



Application Form

~ Confidential ~

Applicant: _____
(Please Print)



Consent and Release of Liability Form

~ Confidential ~

Applicant: _____
(Please Print)



Consent and Release of Liability Form

CONSENT/ASSESSMENT:

I authorize the Rama Police Service, to which I have submitted an application to be hired as a First Nations Constable, to request and obtain personal information about me as described below from any or all of the following individuals or entities:

- The Ontario Ministry of Transportation, which maintains driving records of Ontario residents;
- Any Ontario police service or law enforcement agency, which may hold personal information about me;
- The Canadian Police Information Centre (CPIC), which is owned by the RCMP, and which maintains a computerized system to provide law enforcement agencies with information on individuals with criminal records;
- Any health care practitioner (including doctors, nurses, psychologists and their agents) who has provided me with health care treatment, either as part of this constable selection process or otherwise;
- Any previous employer who may hold personal information about me;
- Any consumer reporting agency, which maintains credit or other personal information about a consumer;
- Any educational institution in which I have been, or am currently, enrolled and which has information about me, including my grade or performance results; and,



Consent and Release of Liability Form

I further acknowledge that any of the above-noted individuals or entities may disclose information to the Rama Police Service, to which I have submitted an application any or all of the following records, including any parts of the following records:

- Academic records and transcripts;
- Employment records (Police Service and other), including performance evaluation / reviews, discipline, complaint and attendance information;
- Police records and history of law involvement, including criminal and provincial reports and convictions, and intelligence information;
- Police service applications;
- Medical information;
- Background and security checks (including CPIC, NCIC, Interpol, etc.);
- Financial information, including credit bureau check;
- Driving record;
- Physical, psychological, visual, aptitude and other employment-related tests, including but not limited to MMPI-2 -questions, answers and scores, and the interview notes, summaries, opinions, assessments and evaluations of psychologists;
- Applicant survey information; and,
- Training records.

RELEASE OF LIABILITY:

By signing this form, I agree that in consideration for applying to be a First Nations Constable with the Rama Police Service, I hereby release and forever discharge all of the individuals, entities, and classes of individuals and entities referred to on this form, and their agents, licensees, employees, directors, officers, and subcontractors, including but not limited to Her Majesty the Queen in Right of Ontario, The Chief and Council of the Rama First Nation, Rama Police Services board, and their respective agents, licensees, employees, directors, officers, and subcontractors, from



Consent and Release of Liability Form

any and all actions, causes of action, claims, demands, and remedies, for any and all damages, losses, injuries and expenses of any nature or kind howsoever arising, which hereafter may be sustained by me in connection with the collection, use, and disclosure of information about me in accordance with the consents provided by me in this form, and from the use or reliance upon information about me obtained in accordance with these consents.

And I further agree that this Release of Liability shall apply to and be binding on my heirs, administrators, executors, and assigns and each of them.

I have read all pages of this Consent and Release of Liability Form, and by signing below, I certify that I understand its content, agree to its terms, and am at least eighteen (18) years of age.

Candidate's Name (Please Print)

Name of Witness (please Print)

Candidate's Signature

Signature of Witness

Date of Signatures



Applicant Personal History Form

~ Confidential ~

Applicant: _____
(Please Print)



Police Constable Selection Confidential Candidate Personal History Form

Pursuant to section 39(2) of the Freedom of Information and Protection of Privacy Act and section 29(2) of the Municipal Freedom of Information and Protection of Privacy Act, you are hereby notified that information about you including academic, employment, medical, physical, financial, character and personal data is being collected during the recruitment process for the purpose of assessing your qualifications in relation to your application for employment. The authority for this collection is the Police Services Act, Section 43.

Please Note: All Applicants will be subjected to a Credit Report Investigation.

Please address any questions concerning the collection of this information to:

**RAMA POLICE SERVICE
CHIEF OF POLICE – JOHN DOMM
7450 WILLIAMS RD
RAMA, ONTARIO L3V 6H6**

Important

In compliance with the Ontario Human Rights Code, information sought in the course of a pre-employment investigation for the position of Police Constable involves distinct separation from normal recruitment, application, testing and interview requirements and is used to verify applicant concurrence with basic conditions of appointment and in the determination of applicant suitability and security clearance.

The form is supplied to applicants enrolled in the Police Constable Recruitment process who have progressed beyond initial selection phases and will be used only if advanced to the background investigation phase.

Please print clearly. Complete fully. Use additional paper if spaces are insufficient.

| | | | |
|-------------------------|-------------|-------------------------------------|----------------------------------|
| Last Name | | First Name(s) (in full) | Name Commonly Used |
| Social Insurance Number | | City, Province and Country of Birth | |
| Date of Birth | Citizenship | Home Telephone Number () | Business Telephone Number () |

| | | | |
|---------------------------------------|-------|----------------------------|--|
| Indicate any changes of name From: | To: | | |
| Date (D,M,Y) | Place | Method (By what authority) | |



Police Constable Selection Confidential Candidate Personal History Form

List immediate family over 16 years of age. Provide full information (including maiden or married name if applicable) for your current spouse / partner, all former spouse(s) / partner(s), sons, daughters, father, mother, brothers, sisters, and their spouses / partners.

| 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. | Name in Full (No initials) | | Relationship | Date of Birth | City, Province and Country of Birth | Current Full Address and Telephone Number |
|--|----------------------------|---------------|--------------|---------------|-------------------------------------|---|
| | Last Name | First Name(s) | | | | |
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**Police Constable Selection
Confidential Candidate Personal History Form**

List your address (es) for past ten years, giving present address first.

| City and Province (Give country if other than Canada) | Address | From | | To | |
|---|---------|-------|------|-------|------|
| | | Month | Year | Month | Year |
| | | | | | |
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In chronological order, list all schools you have attended from secondary school to present.

| Name of School and Complete Mailing Address (include postal code) | Level of Education | Attended | Graduate |
|---|--|----------|----------|
| | Secondary | From | Yes |
| | Business/Trade College University | To | No |
| | Secondary | From | Yes |
| | Business/Trade College University | To | No |
| | Secondary | From | Yes |
| | Business /Trade College University | To | No |
| | Secondary | From | Yes |
| | Business /Trade College University | To | No |
| | Secondary | From | Yes |
| | Business/Trade College University | To | No |



Police Constable Selection Confidential Candidate Personal History Form

| Language Skills | | | | | | |
|-----------------|-------|--|--|----------|----------|----------------|
| Languages | | | | Weak () | Fair () | Proficient () |
| 1. | Speak | | | | | |
| | Read | | | | | |
| | Write | | | | | |
| 2. | Speak | | | | | |
| | Read | | | | | |
| | Write | | | | | |
| 3. | Speak | | | | | |
| | Read | | | | | |
| | Write | | | | | |

Do you possess a valid driver's license? No Yes (If yes, give details)

| Province of Issue | Class | License number | Date of issue | Date of expiry | Total current demerit points |
|---|----------|----------------|---------------|---|------------------------------|
| Vehicle license | | | Make and year | | |
| List all accidents you have been involved in as a driver: | | | | | |
| Date | Location | Total Damage | Injuries | Were you at fault? (If yes, give details) | |
| | | | | | |
| | | | | | |
| | | | | | |

Do you have any damage or injury suits pending from traffic accidents? No Yes (If yes, give details)

| Have you any loan, mortgage, debt, garnishee, wage assignment or judgement pending against you? No <input type="checkbox"/> Yes <input type="checkbox"/> (If yes, give details) | | | | | |
|--|---------------|-----------------|----------------|-----------------|-------------------------|
| TYPE (Loan, Garnishee, Judgement, etc.) | WHEN INCURRED | ORIGINAL AMOUNT | PRESENT AMOUNT | MONTHLY PAYMENT | AMOUNT ARREARS (if any) |
| | | | | | |
| | | | | | |
| | | | | | |

| | | |
|--|-----------------------------|---|
| Have you ever used any drugs or narcotics which were not prescribed for your specific use by a medical doctor or other qualified person? | No <input type="checkbox"/> | Yes <input type="checkbox"/> (If yes, give details) |
|--|-----------------------------|---|

(NOTE: Please make reference contacts as recent as possible, e.g., within past 5 years)



Police Constable Selection Confidential Candidate Personal History Form

| Work References | School References |
|---|---|
| <p>1) Name: _____</p> <p>Position: _____</p> <p>Relationship: _____</p> <p>Company / Employer Name: _____</p> <p>Full Mailing Address: _____ <i>(No. Street)</i></p> <p>_____ <i>(City) (Province) (Postal Code)</i></p> <p>Telephone Number: _____</p> | <p>1) Name: _____</p> <p>Position: _____</p> <p>Relationship: _____</p> <p>School Name: _____</p> <p>Full Mailing Address: _____ <i>(No. Street)</i></p> <p>_____ <i>(City) (Province) (Postal Code)</i></p> <p>Telephone Number: _____</p> |
| <p>2) Name: _____</p> <p>Position: _____</p> <p>Relationship: _____</p> <p>Company / Employer Name: _____</p> <p>Full Mailing Address: _____ <i>(No. Street)</i></p> <p>_____ <i>(City) (Province) (Postal Code)</i></p> <p>Telephone Number: _____</p> | <p>2) Name: _____</p> <p>Position: _____</p> <p>Relationship: _____</p> <p>School Name: _____</p> <p>Full Mailing Address: _____ <i>(No. Street)</i></p> <p>_____ <i>(City) (Province) (Postal Code)</i></p> <p>Telephone Number: _____</p> |
| <p>3) Name: _____</p> <p>Position: _____</p> <p>Relationship: _____</p> <p>Company / Employer Name: _____</p> <p>Full Mailing Address: _____ <i>(No. Street)</i></p> <p>_____ <i>(City) (Province) (Postal Code)</i></p> <p>Telephone Number: _____</p> | <p>3) Name: _____</p> <p>Position: _____</p> <p>Relationship: _____</p> <p>School Name: _____</p> <p>Full Mailing Address: _____ <i>(No. Street)</i></p> <p>_____ <i>(City) (Province) (Postal Code)</i></p> <p>Telephone Number: _____</p> |

(NOTE: Please make reference contacts as recent as possible, e.g., within past 5 years)



Police Constable Selection Confidential Candidate Personal History Form

Personal References

1) Name: _____

Position: _____

Relationship: _____

Full Mailing Address: _____

(No. Street)

(City)

(Province) (Postal Code)

Telephone Number: _____

2) Name: _____

Position: _____

Relationship: _____

Full Mailing Address: _____

(No. Street)

(City)

(Province) (Postal Code)

Telephone Number: _____

3) Name: _____

Position: _____

Relationship: _____

Full Mailing Address: _____

(No. Street)

(City)

(Province) (Postal Code)

Telephone Number: _____

Declaration

I hereby declare that the foregoing information is true and complete. I understand that a false statement may disqualify me from further consideration for employment or result in dismissal should I be appointed as a Police Constable. I hereby consent to have a pre-employment investigation conducted in conjunction with my application for the position of Police Constable. I also give consent for the information in this form to be available to the Police Service, the Ontario Association of Chiefs of Police, and the Ministry of the Solicitor General and Correctional Services.

Applicant Signature

Date

Witness Signature

Date



Pre-Employment Medical Examination Form

~ Confidential ~

Applicant: _____
(Please Print)



Pre-Employment Medical Examination for Police Constable Position

This document has areas for completion by both a qualified physician of the applicant's choice and by the applicant. Once fully completed, it is to be forwarded to the Chief of Police, 7450 Williams Rd, Rama, Ont. L3V 6H6
(Phone: 705-325-7773 / Fax: 705-325-4522)

PART A (To be completed by physician)

As an applicant for the position of First Nation Constable with the Rama First Nation, your patient presenting this document may undertake physical fitness testing to ensure preparedness and ability to carry out the essential requirements of the position. Prior to the testing it is requested that you complete the assessment portion below attesting to the applicant's medical fitness. For your information and convenience the First Nation Constable Process is utilizing the Ontario Police Fitness Pin Award Program.

Name of Applicant: Surname: Given Names: Date of Birth (dd/mmm/yy)

Name of First Nation Applied to: **Rama Police Service – Chippewas of Rama First Nation**

1. In your opinion is the individual at risk or medically unable to complete the First Nation Constable Process physical fitness testing and participate in fitness classes associated with recruit training? Yes No
2. In your opinion is this individual medically able to perform the duties of a First Nation Constable? Yes No
3. I consider it advisable to submit a report on the applicant to clarify the applicant's medical condition(s). Yes No

If a report is to be submitted, please forward it to : **Chief of Police
7450 Williams Rd
Rama, Ont. L3V 6H6
Phone: 705-325-7773
Fax: 705-325-4522**

Name of Physician: (print) Signature:

Office Address:

Telephone: Date Of Examination:
Fax Number:

PART B (To be completed by the Applicant)

I hereby consent to the release of the above information to the Rama Police Service and/or Rama First Nation Human Resources Department. This information will be used for the purposes of determining my eligibility for participation in First Nation Constable Process fitness testing and fitness classes associated with recruit training.

I further understand this information will be used for the purposes of determining my suitability as a First Nation Constable with the Rama Police Service my eligibility for participation in First Nations Constable Process fitness testing and fitness classes associated with recruit training.

Applicants signature: Date:



**APPLICATION FOR POLICE CRIMINAL RECORD CHECK
VOLUNTEER POSITION SCREENING PROCESS
VULNERABLE PERSONS SECTOR SCREENING PROCESS**

PAID
RECEIPT NO: _____
FEE WAIVED

| | | | | | |
|---|--------|-------------------|------|-------------------|---------------------------|
| FULL NAME & ADDRESS (Print Clearly): | | | | | |
| Last Name | | Given Name | | Middle Name(s) | |
| Other Surname/Maiden Name\Alias(s) | | Home Phone Number | | Cell Phone Number | |
| Current Address: | | | | | |
| Number | Street | Apt/Unit | City | Postal Code | Approximate Move in Date |
| | | | | | |
| Please list previous address(s) if you have lived at your current address for less than five (5) years: If more than 2 write on back | | | | | |
| Number | Street | Apt/Unit | City | Postal Code | Approximate Move out Date |
| | | | | | |
| | | | | | |

| | | | | | | | | |
|--|----------------------|------------|-------------------|-------------|---------------|-------------------|--------------------|------------------------|
| SEX | Date of Birth | DAY | MONTH | YEAR | HEIGHT | EYE Colour | HAIR Colour | Place of Birth: |
| Male <input type="checkbox"/> | | | | | | | | |
| Female <input type="checkbox"/> | | | | | | | | |
| REASON FOR APPLICATION (SPECIFY): | | | | | | | | |
| NAME OF ORGANIZATION: _____ | | | DEPARTMENT: _____ | | | POSITION: _____ | | |
| NAME OF SCHOOL: _____ STUDENT <input type="checkbox"/> COOP PLACEMENT <input type="checkbox"/> SUMMER ONLY <input type="checkbox"/> | | | | | | | | |
| VULNERABLE PERSONS SECTOR: Will you be working with children or elderly? YES <input type="checkbox"/> NO <input type="checkbox"/> Please complete page 3 of application. | | | | | | | | |
| SIGNATURE OF APPLICANT: | | | | | | DATE: | | |
| X | | | | | | , 202_____ | | |

NOTE: Information is collected & disclosed in accordance with Section 29(1) and Section 32 of MFIPPA.

FOR OFFICE USE ONLY:

| | |
|---|--|
| I.D. CHECK CONDUCTED BY: | PHOTO I.D. CHECKED and copied (two pieces) |
| | DRIVERS LICENCE <input type="checkbox"/> |
| | STATUS CARD <input type="checkbox"/> |
| _____, 202_____ | OTHER (SPECIFY) _____ |
| POLICE EMPLOYEE / | DATE |
| RESULTS: | |
| NO <input type="checkbox"/> | YES <input type="checkbox"/> |
| No Convictions or Pending Charges on File (Refer to the "Access to Information Waiver" on the reverse side for details of what type of record searches pertain to the Vulnerable Sector Screening Process) | (Local Records//Pending Charges/Convictions/etc., on File) SEE ATTACHED RESULTS SHEETS _____ PAGES |
| NO NOT VALID UNLESS STAMPED BY RAMA POLICE SERVICE | YES NOT VALID UNLESS STAMPED BY RAMA POLICE SERVICE |

POSITIVE DETERMINATION THAT NO CRIMINAL RECORD EXISTS IN ANOTHER NAME FOR THIS SUBJECT CAN ONLY BE MADE THROUGH FINGERPRINT ANALYSIS. THE INFORMATION PROVIDED IS BASED ON A NAME CHECK ONLY, AND HAVING A BIRTH DATE AS PROVIDED ABOVE, AND THE APPLICANT ALSO HAVING PRODUCED SUFFICIENT IDENTIFICATION.

*****NOT VALID UNLESS REVERSE SIDE IS COMPLETED*****





**RAMA POLICE SERVICE
 CONSENT FOR A CRIMINAL RECORD CHECK
 FOR A SEXUAL OFFENCES FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED**

(This form is to be used by a person apply for a position or organization responsible for the well-being of one or more children or vulnerable persons, if the position is a position of authority or trust relative to those children or vulnerable person(s) and the applicant wishes to consent to a search being made in the criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the *Criminal Records Act* and has been pardoned.)

IDENTIFICATION OF APPLICANT:

| | | | | | | |
|--|----------------|----------|-------|-------------|---|-------------|
| Full Name: | | | | | Other Surname\Maiden Name or Alias(s) past or present | |
| SEX Male <input type="checkbox"/> Female <input type="checkbox"/> | Date of Birth: | DAY | MONTH | YEAR | Place of Birth: | Citizenship |
| Current Address: | | | | | | |
| NUMBER | STREET | APT/UNIT | CITY | POSTAL CODE | Approximate Move in Date | |
| | | | | | | |
| Previous address(s) for the last five (5) years (If more than 2 previous addresses write on back of page) | | | | | | |
| NUMBER | STREET | APT/UNIT | CITY | POSTAL CODE | Approximate Move out Date | |
| | | | | | | |
| REASON FOR CONSENT (SPECIFY): | | | | | | |
| I AM AN APPLICANT FOR A PAID POSITION <input type="checkbox"/> OR VOLUNTEER POSITION <input type="checkbox"/> WITH A PERSON OR ORGANIZATION RESPONSIBLE FOR THE WELL-BEING OF ONE OR MORE CHILDREN <input type="checkbox"/> OR VULNERABLE (ELDERLY/SENIOR) PERSONS <input type="checkbox"/> OR OTHER PURPOSES EXPLAIN: | | | | | | |
| THE NAME OR ORGANIZATION: | | | | | | |
| | | | | | | |
| DESCRIPTION OF DUTIES: | | | | | | |
| | | | | | | |

CONSENT

I consent to search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of, and been granted a pardon for, any of the sexual offences that are listed in the schedule to the *Criminal Records Act*.

I understand that, as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the *Criminal Records Act* in respect of which a pardon was granted or issued, that a record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Solicitor General of Canada, who may them disclosed all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification that information will disclosed to that person or organization.

APPLICANT PRINT NAME

Date: _____, 202_____

SIGNATURE OF APPLICANT

Date: _____, 202_____

WITNESS SIGNATURE (Police Service Member)

**Rama Police Service Application for Police Criminal Record Check/Volunteer Screening/
Vulnerable Persons Sector Continued:**

APPLICANTS: Complete this side only by reading & signing/dating on the bottom line.

CHECK(S) CONDUCTED BY:

DATE: _____, 202_____

**MEMBER
RAMA POLICE SERVICE**

RAMA POLICE SERVICE RECEIPT NUMBER ISSUED: _____

**COPIES OF THE IDENTIFICATION THAT YOU HAVE PRODUCED, THIS APPLICATION AND RESULTS, WILL BE
RETAINED FOR AT LEAST TWO YEARS BY THE RAMA POLICE SERVICE.**

ACCESS TO INFORMATION WAIVER

(Please read carefully)

I hereby request the Rama Police Service to undertake a record check on myself by searching all information and records to which it has access and which it considers appropriate for the purposes of the search and provide me with a summary of information discovered as part of that check. This information may include criminal convictions for which a pardon has not been granted, convictions for sexual offences listed in the schedule to the *Criminal Records Act* for which a pardon has been granted or issued, records of discharges which have not been removed from the CPIC system in accordance with the *Criminal Records Act*, or any convictions registered, charges pending or any other judicial order issued under an Act of Parliament or an Act of the Legislature. This consent may also include information available from the files of the Rama Police Service, or any other policing agency, including occurrence information, which the Rama Police Services deems necessary to fulfill the requirements of the Police Criminal Records Check/Volunteer Position Screening/Vulnerable Persons Sector Screening Process.

I acknowledge that this search will be conducted on the basis of the personal identifiers provided by me on my application and not through the submission of fingerprints and, therefore, the results of the Criminal Records Search will be consistent with the information supplied by me and, therefore, may not be complete or accurate. I further acknowledge that it will be my responsibility to verify any disputed information through the submission of fingerprints.

WAIVER & RELEASE

I certify that the information set out by me in this application is true and correct to the best of my ability. I hereby release the Rama Police Service and the Rama Police Services Board, and forever discharge all members and employees of the Rama Police Service and the Rama Police Services Board, and its Agents from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of their compliance with the foregoing authorization.

SIGNED IN THE PRESENCE Of Police Service Member at Rama Police Detachment

Date: _____, 202_____

WITNESS SIGNATURE (Police Service Member)

By signing this Waiver and Release, I acknowledge full understanding of its content and meaning.

Applicant Print Name

 X

APPLICANT'S SIGNATURE

Date: _____, 202_____