



METRO VANCOUVER TRANSIT POLICE

COMMUNITY SAFETY OFFICER – EMPLOYMENT APPLICATION

AZ2200

APPLICANT SELECTION AND FEEDBACK FORM

Dear Applicant:

You are participating in a competitive process designed to showcase your current abilities. Our goal is to select individuals we believe are the best qualified to perform the duties of a Community Safety Officer for the Metro Vancouver Transit Police.

This process requires you to complete a variety of steps. Ultimately, our Recruiting Unit must determine which applicants are the best qualified to proceed further in this process. After careful and thorough review of your application, other applicants may have more competitive attributes.

If you are advised after a testing step that others are more competitive, remember that due to the volume of qualified applicants we test, the reason likely has more to do with their level of life and work experience.

If your application does not proceed further, be encouraged that additional life and work experience may afford you an opportunity later on to re-apply to join our team.

I have read and understood the above mentioned information.

Print Name	Signature	Date (yyyy/mm/dd)



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Community Safety Officer Applicant Requirements

The information you provide will be used to determine if you are capable of meeting this Police Department's requirements as a Community Safety Officer.

Ensure you meet the basic qualifications:

- Minimum 19 years of age
- Canadian Citizen or Permanent Resident
- Grade 12 diploma
- No criminal convictions for which a pardon has not been granted
- No adult criminal charges pending
- A valid class 5 driver's license with good driving history
- Ability to type a minimum of 25 words per minute
- Excellent verbal and written communication skills
- Must be physically fit to complete the POPAT test, and achieve a time of 4:45 or lower
- Must write an Ethos exam and achieve a score of 50% or higher
- Meet our visual acuity and hearing standards
- Undergo an extensive background investigation involving workplace, personal, financial and neighborhood enquiries

Preferred qualifications:

- Good interpersonal skills
- Knowledge of a second language or culture
- A fit and healthy lifestyle
- Work experience highlighting teamwork, conflict resolution, initiative, communication skills, and integrity



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You must submit **colour** photocopies of the following documents with your application form:

- Birth Certificate, Canadian Citizenship or Permanent Resident Status documentation
- Driver's License and Driver's Abstract
- Valid **CPR-C** First Aid Certification (can be submitted with your application or completed within the first three months of employment)
- Keyboarding Certificate (can be obtained through www.ratatype.com)
- High School transcripts and if applicable, Post-Secondary transcripts (originals)
- Education completed outside of Canada must be evaluated by the International Credential Evaluation Service
- Please submit a one to two page autobiography
- One passport style colour photo (with a white wall back drop, dressed in professional attire)
- If you have completed an Ethos police entrance exam, submit your official results
- If you have completed the POPAT within the last 12 months, submit your official results
- If you have ever been a Police Officer applicant, and received a deferral or closure from any law enforcement or police agency, please submit a copy of all deferral and closure letters/emails

It is important that you answer each question on the application form accurately. **False, incomplete, or incorrect information** could result in your disqualification from the selection process. Information provided or collected is confidential.

Please answer every question. If the question is not applicable, indicate with N/A (Not Applicable). This form can be completed electronically or in hand writing.

All of the application package forms (shown below), must be signed, dated, and submitted with the application package.

Form AZ190 - Consent for Collection, Use and Disclosure of Personal Information

Form AZ180 – POPAT Liability Release and Indemnity

Form AZ160 – Physical Abilities Test Medical Examination Waiver (Completed by your Phycisian)

Form AZ030 – Vision Report for Police Service (Completed by an Ophthalmologist or Optometrist)

Please **mail or drop off** completed application package to:

***Recruiting Section, Metro Vancouver Transit Police
300-287 Nelson's Court, New Westminster
British Columbia
V3L 0E7***



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Please indicate if you are seeking full time regular hours or part time employment.	
Full time regular (40 hours per week) <input type="checkbox"/>	Part time employment <input type="checkbox"/>

Important:
 1) Carefully review and follow application instructions
 2) Please complete fully and use additional lined paper if space is insufficient

Personal Information			
Surname	Given 1	Given 2	
Preferred Name or Nick Name			
Date of Birth (yyyy/mm/date)		Place of Birth	
Home Phone #		Cell Phone #	
Street Address		City	
Province	Postal Code	Driver's License Number	
Email address		Languages spoken	
Height: ft in / cms		Weight: lbs / kgs	
Hair Colour:		Eye Colour:	Blood Type (if known):
Handed: left <input type="checkbox"/> right <input type="checkbox"/>		SIN:	
Sex indicated on B.C. Health Services Card or Driver's License:		X <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/>	
Preferred pronouns: She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> They/Them <input type="checkbox"/> Other:			
Gender Identity (check all that apply):			
Cisgender* <input type="checkbox"/>	Transgender <input type="checkbox"/>	Non Binary <input type="checkbox"/>	Two Spirit <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Don't know <input type="checkbox"/>
Other: *Cisgender: a person whose gender identity is the same as the gender they were assigned at birth.			
Indigenous Heritage (check all that apply):			
Indigenous <input type="checkbox"/>	Non-Status <input type="checkbox"/>	Status <input type="checkbox"/>	Metis <input type="checkbox"/> Nation (information voluntary):



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Personal Information					
Are you at least 19 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you legally eligible to work in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you a Canadian Citizen or Permanent Resident? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If you are a Permanent Resident, please provide your PR number			Number:		
What date did you become a Permanent Resident of Canada?			Date:		
Please supply the name of your next of kin:					
Name:			Phone Number(s):		
In chronological order, starting with your current address, list all residences where you have lived. (including any out of country residences)					
	Address	City/Province (State)	Country	Date From (yyyy/mm)	Date to (yyyy/mm)
1					
2					
3					
4					
5					
6					
If you run out of space, please submit additional addresses on a separate piece of paper and number the page as 5a.					
<p>Have you ever been charged with a Federal, Provincial or Municipal offence? Yes <input type="checkbox"/> No <input type="checkbox"/> (this means any fine, period of imprisonment, or period of probation offered by the court, other than minor driving offences)</p> <p>If a criminal pardon has been granted, please attach a copy of the pardon to this application.</p> <p>If you have answered <u>Yes</u> to this question, please outline the date and particulars of each charge and/or conviction.</p> <p>Note: Conviction of an offence does not necessarily preclude consideration for the position of Community Service Officer.</p>					
Criminal Charges and/or Convictions					
1.					
2.					
3.					



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Personal Information				
Marital Status:				
Single <input type="checkbox"/> Married <input type="checkbox"/> In a Relationship <input type="checkbox"/> Separated <input type="checkbox"/> Common-Law <input type="checkbox"/> Widow/Widower <input type="checkbox"/>				
Partner/Spouse's Name: (In full – Birth name if applicable)				
Surname (and maiden name if applicable)		Given 1	Given 2	Given 3
Partner/Spouse's Date of Birth:		Partner/Spouse's Place of Birth:		
(yyyy/mm/dd)		City	Country	
Address:				
Address		City	Province	Postal Code
Home Telephone		Cellular Telephone		Email Address
Partner/Spouse Contact and Employment Information:				
Occupation			Name of Employer	
If divorced or separated, provide the names and addresses of your former partners/spouses. Additionally, please list any common-law, partner or spouse from a former <u>long term</u> or <u>committed</u> relationship.				
(1)				
Surname (or maiden name)		Given 1	Given 2	Date of birth (yyyy/mm/dd)
Address		City	Province/State	Country
Telephone		Estimated Relationship Time Frame (yyyy/mm/dd – yyyy/mm/dd)		
(2)				
Surname (or maiden name)		Given 1	Given 2	Date of birth (yyyy/mm/dd)
Address		City	Province/State	Country
Telephone		Estimated Relationship Time Frame (yyyy/mm/dd – yyyy/mm/dd)		

To list any additional former spouses, please print multiple copies of this page and re-number them 6a, 6b etc.



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Information about your children:					
	Name(s)	Relationship	Date of birth (yyyy/mm/dd)	Place of birth	Address (if different)
1					
2					
3					
4					

Parents (include deceased members)					
(1)					
Parent's surname		Given 1	Given 2	Relationship	
Date of birth (yyyy/mm/dd)		Place of birth		Racial Origin	
<input type="checkbox"/> Natural		<input type="checkbox"/> Adoptive		<input type="checkbox"/> Step-Parent	
<input type="checkbox"/> Deceased					
Cause of death:			Date (yyyy/mm/dd):		
Address		City	Province/State	Country	Telephone
Occupation			Name of Employer		
(2)					
Parent's surname		Given 1	Given 2	Relationship	
Date of birth (yyyy/mm/dd)		Place of birth		Racial Origin	
<input type="checkbox"/> Natural		<input type="checkbox"/> Adoptive		<input type="checkbox"/> Step-Parent	
<input type="checkbox"/> Deceased					
Cause of death:			Date (yyyy/mm/dd):		
Address		City	Province/State	Country	Telephone
Occupation			Name of Employer		



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Step Parents, Siblings and Step Siblings (include married name, change of names, etc.) (include deceased with date)				
(1)				
Surname	Given 1	Given 2	Relationship	
Date of birth (yyyy/mm/dd)	Place of birth	Deceased?	Date(yyyy/mm/dd)	
Address	City	Province/State	Country	Telephone
Occupation		Name of Employer		
(2)				
Surname	Given 1	Given 2	Relationship	
Date of birth (yyyy/mm/dd)	Place of birth	Deceased?	Date(yyyy/mm/dd)	
Address	City	Province/State	Country	Telephone
Occupation		Name of Employer		
(3)				
Surname	Given 1	Given 2	Relationship	
Date of birth (yyyy/mm/dd)	Place of birth	Deceased?	Date(yyyy/mm/dd)	
Address	City	Province/State	Country	Telephone
Occupation		Name of Employer		
(4)				
Surname	Given 1	Given 2	Relationship	
Date of birth (yyyy/mm/dd)	Place of birth	Deceased?	Date(yyyy/mm/dd)	
Address	City	Province/State	Country	Telephone
Occupation		Name of Employer		

To list any additional former spouses, please print multiple copies of this page and re-number them 8a, 8b etc.



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All In-Laws (include married name, change of names, etc.) (include deceased with date)					
(1)					
Parent-in-law Surname	Given 1	Given 2	Relationship		
Date of birth (yyyy/mm/dd)	Place of birth	Deceased?	Date(yyyy/mm/dd)		
Address	City	Province/State	Country	Telephone	
(2)					
Parent-in-law Surname	Given 1	Given 2	Relationship		
Date of birth (yyyy/mm/dd)	Place of birth	Deceased?	Date(yyyy/mm/dd)		
Address	City	Province/State	Country	Telephone	
(3)					
Surname	Given 1	Given 2	Relationship		
Date of birth (yyyy/mm/dd)	Place of birth	Deceased?	Date(yyyy/mm/dd)		
Address	City	Province/State	Country	Telephone	
(4)					
Surname	Given 1	Given 2	Relationship		
Date of birth (yyyy/mm/dd)	Place of birth	Deceased?	Date(yyyy/mm/dd)		
Address	City	Province/State	Country	Telephone	
(5)					
Surname	Given 1	Given 2	Relationship		
Date of birth (yyyy/mm/dd)	Place of birth	Deceased?	Date(yyyy/mm/dd)		
Address	City	Province/State	Country	Telephone	
Occupation			Name of Employer		

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Military Service (Complete if you have served in the Military or the Armed Forces of any country.)			
Service	Branch	Trade	
Rank/Regimental #	Address	City	Country
Period from/to (yyyy/mm/dd)	Commanding Officer's Name & Title		
Type of discharge	Place of discharge	Are you still active? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Medals awarded and/or decorations:			
Are you a Reserve Member of any branch of the Armed Forces? If yes, please specify.			Yes <input type="checkbox"/> No <input type="checkbox"/>
Rank	Commanding Officer's Name and Title		
Have you been a member in a Police Service or the Armed Forces of any country? If "yes", please provide details:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever applied for a position as a Police Officer with any Agency? (Regular Member, Reserve, etc.) Have you ever applied for a position with any Law Enforcement Agency? (Corrections, Sheriffs, CBSA, etc.) If yes, please list and provide a brief explanation of the status or your application(s). Provide any documentation you have received in regards to your application status, closure or deferral.			
Agency	Date of Application (yyyy/mm/dd)	Position Applied for	Status of Application



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Employment History	
Beginning with your present employer, please list every position you have held (to the best of your knowledge). If you have held two or more positions with the same employer, list each position separately. If more space is required, please use a separate sheet of lined paper.	
Present Employer:	Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>
Telephone: ()	From/To Date: (yyyy/mm/dd)
Employer Address:	
Supervisor Name and Title:	Your Title:
Brief Description of your duties:	Hours Per Week:
(1) Previous Employer:	Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>
Telephone: ()	From/To Date: (yyyy/mm/dd)
Employer Address:	
Supervisor Name and Title:	Your Title:
Brief Description of your duties:	Hours Per Week:
(2) Previous Employer:	Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>
Telephone: ()	From/To Date: (yyyy/mm/dd)
Employer Address:	
Supervisor Name and Title:	Your Title:
Brief Description of your duties:	Hours Per Week:



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Employment History	
(3) Previous Employer	Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>
Telephone: ()	From/To Date: (yyyy/mm/dd)
Employer Address:	
Supervisor Name and Title:	Your Title:
Brief Description of your duties:	Hours Per Week:
(4) Previous Employer	Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>
Telephone: ()	From/To Date: (yyyy/mm/dd)
Employer Address:	
Supervisor Name and Title:	Your Title:
Brief Description of your duties:	Hours Per Week:
(5) Previous Employer	Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>
Telephone: ()	From/To Date: (yyyy/mm/dd)
Employer Address:	
Supervisor Name and Title:	Your Title:
Brief Description of your duties:	Hours Per Week:

If you run out of space for previous employment, please print multiple copies of this page and renumber them 13a, 13b, etc.



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Volunteer History	
Employer Name:	Total number of hours:
Telephone: ()	From/To Date: (yyyy/mm/dd)
Employer Address:	
Supervisor Name and Title:	Your Title:
Brief description of your duties:	
Employer Name:	Total number of hours:
Telephone: ()	From/To Date: (yyyy/mm/dd)
Employer Address:	
Supervisor Name and Title:	Your Title:
Brief description of your duties:	
Employer Name:	Total number of hours:
Telephone: ()	From/To Date: (yyyy/mm/dd)
Employer Address:	
Supervisor Name and Title:	Your Title:
Brief description of your duties:	

If you run out of space for volunteer history, please print multiple copies of this page and renumber them 14a, 14b, etc.



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General Information

Name two things you have done that you are most proud of:

1.

2.

Are you proficient in any other languages other than English? If yes, specify.

Yes No

Medical History

Are you aware of any deficiencies with your colour vision?

Have you ever had corrective eye surgery? If yes, provide date and location below.

Yes No

Are you aware of any problems with your hearing? If yes, please provide a brief explanation.



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Medical History
Are you aware of any reason why you would be physically or mentally unable to perform the duties of a Community Safety Officer?

How did you hear about Metro Vancouver Transit Police?
Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Internet <input type="checkbox"/> Job Fair <input type="checkbox"/> Other: _____

I hereby certify the answers given by me in this questionnaire are true and complete. I agree and understand that if any answers and material facts are found to be false or omitted, it will cause forfeiture on my part of all rights to employment with the Metro Vancouver Transit Police (MVTP). I understand that any information obtained during the selection process may be available to other police agencies in Canada. I am aware that as a MVTP applicant, I will be required to complete a polygraph test.		
Name of Applicant	Signature of Applicant	Date (yyyy/mm/dd)



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VISION REPORT FOR POLICE SERVICE (AZ030)

TO BE COMPLETED BY APPLICANT			
Applicant Surname	Applicant Given Name	Applicant Middle Initial	
Street Address	City	Province	Postal Code
Have you ever had eye surgery? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, indicate the date and type of procedure:			
METRO VANCOUVER TRANSIT POLICE VISION STANDARDS FOR EMPLOYMENT			
Uncorrected Vision	No less than 20/40 in one eye and 20/100 in the other eye		
Corrected Vision	No less than 20/20 in one eye and 20/30 in the other eye		
Colour Vision	Should be normal, i.e. pass the Farnsworth D-15 test		
Peripheral Vision	150 continuous degrees along the horizontal meridian binocularly, and 30 degrees above and below the fixation point		
Binocular Vision	Normal		
TO BE COMPLETED BY THE ATTENDING OPHTHAMOLOGIST/OPTOMETRIST			
Date of examination (yyyy/mm/dd):			
1. Visual Acuity	Without Visual Aid		With Best Possible Corrections
	Right Eye	20/	20/
	Left Eye	20/	20/
	Both Eyes	20/	20/
2. Horizontal Field of Vision	Temp		Nasal
	Right Eye		
	Left Eye		
Binocular Vision (Depth Perception)			
Normal:		Abnormal:	
Comments:			
Colour Vision (Determined by Pseudo-Isochromatic Plates or Farnsworth-Munsell)			
Normal:		Abnormal:	
Comments:			
ATTENDING OPHTHALMOLOGIST/OPTOMETRIST			
Name:		Telephone:	
Address:			
Signature and stamp of attending Ophthalmologist/Optometrist			Date (yyyy/mm/dd)



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CONSENT TO COLLECTION, USE & DISCLOSURE OF PERSONAL INFORMATION (AZ190)

Pursuant to Sections 27(1)(a)(i), 27(2), 32(b) and 33.1(1)(b) of the Freedom on Information and Protection of Privacy Act, I,

Name	(Also formerly known as)		
Street Address	City	Province	Postal Code

DO HEREBY CONSENT to the collection, use and disclosure by the Metro Vancouver Transit Police (MVTP) and/or their agent(s) of the following personal information pertaining to me:

Any and all records, files, notes, reports, opinions or other information concerning me, including information of the following types:

- Credit Bureau check – including a review of the applicant’s credit rating
- Bankruptcy search
- Court registry search – including a search for any civil litigation, criminal and family matter proceedings at the Supreme Court or Provincial Court
- Motor vehicle driver abstract and ICBC claims history review
- Verification of education
- Neighborhood enquiries
- Previous employment enquiries
- Applicant Interview
- All criminal data bases & criminal records checks

I acknowledge that I have been advised that the said information is being collected; used and disclosed to assess my suitability for employment with the Metro Vancouver Transit Police (MVTP) and that the collection of this information is authorized by section 26(c) of the Freedom of Information and Protection of Privacy Act. I have been further advised that if I have any questions regarding this collection, I can contact the Deputy Chief Officer, Administration Services, Metro Vancouver Transit Police, 300-287 Nelson’s Court, New Westminster, B.C., V3L 0E7; Telephone: 604-515-8300.

I understand that any information provided by me during the course of processing my application for employment, or information obtained by the Metro Vancouver Transit Police (MVTP), which reveals criminal activity will not be protected by confidentiality. This information may be subject to a criminal investigation by the MVTP or any law enforcement agency and could result in arrest or criminal charges.

This consent is freely given and, furthermore, I acknowledge that a photocopy of this signed release is to be considered as valid as the original even if it does not contain an original of my signature.

Name of Applicant	Signature of Applicant	Date (yyyy/mm/dd)



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P.O.P.A.T. LIABILITY RELEASE & INDEMNITY (AZ180)

We wish your participation in the “Run/P.O.P.A.T.” (Hereafter referred to as the “Test”) to be a safe and enjoyable experience, but any such activity does involve risk! **Please read carefully.**

DISCLAIMER:

The Metro Vancouver Transit Police (MVTP), the South Coast British Columbia Transportation Authority (SCBCTA) and the South Coast British Columbia Transportation Authority Police Service Board are not responsible for any injury, death, loss or damage suffered by any person participating in the Test, as conducted by an independent assessor, for any reason whatsoever, including negligence on the part of the Metro Vancouver Transit Police (MVTP), the South Coast British Columbia Transportation Authority, the South Coast British Columbia Transportation Authority Police Service Board, or any of their directors, officers, employees, agents, or representatives.

AGREEMENT:

In consideration of the Metro Vancouver Transit Police (MVTP) and the South Coast British Columbia Transportation Authority allowing me to participate in the Test and any associated activity, I agree to RELEASE AND SAVE HARMLESS AND INDEMNIFY each of the Metro Vancouver Transit Police (MVTP), the South Coast British Columbia Transportation Authority, the South Coast British Columbia Transportation Authority Police Service Board, and their directors, officers, employees, agents, and representatives from and against all claims, demands, actions, costs and expenses, and from all claims or demands whatever in law or in equity, in respect to injury, death, loss or damage to my person or property whatsoever and howsoever caused, arising out of, or in connection with, my taking part in the Test and/or any associated activity, notwithstanding that the same may have been contributed to or occasioned by any act or omission (including, without limitation, a negligent act or omission) of the Metro Vancouver Transit Police (MVTP), the South Coast British Columbia Transportation Authority, the South Coast British Columbia Transportation Authority Police Service Board, or their directors, officers, employees, agents, or representatives. I am aware of the risks inherent in participating in the Test and/or any associated activity. I further understand that the risks involved are also relative to my own state of fitness, health, awareness, and the skill and care with which I conduct myself during the Test. I voluntarily assume these risks and waive notice of all conditions, dangers or otherwise, in or about the Test. I agree to assume all risks involved before, during and after the Test. I agree that this Release shall bind my heirs, executors, administrators and assigns.

I, _____ acknowledge having read this LIABILITY RELEASE AND INDEMNITY and I understand and agree to be bound by the conditions herein.

Signature of Participant	Name of Participant	Date (yyyy/mm/dd)

Signature of Witness	Name of Witness	Date (yyyy/mm/dd)



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PHYSICAL ABILITIES TEST MEDICAL EXAMINATION WAIVER (AZ160)

Full Name of Applicant _____

Address of Applicant _____

This person is an applicant for the position of Police Constable with the Metro Vancouver Transit Police (MVTP), South Coast British Columbia Transportation Authority Police Service (SCBCTAPS). He/she is required to perform a Police Officer’s Physical Abilities Test (POPAT). The POPAT is designed to simulate and measure an officer’s physical ability to respond to a critical incident and apprehend and/ or control a prisoner/suspect. The test was developed by exercise physiologists and is based on their research findings. Their research has identified that the usual physical components of a response to a critical incident may involve quick action in getting to the problem, intensive heavy work resolving the problem and then removing the problem. The test is conducted in a gymnasium and consists of running 400 meters (1/4 mile), which includes climbing up and down stairs, jumping over low obstacles, pushing/pulling heavy weights (80 lbs/37 kg) then lifting and carrying a “dead weight” of 100 lbs (45 kg) over a distance of 15 meters (50 ft.). It was found that most test participants experienced maximal heart rate during the test. This indicates brief (up to 4 minutes) but maximal stress being placed on the cardiovascular system. To minimize the chance in precipitating a major cardiovascular event, we are requesting that the person be examined to determine his/her employment and test risk potential.

In addition to your usual examination, we request your assessment of this person with respect to factors which may place him/her at risk during this test or during future police officer-related duties:

1. Hypertension with possible causative factors;
2. Diabetes Mellitus;
3. Known heart disease or symptomatic cardiovascular disease including Angina, breathlessness, palpitations, edema, syncope, dizziness, etc.;
4. Low fitness level;
5. Acute systemic infections including viral respiratory infections;
6. Muscular and/or skeletal problems which may affect physical performance or present long-term limitations;
7. Any other areas of concern: _____

To be completed by examining physician:

Considering the fact that an applicant’s typical response to maximal testing may include fear and anxiousness due to anticipation, does this applicant remain safe to perform the POPAT if their resting blood pressure and/or heart rate values exceed 144/94 mmHg or 100 bpm, assuming the applicant is not exhibiting any signs of the following: chest, arm, neck and jaw pain; signs of light-headedness, fainting and shortness of breath? Yes No

In your opinion, based on the information provided to you and the results of your examination, is this person’s health at risk if they participate in the Police Officer’s Physical Abilities Test (POPAT)? Yes No

Comments: _____

Signature & Stamp of Medical Doctor	Date (yyyy/mm/dd)