



**Is there any medical condition that would hinder you from performing the duties as set out in the Job Description?** \_\_\_\_\_

**REFERENCES (Do not list relatives):**

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<b>Name</b>	<b>Address</b>	<b>Phone</b>	<b>Occupation</b>
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<b>Name</b>	<b>Address</b>	<b>Phone</b>	<b>Occupation</b>
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<b>Name</b>	<b>Address</b> Name of School	<b>Phone</b> Cert/Grade Obtained	<b>Occupation</b> Date Completed
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**DECLARATION OF APPLICANT: Before signing, be sure your application is filled out completely and that you have read and understood the following declaration:**

That all statements made on this application are true and in my own handwriting and I understand that any wrongful statements of material facts herein may cause forfeiture on my part of all rights to any employment with the Estevan Police Service.

That I have made known to the Estevan Police Service any Criminal Record (other than traffic violations) and the details of such convictions. That while in the employ of the Estevan Police Service I will abide by all orders and regulations.

That I give permission to the Estevan Police Service to perform a Criminal Records Check for employment purposes.

**PLEASE ATTACH RESUME LISTING PREVIOUS WORK EXPERIENCES INCLUDING EMPLOYER, ADDRESS, DUTIES, SUPERVISOR AND REASON FOR LEAVING.**

**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

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**FOR DEPARTMENT USE ONLY**

**DEPARTMENT:** \_\_\_\_\_

**INTERVIEW DATE:** \_\_\_\_\_

**INTERVIEW COMMITTEE MEMBERS:** \_\_\_\_\_

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