



EMPLOYMENT APPLICATION GUARD SERVICES

1. Complete this form by printing in ink. Neatness and legibility are of the utmost importance.
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. There will be a security check on the Applicant. Information gathered will be used to assess the suitability for Guard Services. All information supplied is subject to verification by investigation. False statements can disqualify or result in dismissal if employed.
4. Postal codes must be supplied for each address given.
5. No information received from inquiries concerning information in this application will be released to the applicant.
6. Send completed application and resume, if available, to above email address, fax, or mailing address.

NAME OF APPLICANT	LAST NAME	FIRST NAME	MIDDLE NAME	
PHYSICAL ADDRESS			BOX NUMBER	
TOWN/CITY	PROVINCE	POSTAL CODE	DATE OF BIRTH YYYY MM DD	
EMAIL ADDRESS	PHONE (CELL)	PHONE (HOME)	PHONE (OTHER)	
DRIVER'S LICENCE NUMBER	PROVINCE	CLASS (ES)	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 (FOIP) 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.				

EDUCATION AND TRAINING			
HIGH SCHOOL			START AND END DATES YYYY MM TO YYYY MM
TOWN/CITY	PROVINCE	HIGHEST GRADE COMPLETED	

COLLEGE, BUSINESS SCHOOL, TECHNICAL		START AND END DATES YYYY MM TO YYYY MM	
PROGRAM OR COURSE	TOWN/CITY	PROVINCE	
ADDITIONAL EDUCATION INCLUDING COURSES, WORKSHOPS, AND SEMINARS. (ATTACH ADDITIONAL PAPER IF NECESSARY)			
ADDITIONAL COMPUTER SKILLS, TRAINING, COURSES, ETC. (ATTACH ADDITIONAL PAPER IF NECESSARY)			

EMPLOYMENT HISTORY			
Begin with most recent employer			
EMPLOYER NAME			PHONE
MAILING ADDRESS	TOWN/CITY	PROVINCE	POSTAL CODE
NAME OF IMMEDIATE SUPERVISOR			PHONE
POSITION HELD	START DATE YYYY MM	END DATE YYYY MM	
DUTIES/RESPONSIBILITIES	REASON FOR LEAVING		

PREVIOUS EMPLOYER NAME		PHONE	
MAILING ADDRESS	TOWN/CITY	PROVINCE	POSTAL CODE
NAME OF IMMEDIATE SUPERVISOR			PHONE
POSITION HELD	START DATE YYYY MM	END DATE YYYY MM	
DUTIES/RESPONSIBILITIES		REASON FOR LEAVING	

PREVIOUS EMPLOYER NAME		PHONE	
MAILING ADDRESS	TOWN/CITY	PROVINCE	POSTAL CODE
NAME OF IMMEDIATE SUPERVISOR			PHONE
POSITION HELD	START DATE YYYY MM	END DATE YYYY MM	
DUTIES/RESPONSIBILITIES		REASON FOR LEAVING	

REFERENCES				List two (2) adults, not related to you and not previous employers, whom we may contact to provide competent judgment of your personal character, temperament, and work habits			
LAST NAME		FIRST NAME		RELATIONSHIP			
MAILING ADDRESS		TOWN/CITY		PROVINCE		POSTAL CODE	
PHONE (CELL)	PHONE (WORK)		OCCUPATION			YEARS KNOWN	

LAST NAME		FIRST NAME		RELATIONSHIP			
MAILING ADDRESS		TOWN/CITY		PROVINCE		POSTAL CODE	
PHONE (CELL)	PHONE (WORK)		OCCUPATION			YEARS KNOWN	

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 for Guard Services 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	DATE YYYY MM DD
NOTE: The witness must be 18 years or older		