



## COBOURG POLICE SERVICE

### Authorization for Release of Information

I, \_\_\_\_\_ / \_\_\_\_\_ (\_\_\_\_\_)  
(First Name) (Last Name) (3<sup>rd</sup>, 6<sup>th</sup> & 9<sup>th</sup> digits of SIN #)

the undersigned, hereby authorize any physician, psychologist, employer, organization or person to whom a signed copy of this authorization or a photocopy or fax thereof is delivered, to provide any information, opinion, reports, records, documents or copies thereof in any form which may be requested in connection with my application for employment with police services in Ontario, and any subsequent training and employment. Personal information about me that is obtained through this selection process is collected under the authority of section 43 of the Police Services Act.

I understand that information about me will be used to assess my qualifications and suitability in relation to my application for employment as a Constable, as well as for research purposes. With regard to research, I understand that I will in no way be personally identifiable in any research document, and that data on me will be combined with data from other candidates for the purpose of conveying general findings or trends. I consent to the collection, use, disclosure, transmittal and examination by the Ontario Association of Chiefs of Police (OACP), the OACP-licensed assessment firm, the Ministry of Community Safety and Correctional Services and the police services to which I have applied or may apply, of all information compiled about me, including:

- Academic records and transcripts
- Employment records
- Police records and history of law involvement
- 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 and interview information provided during the selection process
- Applicant survey information
- Training records
- Police service performance review records

Personal information about me that is obtained during the selection process and during any subsequent training and employment, may be disclosed for the purpose for which it was obtained or for a consistent purpose.

I further understand that any questions that I may have concerning the collection, use or disclosure of this information should be addressed to:

Cobourg Police Service  
Human Resources  
107 King Street West  
Cobourg, Ontario K9A 2M4

I hereby acknowledge and declare that the terms of this authorization for release of information are fully understood by me.

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

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

Human Resources Cobourg Police Service 107 King St. W. Cobourg, Ontario K9A 2M4
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**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.

1. 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.
2. 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)	

List close relatives 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.

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)				
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					

**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

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 <input type="checkbox"/>	From	Yes	<input type="checkbox"/>
	Business/Trade <input type="checkbox"/>		No	<input type="checkbox"/>
	College <input type="checkbox"/>	To	Yes	<input type="checkbox"/>
	University <input type="checkbox"/>		No	<input type="checkbox"/>
	Secondary <input type="checkbox"/>	From	Yes	<input type="checkbox"/>
	Business/Trade <input type="checkbox"/>		No	<input type="checkbox"/>
	College <input type="checkbox"/>	To	Yes	<input type="checkbox"/>
	University <input type="checkbox"/>		No	<input type="checkbox"/>
	Secondary <input type="checkbox"/>	From	Yes	<input type="checkbox"/>
	Business /Trade <input type="checkbox"/>		No	<input type="checkbox"/>
	College <input type="checkbox"/>	To	Yes	<input type="checkbox"/>
	University <input type="checkbox"/>		No	<input type="checkbox"/>
	Secondary <input type="checkbox"/>	From	Yes	<input type="checkbox"/>
	Business/Trade <input type="checkbox"/>		No	<input type="checkbox"/>
	College <input type="checkbox"/>	To	Yes	<input type="checkbox"/>
	University <input type="checkbox"/>		No	<input type="checkbox"/>

**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     Yes  (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     Yes  (If yes, give details)

**Police Constable Selection  
Confidential Candidate Personal History Form**

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

<b>Work Reference</b>	<b>School Reference</b>
<p>1. Name: _____            Position: _____            Relationship: _____            Telephone Number: _____            Company / Employer Name: _____</p>	<p>1. Name: _____            Position: _____            Relationship: _____            Telephone Number: _____            School Name: _____</p> <p>Current            Principal/Dept. Head            Name and Phone No.: _____</p>
<p>2. Name: _____            Position: _____            Relationship: _____            Telephone Number: _____            Company / Employer Name: _____</p>	<p>2. Name: _____            Position: _____            Relationship: _____            Telephone Number: _____</p> <p>School Name            Current            Principal/Dept. Head            Name and Phone No.: _____</p>
<p>3. Name: _____            Position: _____            Relationship: _____            Telephone Number: _____            Company / Employer Name: _____</p>	<p>3. Name: _____            Position: _____            Relationship: _____            Telephone Number: _____</p> <p>School Name:            Current            Principal/Dept. Head            Name and Phone No.: _____</p>
<b>Personal Reference</b>	
<p>1. Name: _____            Position: _____            Relationship: _____            Telephone Number: _____            Address: _____</p>	
<p>2. Name: _____            Position: _____            Relationship: _____            Telephone Number: _____            Address: _____</p>	
<p>3. Name: _____            Position: _____            Relationship: _____            Telephone Number: _____            Address: _____</p>	

**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
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