

LATERAL & EXEMPT POLICE OFFICER - APPLICATION AND QUESTIONNAIRE

AZ020B

#### APPLICANT SELECTION AND FEEDBACK FORM

#### Dear Applicant:

You are competing in a highly competitive process designed so you can prove your abilities. Our objective is to select individuals we believe are the best qualified to provide policing service in Metro Vancouver, now and for the future.

The Recruiting Unit must determine which applicants are the best qualified to proceed, based on individual qualifications. If, during our process, you are advised that others are more competitive, please understand that we do not have the resources to meet with unsuccessful applicants, nor are we able to provide specific feedback to these individuals when they are not selected to continue in our process.

These words may sound discouraging to you. However, we prefer to be as direct as possible so that you know what is involved in the process. If you do not accept these conditions, please do not enter our testing process so that our significant investment of time, resources and staff can be allocated toward other more committed applicants.

I understand and accept that I cannot be provided with feedback if I am unsuccessful in my application to become a police officer with the Metro Vancouver Transit Police.

Print Name	Signature	Date (yyyy/mm/dd)

#### IMPORTANT INSTRUCTIONS FOR COMPLETING THIS DOCUMENT

Note: Do not proceed with your application if you are not five (5) years clear of Criminal Activity, either detected or undetected by police.

The information you provide in this application form will assist this Recruiting Department in determining whether you would be capable of meeting the requirements of employment as a Metro Vancouver Transit Police Officer.

- Ensure that your answers are neat, legible and completed in your own handwriting (please use black ink).
- If the question is not applicable, indicate by writing N/A.
- False, incomplete or incorrect responses may be considered deceit and be grounds for disqualification from the selection process.

**Colored** copies of the following documents **must** be submitted with this application:

- > Birth Certificate or Canadian Passport or Permanent Resident/Landed Immigrant Status documentation
- > Driver's Licence and Driver's Abstract
- Supporting Police Education and Training Documents, Transcripts and Certificates
- > Two (most recent) Performance Evaluations completed by an NCO



#### LATERAL & EXEMPT POLICE OFFICER - APPLICATION AND QUESTIONNAIRE

AZ020B

As a Lateral/Exempt/Contract police applicant to the Metro Vancouver Transit Police (MVTP), South Coast British Columbia Transportation Authority Police Service (SCBCTAPS), you are required to report your **McNEIL Disclosure Conduct Record Status** in this application and to immediately report any changes to your McNEIL Disclosure Conduct Record Status to the Metro Vancouver Transit Police Recruiting Unit throughout the selection process. Your McNEIL Disclosure Conduct Record Status is based on the following five reporting triggers.

- 1. Have you been convicted or found guilty under the Criminal Code of Canada or the Controlled Drugs and Substances Act for which a pardon has not been granted or are you unsure of that fact;
- 2. Are you currently charged with an offence under the Criminal Code of Canada or the Controlled Drugs and Substances Act, or are you unsure of that fact;
- 3. Within the past 5 years have you been convicted or found guilty of an offence pursuant to any other federal or provincial statute, or are you unsure of that fact (Being found guilty of police misconduct under the RCMP Act or another provincial police act to be reported in this section);
- 4. Within the past 5 years, have you been found guilty of misconduct after a Prehearing Conference, Discipline Proceeding or Public Hearing under the BC Police Act, or are you unsure of that fact; or
- 5. Are you currently facing a charge of misconduct under the BC Police Act, for which a Notice of Prehearing Conference, Discipline Proceeding or Public Hearing has been issued, or are you unsure of that fact.

Please mail your completed application package to:

Recruiting Section
Metro Vancouver Transit Police (MVTP)
300 – 287 Nelson's Court
New Westminster, BC
V3L 0E7

I hereby certify the answers given by me in this questionnaire are true and complete. I agree and understand that if any answers and material facts are found to be false or omitted, it will cause forfeiture on my part of all rights to employment with the Metro Vancouver Transit Police (MVTP), South Coast British Columbia Transportation Authority Police Service (SCBCTAPS). I understand that any information obtained during the selection process may be available to other police agencies in Canada. I am also aware that as a Metro Vancouver Transit Police (MVTP), South Coast British Columbia Transportation Authority Police Service (SCBCTAPS) applicant, I will be required to complete polygraph.

Name of Applicant

Signature of Applicant

Date (yyyy/mm/dd)



#### LATERAL & EXEMPT POLICE OFFICER - APPLICATION AND QUESTIONNAIRE

AZ020B

### CONSENT TO COLLECTION, USE & DISCLOSURE OF PERSONAL INFORMATION (AZ190)

Pursuant to Sections 27(1)(a)(i), 27(2), 32(b) and 3	33.1(1)(b) of the Freedom of Information and P	rotection of Privacy Act, I,
Name	(Also formerly known as)	
Street Address (	City Province Posta	al Code
DO HEREBY CONSENT to the collection, use and British Columbia Transit Authority Police Service (pertaining to me. Furthermore, I authorize any personal information that they may have about me Any and all records, files, notes, reports, opinions of the consequence.	(SCBCTAPS), and/or their agent(s) of the follow bublic body, agency or any private organization to the Metro Vancouver Transit Police (MVTP)	ving personal information on to disclose any and all :
<ul> <li>types:</li> <li>Credit Bureau check – including a review of Bankruptcy search</li> <li>Court registry search – including a search and family matter proceedings at the Suprimotor vehicle driver abstract and ICBC clater Verification of education</li> <li>Neighborhood enquiries</li> <li>Previous employment enquiries</li> <li>Applicant Interview</li> <li>All criminal data bases &amp; criminal records</li> <li>Accredited Canadian Police Agency Profess</li> </ul>	n for any civil litigation, criminal eme Court or Provincial Court ims history review checks	
I acknowledge that I have been advised that the said for employment with the Metro Vancouver Transit by section 26(c) of the Freedom of Information and questions regarding this collection, I can contact th Nelson's Court, New Westminster, B.C., V3L 0E7; To I understand that any information provided by minformation obtained by the Metro Vancouver Transition of the state of the sta	t Police (MVTP), and that the collection of this d Protection of Privacy Act. I have been further the Deputy Chief Officer, Metro Vancouver Transfelephone: 604-515-8300.  The during the course of processing my applicant the Police (MVTP), which reveals criminal actions.	information is authorized advised that if I have any it Police (MVTP), 300-287 ation for employment, or wity will not be protected
by confidentiality. This information may be subject and could result in arrest or criminal charges.  This consent is freely given and, furthermore considered as valid as the original even if it does	e, I acknowledge that a photocopy of this	
Name of Applicant	Signature of Applicant	Date (yyyy/mm/dd)



### LATERAL & EXEMPT POLICE OFFICER – APPLICATION AND QUESTIONNAIRE

Important: Carefully	review and foll	ow application	instructions.	
Personal Informatio	n			
Surname		Given 1		Given 2
Sex at birth: Male	] Female $\square$		Nickname:	
Date of Birth (yyyy	/mm/date)	P	lace of Birth	Additional Languages
Cell Phon	ie	I	Iome Phone	Email address
	2	C:-		D . 10 1
Height:	Street Address	City	Province	Postal Code Weight:
_	in /	cms		lbs / kgs
Hair Color:		Eye Color:		Handed: left ☐ right ☐
RCMP Regimental # Municipal Police PIN # SIN #				
	O Mass	-		
Marital Status: Single	Mari	ried 🗌 In a	Relationship/Co	ommon-Law
I am fully vaccinated for	or Covid-19 (ch	eck box to confir	m) '	Yes
If hired by this Police l	Department, wou	ıld vou choose	☐ Swear	or <b>Affirm</b> your oath?
	•			<u> </u>
Please supply the nam	le of your flext of	KIII.	Dhono Numbo	ov(s).
Name:			Phone Numbe	er (s):
In chronological ord	ler, list the res	idences where	e you have live	ed in the past ten years.
Address	City/	Province/State	Country	Dates from/to (yyyy/mm/dd)
Address	City/	Province/State	Country	Dates from/to (yyyy/mm/dd)
Address	City/	Province/State	Country	Dates from/to (yyyy/mm/dd)
Address	City/	Province/State	Country	Dates from/to (yyyy/mm/dd)
Address	City/	Province/State	Country	Dates from/to (yyyy/mm/dd)



### LATERAL & EXEMPT POLICE OFFICER - APPLICATION AND QUESTIONNAIRE

Spouse/Partner Information						
Partner/Spouse's Name: (In full – Birth name if applicable)						
Surname (and maiden name if applicable)	Given 1	Given 2				
Partner/Spouse's Date of Birth:	Partner/Spouse's Pla	ace of Birth:				
(yyyy/mm/dd)	City	Country				
Address:						
Address City	Province	Postal Code				
Partner/Spouse Contact Information:						
Cellular Telephone		Email Address				
Partner/Spouse Employment Information:						
Occupation	Name of I	Employer				
Provide the names and addresses of your form	er partners/spouse	S.				
(1)						
Surname (and/or maiden name)	Given 1	Given 2				
Date of birth (yyyy/mm/dd)		Telephone Number				
(2)						
Surname (and/or maiden name)	Given 1	Given 2				
Date of birth (yyyy/mm/dd)		Telephone Number				
Your Children (include married name, change of n	names, etc.)					
(1)						
Child Surname (maiden name if applicable)	Given 1	Given 2 Relationship				
Date of birth (yyyy/mm/dd)	lace of birth	Telephone				
Address City	Province/State	Country				
Occupation	Name o	of Employer				



### LATERAL & EXEMPT POLICE OFFICER - APPLICATION AND QUESTIONNAIRE

Your	Children (include married name	e, change of names, e	tc.)	
(2)				
	Child Surname (maiden name if applicable)	Given 1	Given 2	Relationship
	Date of birth (yyyy/mm/dd)	Place of birth		Telephone
	Address	City	Province/State	Country
	Additess	City	1 Tovince/State	Country
	Occupation		Name of Employer	
(3)	•			
(-)				
	Child Surname (maiden name if applicable)	Given 1	Given 2	Relationship
	Data of hinth (many/mm/dd)	Place of birth		Talanhana
	Date of birth (yyyy/mm/dd)	Place of birth		Telephone
	Address	City	Province/State	Country
		- · <b>y</b>		
	Occupation		Name of Employer	
(4)				
	Child Surname (maiden name if applicable)	Given 1	Given 2	Relationship
	Date of birth (yyyy/mm/dd)	Place of birth		Telephone
	Dute of Direct (Jyyy) mini uu	1 1000 01 511 111		retephone
	Address	City	Province/State	Country
_	Occupation		Name of Employer	
	nts (include natural, adoptive and step)			
(1)				
	Parent's surname	Given 1	Given 2	Relationship
	Date of birth (yyyy/mm/dd)	Place of l	pirth	Telephone
	A J J.,	C:4	Dunania na /Ct at a	Country
	Address	City	Province/State	Country
	Occupation		Name of Employer	
	Occupation		rvaine of Employer	



### LATERAL & EXEMPT POLICE OFFICER - APPLICATION AND QUESTIONNAIRE

<b>.</b>				
Parents (include natura	l, adoptive and step)			
(2)				
Parent's s	surname	Given 1	Given 2	Relationship
Date of bir	th (yyyy/mm/dd)	Place	of birth	Telephone
Address	(	City	Province/State	Country
	Occupation		Name of Employer	
(3)				
Parent's su	ırname	Given 1	Given 2	Relationship
Date of bir	th (yyyy/mm/dd)	Place	of birth	Telephone
Address	(	City	Province/State	Country
	Occupation		Name of Employer	
(4)				
Parent's su	ırname	Given 1	Given 2	Relationship
Date of bir	th (yyyy/mm/dd)	Place	of birth	Telephone
Address	(	City	Province/State	Country
	Occupation		Name of Employer	
Siblings, Half or Step	Siblings (include m	arried name, chang	ge of names, etc.)	
(1)				
Sui	rname (	Given 1	Given 2	Relationship
Date of birt	h (yyyy/mm/dd)	Pla	ice of birth	Telephone
Addı	ress	City	Province/State	Country
	Occupation		Name of Employ	yer



### LATERAL & EXEMPT POLICE OFFICER - APPLICATION AND QUESTIONNAIRE

Siblings, Half or Step Siblings (inclu	ıde married name, o	change of names, etc.)	
(2)			
Surname	Given 1	Given 2	Relationship
Date of birth (yyyy/mm/dd)		Place of birth	Telephone
Address	City	Province/State	Country
Occupation		Name of En	nployer
(3)			
Surname	Given 1	Given 2	Relationship
Date of birth (yyyy/mm/dd)		Place of birth	Telephone
Address	City	Province/State	Country
Occupation		Name of En	nployer
(4)			
Surname	Given 1	Given 2	Relationship
Date of birth (yyyy/mm/dd)		Place of birth	Telephone
Address	City	Province/State	Country
Occupation		Name of En	nployer
All In-Laws (include married name, chang	ge of names, etc.)		
(1)			
Parent-in-law Surname	Given 1	Given 2	Relationship
			•
Date of birth (yyyy/mm/dd)		Place of birth	Telephone
Address	City	Province/State	Country
Occupation		Name of En	nployer



#### LATERAL & EXEMPT POLICE OFFICER - APPLICATION AND QUESTIONNAIRE

All In-Laws	(include married name, chang	e of names, etc.)		
(2)				
	Parent-in-law Surname	Given 1	Given 2	Relationship
	Date of birth (yyyy/mm/dd)		Place of birth	Telephone
	Address	City	Province/State	Country
(0)	Occupation		Name of Em	ployer
(3)				
	Surname	Given 1	Given 2	Relationship
	Date of birth (yyyy/mm/dd)		Place of birth	Telephone
	Address	City	Province/State	Country
(4)	Occupation		Name of Em	ployer
(4)				
	Surname	Given 1	Given 2	Relationship
	Date of birth (yyyy/mm/dd)		Place of birth	Telephone
		0.		
	Address	City	Province/State	Country
	O a serve at i a se		N CP	.1
(5)	Occupation		Name of Em	ployer
(3)				
	Surname	Given 1	Given 2	Relationship
	Date of birth (yyyy/mm/dd)		Place of birth	Telephone
	Address	City	Province/State	Country
	Occupation		Name of Em	ployer
To list any		s, please print m	ultiple copies of this page and	



#### LATERAL & EXEMPT POLICE OFFICER - APPLICATION AND QUESTIONNAIRE

<b>Post Secondary Educati</b>	on, Tra	des or Certification	ns			
(1)						
Pos	t-Secondary	y Institution	Dates	s from/to (yyy	y/mm/dd)	
Program of Stu	udy	Cer	tificate/Diploma or De	egree		Credits
	ity	Provi	nce/State		Country	
(2)						
Pos	t-Secondary	y Institution	Date	s from/to (yyy	y/mm/dd)	
Program of Stu	udy	Cer	tificate/Diploma or De	egree		Credits
Ci	ity	Provi	nce/State		Country	
Current Employment - I	Please in	clude a list of all the	positions you ha	ve held dı	ıring you	r policing career.
(1)						
Service / Department	1	Branch		Title	_	
Rank/Regimental #	Date of	employment - from (yy	yy/mm/dd) to (yyy	y/mm/dd)	Years/	Months of Police Experience?
Address	Т	City	Country	Commanding Officer's Name & Title		
				Are you still engaged by this Agency?  Yes No		
Type of discharge		Place of discharge				
Additional position he	ld with thi	is Department	Date	s: from (yyy	y/mm/dd)	to (yyyy/mm/dd)
Additional position held with this Department		Dates: from (yyyy/mm/dd) to (yyyy/mm/dd)				
Additional position held with this Department Dates: from (yyyy/mm/dd) to (yyyy/mm/dd				to (yyyy/mm/dd)		
For current or past RCMP M	lembers	only.				
Depot Training start date:			Depot Training	graduatio	on date:	



### LATERAL & EXEMPT POLICE OFFICER - APPLICATION AND QUESTIONNAIRE

Previous Employer(s) (only need	to complete if vo	ou have less then 5 years of no	licing experience)
(1)	to complete if yo	ou have less then s years of po	neing experience;
	1	V	
Previous Er	mployer	Your	title
Work telephone number		Date of employment - from (yyyy/mi	m/dd) to (yyyy/mm/dd)
Employer Address	S	Supervisor's nan	ne and title
Brief description of your duties:		0.000.000.000.0000	
1 3			
(2)			
Previous Ei	mnlover	Your	title
77071040 22	inproy or	1011	
W 1.1.1			(10)
Work telephone number		Date of employment - from (yyyy/mi	m/dd) to (yyyy/mm/dd)
Employer Address	s	Supervisor's nan	ne and title
Brief description of your duties:			
General			
Have you ever applied for a position	on with any othe	r Police Department Law Enfo	rcement Agency (Corrections
Sheriffs, CBSA etc.) or previously app		<u> •</u>	
, , , , , , , , , , , , , , , , , , , ,		3 71	
Police Agency	Year of Application	n Position applied for	Status of Application
1 onco 11 onco	Tour of Tipphoution	1 ootton up phou 101	Status of hippinoation
		D	
Police Agency	Year of Application	n Position applied for	Status of Application
Police Agency	Year of Application	n Position applied for	Status of Application
Police Agency	Year of Application	n Position applied for	Status of Application
<u> </u>	1.1	A A	* *
Police Agency	Year of Application	n Position applied for	Status of Application



### LATERAL & EXEMPT POLICE OFFICER - APPLICATION AND QUESTIONNAIRE

If you were encouraged and recommended to apply by a current employee of the Metro Vancouver Transit Police, please provide the name of the Police Officer(s) or Civilian(s):
Please list all of the people you know who are currently or were previously employed by the Metro Vancouver Transit Police and briefly explain your connection to them.
Should you have any questions or concerns, you are advised to contact the Recruiting Unit. All issues must be disclosed <u>in advance</u> of the polygraph examination or disqualification will be considered.
I hereby certify the answers given by me in this questionnaire are true and complete. I agree and understand that if any answers and material facts are found to be false or omitted, it will cause forfeiture on my part of all rights to employment with the Metro Vancouver Transit Police. I also understand that any information obtained during the selection process may be made available to other police organizations in Canada. I am also aware that as a Metro Vancouver Transit Police Recruit Applicant, I will be required to complete a polygraph test.
Name of Applicant Signature of Applicant Date (yyyy/mm/dd)



LATERAL & EXEMPT POLICE OFFICER - APPLICATION AND QUESTIONNAIRE

AZ020B

\*\*Not required if you are submitting a recent (less then 1 years old) Vision Report, PHA or Medical Exam completed with your current agency.\*\*

TO BE COMPLETED B	TO BE COMPLETED BY APPLICANT						
Applicant Surname		Applicant Middle Initial					
			Applicant Given Name		1		
Street A	ddress		City Pro	ovince	Postal Code		
Have you ever had eye			Yes \( \cap \)	No □	1 ostal dode		
If yes, indicate the date		of procedur					
TRANSIT POLICE VISI	ION STAN	DARDS FOR	REMPLOYMENT				
Uncorrected Vision	No less	than 20/40 i	n one eye and 20/100 in t	the other eye	e		
Corrected Vision	No less	than 20/20 i	n one eye and 20/30 in th	e other eye			
Color Vision	Should	be normal, i.e	e. pass the Farnsworth D-	15 test			
Peripheral Vision	150 con	tinuous degr	ees along the horizontal 1	meridian bin	ocularly, and 30 degrees above		
		ow the fixation	on point				
Binocular Vision	Normal						
TO BE COMPLETED B	Y THE AT	TENDING O	PTHAMOLOGIST/OPTO	METRIST			
Date of examination	(yyyy/mi	m/dd):					
1. Visual Acuity			Without Visual Aid		With Best Possible Corrections		
		Right Eye	20/		20/		
		Left Eye	20/		20/		
	***	Both Eyes	20/		20/		
2. Horizontal Field of	Vision	Right Eye	Temp		Nasal		
		Left Eye					
		2010 2 3 0					
Binocular Vision (Dept	h Percept	tion)					
Normal:	-		Abnormal:				
Comments:							
~	ned by Pse	eudo-Isochro	matic Plates or Farnswor	th-Munsell)			
Normal:			Abnormal:				
Comments:							
ATTENDING OPHTHA	LMOLOG	SIST/OPTOM	IETRIST				
Name: Telephone:							
Address:	Address:						
Signature and sta	Signature and stamp of attending Ophthalmologist/Optometrist Date (yyyy/mm/dd)						



LATERAL & EXEMPT POLICE OFFICER - APPLICATION AND QUESTIONNAIRE

AZ020B

### PHYSICAL ABILITIES TEST MEDICAL EXAMINATION WAIVER (AZ160)

Full Name of Applicant	
Address of Applicant	
This person is an applicant for the position of Police Constable with the Metro Vancouver Transis British Columbia Transportation Authority Police Service (SCBCTAPS). He/she is required to Physical Abilities Test (POPAT). The POPAT is designed to simulate and measure an officer's particular and apprehend and/or control a prisoner/suspect. The test was developed by is based on their research findings. Their research has identified that the usual physical concritical incident may involve quick action in getting to the problem, intensive heavy work reservemoving the problem. The test is conducted in a gymnasium and consists of running 400 meter climbing up and down stairs, jumping over low obstacles, pushing/pulling heavy weights (80 carrying a "dead weight" of 100 lbs (45 kg) over a distance of 15 meters (50 ft.). It was found experienced maximal heart rate during the test. This indicates brief (up to 4 minutes) but max the cardiovascular system. To minimize the chance in precipitating a major cardiovascular even person be examined to determine his/her employment and test risk potential.	o perform a Police Officer's physical ability to respond to by exercise physiologists and apponents of a response to a plving the problem and there's (1/4 mile), which includes 1 lbs/37 kg) then lifting and that most test participant aximal stress being placed or
<ul> <li>In addition to your usual examination, we request your assessment of this person with respect him/her at risk during this test or during future police officer-related duties:</li> <li>Hypertension with possible causative factors;</li> <li>Diabetes Mellitus;</li> <li>Known heart disease or symptomatic cardiovascular disease including Angina, breathle syncope, dizziness, etc.;</li> <li>Low fitness level;</li> <li>Acute systemic infections including viral respiratory infections;</li> <li>Muscular and/or skeletal problems which may affect physical performance or present lor</li> <li>Any other areas of concern:</li> </ul>	essness, palpitations, edema
To be completed by examining physician:  Considering the fact that an applicant's typical response to maximal testing may include for anticipation, does this applicant remain safe to perform the POPAT if their resting blood pressed exceed 144/94 mmHg or 100 bpm, assuming the applicant is not exhibiting any signs of the foliation pain; signs of light-headedness, fainting and shortness of breath?  In your opinion, based on the information provided to you and the results of your examination, if they participate in the Police Officer's Physical Abilities Test (POPAT)?  Yes No Comments:	ure and/or heart rate value lowing: chest, arm, neck and Yes No
Signature & Stamp of Medical Doctor	Date (yyyy/mm/dd)