	TION AND	Proof of education	will be required p	orior to er	ngagem	ent.	
HIGH	Select highest	NAME OF SCHOOL LOG	CATION				
SCHOOL 10 11	grade completed 12 13					OL DIPL	
	, BUSINESS	NAME OF SCHOOL LOG	CATION				
SCHOOL, O	R TECHNICAL HOOL						
PROGRAM OR COUR				START	DATE	FINISH	DATE
				YYYY	MM	YYYY	MM
LENGTH OF COURSE	GRADE POINT AVERAG	E CERTIFICATE, DIPLOMA, OR LICENCE AWARDED? (IF NO	T – PLEASE PROVIDE DET	AILS)			
000.102		□ YES □ NO					
SCHOOL, O	, BUSINESS R TECHNICAL HOOL	NAME OF SCHOOL LOG	CATION				
PROGRAM OR COUR				START		FINISH	
				YYYY	MM	YYYY	MM
LENGTH OF	GRADE POINT AVERAG	CERTIFICATE, DIPLOMA, OR LICENCE AWARDED? (IF NO	T – PLEASE PROVIDE DET	AILS)	<u> </u>		
COURSE		□ YES □ NO					
UNIVERS	NAME OF	SCHOOL LOCATION					
				START	DATE	FINISH	DATE
PROGRAM OR COUR	SE			YYYY	MM	YYYY	MM
MAJOR/MINOR							
LENGTH OF COURSE	GRADE POINT AVERAG	CERTIFICATE, DIPLOMA, OR DEGREE AWARDED? (IF NO.)	T – PLEASE PROVIDE DETA	IILS)			
UNIVERS	NAME OF	SCHOOL LOCATION					
PROGRAM OR COUR				START	D ATE MM	FINISH	DATE MM
MAJOR/MINOR							
LENGTH OF	GRADE POINT AVERAG	E CERTIFICATE, DIPLOMA, OR DEGREE AWARDED? (IF NO	T – PLEASE PROVIDE DETA	I/LS)			
COURSE		□ YES □ NO		•			
UNIVERS	NAME OF	SCHOOL LOCATION					
PROGRAM OR COUR	SE			START YYYY	DATE MM	FINISH YYYY	DATE MM
				1111	IVIIVI		IVIIVI
MAJOR/MINOR							
LENGTH OF	GRADE POINT AVERAG	E CERTIFICATE, DIPLOMA, OR DEGREE AWARDED? (IF NO.	T – PLEASE PROVIDE DETA	I <i>ILS)</i>			
COURSE		□ YES □ NO					
Education	0 - 4161	tional Credential Assessment (ECA) from C	one of the designa	ated orga	nizatio	ns -	
Assessme (if applicab		cate - if applicable) SCHOOL LOCATION					
PROGRAM OR COUR				START		FINISH	
				YYYY	MM	YYYY	MM
MAJOR/MINOR							
LENGTH OF COURSE	GRADE POINT AVERAGE	, , ,	T – PLEASE PROVIDE DETA	I <i>ILS)</i>			
		□ YES □ NO					
LANGUAGES SPOKEN							
LANGUAGES WRITTI	EN						

ADDITIONAL EDUCATION INCLUDING COURSES, WORKSHOPS, AND SEMINARS. (ATTACH AN ADDITIONAL PAPER IF NECESSARY)								
ADDITIONAL COMPUTER SKILLS, TRAIN	NG, COURSES, E	TC (AT	TACH AN	ADDITIONAL PAPER IF NECESSARY)				
HAVE YOU EVER WRITTEN THE ACT	 Γ (ALBERTA CC		CATION	TEST), THE CAAT (CANADIAN ADUL	TACHIEVEMEN	V <i>T TEST),</i> OR THE <i>WCT</i>	(WRITTEI	v
COMMUNICATION TEST)? (If YES – Where & When)					□ YES	□ NO		
(IT YES – Whele & Whell)								
HAVE YOU EVER WRITTEN THE APO	CAT <i>(ALBERTA</i>	POLICE A	APPLICA	NNT COGNITIVE ABILITY TEST)?	□ YES	□ NO		
(If YES – Where & When)								
HAVE YOU EVER APPLIED FOR A PO	OSITION WITH	I THIS OF	R ANY O	THER POLICE AGENCY?	□ YES	□ NO		
(If YES – List Where & When Below. Inclu	ıde previous app	lications to	o the Calg	pary Police Service)				
	LIST ALL	APPLIC	ATIONS	S TO THIS OR ANY OTHER POLI	CE AGENCIES	S		
POLICE AGENCY	APPLICA YYYY	ATION DA	ATE DD	STATUS (de	escribe reason	for non-selection)		
			<u> </u>					
		<u> </u>	<u> </u>					
		ļ 						
		<u> </u>						
								
HAVE YOU EVER TAKEN A POLYGRAPH OR COMPUTER VOICE STRESS ANALYSIS EXAMINATION? YES NO								
						YYYY	ММ	DD
AGENCY WHERE POLYGRAPH OR COMPUTER VOICE STRESS ANALYSIS EXAMINATION WAS COMPLETED								
REASON FOR POLYGRAPH OR COMPUTER VOICE STRESS ANALYSIS EXAMINATION								
HAVE YOU EVER BEEN FINGERPRINTED? ☐ YES ☐ NO								
REASON FOR FINGERPRINTING								
REASON FOR FINGLIA RITERIO								

Begin with your most recent employer and continue in reverse time order. **EMPLOYMENT** Provide history for the last ten (10) years. **HISTORY** Provide an explanation for all gaps in employment. TELEPHONE NUMBER MOST EMPLOYER'S NAME **RECENT** EMPLOYER'S ADDRESS POSTAL CODE NAME OF IMMEDIATE SUPERVISOR **SUPERVISOR** TELEPHONE NUMBER START DATE FINISH DATE POSITION HELD SUPERVISOR EMAIL YYYY DUTIES/RESPONSIBILITIES REASON FOR LEAVING EMPLOYER'S NAME TELEPHONE NUMBER 2nd POSTAL CODE **EMPLOYER'S ADDRESS** NAME OF IMMEDIATE SUPERVISOR **SUPERVISOR** TELEPHONE NUMBER POSITION HELD SUPERVISOR EMAIL START DATE FINISH DATE DUTIES/RESPONSIBILITIES REASON FOR LEAVING **EMPLOYER'S NAME** TELEPHONE NUMBER 3rd **EMPLOYER'S ADDRESS** POSTAL CODE NAME OF IMMEDIATE SUPERVISOR **SUPERVISOR** TELEPHONE NUMBER START DATE FINISH DATE POSITION HELD SUPERVISOR EMAIL MM DUTIES/RESPONSIBILITIES REASON FOR LEAVING

EMPLOYMENT (Continued) HISTORY						
4th	EMPLOYER'S NAI	ME	TELEPHONE NUMBER			
EMPLOYER'S ADDRESS				POSTAL CODE		
NAME OF IMMED	DIATE SUPERVISOR	R		SUPERVISOR TELEPHONE NUMBER		
START DATE YYYY MM	FINISH DATI		SUPERVISOR EMAIL	1		
DUTIES/RESPON	SIBILITIES					
REASON FOR LEA	MINIC					
REASON FOR LEA	AVING					
5th	EMPLOYER'S NAME	Ē		TELEPHONE NUMBER		
EMPLOYER'S ADI	DRESS			POSTAL CODE		
NAME OF IMMED	DIATE SUPERVISOR	R		SUPERVISOR TELEPHONE NUMBER		
START DATE YYYY MM	FINISH DATI		SUPERVISOR EMAIL	1		
DUTIES/RESPON	SIBILITIES					
REASON FOR LEAVING						
6th	EMPLOYER'S NAME		TELEPHONE NUMBER []			
EMPLOYER'S ADDRESS POSTAL CODE						
NAME OF IMMED	DIATE SUPERVISOR	SUPERVISOR TELEPHONE NUMBER				
START DATE YYYY MM	FINISH DATI		SUPERVISOR EMAIL	L J		
DUTIES/RESPONSIBILITIES						
REASON FOR LEAVING						

	(Continued) - attach additional paper in same format if needed					
	EMPLOYMENT					
HIS	TOR	Υ				
7tl		EMPLOYER'S	S NAME		TELEPHONE NUMBER	
EMPLOY	/EK'3 AL)UKE33			POSTAL CODE	
NAME (OF IMME	EDIATE SUPE		SUPERVISOR TELEPHONE NUMBER []		
START YYYY	T DATE MM	FINIS	MM MM	POSITION HELD SUPERVISOR EMAIL		
DUTIES	/RESPO	NSIBILITIES	<u> </u>			
REASON	N FOR LI	EAVING				
_						
8ti	h	EMPLOYER'S	'S NAME		TELEPHONE NUMBER	
EMPLOY	/ER'S AI	DDRESS			POSTAL CODE	
NAME (OF IMMI	EDIATE SUPE	RVISOR		SUPERVISOR TELEPHONE NUMBER	
START YYYY	T DATE MM	FINIS	MM MM	POSITION HELD SUPERVISOR EMAIL		
DUTIES	/RESPO	ONSIBILITIES	<u> </u>			
REASON	N FOR LI	EAVING				
IF YOU	U WER	RE ASKED ETAILS AN	TO RESIGNO EXPLA	GN, OR WERE FIRED FROM A JOB, OR IF YOU HAVE HAD ANY PENATIONS HERE:	RIODS OF UNEMPLOYMENT; PLEASE	