



# TSUUT'INA NATION POLICE SERVICE

MAIL COMPLETED TSUUT'INA NATION POLICE SERVICE  
APPLICATION TO: 9905 Chiila Boulevard  
Tsuut'ina, Alberta  
T3T 0E1

## Police Officer Employment Application

DATE RECEIVED	
<i>For Office use only</i>	

For more information about opportunities with the Tsuut'ina Nation Police Service, please email: [careers@tsuutinapolice.com](mailto:careers@tsuutinapolice.com)

1. An essential component in the selection process of the Tsuut'ina Nation Police Service is a background investigation. Information gathered will be used to assess the suitability of the Applicant for a policing 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, then attach a note explaining the reason any question is left blank.
3. All information supplied is subject to verification by investigation. False statements or omissions may disqualify an applicant from continuing through the hiring process, or, can result in dismissal if employed.
4. Complete this form by printing in ink. Neatness and legibility are of 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 High School Transcript
- Completed Personal Disclosure Form
- Driving Record Abstract – last three years  
(Out of Province Applicants must supply their Provincial Equivalent)
- Copy of Birth Certificate and/or Canadian Citizenship or Legal Permanent Resident documentation
- Copy of Driver's license and/or Passport
- Copy of P.A.R.E. (Physical Abilities Requirement Evaluation) 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 Certificates 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...
- Pardon (if applicable)
- Copy of Vision Report
- Copy of Hearing Report
- Post-Secondary Documents (if applicable)

LAST NAME:		GIVEN NAME:		MIDDLE NAME:	
FULL ADDRESS:		CITY:		PROVINCE:	
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 CHANGED FROM:		NAME CHANGED TO:		DATE OF CHANGE:	
DRIVER'S LICENCE		PROVINCE:		CLASS(ES):	
		LICENCE NUMBER:		DATE OF ISSUE:	

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 stability, eligibility or qualifications for employment. Questions about the use or collection of this information should be directed to the FOIPP Program Administrator.

The TNPS Recruiting 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/TV     College Posting     Police Officer     Other: \_\_\_\_\_

## EDUCATION AND TRAINING

*Proof of Education will be required prior to engagement.*

<b>HIGH SCHOOL</b>	<i>Circle highest grade completed</i>	NAME OF SCHOOL	LOCATION	<input type="checkbox"/> HIGH SCHOOL DIPLOMA	
10	11	12	13	<input type="checkbox"/> EQUIVALENCY DIPLOMA	
<b>COLLEGE, BUSINESS SCHOOL, OR TECHNICAL SCHOOL</b>		NAME OF SCHOOL	LOCATION		
PROGRAM OR COURSE			START DATE YYYY MM	FINISH DATE YYYY MM	
LENGTH OF COURSE	GRADE POINT AVERAGE	CERTIFICATE, DIPLOMA, OR DEGREE AWARDED? (IF NOT – PLEASE PROVIDE DETAILS) <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>COLLEGE, BUSINESS SCHOOL, OR TECHNICAL SCHOOL</b>		NAME OF SCHOOL	LOCATION		
PROGRAM OR COURSE			START DATE YYYY MM	FINISH DATE YYYY MM	
LENGTH OF COURSE	GRADE POINT AVERAGE	CERTIFICATE, DIPLOMA, OR DEGREE AWARDED? (IF NOT – PLEASE PROVIDE DETAILS) <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>UNIVERSITY</b>		NAME OF SCHOOL	LOCATION		
PROGRAM OR COURSES			START DATE YYYY MM	FINISH DATE YYYY MM	
MAJOR/MINOR					
LENGTH OF PROGRAM	GRADE POINT AVERAGE	CERTIFICATE, DIPLOMA, OR DEGREE AWARDED? (IF NOT – PLEASE PROVIDE DETAILS) <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>UNIVERSITY</b>		NAME OF SCHOOL	LOCATION		
PROGRAM OR COURSE			START DATE YYYY MM	FINISH DATE YYYY MM	
MAJOR/MINOR					
LENGTH OF PROGRAM	GRADE POINT AVERAGE	CERTIFICATE, DIPLOMA, OR DEGREE AWARDED? (IF NOT – PLEASE PROVIDE DETAILS) <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>UNIVERSITY</b>		NAME OF SCHOOL	LOCATION		
PROGRAM OR COURSE			START DATE YYYY MM	FINISH DATE YYYY MM	
MAJOR/MINOR					
LENGTH OF PROGRAM	GRADE POINT AVERAGE	CERTIFICATE, DIPLOMA, OR DEGREE AWARDED? (IF NOT – PLEASE PROVIDE DETAILS) <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>UNIVERSITY</b>		NAME OF SCHOOL	LOCATION		
PROGRAM OR COURSE			START DATE YYYY MM	FINISH DATE YYYY MM	
MAJOR/MINOR					
LENGTH OF PROGRAM	GRADE POINT AVERAGE	CERTIFICATE, DIPLOMA, OR DEGREE AWARDED? (IF NOT – PLEASE PROVIDE DETAILS) <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>I.Q.A.S.</b>		(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 PROGRAM	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 COMMUNICATIONS 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

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.

<b>MOST RECENT</b>	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			
<b>2<sup>ND</sup></b>	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			
<b>3<sup>RD</sup></b>	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			

**EMPLOYMENT HISTORY** *(Continued)*

<b>4<sup>th</sup></b>	<b>EMPLOYER'S NAME</b>	<b>TELEPHONE NUMBER</b>
<b>EMPLOYER'S ADDRESS</b>		<b>POSTAL CODE</b>
<b>NAME OF IMMEDIATE SUPERVISOR</b>		<b>TELEPHONE NUMBER</b>
<b>START DATE</b> YYYY MM	<b>FINISH DATE</b> YYYY MM	<b>POSITION HELD</b>
<b>DUTIES/RESPONSIBILITIES</b>		

**REASON FOR LEAVING**

<b>5<sup>th</sup></b>	<b>EMPLOYER'S NAME</b>	<b>TELEPHONE NUMBER</b>
<b>EMPLOYER'S ADDRESS</b>		<b>POSTAL CODE</b>
<b>NAME OF IMMEDIATE SUPERVISOR</b>		<b>TELEPHONE NUMBER</b>
<b>START DATE</b> YYYY MM	<b>FINISH DATE</b> YYYY MM	<b>POSITION HELD</b>
<b>DUTIES/RESPONSIBILITIES</b>		

**REASON FOR LEAVING**

**IF YOU WERE ASKED TO RESIGN, OR WERE FIRED FROM A JOB, OR HAD A GAP IN EMPLOYMENT, PLEASE PROVIDE DETAILS AND EXPLANATIONS.**

## 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	

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			START DATE YYYY MM	FINISH DATE YYYY MM	
CITY	PROVINCE	COUNTRY	POSTAL CODE		
PREVIOUS ADDRESS			START DATE YYYY MM	FINISH DATE YYYY MM	
CITY	PROVINCE	COUNTRY	POSTAL CODE		
PREVIOUS ADDRESS			START DATE YYYY MM	FINISH DATE YYYY MM	
CITY	PROVINCE	COUNTRY	POSTAL CODE		
PREVIOUS ADDRESS			START DATE YYYY MM	FINISH DATE YYYY MM	
CITY	PROVINCE	COUNTRY	POSTAL CODE		
PREVIOUS ADDRESS			START DATE YYYY MM	FINISH DATE YYYY MM	
CITY	PROVINCE	COUNTRY	POSTAL CODE		
PREVIOUS ADDRESS			START DATE YYYY MM	FINISH DATE YYYY MM	
CITY	PROVINCE	COUNTRY	POSTAL CODE		
<b>DRIVER'S LICENCE</b>		PROVINCE	CLASS(ES)	LICENCE NUMBER	
				DATE OF ISSUE YYYY MM	
<b>CREDIT CARDS</b>		TYPE	ISSUING INSTITUTION	CURRENT BALANCE OWING	
				EXPIRATION DATE YYYY MM	
<b>2</b>		TYPE	ISSUING INSTITUTION	CURRENT BALANCE OWING	
				EXPIRATION DATE YYYY MM	
<b>3</b>		TYPE	ISSUING INSTITUTION	CURRENT BALANCE OWING	
				EXPIRATION DATE YYYY MM	
<b>4</b>		TYPE	ISSUING INSTITUTION	CURRENT BALANCE OWING	
				EXPIRATION DATE YYYY MM	
<b>OFFICE USE ONLY</b>					
FILE MANAGER		DATE SENT (Fax)	DATE RECEIVED (Fax)		

SECURITY CLEARANCE DECLARATION					FILE MANAGER	
					OFFICE USE ONLY	
<p><i>This page contains detailed information regarding you, your family, and associates. This information is required to determine your eligibility for employment.</i></p> <p><i>THIS INFORMATION WILL BE HELD IN STRICTEST CONFIDENCE.</i></p> <p><i>Please print legibly. Ensure that all sections are completed. Attach additional sheets if required. Additional sheets should follow suggested format.</i></p>						
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 		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER		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: <input type="checkbox"/> DRIVER'S LICENCE <input type="checkbox"/> PASSPORT <input type="checkbox"/> CITIZENSHIP						
HAVE YOU APPLIED FOR EMPLOYMENT/CONTRACT WORK/VOLUNTEER WORK WITH ANY POLICE SERVICE IN THE PAST? <input type="checkbox"/> YES <input type="checkbox"/> NO						
POSITION APPLIED FOR				DIVISION/SECTION		
IN CHRONOLOGICAL ORDER, <i>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 NO.	RELATIONSHIP		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	DATE OF BIRTH YYYY MM DD 
		TELEPHONE NO.	RELATIONSHIP		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	DATE OF BIRTH YYYY MM DD 
		TELEPHONE NO.	RELATIONSHIP		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	DATE OF BIRTH YYYY MM DD 
ADDRESS		CITY	PROVINCE	POSTAL CODE	FROM YYYY MM DD 	TO YYYY MM DD 
NAME OF PERSON(S) WHO SHARE ADDRESS WITH YOU		TELEPHONE NO.	RELATIONSHIP		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	DATE OF BIRTH YYYY MM DD 
		TELEPHONE NO.	RELATIONSHIP		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	DATE OF BIRTH YYYY MM DD 
		TELEPHONE NO.	RELATIONSHIP		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	DATE OF BIRTH YYYY MM DD 
ADDRESS		CITY	PROVINCE	POSTAL CODE	FROM YYYY MM DD 	TO YYYY MM DD 
NAME OF PERSON(S) WHO SHARE ADDRESS WITH YOU		TELEPHONE NO.	RELATIONSHIP		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	DATE OF BIRTH YYYY MM DD 
		TELEPHONE NO.	RELATIONSHIP		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	DATE OF BIRTH YYYY MM DD 
		TELEPHONE NO.	RELATIONSHIP		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	DATE OF BIRTH YYYY MM DD 



## SECURITY CLEARANCE DECLARATION *(Continued)*

ADDRESS	CITY	PROVINCE	POSTAL CODE	FROM YYYY	MM	DD	TO YYYY	MM	DD
NAME OF PERSON(S) WHO SHARE ADDRESS WITH YOU		TELEPHONE NO.	RELATIONSHIP	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		DATE OF BIRTH YYYY MM DD			
		TELEPHONE NO.	RELATIONSHIP	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		DATE OF BIRTH YYYY MM DD			
		TELEPHONE NO.	RELATIONSHIP	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		DATE OF BIRTH YYYY MM DD			
ADDRESS	CITY	PROVINCE	POSTAL CODE	FROM YYYY	MM	DD	TO YYYY	MM	DD
NAME OF PERSON(S) WHO SHARE ADDRESS WITH YOU		TELEPHONE NO.	RELATIONSHIP	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		DATE OF BIRTH YYYY MM DD			
		TELEPHONE NO.	RELATIONSHIP	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		DATE OF BIRTH YYYY MM DD			
		TELEPHONE NO.	RELATIONSHIP	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		DATE OF BIRTH YYYY MM DD			
ADDRESS	CITY	PROVINCE	POSTAL CODE	FROM YYYY	MM	DD	TO YYYY	MM	DD
NAME OF PERSON(S) WHO SHARE ADDRESS WITH YOU		TELEPHONE NO.	RELATIONSHIP	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		DATE OF BIRTH YYYY MM DD			
		TELEPHONE NO.	RELATIONSHIP	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		DATE OF BIRTH YYYY MM DD			
		TELEPHONE NO.	RELATIONSHIP	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		DATE OF BIRTH YYYY MM DD			
ADDRESS	CITY	PROVINCE	POSTAL CODE	FROM YYYY	MM	DD	TO YYYY	MM	DD
NAME OF PERSON(S) WHO SHARE ADDRESS WITH YOU		TELEPHONE NO.	RELATIONSHIP	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		DATE OF BIRTH YYYY MM DD			
		TELEPHONE NO.	RELATIONSHIP	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		DATE OF BIRTH YYYY MM DD			
		TELEPHONE NO.	RELATIONSHIP	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		DATE OF BIRTH YYYY MM DD			
ADDRESS	CITY	PROVINCE	POSTAL CODE	FROM YYYY	MM	DD	TO YYYY	MM	DD
NAME OF PERSON(S) WHO SHARE ADDRESS WITH YOU		TELEPHONE NO.	RELATIONSHIP	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		DATE OF BIRTH YYYY MM DD			
		TELEPHONE NO.	RELATIONSHIP	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		DATE OF BIRTH YYYY MM DD			
		TELEPHONE NO.	RELATIONSHIP	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		DATE OF BIRTH YYYY MM DD			

## SECURITY CLEARANCE DECLARATION *(Continued)*

ADDRESS	CITY	PROVINCE	POSTAL CODE	FROM YYYY MM DD	TO YYYY MM DD
NAME OF PERSON(S) WHO SHARE ADDRESS WITH YOU	TELEPHONE NO.	RELATIONSHIP	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	DATE OF BIRTH YYYY MM DD	
	TELEPHONE NO.	RELATIONSHIP	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	DATE OF BIRTH YYYY MM DD	
	TELEPHONE NO.	RELATIONSHIP	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	DATE OF BIRTH YYYY MM DD	
ADDRESS	CITY	PROVINCE	POSTAL CODE	FROM YYYY MM DD	TO YYYY MM DD
NAME OF PERSON(S) WHO SHARE ADDRESS WITH YOU	TELEPHONE NO.	RELATIONSHIP	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	DATE OF BIRTH YYYY MM DD	
	TELEPHONE NO.	RELATIONSHIP	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	DATE OF BIRTH YYYY MM DD	
	TELEPHONE NO.	RELATIONSHIP	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	DATE OF BIRTH YYYY MM DD	
ADDRESS	CITY	PROVINCE	POSTAL CODE	FROM YYYY MM DD	TO YYYY MM DD
NAME OF PERSON(S) WHO SHARE ADDRESS WITH YOU	TELEPHONE NO.	RELATIONSHIP	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	DATE OF BIRTH YYYY MM DD	
	TELEPHONE NO.	RELATIONSHIP	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	DATE OF BIRTH YYYY MM DD	
	TELEPHONE NO.	RELATIONSHIP	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	DATE OF BIRTH YYYY MM DD	
ADDRESS	CITY	PROVINCE	POSTAL CODE	FROM YYYY MM DD	TO YYYY MM DD
NAME OF PERSON(S) WHO SHARE ADDRESS WITH YOU	TELEPHONE NO.	RELATIONSHIP	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	DATE OF BIRTH YYYY MM DD	
	TELEPHONE NO.	RELATIONSHIP	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	DATE OF BIRTH YYYY MM DD	
	TELEPHONE NO.	RELATIONSHIP	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	DATE OF BIRTH YYYY MM DD	
ADDRESS	CITY	PROVINCE	POSTAL CODE	FROM YYYY MM DD	TO YYYY MM DD
NAME OF PERSON(S) WHO SHARE ADDRESS WITH YOU	TELEPHONE NO.	RELATIONSHIP	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	DATE OF BIRTH YYYY MM DD	
	TELEPHONE NO.	RELATIONSHIP	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	DATE OF BIRTH YYYY MM DD	
	TELEPHONE NO.	RELATIONSHIP	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	DATE OF BIRTH YYYY MM DD	

## SECURITY CLEARANCE DECLARATION (Continued) – FAMILY MEMBERS

Applicants must list all names, relationships, gender, 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, step-children, adopted children, brothers, sisters, step-brothers/sisters, adopted brothers/sisters, who are age 12 or over. This includes individuals who are alive or deceased.
- Immediate relatives DO NOT include your brother/sister's spouse, domestic partner, common-law, or their significant other or their children.

SURNAME/ MAIDEN NAME/ OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED	DATE OF BIRTH YYYY MM DD 
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 MM DD 
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 MM DD 
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 MM DD 
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 MM DD 
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 MM DD 
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 MM DD 
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 MM DD 
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 MM DD 
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 MM DD 
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER

## SECURITY CLEARANCE DECLARATION *(Continued)* – FAMILY MEMBERS

SURNAME/ MAIDEN NAME/ OTHER NAMES USED		FIRST NAME	MIDDLE NAME	COMMON NAME USED	DATE OF BIRTH YYYY MM DD 
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 MM DD 
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**SECURITY CLEARANCE DECLARATION** *(Continued)*

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

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

**STATEMENT OF CONSENT**

I HEREBY CONSENT that any and all information pertaining to a Criminal Record registered in my name with the National Repository for Criminal Records in Canada may be provided to authorized persons at the Tsuut'ina Nation Police Service. I recognize that an employee of the Tsuut'ina Nation Police Service is in a position of trust within the community and I hereby consent to the Tsuut'ina Nation 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 Tsuut'ina Nation Police Service for fingerprint confirmation. I further agree to absolutely release, discharge, and absolve the Tsuut'ina Nation Police Service 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