

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) |
|------------|-----------|-------------------|



COMMUNITY SAFETY OFFICER - EMPLOYMENT APPLICATION

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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 physicaly 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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Community Safety Officer Application

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 <u>style</u> 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 Physcisian)

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



COMMUNITY SAFETY OFFICER - EMPLOYMENT APPLICATION

| Please indicate if you are seeking full time regular hours or part time employment. | | | | | |
|---|---------------------|----------------------------------|--|--|--|
| Full time regular (40 hours per week) \Box | | Part time employment \Box | | | |
| | | | | | |
| Important: 1) Carefully review and follow applicat: 2) Please complete fully and use addition | | | | | |
| 2) Please complete fully and use addition Personal Information | onai iined pape | er ii space is insumcient | | | |
| reisonai inioi mation | <u> </u> | | | | |
| | | | | | |
| Surname | Given 1 | Given 2 | | | |
| | | | | | |
| | Preferred Name or N | ick Name | | | |
| | | | | | |
| Date of Birth (yyyy/mm/date) | | Place of Birth | | | |
| | | | | | |
| Home Phone # | | Cell Phone # | | | |
| | | | | | |
| Street Address | | City | | | |
| | | | | | |
| Province Po | stal Code | Driver's License Number | | | |
| | | | | | |
| Email address | | Languages spoken | | | |
| Height: | | Weight: | | | |
| ft in / Hair Colour: | cms Eye Colour: | lbs / kgs Blood Type (if known): | | | |
| naii Coloui: | Eye Coloui: | blood Type (II kilowii): | | | |
| Handed: left 🗌 right 🗍 | SIN: | | | | |
| Sex indicated on B.C. Health Services Card or I | | X Male Female | | | |
| Preferred pronouns: She/Her He/Him They/Them Other: | | | | | |
| Gender Identity (check all that apply): | | | | | |
| Cisgender* Transgender Non Binary Two Spirit Female Male Prefer Not to Say | | | | | |
| 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 Non-Status Status Status | Metis ☐ Nati | ion (information voluntary): | | | |
| June of the second of t | Trace - Trace | (| | | |



COMMUNITY SAFETY OFFICER - EMPLOYMENT APPLICATION

| Personal Information | | | | | | | |
|--|---|------------------|--------------|---------------|------------------------|-----------------------|--|
| Are you a | Are you at least 19 years of age? Yes 🔲 No 🔲 Are you legally eligible to work in Canada? Yes 🗍 No 🗍 | | | | | | |
| Are you a Canadian Citizen or Permanent Resident? Yes No No | | | | | | | |
| If you are a Permanent Resident, please provide your PR number Number: | | | | | | | |
| What dat | e did you become a Permanent R | esident of Canad | da? | Date: | | | |
| | <u> </u> | | | | | | |
| Name: | pply the name of your next of kir | l : | Phone N | lumber(s): | | | |
| rume. | | | 1 Hone 1 | tuniber (5). | | | |
| | ological order, starting with your | current address | , list all r | esidences wl | nere you have lived. | | |
| (including | g any out of country residences) | C: /P : (6 | | 6 . | Data Fuera (como /mas) | Data to (commulators) | |
| 1 | Address | City/Province (S | state) | Country | Date From (yyyy/mm) | Date to (yyyy/mm) | |
| | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| | | | | | | | |
| 6 | | | | | | | |
| If you ru | in out of space, please submit add | itional addresse | s on a ser | arate niece (| of paper and number | r the page as 5a. | |
| Have you ever been charged with a Federal, Provincial or Municipal offence? Yes No (this means any fine, period of imprisonment, or period of probation offered by the court, other than minor driving offences) If a criminal pardon has been granted, please attach a copy of the pardon to this application. If you have answered Yes to this question, please outline the date and particulars of each charge and/or conviction. Note: Conviction of an offence does not necessarily preclude consideration for the position of | | | | | | | |
| Community Service Officer. | | | | | | | |
| | l Charges and/or Conviction | IS | | | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
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COMMUNITY SAFETY OFFICER - EMPLOYMENT APPLICATION

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| Personal Inf | ormation | | | | |
|--------------------|--------------------------------|-----------------|------------------------|------------------------|-----------------------|
| Marital Status | | | | | |
| Single M | farried 🔲 🛮 In a Relatio | nship 🗌 Sep | arated 🗌 | Common-Law | Widow/Widower 🗌 |
| Partner/Spous | se's Name: (In full – Birth | name if applica | able) | | |
| | | | | | |
| | Surname (and maiden name if ap | oplicable) (| Given 1 | Given 2 | Given 3 |
| Partner/Spous | se's Date of Birth: | | Partner/S ₁ | pouse's Place of Bir | th: |
| , , | | | , , | | |
| | (yyyy/mm/dd) | | | City | Country |
| Address: | (3337 7 3 | | | | |
| | | | | | |
| | Address | City | Province | e Postal Co | de |
| | | | | | |
| | Home Telephone | C | Cellular Telephone | Fmai | l Address |
| Partner/Spans | se Contact and Employm | | | Effici | Tradicos |
| rai tilei / Spous | se contact and Employm | ent mormation | l• | | |
| | Occupation | | | Name of Emp | loyer |
| If divorced o | r separated, provide | the names ar | nd addresse | s of your former | partners/spouses. |
| Additionally | , please list any comi | non-law, part | ner or spou | ise from a forme | r <u>long term</u> or |
| <u>committed</u> r | elationship. | | | | |
| (1) | | | | | |
| | Surname (or maiden name) | Given 1 | Cirron | Data of hist | h (mmm/mm/dd) |
| | Surname (or maiden name) | Given 1 | Given 2 | . Date of birt. | h (yyyy/mm/dd) |
| | | | | | |
| | Address | City | Pro | vince/State | Country |
| | | | | | |
| | m 1 1 | 77.1 | . 10 1 1 | m: n (() | |
| (0) | Telephone | Estin | nated Relationship | Time Frame (yyyy/mm/do | d – yyyy/mm/dd) |
| (2) | | | | | |
| | Surname (or maiden name) | Given 1 | Given 2 | Date of birt | h (yyyy/mm/dd) |
| | | | | | |
| | | | | | |
| | Address | City | Province/State | Country | Telephone |
| | | | | | |
| | Telephone | Eatin | anta d Dalatia malain | Time Frame (yyyy/mm/do | d//d d) |

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 b | | Place of birth | Address | (if different) |
| 1 | | | (уууу/ ппп/ | uuj | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| | | | | | | | |
| 4 | | | | | | | |
| Par | ents (include deceased n | nembers) | | | | | |
| (1) | | | | | | | |
| | | | | | | | |
| | Parent's surname | Gi | ven 1 | | Given 2 | | Relationship |
| | | | | | | | |
| | Date of birth (yyyy) | mm/dd) | Pla | ace of birt | h | Racia | al Origin |
| | □ Natural | ☐ Adoptive | | | Step-Parent | | Deceased |
| Ca | use of death: | | | Date (| yyyy/mm/dd): | | |
| | | | | | | | - |
| | | | _ | | | | |
| | Address | City | Pro | vince/Stat | te Country | y Tele | ephone |
| | | | | | | | |
| (0) | Occupa | tion | | | Name of E | Employer | |
| (2) | | | | | | | |
| | Parent's surname | Gi | ven 1 | | Given 2 | | Relationship |
| | | | | | | | |
| | Date of birth (yyyy) | mm/dd) | Pla | ace of birt | h | Racia | al Origin |
| | □ Natural | ☐ Adoptive | | | Step-Parent | | Deceased |
| | Cause of death: | | | Date (| yyyy/mm/dd): | | |
| | | | | | | | |
| | | | | | | | |
| | Address | City | Pro | vince/Stat | te Country | y Tele | ephone |
| | | - | | | | | |
| | Оссира | tion | | | Name of E | Imployer | |
| | Оссира | UUII | | | Name of E | mpioyei | |



COMMUNITY SAFETY OFFICER - EMPLOYMENT APPLICATION

| Step Par | ents, Siblings and Step | Siblings (includ | e married name, chan | ge of names, etc.] |) (include deceased with date) |
|-----------|----------------------------|------------------|----------------------|--------------------|--------------------------------|
| (1) | | | | | |
| | Surname | Given 1 | Given 2 | | Relationship |
| | burname | diveir | diveir | | Relationismp |
| | | DI GI |) | D 10 | D . (. (. (.) . |
| | Date of birth (yyyy/mm/dd) | Place of b | oirth | Deceased? | Date(yyyy/mm/dd) |
| | | | | | |
| | Address | City | Province/State | Country | Telephone |
| | | | | | |
| | Occupation | | | Name of Employ | ver |
| (2) | | | | | |
| | | | | | |
| | Surname | Given 1 | Given 2 | | Relationship |
| | | DI 61 | 7 | D 10 | D . (. (. (.) .) |
| | Date of birth (yyyy/mm/dd) | Place of b | oirth | Deceased? | Date(yyyy/mm/dd) |
| | | | | | |
| | Address | City | Province/State | Country | Telephone |
| | | | | | |
| (3) | Occupation | | | Name of Employ | er |
| (3) | C | C: 1 | C:2 | | D. L. C. v. L. C. |
| | Surname | Given 1 | Given 2 | | Relationship |
| | | | | | |
| | Date of birth (yyyy/mm/dd) | Place of b | irth | Deceased? | Date(yyyy/mm/dd) |
| | | 0: | | | |
| | Address | City | Province/State | Country | Telephone |
| | | | | | |
| (4) | Occupation | | | Name of Employ | er |
| (4) | 0 | C: 4 | C: 2 | | p.l.c. li |
| | Surname | Given 1 | Given 2 | | Relationship |
| | | DI GI |) | D 10 | D : (// /ID |
| | Date of birth (yyyy/mm/dd) | Place of b | oirth | Deceased? | Date(yyyy/mm/dd) |
| | 4.1. | Q'i | D | | m 1 1 |
| | Address | City | Province/State | Country | Telephone |
| | | | | | |
| T. 11 . | Occupation | | | Name of Employ | |
| To list a | ny additional former spou | ses, please prin | t multiple copies of | this page and | re-number them 8a, 8b etc. |



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| All In-La | ws (include married nar | ne, change of r | names, etc.) (incl | ude deceased wi | th date) |
|-----------|----------------------------|-----------------|--------------------|-----------------|------------------|
| (1) | | | | | |
| | Parent-in-law Surname | Give | en 1 (| liven 2 | Relationship |
| | | | | | |
| | Data of high (/ / 4 D | D1 | C1. *1. | D 12 | D-1-(////) |
| | Date of birth (yyyy/mm/dd) | Place of | DIFTH | Deceased? | Date(yyyy/mm/dd) |
| | | | | | |
| | Address | City | Province/State | Country | Telephone |
| (2) | | | | | |
| | Parent-in-law Surname | Give | en 1 (| Given 2 | Relationship |
| | | | | | |
| | | | | | |
| | Date of birth (yyyy/mm/dd) | Place of | fbirth | Deceased? | Date(yyyy/mm/dd) |
| | | | | | |
| | Address | City | Province/State | Country | Telephone |
| (3) | | | | | |
| | Surname | Given 1 | Given 2 | | Relationship |
| | Surname | Given 1 | diveil 2 | | Relationship |
| | | | | | |
| | Date of birth (yyyy/mm/dd) | Place of | f birth | Deceased? | Date(yyyy/mm/dd) |
| | | | | | |
| | Address | City | Province/State | Country | Telephone |
| (4) | | • | | | |
| | Surname | Given 1 | Given 2 | | Relationship |
| | burname | diven i | diveri | | Relationship |
| | | | | | |
| | Date of birth (yyyy/mm/dd) | Place of | f birth | Deceased? | Date(yyyy/mm/dd) |
| | | | | | |
| | Address | City | Province/State | Country | Telephone |
| (5) | | <u> </u> | , | <u> </u> | |
| | | 0. 1 | | | |
| | Surname | Given 1 | Given 2 | | Relationship |
| | | | | | |
| | Date of birth (yyyy/mm/dd) | Place of | f birth | Deceased? | Date(yyyy/mm/dd) |
| | | | | | |
| | | | | | |
| | Address | City | Province/State | Country | Telephone |
| | | | | | |
| | Occupation | | | Name of Employ | rer |

To list any additional former spouses, please print multiple copies of this page and re-number them 9a, 9b etc.



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| Education | | | | | | |
|-----------------------|----------------------------|------------------|--------------|------------------|---------------------|--------|
| Secondary School A | ttended: | | | | | |
| Highest grade comp | leted | Grade | Twelve Grad | luation Year | | |
| Community College | Attended: | | | | | |
| Course Name | | Length Course | | | Credits Obtained | |
| Certificate or Diplon | na awarded: | , | | | | |
| Date from: | Date to: | | Studied : | ☐ Full time | Par | t time |
| University Attended | : | | | | | |
| Major area of study: | | Length Study | n of | | Credits Obtained | |
| Degree Awarded: | | | | | | |
| Date from: | Date to: | | Studied : | ☐ Full time | ☐ Par | t time |
| Business, Trade or T | Technical School attended: | | | | | |
| Course name: | | Length Course | | | Credits Obtained | |
| License, Certificate | or Diploma awarded: | , | - | | | |
| Date from: | Date to: | | Studied : | ☐ Full time | ☐ Par | t time |
| Other relevant Ed | ucational Courses, Worl | kshops, Semina | ars, Trainii | ng, Licenses, Co | ertificates: | |
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COMMUNITY SAFETY OFFICER - EMPLOYMENT APPLICATION

| Military Service (Complete if you | u have served in the Militai | ry or t | the Armed Forces of a | any country.) | |
|--|----------------------------------|---------|-------------------------------------|--|--|
| | | | | | |
| Service | Branch | | | Trade | |
| | | | | | |
| Rank/Regimental # | A | ddres | S | City Country | |
| | | | | | |
| Period from/to (yyyy/mm/dd) | | | Commanding Office | er's Name & Title | |
| | | | A | Are you still active? Yes \(\square\) No \(\square\) | |
| Type of discharge | Place of discharge | | | | |
| Medals awarded and/or decorat | tions: | | | | |
| | | | | | |
| Are you a Reserve Member of an | y branch of the Arme | d For | rces? If yes, pleas | se specify. Yes \square No \square | |
| | | | V / 1 | | |
| | | | | | |
| Rank | | | Commanding Officer's Name and Title | | |
| Have you been a member in a Po If "yes", please provide details: | olice Service or the Ar | med | Forces of any cou | untry? Yes No | |
| | | | | | |
| | | | | | |
| 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) | Po | osition Applied fo | or Status of Application | |
| | | | | | |
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COMMUNITY SAFETY OFFICER - EMPLOYMENT APPLICATION

| 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, p | lease use a separate sheet of lined | <u> </u> | | | | |
| Present Employer: | | | Part Time Full Time | | | |
| Telephone: () | From/To Date: (yyyy/mm/dd) | • | | | | |
| Employer Address: | | | | | | |
| Supervisor Name and Title: | | Your Tit | ele: | | | |
| Brief Description of your duties: | | | Hours Per Week: | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| (1) Previous Employer: | |] | Part Time Full Time | | | |
| Telephone: () | From/To Date: (yyyy/mm/dd) | | | | | |
| Employer Address: | | | | | | |
| Supervisor Name and Title: | | Your Tit | de: | | | |
| Brief Description of your duties: | | | Hours Per Week: | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| (2) Previous Employer: | | | Part Time Full Time | | | |
| Telephone: () | From/To Date: (yyyy/mm/dd) | | | | | |
| Employer Address: | | | | | | |
| Supervisor Name and Title: | | Your Tit | cle: | | | |
| Brief Description of your duties: | | | Hours Per Week: | | | |
| | | | | | | |
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COMMUNITY SAFETY OFFICER - EMPLOYMENT APPLICATION

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| Employment History | | | |
|-----------------------------------|----------------------------|-----------|-------------------------|
| (3) Previous Employer | | P | Part Time 🔲 Full Time 🗌 |
| Telephone: () | From/To Date: (yyyy/mm/dd) | | |
| Employer Address: | I. | | |
| Supervisor Name and Title: | | Your Titl | e: |
| Brief Description of your duties: | | | Hours Per Week: |
| | | | <u> </u> |
| | | | |
| | | | |
| (4) Previous Employer | | F | Part Time |
| Telephone: () | From/To Date: (yyyy/mm/dd) | <u> </u> | |
| Employer Address: | | | |
| Supervisor Name and Title: | | Your Titl | e: |
| Brief Description of your duties: | | <u>I</u> | Hours Per Week: |
| | | | |
| | | | |
| | | | |
| (5) Previous Employer | | Pa | art Time 🗌 Full Time 🔲 |
| Telephone: () | From/To Date: (yyyy/mm/dd) | | |
| Employer Address: | | | |
| Supervisor Name and Title: | | Your Titl | e: |
| 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.



COMMUNITY SAFETY OFFICER - EMPLOYMENT APPLICATION

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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.



COMMUNITY SAFETY OFFICER - EMPLOYMENT APPLICATION

| General Information | |
|--|------------|
| Name two things you have done that you are most proud of: | |
| 1. | |
| | |
| | |
| | |
| | |
| 2. | |
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| | |
| | |
| | |
| Are you proficient in any other languages other then English? If yes, specifiy. | Yes No 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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| | |



COMMUNITY SAFETY OFFICER - EMPLOYMENT APPLICATION

| Medical History | | |
|--|---|-----------------------|
| · | be physically or mentally unable to perform the | duties of a Community |
| | | |
| | | |
| | | |
| | | |
| | | |
| How did you hear about Metro Vancouver Tra | ansit Police? | |
| | | |
| | | |
| | | |
| Newspaper Radio Internet Jo | ob Fair 🗌 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 (vvvv/mm/dd) |



COMMUNITY SAFETY OFFICER - EMPLOYMENT APPLICATION

| If you are not supplying a separate Cover Letter, please provide your detailed reasons to become a Community Safety Officer. |
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COMMUNITY SAFETY OFFICER - EMPLOYMENT APPLICATION

AZ2200

VISION REPORT FOR POLICE SERVICE (AZ030)

| TO BE COMPLETED BY APPLICANT | | | | | |
|------------------------------|-----------|------------|--------------------------|--------------------|---------------------------|
| | | | | | |
| Applicant Surname | | | Applicant Given Name | | Applicant Middle Initial |
| | | · | | | |
| Street Address | | City | У | Province | Postal Code |
| Have you ever had ey | | | | es 🗆 No 🗆 | |
| If yes, indicate the da | | | | | |
| | | | VISION STANDARDS F | | |
| Uncorrected Vision | | | in one eye and 20/100 | | |
| Corrected Vision | | | in one eye and 20/30 i | • | |
| Colour Vision | | | i.e. pass the Farnsworth | | |
| Peripheral Vision | | | | ıtal meridian bin | ocularly, and 30 degrees |
| | | | ne fixation point | | |
| Binocular Vision | Normal | | | | |
| | | | G OPTHAMOLOGIST/ | <u>OPTOMETRIST</u> | |
| Date of examination | ı (yyyy/ | mm/dd): | | | |
| 1. Visual Acuity | | | Without Visual Aid | With B | Sest Possible Corrections |
| | | Right Eye | 20/ | | 20/ |
| | | Left Eye | 20/ | | 20/ |
| | | Both Eyes | 20/ | | 20/ |
| 2. Horizontal Field of | | | Temp | | Nasal |
| Vision | | Right Eye | | | |
| Le | | Left Eye | | | |
| Binocular Vision (Dep | oth Perce | eption) | | | |
| Normal: | | | Abnormal: | | |
| Comments: | | | | | |
| , | nined by | Pseudo-Iso | chromatic Plates or Fa | rnsworth-Munse | ell) |
| Normal: Abnormal: | | | | | |
| Comments: | | | | | |
| ATTENDING OPHTH | IALMOL | OGIST/OPT | TOMETRIST | | |
| Name: | | | | Telephone: | |
| Address: | | | | | |
| | | | | | |
| | _ | | | | |
| Signature and sta | mp of at | tending Op | hthalmologist/Opton | netrist | Date (yyyy/mm/dd) |



COMMUNITY SAFETY OFFICER - EMPLOYMENT APPLICATION

AZ2200

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

| Pursuant to Sections 27(1)(a)(i), 27(2), 32(b) a Privacy Act, I, | and 33.1(1)(b) of the Freedom on Information | and Protection of |
|---|--|---|
| Name | (Also formerly known as) | |
| | | |
| Street Address Cit | V | Postal Code |
| DO HEREBY CONSENT to the collection, use an their agent(s) of the following personal inform | | Police (MVTP) and/or |
| Any and all records, files, notes, reports, opinion following types: | ns or other information concerning me, includ | ing information of the |
| Credit Bureau check – including a revieBankruptcy search | | |
| Court registry search – including a sear the Supreme Court or Provincial Court Motor vehicle driver abstract and ICBC | ch for any civil litigation, criminal and family r | natter proceedings at |
| Verification of education | • | |
| Neighborhood enquiries | | |
| Previous employment enquiriesApplicant Interview | | |
| Applicant InterviewAll criminal data bases & criminal record | rds checks | |
| 7 Thi Criminal data bases & Criminal recoi | us cheeks | |
| I acknowledge that I have been advised that the my suitability for employment with the Metro information is authorized by section 26(c) of been further advised that if I have any question Administration Services, Metro Vancouver Transcription Telephone: 604-515-8300. | o Vancouver Transit Police (MVTP) and that the Freedom of Information and Protection on ons regarding this collection, I can contact the | the collection of this of Privacy Act. I have Deputy Chief Officer, |
| I understand that any information provided by or information obtained by the Metro Vancouv protected by confidentiality. This information enforcement agency and could result in arrest | ver Transit Police (MVTP), which reveals crim a may be subject to a criminal investigation b | inal activity will not be |
| This consent is freely given and, furthermo be considered as valid as the original even i | | |
| | | |
| Name of Applicant | Signature of Applicant | Date (yyyy/mm/dd) |



COMMUNITY SAFETY OFFICER - EMPLOYMENT APPLICATION

AZ2200

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, LIABILITY RELEASE AND INDEMNITY and I unde | acknowledge erstand and agree to be bound by the conditions | <u> </u> |
|--|--|-------------------|
| | | |
| Signature of Participant | Name of Participant | Date (yyyy/mm/dd) |
| | | |
| | | |
| Signature of Witness | Name of Witness | Date (yyyy/mm/dd) |



COMMUNITY SAFETY OFFICER - EMPLOYMENT APPLICATION

AZ2200

Date (yyyy/mm/dd)

PHYSICAL ABILITIES TEST MEDICAL EXAMINATION WAIVER (AZ160)

| Full Nan | ne of Applicant |
|---|--|
| Address | of Applicant |
| Columbi Test (PC apprehe findings action in in a gym obstacle of 15 me (up to 4 | son is an applicant for the position of Police Constable with the Metro Vancouver Transit Police (MVTP), South Coast British a Transportation Authority Police Service (SCBCTAPS). He/she is required to perform a Police Officer's Physical Abilities (PAT). The POPAT is designed to simulate and measure an officer's physical ability to respond to a critical incident and and/or control a prisoner/suspect. The test was developed by exercise physiologists and is based on their research. Their research has identified that the usual physical components of a response to a critical incident may involve quick a getting to the problem, intensive heavy work resolving the problem and then removing the problem. The test is conducted massium and consists of running 400 meters (1/4 mile), which includes climbing up and down stairs, jumping over low s, pushing/pulling heavy weights (80 lbs/37 kg) then lifting and carrying a "dead weight" of 100 lbs (45 kg) over a distance eters (50 ft.). It was found that most test participants experienced maximal heart rate during the test. This indicates brie minutes) but maximal stress being placed on the cardiovascular system. To minimize the chance in precipitating a major ascular event, we are requesting that the person be examined to determine his/her employment and test risk potential. |
| | on to your usual examination, we request your assessment of this person with respect to factors which may place him/her uring this test or during future police officer-related duties: Hypertension with possible causative factors; Diabetes Mellitus; Known heart disease or symptomatic cardiovascular disease including Angina, breathlessness, palpitations, edema syncope, dizziness, etc.; Low fitness level; Acute systemic infections including viral respiratory infections; Muscular and/or skeletal problems which may affect physical performance or present long-term limitations; Any other areas of concern: |
| Consider does this or 100 k headedn In your o participa | empleted by examining physician: ring the fact that an applicant's typical response to maximal testing may include fear and anxiousness due to anticipation is applicant remain safe to perform the POPAT if their resting blood pressure and/or heart rate values exceed 144/94 mmHg opm, assuming the applicant is not exhibiting any signs of the following: chest, arm, neck and jaw pain; signs of lightness, fainting and shortness of breath? Yes No Opinion, based on the information provided to you and the results of your examination, is this person's health at risk if they are in the Police Officer's Physical Abilities Test (POPAT)? Yes No |
| | |

Signature & Stamp of Medical Doctor