



Constable-Investigator Application Process

Thank you for your interest in becoming a police officer with the Lakeshore Regional Police Service (LRPS). Following are the steps in the application process. As you move along, we will provide the necessary information for you to complete the next step.

Step 1

Application Form and Authorization for Release of Information – 8 pages

Step 2

Provincial exams – Alberta Police Cognitive Ability Test (APCAT) and Alberta Communications Test (ACT)

Step 3

Occupational Medical Exams – Medical, Vision, Hearing

Step 4

Physical Readiness Evaluation for Police (APREP) – certified within past 6 months

Step 5

Interview with Chief of Police

Step 6

Polygraph Exam

Step 7

Psychological Exam

Step 8

Security Background Investigation

Step 9

If successful in above steps, sign a 4-year contract with the LRPS (contract effective at next step)

Six (6) months Cadet training at Edmonton Police Service (EPS)

- Dates available 3 times per year
- Candidate is required by EPS to be double vaccinated for COVID-19
- Candidate is responsible for own accommodation
- Candidate is paid by the LRPS at our entry level wage. If candidate joins another police service after Cadet training, a prorated amount for training expenses will be repaid to LRPS
- Candidate is eligible for LRPS group insurance benefits
- LRPS provides related uniform and kit

Step 10

Six (6) months of Recruit Field Training with LRPS

- 18-month probationary period

Note: This application process is a guide and is subject to change.



LAKESHORE REGIONAL POLICE SERVICE

POLICE OFFICER EMPLOYMENT APPLICATION

Receipt No.	
For Office Use Only	

SEND COMPLETED
APPLICATION TO:

Lakeshore Regional Police Service
Box 291, Driftpile, Alberta, T0G 0V0
Phone: 1(855)299-0138, Fax 1(587)749-0423

For more information about
opportunities with the Lakeshore
Regional Police Service Email:
careers@lsrps.ca

1. An essential component in the selection process of the Lakeshore Regional Police Service is a background investigation. Information gathered will be used to assess the suitability of the Applicant for a police career. There will be a security check on the Applicant and members of their family.
2. All questions must be answered. If a question is not applicable, mark *N/A*. attach a note explaining the reason any question is left blank.
3. All information supplied is subject to verification by investigation. False statements can disqualify or result in dismissal if employed.
4. Complete this form by printing in ink. Neatness and legibility are of the utmost importance.
5. If extra space is required, attach additional pages to this application.
6. Postal codes must be supplied for each address given.
7. No information received from inquiries concerning information in this application will be released to the applicant.

All items below must be submitted with your application:

- | | |
|--|--|
| <input type="checkbox"/> Copy of High School Grade 12 Diploma or Provincial Equivalency
<input type="checkbox"/> Certified copy of High School Transcript
<input type="checkbox"/> Driving Record Abstract – last 3 years
<i>(Out of Province Applicants must supply their Provincial Equivalent)</i>
<input type="checkbox"/> Copy of Birth Certificate and/or Canadian Citizenship or Legal Permanent Resident documentation
<input type="checkbox"/> Not have unlawfully used any prescribed drug or controlled substance within one year prior to application | <input type="checkbox"/> Pardon (if applicable)
<input type="checkbox"/> Class 5 Driver's Licence |
|--|--|

LAST NAME		GIVEN NAME		MIDDLE NAME	
FULL ADDRESS		CITY		PROVINCE	
EMAIL ADDRESS		TELEPHONE NO. (RES.) []	TELEPHONE NO. (BUS.) []	TELEPHONE NO. (OTHER) []	
Other than the name(s) listed above, please list any name change(s), or name(s) you may have used in the past.				DATE OF BIRTH YYYY MM DD	
NAME CHANGE FROM:		NAME CHANGE TO:		DATE OF CHANGE YYYY YYYY YYYY	
DRIVER'S LICENCE	PROVINCE	CLASS(ES)	LICENCE NUMBER		DATE OF ISSUE YYYY MM DD

Personal information on this Employment Application is being collected under the authority of the Freedom of Information & Protection of Privacy Act (FOIPP) Section 33(c). It will be used to determine your suitability, eligibility or qualifications for employment. Questions about the use or collection of this information should be directed to the FOIP Program Administrator.

The Human Resources Unit is constantly reviewing recruiting initiatives across Canada. To assist us with our future planning, please indicate how you learned about this employment opportunity:

- Career Fair
 Newspaper
 Radio/T.V.
 College Posting
 Police Officer
 Other _____

EDUCATION AND TRAINING

Proof of education will be required prior to engagement

HIGH SCHOOL		<i>Circle highest grade completed</i>	NAME OF SCHOOL		LOCATION		<input type="checkbox"/> HIGH SCHOOL DIPLOMA <input type="checkbox"/> EQUIVALENCY DIPLOMA		
10		11		12		13			
COLLEGE, BUSINESS SCHOOL, OR TECHNICAL SCHOOL			NAME OF SCHOOL		LOCATION				
PROGRAM OR COURSE						START DATE YYYY MM		FINISH DATE YYYY MM	
LENGTH OF COURSE	GRADE POINT AVERAGE	CERTIFICATE, DIPLOMA, OR LICENCE AWARDED? <i>(IF NOT – PLEASE PROVIDE DETAILS)</i>							
		<input type="checkbox"/> YES <input type="checkbox"/> NO							
COLLEGE, BUSINESS SCHOOL, OR TECHNICAL SCHOOL			NAME OF SCHOOL		LOCATION				
PROGRAM OR COURSE						START DATE YYYY MM		FINISH DATE YYYY MM	
LENGTH OF COURSE	GRADE POINT AVERAGE	CERTIFICATE, DIPLOMA, OR LICENCE AWARDED? <i>(IF NOT – PLEASE PROVIDE DETAILS)</i>							
		<input type="checkbox"/> YES <input type="checkbox"/> NO							
UNIVERSITY		NAME OF SCHOOL		LOCATION					
PROGRAM OR COURSE						START DATE YYYY MM		FINISH DATE YYYY MM	
MAJOR/MINOR									
LENGTH OF COURSE	GRADE POINT AVERAGE	CERTIFICATE, DIPLOMA, OR DEGREE AWARDED? <i>(IF NOT – PLEASE PROVIDE DETAILS)</i>							
		<input type="checkbox"/> YES <input type="checkbox"/> NO							
UNIVERSITY		NAME OF SCHOOL		LOCATION					
PROGRAM OR COURSE						START DATE YYYY MM		FINISH DATE YYYY MM	
MAJOR/MINOR									
LENGTH OF COURSE	GRADE POINT AVERAGE	CERTIFICATE, DIPLOMA, OR DEGREE AWARDED? <i>(IF NOT – PLEASE PROVIDE DETAILS)</i>							
		<input type="checkbox"/> YES <input type="checkbox"/> NO							
UNIVERSITY		NAME OF SCHOOL		LOCATION					
PROGRAM OR COURSE						START DATE YYYY MM		FINISH DATE YYYY MM	
MAJOR/MINOR									
LENGTH OF COURSE	GRADE POINT AVERAGE	CERTIFICATE, DIPLOMA, OR DEGREE AWARDED? <i>(IF NOT – PLEASE PROVIDE DETAILS)</i>							
		<input type="checkbox"/> YES <input type="checkbox"/> NO							
I. Q. A. S.			<i>(International Qualifications Assessment Standards – Certificate - if applicable)</i>						
			<i>For International applicants only – Please state the highest level education achieved.</i>						
		NAME OF SCHOOL		LOCATION					
PROGRAM OR COURSE						START DATE YYYY MM		FINISH DATE YYYY MM	
MAJOR/MINOR									
LENGTH OF COURSE	GRADE POINT AVERAGE	CERTIFICATE, DIPLOMA, OR DEGREE AWARDED? <i>(IF NOT – PLEASE PROVIDE DETAILS)</i>							
		<input type="checkbox"/> YES <input type="checkbox"/> NO							
LANGUAGES SPOKEN									
LANGUAGES WRITTEN									

ADDITIONAL EDUCATION INCLUDING COURSES, WORKSHOPS, AND SEMINARS. (ATTACH AN ADDITIONAL PAPER IF NECESSARY)

ADDITIONAL COMPUTER SKILLS, TRAINING, COURSES, ETC ... (ATTACH AN ADDITIONAL PAPER IF NECESSARY)

HAVE YOU EVER WRITTEN THE ACT (*ALBERTA COMMUNICATION TEST*), THE CAAT (*CANADIAN ADULT ACHIEVEMENT TEST*), OR THE WCT (*WRITTEN COMMUNICATION TEST*)? YES (*if YES – Where & When*) NO

HAVE YOU EVER WRITTEN THE APCAT (*ALBERTA POLICE APPLICANT COGNITIVE ABILITY TEST*)? YES (*if YES – Where & When*) NO

HAVE YOU EVER APPLIED FOR A POSITION WITH THIS OR ANY OTHER POLICE AGENCY? YES (*if YES – Where & When*) NO

LIST ALL APPLICATIONS TO THIS OR ANY OTHER POLICE AGENCIES

POLICE AGENCY	APPLICATION DATE			STATUS (describe reason for non-selection)
	YYYY	MM	DD	

HAVE YOU EVER TAKEN A POLYGRAPH OR COMPUTER VOICE STRESS ANALYSIS EXAMINATION? YES NO

AGENCY WHERE POLYGRAPH OR COMPUTER VOICE STRESS ANALYSIS EXAMINATION WAS COMPLETED

YYYY MM DD

REASON FOR POLYGRAPH OR COMPUTER VOICE STRESS ANALYSIS EXAMINATION

HAVE YOU EVER BEEN FINGERPRINTED? YES NO

REASON FOR FINGERPRINTING

EMPLOYMENT HISTORY

*Begin with your most recent employer and continue in reverse time order.
Provide history for the last ten (10) years if applicable.
Provide an explanation for all gaps in employment.*

MOST RECENT	EMPLOYER'S NAME		TELEPHONE NUMBER []	
	EMPLOYER'S ADDRESS		POSTAL CODE	
NAME OF IMMEDIATE SUPERVISOR			TELEPHONE NUMBER []	
START DATE YYYY MM	FINISH DATE YYYY MM	POSITION HELD		
DUTIES/RESPONSIBILITIES				
REASON FOR LEAVING				
2nd	EMPLOYER'S NAME		TELEPHONE NUMBER []	
	EMPLOYER'S ADDRESS		POSTAL CODE	
NAME OF IMMEDIATE SUPERVISOR			TELEPHONE NUMBER []	
START DATE YYYY MM	FINISH DATE YYYY MM	POSITION HELD		
DUTIES/RESPONSIBILITIES				
REASON FOR LEAVING				
3rd	EMPLOYER'S NAME		TELEPHONE NUMBER []	
	EMPLOYER'S ADDRESS		POSTAL CODE	
NAME OF IMMEDIATE SUPERVISOR			TELEPHONE NUMBER []	
START DATE YYYY MM	FINISH DATE YYYY MM	POSITION HELD		
DUTIES/RESPONSIBILITIES				
REASON FOR LEAVING				

REFERENCES

Please list five (5) adults, not related to you and not previous employers, whom we may contact as references to provide competent judgment of your personal character, temperament, and work habits.

NAME		GIVEN NAMES	RELATIONSHIP	
FULL ADDRESS			POSTAL CODE	
TELEPHONE NO. (RES.) []	TELEPHONE NO. (BUS.) []	OCCUPATION		YEARS KNOWN

NAME		GIVEN NAMES	RELATIONSHIP	
FULL ADDRESS			POSTAL CODE	
TELEPHONE NO. (RES.) []	TELEPHONE NO. (BUS.) []	OCCUPATION		YEARS KNOWN

NAME		GIVEN NAMES	RELATIONSHIP	
FULL ADDRESS			POSTAL CODE	
TELEPHONE NO. (RES.) []	TELEPHONE NO. (BUS.) []	OCCUPATION		YEARS KNOWN

NAME		GIVEN NAMES	RELATIONSHIP	
FULL ADDRESS			POSTAL CODE	
TELEPHONE NO. (RES.) []	TELEPHONE NO. (BUS.) []	OCCUPATION		YEARS KNOWN

NAME		GIVEN NAMES	RELATIONSHIP	
FULL ADDRESS			POSTAL CODE	
TELEPHONE NO. (RES.) []	TELEPHONE NO. (BUS.) []	OCCUPATION		YEARS KNOWN

CREDIT HISTORY

Please complete the following information.

NAME											
MAIDEN NAME / OTHER NAMES USED											
DATE OF BIRTH			EMPLOYER'S NAME								
YYYY	MM	DD									
CURRENT ADDRESS					FROM			TO			
					YYYY	MM	DD	YYYY	MM	DD	
CITY			PROVINCE		COUNTRY			POSTAL CODE			
PREVIOUS ADDRESS					FROM			TO			
					YYYY	MM	DD	YYYY	MM	DD	
CITY			PROVINCE		COUNTRY			POSTAL CODE			
PREVIOUS ADDRESS					FROM			TO			
					YYYY	MM	DD	YYYY	MM	DD	
CITY			PROVINCE		COUNTRY			POSTAL CODE			
PREVIOUS ADDRESS					FROM			TO			
					YYYY	MM	DD	YYYY	MM	DD	
CITY			PROVINCE		COUNTRY			POSTAL CODE			
PREVIOUS ADDRESS					FROM			TO			
					YYYY	MM	DD	YYYY	MM	DD	
CITY			PROVINCE		COUNTRY			POSTAL CODE			
CREDIT CARDS	TYPE	ISSUING INSTITUTION				CURRENT BALANCE OWING			EXPIRATION DATE		
								YYYY	MM		
2	TYPE	ISSUING INSTITUTION				CURRENT BALANCE OWING			EXPIRATION DATE		
								YYYY	MM		
3	TYPE	ISSUING INSTITUTION				CURRENT BALANCE OWING			EXPIRATION DATE		
								YYYY	MM		
4	TYPE	ISSUING INSTITUTION				CURRENT BALANCE OWING			EXPIRATION DATE		
								YYYY	MM		
OFFICE USE ONLY											
FILE MANAGER											
DATE SENT (Fax)			YYYY	MM	DD	DATE RECEIVED (Fax)			YYYY	MM	DD



Lakeshore Regional Police Service

AUTHORIZATION FOR RELEASE OF INFORMATION

NAME OF APPLICANT	SURNAME	FIRST NAME	MIDDLE NAME
	ADDRESS OF APPLICANT		
CITY	PROVINCE	POSTAL CODE	DATE OF BIRTH YYYY MM DD

I, _____, the undersigned, hereby authorize any person, employer, organization, or physician 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 the Lakeshore Regional Police Service and any subsequent training.

Personal information about me will be used to assess my qualifications and suitability in relation to my application as a civilian employee as well as research purposes. I consent to the collection, use, disclosure, transmittal, and examination of all information compiled by the Lakeshore Regional Police Service.

Personal information about me that is obtained during the selection process, or any subsequent training and employment, may be disclosed to any law enforcement agency for the purpose for which it was obtained or for any other reason.

I agree to waive any right of action against any person or organization providing information or opinions in compliance with this authorization.

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

SIGNATURES	SIGNATURE OF APPLICANT	DATE YYYY MM DD
	NAME OF WITNESS	SIGNATURE OF WITNESS
NOTE: The witness must be 18 years or older		