



# METRO VANCOUVER TRANSIT POLICE

## LATERAL & EXEMPT POLICE OFFICER – APPLICATION AND QUESTIONNAIRE

AZ020B

### 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 Police 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)

### IMPORTANT INSTRUCTIONS FOR COMPLETING THIS DOCUMENT

**Note: Do not proceed with your application if you are not five (5) years clear of Criminal Activity, either detected or undetected by police.**

The information you provide in this application form will assist this Recruiting Department in determining whether you would be capable of meeting the requirements of employment as a Metro Vancouver Transit Police Officer.

- Ensure that your answers are neat, legible and completed in your own handwriting (please use black ink).
- If the question is not applicable, indicate by writing N/A.
- False, incomplete or incorrect responses may be considered deceit and be grounds for disqualification from the selection process.

**Colour** copies of the following documents **must** be submitted with this application:

- Birth Certificate or Canadian Passport or Permanent Resident/Landed Immigrant Status documentation
- Driver's Licence and Driver's Abstract
- Supporting Police Education and Training Documents, Transcripts and Certificates
- Two (most recent) Performance Evaluations completed by an NCO
- Passport Style Photo (A recent head and shoulders photo that can be taken at home, in professional attire, in front of a white wall and submitted electronically.)



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As a Lateral/Exempt/Contract police applicant to the Metro Vancouver Transit Police (MVTP), South Coast British Columbia Transportation Authority Police Service (SCBCTAPS), you are required to report your **McNEIL Disclosure Conduct Record Status** in this application and to immediately report any changes to your McNEIL Disclosure Conduct Record Status to the Metro Vancouver Transit Police Recruiting Unit throughout the selection process. Your McNEIL Disclosure Conduct Record Status is based on the following five reporting triggers.

1. Have you been convicted or found guilty under the Criminal Code of Canada or the Controlled Drugs and Substances Act for which a pardon has not been granted or are you unsure of that fact;
2. Are you currently charged with an offence under the Criminal Code of Canada or the Controlled Drugs and Substances Act, or are you unsure of that fact;
3. Within the past 5 years have you been convicted or found guilty of an offence pursuant to any other federal or provincial statute, or are you unsure of that fact (Being found guilty of police misconduct under the RCMP Act or another provincial police act to be reported in this section);
4. Within the past 5 years, have you been found guilty of misconduct after a Prehearing Conference, Discipline Proceeding or Public Hearing under the BC Police Act, or are you unsure of that fact; or
5. Are you currently facing a charge of misconduct under the BC Police Act, for which a Notice of Prehearing Conference, Discipline Proceeding or Public Hearing has been issued, or are you unsure of that fact.

Please mail your completed application package to:

**Recruiting Section**  
**Metro Vancouver Transit Police (MVTP)**  
**300 – 287 Nelson's Court**  
**New Westminster, BC**  
**V3L 0E7**

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), South Coast British Columbia Transportation Authority Police Service (SCBCTAPS). I understand that any information obtained during the selection process may be available to other police agencies in Canada. I am also aware that as a Metro Vancouver Transit Police (MVTP), South Coast British Columbia Transportation Authority Police Service (SCBCTAPS) applicant, I will be required to complete polygraph.

Name of Applicant

Signature of Applicant

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 of 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), South Coast British Columbia Transit Authority Police Service (SCBCTAPS), and/or their agent(s) of the following personal information pertaining to me. Furthermore, I authorize any public body, agency or any private organization to disclose any and all personal information that they may have about me to the Metro Vancouver Transit Police (MVTP):

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
- Accredited Canadian Police Agency Professional Standards Unit

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, Metro Vancouver Transit Police (MVTP), 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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**Important: Carefully review and follow application instructions.**

### Personal Information

Surname		Given 1		Given 2	
Nickname:			SIN #:		
Date of Birth (yyyy/mm/date)		Place of Birth		Additional Languages	
Cell Phone		Home Phone		Email address	
Street Address		City		Province	
Postal Code		Height:		Weight:	
ft in / cms		lbs / kgs			
Hair Colour:		Eye Colour:		Handed: left <input type="checkbox"/> right <input type="checkbox"/>	
RCMP Regimental #		Municipal Police PIN #			
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> In a Committed Relationship or Common-Law <input type="checkbox"/>					
If hired by this Police Department, would you choose <b>Swear</b> <input type="checkbox"/> or <b>Affirm</b> <input type="checkbox"/> your oath?					
Please supply the name of your next of kin.					
Name:		Phone Number(s):			
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"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Prefer Not to Say <input type="checkbox"/>					
Other: <input type="checkbox"/> *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):					
<b>In chronological order, list the residences where you have lived in the past ten years.</b>					
Address		City/Province/State		Country	
Dates from/to (yyyy/mm/dd)					
Address		City/Province/State		Country	
Dates from/to (yyyy/mm/dd)					
Address		City/Province/State		Country	
Dates from/to (yyyy/mm/dd)					
Address		City/Province/State		Country	
Dates from/to (yyyy/mm/dd)					



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Spouse/Partner Information			
Partner/Spouse's Name: (In full – Birth name if applicable)			
Surname (and maiden name if applicable)		Given 1	Given 2
Partner/Spouse's Date of Birth:		Partner/Spouse's Place of Birth:	
(yyyy/mm/dd)		City	Country
Address:			
Address		City	Province Postal Code
Partner/Spouse Contact Information:			
Cellular Telephone		Email Address	
Partner/Spouse Employment Information:			
Occupation		Name of Employer	
Provide the names and addresses of your former partners/spouses.			
(1)			
Surname (and/or maiden name)		Given 1	Given 2
Date of birth (yyyy/mm/dd)		Telephone Number	
(2)			
Surname (and/or maiden name)		Given 1	Given 2
Date of birth (yyyy/mm/dd)		Telephone Number	
Your Children (include married name, change of names, etc.)			
(1)			
Child Surname (maiden name if applicable)		Given 1	Given 2 Relationship
Date of birth (yyyy/mm/dd)		Place of birth	Telephone
Address		City	Province/State Country
Occupation		Name of Employer	



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Your Children (include married name, change of names, etc.)			
(2)			
Child Surname (maiden name if applicable)	Given 1	Given 2	Relationship
Date of birth (yyyy/mm/dd)	Place of birth	Telephone	
Address	City	Province/State	Country
Occupation		Name of Employer	
(3)			
Child Surname (maiden name if applicable)	Given 1	Given 2	Relationship
Date of birth (yyyy/mm/dd)	Place of birth	Telephone	
Address	City	Province/State	Country
Occupation		Name of Employer	
(4)			
Child Surname (maiden name if applicable)	Given 1	Given 2	Relationship
Date of birth (yyyy/mm/dd)	Place of birth	Telephone	
Address	City	Province/State	Country
Occupation		Name of Employer	
Parents (include natural, adoptive and step)			
(1)			
Parent's surname	Given 1	Given 2	Relationship
Date of birth (yyyy/mm/dd)	Place of birth	Telephone	
Address	City	Province/State	Country
Occupation		Name of Employer	



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Parents (include natural, adoptive and step)			
(2)			
Parent's surname	Given 1	Given 2	Relationship
Date of birth (yyyy/mm/dd)	Place of birth		Telephone
Address	City	Province/State	Country
Occupation		Name of Employer	
(3)			
Parent's surname	Given 1	Given 2	Relationship
Date of birth (yyyy/mm/dd)	Place of birth		Telephone
Address	City	Province/State	Country
Occupation		Name of Employer	
(4)			
Parent's surname	Given 1	Given 2	Relationship
Date of birth (yyyy/mm/dd)	Place of birth		Telephone
Address	City	Province/State	Country
Occupation		Name of Employer	
Siblings, Half or Step Siblings (include married name, change of names, etc.)			
(1)			
Surname	Given 1	Given 2	Relationship
Date of birth (yyyy/mm/dd)	Place of birth		Telephone
Address	City	Province/State	Country
Occupation		Name of Employer	



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



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All In-Laws (include married name, change of names, etc.)			
(2)			
Parent-in-law Surname	Given 1	Given 2	Relationship
Date of birth (yyyy/mm/dd)	Place of birth		Telephone
Address	City	Province/State	Country
Occupation		Name of Employer	
(3)			
Surname	Given 1	Given 2	Relationship
Date of birth (yyyy/mm/dd)	Place of birth		Telephone
Address	City	Province/State	Country
Occupation		Name of Employer	
(4)			
Surname	Given 1	Given 2	Relationship
Date of birth (yyyy/mm/dd)	Place of birth		Telephone
Address	City	Province/State	Country
Occupation		Name of Employer	
(5)			
Surname	Given 1	Given 2	Relationship
Date of birth (yyyy/mm/dd)	Place of birth		Telephone
Address	City	Province/State	Country
Occupation		Name of Employer	
To list any additional family members, please print multiple copies of this page and re-number them 9a, 9b etc.			



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Post Secondary Education, Trades or Certifications			
(1)			
Post-Secondary Institution		Dates from/to (yyyy/mm/dd)	
Program of Study	Certificate/Diploma or Degree	Credits	
City	Province/State	Country	
(2)			
Post-Secondary Institution		Dates from/to (yyyy/mm/dd)	
Program of Study	Certificate/Diploma or Degree	Credits	
City	Province/State	Country	
<b>Current Employment - Please include a list of all the positions you have held during your policing career.</b>			
(1)			
Service / Department		Branch	Title
Rank/Regimental #	Date of employment - from (yyyy/mm/dd) to (yyyy/mm/dd)		Years/Months of Police Experience?
Address	City	Country	Commanding Officer's Name & Title
			Are you still engaged by this Agency?
Type of discharge	Place of discharge	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Additional position held with this Department		Dates: from (yyyy/mm/dd) to (yyyy/mm/dd)	
Additional position held with this Department		Dates: from (yyyy/mm/dd) to (yyyy/mm/dd)	
Additional position held with this Department		Dates: from (yyyy/mm/dd) to (yyyy/mm/dd)	
<b>For current or past RCMP Members only.</b>			
Depot Training start date:		Depot Training graduation date:	



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Previous Employer(s) (only need to complete if you have less than 5 years of policing experience)			
(1)			
Previous Employer		Your title	
Work telephone number		Date of employment - from (yyyy/mm/dd) to (yyyy/mm/dd)	
Employer Address		Supervisor's name and title	
Brief description of your duties:			
(2)			
Previous Employer		Your title	
Work telephone number		Date of employment - from (yyyy/mm/dd) to (yyyy/mm/dd)	
Employer Address		Supervisor's name and title	
Brief description of your duties:			
<b>General</b>			
Have you ever applied for a position with any other Police Department, Law Enforcement Agency (Corrections, Sheriffs, CBSA etc.) or previously applied to Transit Police? If yes, please list the agencies.			
Police Agency	Year of Application	Position applied for	Status of Application
Police Agency	Year of Application	Position applied for	Status of Application
Police Agency	Year of Application	Position applied for	Status of Application
Police Agency	Year of Application	Position applied for	Status of Application
Police Agency	Year of Application	Position applied for	Status of Application



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If you were encouraged and recommended to apply by a current employee of the Metro Vancouver Transit Police, please provide the name of the Police Officer(s) or Civilian(s):

Please list all of the people you know who are currently or were previously employed by the Metro Vancouver Transit Police and briefly explain your connection to them.

**Should you have any questions or concerns, you are advised to contact the Recruiting Unit. All issues must be disclosed in advance of the polygraph examination or disqualification will be considered.**

**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. I also understand that any information obtained during the selection process may be made available to other police organizations in Canada. I am also aware that as a Metro Vancouver Transit Police Recruit Applicant, I will be required to complete a polygraph test.**

Name of Applicant

Signature of Applicant

Date (yyyy/mm/dd)



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***\*\*Not required if you are submitting a recent (less than 1 years old) Vision Report, PHA or Medical Exam completed with your current agency.\*\****

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:			
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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### 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)
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