

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.

Device to Marca a	Ci	Data (manual data)
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.

<u>Colour</u> 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 Pro	tection of Privacy Act, I,			
Name	(Also formerly known as)				
Street Address	City Province Postal C	Code			
DO HEREBY CONSENT to the collection, use and British Columbia Transit Authority Police Service pertaining to me. Furthermore, I authorize any personal information that they may have about me	(SCBCTAPS), and/or their agent(s) of the followin public body, agency or any private organization to the Metro Vancouver Transit Police (MVTP):	g personal information to disclose any and all			
Any and all records, files, notes, reports, opinions o types:	r other information concerning me, including infor	mation of the following			
 Credit Bureau check – including a review of Bankruptcy search 	of the applicant's credit rating				
 Court registry search – including a search 					
 and family matter proceedings at the Supr Motor vehicle driver abstract and ICBC cla 					
 Verification of education 					
 Neighborhood enquiries 					
 Previous employment enquiries Applicant Interview 					
 All criminal data bases & criminal records 	checks				
Accredited Canadian Police Agency Profes	sional 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 a information obtained by the Metro Vancouver Tra by confidentiality. This information may be subject and could result in arrest or criminal charges.	ansit Police (MVTP), which reveals criminal activit	ty will not be protected			
This consent is freely given and, furthermore considered as valid as the original even if it doe		gned release is to be			
Name of Applicant	Signature of Applicant	Date (yyyy/mm/dd)			



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Important: Carefully review and	follow application	instructions.	
Personal Information			
Suman	Circor 1		Cince 2
Surname Nickname:	Given 1	SIN #:	Given 2
		0111 111	
Date of Dirth (comp. (non (date)	n	less of Dirth	Additional Languages
Date of Birth (yyyy/mm/date)	P	lace of Birth	Additional Languages
Cell Phone	H	Iome Phone	Email address
Street Address	City	Province	Postal Code
Height: ft in /	cms		Weight: lbs / kgs
Hair Colour:	Eye Colour:		lbs / kgs Handed: left □ right □
	Lyc colour.		5
RCMP Regimental #		Municipal Polic	e PIN #
Marital Status: Single 🗌 🛛 M	Aarried 🗌 🛛 In a	Commited Relati	ionship or Common-Law 🗌
If hired by this Police Department,	would you choose	Swear 🗌 or Af	firm 🗌 your oath?
Please supply the name of your nex	tt of kin.		
Name:		Phone Numbe	r(s):
Sex indicated on B.C. Health Services			Male 🗌 🛛 Female 🗌
Preferred pronouns: She/Her	<i>i</i>	ey/Them 🗌 🛛 Ot	her:
Gender Identitiy (check all that apply			
Cisgender* Transgender N			
Other: *Cisgender: Indigenous Heritage (check all that a		er identity is the sa	ame as the gender they were assigned at birth.
Indigenous 🗆 Non-Status 🗆 St		Nation (inform	nation voluntary):
In chronological order, list the			
		e you nu to ni to	
Address	City/Province/State	Country	Dates from/to (yyyy/mm/dd)
Autress	enty/110vince/state	Country	Dates non/ to (yyyy/ nin/ tu)
Address	City/Province/State	Country	Dates from/to (yyyy/mm/dd)
Autress	City/FIOVIIICe/State	Country	Dates it only to (yyyy/ initi/ du)
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 applic	cable)			
		0		
Surname (and maiden name if applicable)		Given 1 Smanacía Dla	Given 2	
Partner/Spouse's Date of Birth:	Partner/S	Spouse's Pla	ce of Birth:	
(yyyy/mm/dd)		City	Cour	itry
Address:				
Address City	Provin	60	Postal Code	
Partner/Spouse Contact Information:	1100111		i ostai couc	
Cellular Telephone			Email Address	
Partner/Spouse Employment Information:			Email Address	
r arther spouse Employment mormation.				
Occupation		Name of E	mployer	
Provide the names and addresses of your form	ner partner	rs/spouses	5.	
(1)				
Surname (and/or maiden name)	G	liven 1	Given 2	
Date of birth (yyyy/mm/dd)			Telephone Number	1
(2)				
Surname (and/or maiden name)	G	liven 1	Given 2	
Date of birth (yyyy/mm/dd)			Telephone Number	
Your Children (include married name, change of	f names, etc.)			
(1)				
Child Surname (maiden name if applicable)	Given 1		Given 2	Relationship
Date of birth (yyyy/mm/dd)	Place of birth		Г	elephone
Address City	Р	Province/State	Coun	try
Occupation		Name o	f Employer	



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Your Ch	ildren (include married nam	e, change o	f names, etc.)			
(2)	indren (mendee married nam	e, enunge o	i numes, etc.j			
C	hild Surname (maiden name if applicable)		Given 1	Give	n 2	Relationship
	Date of birth (yyyy/mm/dd)		Place of birth		Telep	hone
					•	
		<u></u>				
	Address	City	ł	Province/State	Country	
	Occupation			Name of Em	ployer	
(3)						
C	hild Surname (maiden name if applicable)		Given 1	Give	n 2	Relationship
	Date of birth (yyyy/mm/dd)		Place of birth		Telep	hone
	Address	City	г	Province/State	Country	
	Auuress	City	1	Tovince/State	Country	
	Occupation			Name of Em	ployer	
(4)						
C	hild Surname (maiden name if applicable)		Given 1	Give	n 2	Relationship
	Date of birth (yyyy/mm/dd)		Place of birth		Telep	hone
	Address	City	F	Province/State	Country	
				,	<i>.</i>	
					_	
Devente	Occupation			Name of Em	ployer	
	(include natural, adoptive and step	J				
(1)						
	Parent's surname	Given 1		Given 2		Relationship
	i arent 5 surhanie	GIVCH I				Relationship
	Date of birth (yyyy/mm/dd)		Place of birth	1	Telepho	ne
	Address	City		Province/State	Cou	ntry
	Occupation			Name of Em	nlower	



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Parents (include natural, adoptive and s	tep)		
(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 Employ	/er
(3)				
	Parent's surname	Given 1	Given 2	Relationship
	Date of birth (yyyy/mm/dd)		Place of birth	Telephone
	Address	City	Province/State	Country
(1)	Occupation		Name of Employ	/er
(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 Employ	/er
Siblings,	Half or Step Siblings (inc	lude married name, c	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 Em	ployer



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Siblings.	Half or Step Siblings (inclu	ide 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 Er	nployer
(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 Er	nployer
(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 Er	mployer
All In-Law	WS (include married name, chan	ge 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 Er	mployer



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Lav		(
-Lav	VS (include married name, char	ige of names, etc.)		
	Parent-in-law Surname	Given 1	Given 2	Relationship
	Date of birth (yyyy/mm/dd)		Place of birth	Telephone
	Date of bir in Gyyy min au			relephone
	A 1 1	0.1		
	Address	City	Province/State	Country
	Occupation		Name of En	nployer
	Surname	Given 1	Given 2	Relationship
	Date of birth (yyyy/mm/dd)		Place of birth	Telephone
	Date of birth (yyyy/inin/ da)			relephone
	Address	City	Province/State	Country
	Occupation		Name of En	nployer
	Surname	Given 1	Given 2	Relationship
				T. J J
	Date of birth (yyyy/mm/dd)		Place of birth	Telephone
	Address	City	Province/State	Country
	Occupation		Name of En	nployer
	Surname	Ciyon 1	Ciwon 2	Delationshin
	Surname	Given 1	Given 2	Relationship
	Date of birth (yyyy/mm/dd)		Place of birth	Telephone
	Address	City	Province/State	Country
	Auui 555	City	i i ovince/state	country



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Post Secondary Education, Tra	des or Certificatio	ons					
(1)							
Post-Seconda	Post-Secondary Institution			ry/mm/dd)			
Program of Study	Ce	rtificate/Diploma or De	gree		Credits		
City	Provi	nce/State		Country			
(2)							
Post-Seconda	y Institution	Dates	from/to (yyy	ry/mm/dd)			
Program of Study	Ce	rtificate/Diploma or De	gree		Credits		
City		nce/State		Country			
Current Employment - Please in	clude a list of all the	positions you hav	ve held du	ring your polic	cing career.		
(1)							
Service / Department	Branch		Title				
Rank/Regimental # Date of	f employment - from (yy	yy/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?				
Turne of discharge	Diago of diaghours		Are you st	ill engaged by this	Yes No		
Type of discharge	Place of discharge						
			6		()))		
Additional position held with the	iis Department	Dates	s: from (yyy	y/mm/dd) to (yyy	y/mm/dd)		
Additional position held with th	Dates	s: from (yyy	y/mm/dd) to (yyy	y/mm/dd)			
	Additional position held with this Department			Dates: from (yyyy/mm/dd) to (yyyy/mm/dd)			
For current or past RCMP Members	s only.	DesetTestates					
Depot Training start date:		Depot Training	graduatio	on date:	r		
For Contract Policing applicants on Are you looking for full or part time	-	:	Par	t-time work:			



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Previous Employer(s) (onl	y need to complete if yo	ou have less then 5 years of po	olicing experience)
(1)			
Pr	revious Employer	You	r title
Work telephone numb	Der	Date of employment - from (yyyy/m	m/dd) to (yyyy/mm/dd)
Employe	er Address	Supervisor's na	me and title
Brief description of your dut	ies:		
(2)			
Pr	revious Employer	You	r title
Work telephone numb	ber	Date of employment - from (yyyy/m	m/dd) to (yyyy/mm/dd)
Employe	er Address	Supervisor's na	me and title
Brief description of your dut	ies:		
General			
		r Police Department, Law Enfo	
Sherins, CBSA etc.) or previo	busiy applied to Transit P	olice? If yes, please list the age	ncies.
Police Agency	Year of Application	n Position applied for	Status of Application
i once rigency	Tear of hppheado.		butus of ripplication
Police Agency	Year of Applicatio	n Position applied for	Status of Application
Police Agency	Year of Application	n Position applied for	Status of Application
Police Agency	Year of Application	n Position applied for	Status of Application
Police Agency	Year of Application	n Position applied for	Status of Application



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If you were encouraged and recommend please provide the name of the Police Off		e of the Metro Vancouver Transit Police,
Please list all of the people you know wh Transit Police and briefly explain your co	5 1	ly employed by the Metro Vancouver
Should you have any questions or commute must be disclosed <u>in advance</u> of the particular sectors of the particular sector		contact the Recruiting Unit. All issues equalification will be considered.
and understand that if any answ cause forfeiture on my part of all I also understand that any info	ers and material facts are for rights to employment with the rmation obtained during the ations in Canada. I am also	ire are true and complete. I agree ound to be false or omitted, it will he Metro Vancouver Transit Police. e selection process may be made aware that as a Metro Vancouver te a polygraph test.
Name of Applicant	Signature of Applicant	Date (yyyy/mm/dd)



LATERAL & EXEMPT POLICE OFFICER - APPLICATION AND QUESTIONNAIRE

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

TO BE COMPLETED B	Y APPLICA	NT				
Applicant Surname		Applicant Given Name				Applicant Middle Initial
Street A	ddress		City	Province		Postal Code
Have you ever had eye			Yes			
If yes, indicate the date		f procedure				
TRANSIT POLICE VISI	ON STAND	ARDS FOR	EMPLOYMENT			
Uncorrected Vision	No less tha	an 20/40 ir	n one eye and 20/100) in the other ey	ye	
Corrected Vision	No less tha	an 20/20 ir	n one eye and 20/30 i	in the other eye	9	
Colour Vision			e. pass the Farnsworth			
Peripheral Vision					noculai	rly, and 30 degrees above
•		the fixatio	5			
Binocular Vision	Normal					
TO BE COMPLETED B	Y THE ATT	ENDING O	PTHAMOLOGIST/OI	PTOMETRIST		
Date of examination	(yyyy/mm/	/dd):				
1. Visual Acuity			Without Visual	Aid	Wit	h Best Possible Corrections
5	R	Right Eye	20/			20/
	L	left Eye	20/			20/
		Both Eyes	20/			20/
2. Horizontal Field of		No. by E	Temp			Nasal
		Right Eye				
		left Eye				
Binocular Vision (Dept	h Percentio	n)				
Normal:	in i or cop tro)	Abnormal:			
Comments:						
Colour Vision (Determi	ined by Pseu	udo-Isochr	omatic Plates or Farn	sworth-Munse	ll)	
Normal:			Abnormal:			
Comments:						
ATTENDING OPHTHA	LMOLOGIS	Т/ОРТОМ	IETRIST			
Name:				Telephon	e:	
Address:						
Signature and sta	mp of atter	nding Oph	thalmologist/Opton	netrist		Date (vvvv/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. Muscularand/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
nticipation, does this applicant remain safe to perform the POPAT if their resting blood pressure and/or heart rate valu	Jes
exceed 144/94 mmHg or 100 bpm, assuming the applicant is not exhibiting any signs of the following: chest, arm, neck a	ind
aw pain; signs of light- headedness, fainting and shortness of breath? \Box Yes No	
n your opinion, based on the information provided to you and the results of your examination, is this person's health at r	isk
f they participate in the Police Officer's Physical Abilities Test (POPAT)? 🛛 🖳 Yes 🦳 No	
Comments:	

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