician

Physical Exam:

Ht	Wt	BP i) /
		BP ii) /

Conditions limiting physical activity:

- Cardiovascular
- Respiratory
- Other
- Musculoskeletal
- Abdominal

Tests required:

- ECG
- Exercise Test
- X-Ray
- Blood
- Urinalysis
- Other

Physical Activity Readiness Conveyance/Referral:

Based upon a current review of health status, I recommend:

- No physical activity
- Only a medically-supervised exercise program until further medical clearance
- Progressive physical activity:
 - with avoidance of: _____
 - with inclusion of: _____
- under the supervision of a CSEP-Professional Fitness & Lifestyle Consultant or CSEP-Exercise Therapist™
- Unrestricted physical activity—start slowly and build up gradually

Further Information:

- Attached
- To be forwarded
- Available on request

PARmed-X

PHYSICAL ACTIVITY READINESS MEDICAL EXAMINATION

Following is a checklist of medical conditions for which a degree of precaution and/or special advice should be considered for those who answered "YES" to one or more questions on the PAR-Q, and people over the age of 69. Conditions are grouped by system. Three categories of precautions are provided. Comments under Advice are general, since details and alternatives require clinical judgement in each individual instance.

	Absolute Contraindications	Relative Contraindications	Special Prescriptive Conditions	ADVICE
	Permanent restriction or temporary restriction until condition is treated, stable, and/or past acute phase.	Highly variable. Value of exercise testing and/or program may exceed risk. Activity may be restricted. Desirable to maximize control of condition. Direct or indirect medical supervision of exercise program may be desirable.	Individualized prescriptive advice generally appropriate: • limitations imposed; and/or • special exercises prescribed. May require medical monitoring and/or initial supervision in exercise program.	
Cardiovascular	<input type="checkbox"/> aortic aneurysm (dissecting) <input type="checkbox"/> aortic stenosis (severe) <input type="checkbox"/> congestive heart failure <input type="checkbox"/> crescendo angina <input type="checkbox"/> myocardial infarction (acute) <input type="checkbox"/> myocarditis (active or recent) <input type="checkbox"/> pulmonary or systemic embolism—acute <input type="checkbox"/> thrombophlebitis <input type="checkbox"/> ventricular tachycardia and other dangerous dysrhythmias (e.g., multi-focal ventricular activity)	<input type="checkbox"/> aortic stenosis (moderate) <input type="checkbox"/> subaortic stenosis (severe) <input type="checkbox"/> marked cardiac enlargement <input type="checkbox"/> supraventricular dysrhythmias (uncontrolled or high rate) <input type="checkbox"/> ventricular ectopic activity (repetitive or frequent) <input type="checkbox"/> ventricular aneurysm <input type="checkbox"/> hypertension—untreated or uncontrolled severe (systemic or pulmonary) <input type="checkbox"/> hypertrophic cardiomyopathy <input type="checkbox"/> compensated congestive heart failure	<input type="checkbox"/> aortic (or pulmonary) stenosis—mild angina pectoris and other manifestations of coronary insufficiency (e.g., post-acute infarct) <input type="checkbox"/> cyanotic heart disease <input type="checkbox"/> shunts (intermittent or fixed) <input type="checkbox"/> conduction disturbances • complete AV block • left BBB • Wolff-Parkinson-White syndrome <input type="checkbox"/> dysrhythmias—controlled <input type="checkbox"/> fixed rate pacemakers <input type="checkbox"/> intermittent claudication <input type="checkbox"/> hypertension: systolic 160-180; diastolic 105+	<ul style="list-style-type: none"> • clinical exercise test may be warranted in selected cases, for specific determination of functional capacity and limitations and precautions (if any). • slow progression of exercise to levels based on test performance and individual tolerance. • consider individual need for initial conditioning program under medical supervision (indirect or direct).
Infections	<input type="checkbox"/> acute infectious disease (regardless of etiology)	<input type="checkbox"/> subacute/chronic/recurrent infectious diseases (e.g., malaria, others)	<input type="checkbox"/> chronic infections <input type="checkbox"/> HIV	variable as to condition
Metabolic		<input type="checkbox"/> uncontrolled metabolic disorders (diabetes mellitus, thyrotoxicosis, myxedema)	<input type="checkbox"/> renal, hepatic & other metabolic insufficiency <input type="checkbox"/> obesity <input type="checkbox"/> single kidney	variable as to status dietary moderation, and initial light exercises with slow progression (walking, swimming, cycling)
Pregnancy		<input type="checkbox"/> complicated pregnancy (e.g., toxemia, hemorrhage, incompetent cervix, etc.)	<input type="checkbox"/> advanced pregnancy (late 3rd trimester)	refer to the "PARmed-X for PREGNANCY"

References:

Arraix, G.A., Wigle, D.T., Mao, Y. (1992). Risk Assessment of Physical Activity and Physical Fitness in the Canada Health Survey Follow-Up Study. *J. Clin. Epidemiol.* 45:4 419-428.

Mottola, M., Wolfe, L.A. (1994). Active Living and Pregnancy. In: A. Quinney, L. Gauvin, T. Wall (eds.), **Toward Active Living: Proceedings of the International Conference on Physical Activity, Fitness and Health**. Champaign, IL: Human Kinetics.

PAR-Q Validation Report, British Columbia Ministry of Health, 1978.

Thomas, S., Reading, J., Shephard, R.J. (1992). Revision of the Physical Activity Readiness Questionnaire (PAR-Q). *Can. J. Spt. Sci.* 17: 4 338-345.

The PAR-Q and PARmed-X were developed by the British Columbia Ministry of Health. They have been revised by an Expert Advisory Committee of the Canadian Society for Exercise Physiology chaired by Dr. N. Gledhill (2002).

No changes permitted. You are encouraged to photocopy the PARmed-X, but only if you use the entire form.

Disponible en français sous le titre
«Évaluation médicale de l'aptitude à l'activité physique (X-AAP)»

	Special Prescriptive Conditions	ADVICE
Lung	<input type="checkbox"/> chronic pulmonary disorders	special relaxation and breathing exercises
	<input type="checkbox"/> obstructive lung disease <input type="checkbox"/> asthma	breath control during endurance exercises to tolerance; avoid polluted air
	<input type="checkbox"/> exercise-induced bronchospasm	avoid hyperventilation during exercise; avoid extremely cold conditions; warm up adequately; utilize appropriate medication.
Musculoskeletal	<input type="checkbox"/> low back conditions (pathological, functional)	avoid or minimize exercise that precipitates or exasperates e.g., forced extreme flexion, extension, and violent twisting; correct posture, proper back exercises
	<input type="checkbox"/> arthritis—acute (infective, rheumatoid; gout)	treatment, plus judicious blend of rest, splinting and gentle movement
	<input type="checkbox"/> arthritis—subacute	progressive increase of active exercise therapy
	<input type="checkbox"/> arthritis—chronic (osteoarthritis and above conditions)	maintenance of mobility and strength; non-weightbearing exercises to minimize joint trauma (e.g., cycling, aquatic activity, etc.)
	<input type="checkbox"/> orthopaedic	highly variable and individualized
	<input type="checkbox"/> hernia	minimize straining and isometrics; strengthen abdominal muscles
	<input type="checkbox"/> osteoporosis or low bone density	avoid exercise with high risk for fracture such as push-ups, curl-ups, vertical jump and trunk forward flexion; engage in low-impact weight-bearing activities and resistance training
CNS	<input type="checkbox"/> convulsive disorder not completely controlled by medication	minimize or avoid exercise in hazardous environments and/or exercising alone (e.g., swimming, mountainclimbing, etc.)
	<input type="checkbox"/> recent concussion	thorough examination if history of two concussions; review for discontinuation of contact sport if three concussions, depending on duration of unconsciousness, retrograde amnesia, persistent headaches, and other objective evidence of cerebral damage
Blood	<input type="checkbox"/> anemia—severe (< 10 Gm/dl)	control preferred; exercise as tolerated
	<input type="checkbox"/> electrolyte disturbances	
Medications	<input type="checkbox"/> antianginal <input type="checkbox"/> antiarrhythmic <input type="checkbox"/> antihypertensive <input type="checkbox"/> anticonvulsant <input type="checkbox"/> beta-blockers <input type="checkbox"/> digitalis preparations <input type="checkbox"/> diuretics <input type="checkbox"/> ganglionic blockers <input type="checkbox"/> others	NOTE: consider underlying condition. Potential for: exertional syncope, electrolyte imbalance, bradycardia, dysrhythmias, impaired coordination and reaction time, heat intolerance. May alter resting and exercise ECG's and exercise test performance.
Other	<input type="checkbox"/> post-exercise syncope	moderate program
	<input type="checkbox"/> heat intolerance	prolong cool-down with light activities; avoid exercise in extreme heat
	<input type="checkbox"/> temporary minor illness	postpone until recovered
	<input type="checkbox"/> cancer	if potential metastases, test by cycle ergometry, consider non-weight bearing exercises; exercise at lower end of prescriptive range (40-65% of heart rate reserve), depending on condition and recent treatment (radiation, chemotherapy); monitor hemoglobin and lymphocyte counts; add dynamic lifting exercise to strengthen muscles, using machines rather than weights.

*Refer to special publications for elaboration as required

The following companion forms are available online: <http://www.csep.ca/forms.asp>

The **Physical Activity Readiness Questionnaire (PAR-Q)** - a questionnaire for people aged 15-69 to complete before becoming much more physically active.

The **Physical Activity Readiness Medical Examination for Pregnancy (PARmed-X for PREGNANCY)** - to be used by physicians with pregnant patients who wish to become more physically active.

For more information, please contact the:

Canadian Society for Exercise Physiology
202 - 185 Somerset St. West
Ottawa, ON K2P 0J2
Tel. 1-877-651-3755 • FAX (613) 234-3565 • Online: www.csep.ca

Note to physical activity professionals...

It is a prudent practice to retain the completed Physical Activity Readiness Conveyance/Referral Form in the participant's file.



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PARmed-X PHYSICAL ACTIVITY READINESS MEDICAL EXAMINATION

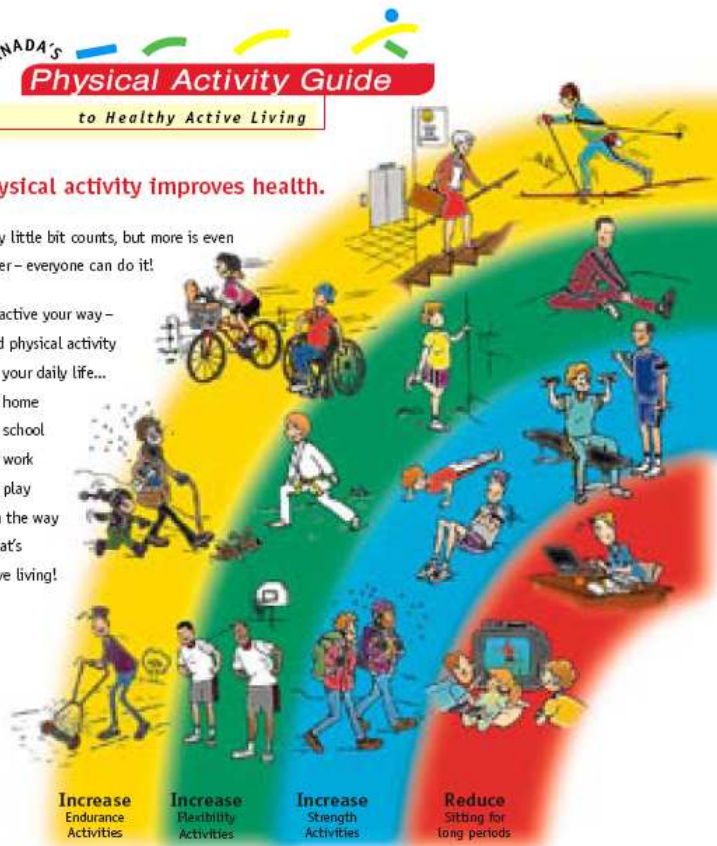
CANADA'S
Physical Activity Guide
to Healthy Active Living

Physical activity improves health.

Every little bit counts, but more is even better – everyone can do it!

Get active your way – build physical activity into your daily life...

- at home
- at school
- at work
- at play
- on the way ...that's active living!



- Increase**
Endurance
Activities
- Increase**
Flexibility
Activities
- Increase**
Strength
Activities
- Reduce**
Sitting for
long periods

Choose a variety of activities from these three groups:

Endurance
4-7 days a week
Continuous activities for your heart, lungs and circulatory system.

Flexibility
4-7 days a week
Gentle reaching, bending and stretching activities to keep your muscles relaxed and joints mobile.

Strength
2-4 days a week
Activities against resistance to strengthen muscles and bones and improve posture.

Starting slowly is very safe for most people. Not sure? Consult your health professional.

For a copy of the *Guide Handbook* and more information: 1-888-334-9769, or www.paguide.com

Eating well is also important. Follow *Canada's Food Guide to Healthy Eating* to make wise food choices.

Get Active Your Way, Every Day – For Life!

Scientists say accumulate 60 minutes of physical activity every day to stay healthy or improve your health. As you progress to moderate activities you can cut down to 30 minutes, 4 days a week. Add-up your activities in periods of at least 10 minutes each. Start slowly... and build up.

Time needed depends on effort				
Very Light Effort	Light Effort	Moderate Effort	Vigorous Effort	Maximum Effort
• Strolling • Dusting	60 minutes • Light walking • Volleyball • Easy gardening • Stretching	30-60 minutes • Brisk walking • Biking • Raking leaves • Swimming • Dancing • Water aerobics	20-30 minutes • Aerobics • Jogging • Hockey • Basketball • Fast swimming • Fast dancing	• Sprinting • Racing
Range needed to stay healthy				

You Can Do It – Getting started is easier than you think

Physical activity doesn't have to be very hard. Build physical activities into your daily routine.

- Walk whenever you can – get off the bus early, use the stairs instead of the elevator.
- Reduce inactivity for long periods, like watching TV.
- Get up from the couch and stretch and bend for a few minutes every hour.
- Play actively with your kids.
- Choose to walk, wheel or cycle for short trips.
- Start with a 10 minute walk – gradually increase the time.
- Find out about walking and cycling paths nearby and use them.
- Observe a physical activity class to see if you want to try it.
- Try one class to start – you don't have to make a long-term commitment.
- Do the activities you are doing now, more often.

Benefits of regular activity:	Health risks of inactivity:
<ul style="list-style-type: none"> • better health • improved fitness • better posture and balance • better self-esteem • weight control • stronger muscles and bones • feeling more energetic • relaxation and reduced stress • continued independent living in later life 	<ul style="list-style-type: none"> • premature death • heart disease • obesity • high blood pressure • adult-onset diabetes • osteoporosis • stroke • depression • colon cancer



No charge provided. Permission to photocopy this document is granted, not to be sold. Call 1-888-334-9769 for more information.



Source: Canada's Physical Activity Guide to Healthy Active Living, Health Canada, 1998 <http://www.hc-sc.gc.ca/hppb/paguide/pdf/guideEng.pdf>

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PARmed-X Physical Activity Readiness Conveyance/Referral Form

Based upon a current review of the health status of _____, I recommend:

- No physical activity
- Only a medically-supervised exercise program until further medical clearance
- Progressive physical activity
 - with avoidance of: _____
 - with inclusion of: _____
 - under the supervision of a CSEP-Professional Fitness & Lifestyle Consultant or CSEP-Exercise Therapist™
- Unrestricted physical activity – start slowly and build up gradually

Further Information:

- Attached
- To be forwarded
- Available on request

Physician/clinic stamp:

NOTE: This physical activity clearance is valid for a maximum of six months from the date it is completed and becomes invalid if your medical condition becomes worse.



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 MM DD

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 MM DD		
NAME OF WITNESS:	SIGNATURE OF WITNESS:	DATE: YYYY MM DD		
NOTE: The Witness must be 18 years or older				



ALBERTA POLICE RECRUIT SELECTION STANDARDS

POLYGRAPH

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 Polygraph examination, 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
NOTE: The Witness must be 18 years or older		