



Saanich Police Department
RECRUITING
APPLICANT QUESTIONNAIRE

Protected B
once
completed

Surname:

This questionnaire must be completed in as much detail as possible. Read questions carefully and answer every question. If the question is not applicable, indicate by N/A. Engagement with the Saanich Police Department is contingent upon the successful completion of all steps of the selection process. **False or omitted information may result in being disqualified for appointment to the Saanich Police Department.**

Please send the completed application to joinspd@saanichpolice.ca

Recruit Constable

Exempt Constable

Reserve Constable

Community Safety
Officer

APPLICANT

Surname:	Given:		
Previous Name(s): (e.g. name at birth)	Preferred Pronouns <i>(Optional)</i> : (e.g. he/his, she/her, they/them, etc.)		
Address: (Street, City, Province, Postal Code)			
Home Phone:	Work Phone:		
Cell Phone:	Email:		
Date of Birth: (yyyy/mm/dd)	Place of Birth:		
Driver's Licence:	Class:	Expiry:	
Blood Type (if known):	Are you a Canadian Citizen:	by birth	by naturalization
If naturalized, please provide:		Certificate Number:	Issued at:

MARITAL STATUS / COMMON-LAW RELATIONSHIP (current)

Married	Common-Law Partnership	Separated	Widow(er)	Divorced	Single
If married, separated, widowed or divorced, indicate date (yyyy/mm/dd):					
Surname:		Given:			
Previous Name(s): (e.g. name at birth)		Date of Birth: (yyyy/mm/dd)			
Address: (Street, City, Province, Postal Code)					
Home Phone:			Work Phone:		



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Surname:

Cell Phone:

Email:

Occupation:

Name, Address of Current Employer:

(Organization, Street, City, Province, Postal Code)

MARITAL STATUS / COMMON-LAW RELATIONSHIP (previous)

Separated, Widowed or Divorced on:

(yyyy/mm/dd)

Surname:

Given:

Previous Name(s):

(e.g. name at birth)

Date of Birth:

(yyyy/mm/dd)

Address:

(Street, City, Province, Postal Code)

Home Phone:

Work Phone:

Cell Phone:

Email:

Separated, Widowed or Divorced on:

(yyyy/mm/dd)

Surname:

Given:

Previous Name(s):

(e.g. name at birth)

Date of Birth:

(yyyy/mm/dd)

Address:

(Street, City, Province, Postal Code)

Home Phone:

Work Phone:

Cell Phone:

Email:

IMMEDIATE RELATIVES

Immediate relatives include: DEPENDENTS, CHILDREN, PARENTS, BROTHER(S), SISTER(S), STEP-FAMILY, SPOUSE'S PARENTS

Surname:

Given:

Previous Name(s):

(e.g. name at birth)

Relationship:



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Surname:

Date of Birth:

(yyyy/mm/dd)

Place of Birth:

Date of Death (if applicable) (yyyy/mm/dd):

Address:

(Street, City, Province, Postal Code)

Home Phone:

Work Phone:

Cell Phone:

Email:

Occupation:

(if applicable)

Name, Address of Current Employer:

(Organization, City, Province, Postal Code)

Surname:

Given:

Previous Name(s):

(e.g. name at birth)

Relationship:

Date of Birth:

(yyyy/mm/dd)

Place of Birth:

Date of Death (if applicable) (yyyy/mm/dd):

Address:

(Street, City, Province, Postal Code)

Home Phone:

Work Phone:

Cell Phone:

Email:

Occupation:

(if applicable)

Name, Address of Current Employer:

(Organization, City, Province, Postal Code)

Surname:

Given:

Previous Name(s):

(e.g. name at birth)

Relationship:

Date of Birth:

(yyyy/mm/dd)

Place of Birth:

Date of Death (if applicable) (yyyy/mm/dd):

Address:

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Surname:

Home Phone:	Work Phone:
Cell Phone:	Email:
Occupation: (if applicable)	
Name, Address of Current Employer: (Organization, City, Province, Postal Code)	
Surname:	Given:
Previous Name(s): (e.g. name at birth)	Relationship:
Date of Birth: (yyyy/mm/dd)	Place of Birth:
Date of Death (if applicable) (yyyy/mm/dd):	
Address: (Street, City, Province, Postal Code)	
Home Phone:	Work Phone:
Cell Phone:	Email:
Occupation: (if applicable)	
Name, Address of Current Employer: (Organization, City, Province, Postal Code)	
Surname:	Given:
Previous Name(s): (e.g. name at birth)	Relationship:
Date of Birth: (yyyy/mm/dd)	Place of Birth:
Date of Death (if applicable) (yyyy/mm/dd):	
Address: (Street, City, Province, Postal Code)	
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Cell Phone:	Email:
Occupation: (if applicable)	



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Given:

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(e.g. name at birth)

Relationship:

Date of Birth:

(yyyy/mm/dd)

Place of Birth:

Date of Death (if applicable) (yyyy/mm/dd):

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(if applicable)

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Surname:

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(e.g. name at birth)

Relationship:

Date of Birth:

(yyyy/mm/dd)

Place of Birth:

Date of Death (if applicable) (yyyy/mm/dd):

Address:

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Work Phone:

Cell Phone:

Email:

Occupation:

(if applicable)

Name, Address of Current Employer:

(Organization, City, Province, Postal Code)

Surname:

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Previous Name(s):

(e.g. name at birth)

Relationship:



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Date of Birth:

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(if applicable)

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(e.g. name at birth)

Relationship:

Date of Birth:

(yyyy/mm/dd)

Place of Birth:

Date of Death (if applicable) (yyyy/mm/dd):

Address:

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Work Phone:

Cell Phone:

Email:

Occupation:

(if applicable)

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Given:

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(e.g. name at birth)

Relationship:

Date of Birth:

(yyyy/mm/dd)

Place of Birth:

Date of Death (if applicable) (yyyy/mm/dd):

Address:

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Surname:

Home Phone:

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Occupation:

(if applicable)

Name, Address of Current Employer:

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Surname:

Given:

Previous Name(s):

(e.g. name at birth)

Relationship:

Date of Birth:

(yyyy/mm/dd)

Place of Birth:

Date of Death (if applicable) (yyyy/mm/dd):

Address:

(Street, City, Province, Postal Code)

Home Phone:

Work Phone:

Cell Phone:

Email:

Occupation:

(if applicable)

Name, Address of Current Employer:

(Organization, City, Province, Postal Code)

RESIDENTIAL INFORMATION

In chronological order, list your places of residence for the past five years (including outside of Canada):

From (yyyy/mm/dd):

To (yyyy/mm/dd):

Address:

(Street, City, Province, Postal Code)

From (yyyy/mm/dd):

To (yyyy/mm/dd):

Address:

(Street, City, Province, Postal Code)

From (yyyy/mm/dd):

To (yyyy/mm/dd):

Address:

(Street, City, Province, Postal Code)



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Surname:

From (yyyy/mm/dd):

To (yyyy/mm/dd):

Address:

(Street, City, Province, Postal Code)

From (yyyy/mm/dd):

To (yyyy/mm/dd):

Address:

(Street, City, Province, Postal Code)

EDUCATION

In chronological order, list your SECONDARY and POST-SECONDARY education:

From (yyyy/mm/dd):

To (yyyy/mm/dd):

Name of Institution:

Address of Institution | Street, City Province (State), Postal Code (Zip Code):

Field of Study | Diploma, Certificate or Degree obtained?

From (yyyy/mm/dd):

To (yyyy/mm/dd):

Name of Institution:

Address of Institution | Street, City Province (State), Postal Code (Zip Code):

Field of Study | Diploma, Certificate or Degree obtained?

From (yyyy/mm/dd):

To (yyyy/mm/dd):

Name of Institution:

Address of Institution | Street, City Province (State), Postal Code (Zip Code):

Field of Study | Diploma, Certificate or Degree obtained?



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Surname:

From (yyyy/mm/dd):

To (yyyy/mm/dd):

Name of Institution:

Address of Institution | Street, City Province (State), Postal Code (Zip Code):

Field of Study | Diploma, Certificate or Degree obtained?

EDUCATION CONTINUED

The following questions refer to your most recent long-term educational experience (eg. high school, college, university).

Reason for choosing program of study?

Course(s) liked best? Why?

Course(s) liked least? Why?

Did your grades represent your best achievements? Why?

From which extra-curricular activities do you feel you received the most benefit? Why?

What were your plans on leaving school? If applicable, how and when did they change?



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How was your post-secondary education financed?

EMPLOYMENT

In chronological order, list your employment, including part-time employment and employment while at school:

From (yyyy/mm/dd):

To (yyyy/mm/dd):

Full name of CURRENT employer:

Address (Street, City, Province):

Current position:

Previous position(s) within the company:

Supervisor's full name and job title:

Phone Number:

Major assignments, challenges and responsibilities:

What do you like best about your present position?

What do you like least about your present position?



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Proudest achievements:

Biggest disappointments:

What would you change about your present position if you had the authority?

Do you object to us contacting your present employer at this time?

Yes

No

If you answered "yes" to the previous question, please provide an explanation:

From (yyyy/mm/dd):

To (yyyy/mm/dd):

Full name of PREVIOUS employer:

Employer's address (Street, City, Province):

Starting position and duties:

Leaving position and duties:

Supervisor's full name and job title:

Supervisor's phone number:



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Reason for leaving:

What did you like best about your work?

What did you like least about your work?

From (yyyy/mm/dd):

To (yyyy/mm/dd):

Full name of PREVIOUS employer:

Employer's address (Street, City, Province):

Starting position and duties:

Leaving position and duties:

Supervisor's full name and job title:

Supervisor's phone number:

Reason for leaving:

What did you like best about your work?



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What did you like least about your work?

From (yyyy/mm/dd):

To (yyyy/mm/dd):

Full name of PREVIOUS employer:

Employer's address (Street, City, Province):

Starting position and duties:

Leaving position and duties:

Supervisor's full name and job title:

Supervisor's phone number:

Reason for leaving:

What did you like best about your work?

What did you like least about your work?



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Surname:

From (yyyy/mm/dd):

To (yyyy/mm/dd):

Full name of PREVIOUS employer:

Employer's address (Street, City, Province):

Starting position and duties:

Leaving position and duties:

Supervisor's full name and job title:

Supervisor's phone number:

Reason for leaving:

What did you like best about your work?

What did you like least about your work?

From (yyyy/mm/dd):

To (yyyy/mm/dd):

Full name of PREVIOUS employer:

Employer's address (Street, City, Province):



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Surname:

Starting position and duties:

Leaving position and duties:

Supervisor's full name and job title:

Supervisor's phone number:

Reason for leaving:

What did you like best about your work?

What did you like least about your work?

Are you engaged in any business as an owner or partner (active or silent)? Yes ☐ No ☐

VOLUNTEER

In chronological order, list your VOLUNTEER work:

From (yyyy/mm/dd):

From (yyyy/mm/dd):

Position:

Organization:



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Surname:

Address (Street, City, Province):

Previous position(s), if applicable:

Reason for leaving, if applicable:

Supervisor's full name and job title:

Supervisor's phone number:

Major assignments, challenges and responsibilities:

What do/did you like best about your position?

What do/did you like least about your position?

Proudest achievements:

Biggest disappointments:



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Surname:

From (yyyy/mm/dd):

From (yyyy/mm/dd):

Position:

Organization:

Address (Street, City, Province):

Previous position(s), if applicable:

Reason for leaving, if applicable:

Supervisor's full name and job title:

Supervisor's phone number:

Major assignments, challenges and responsibilities:

What do/did you like best about your position?

What do/did you like least about your position?

Proudest achievements:



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Surname:

Biggest disappointments:

From (yyyy/mm/dd):

From (yyyy/mm/dd):

Position:

Organization:

Address (Street, City, Province):

Previous position(s), if applicable:

Reason for leaving, if applicable:

Supervisor's full name and job title:

Supervisor's phone number:

Major assignments, challenges and responsibilities:

What do/did you like best about your position?

What do/did you like least about your position?



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Surname:

Proudest achievements:

Biggest disappointments:

From (yyyy/mm/dd):

From (yyyy/mm/dd):

Position:

Organization:

Address (Street, City, Province):

Previous position(s), if applicable:

Reason for leaving, if applicable:

Supervisor's full name and job title:

Supervisor's phone number:

Major assignments, challenges and responsibilities:

What do/did you like best about your position?



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What do/did you like least about your position?

Proudest achievements:

Biggest disappointments:

MILITARY AND POLICE SERVICE

If you have served in the armed forces or police forces of any country, complete the following.

From (yyyy/mm/dd):

From (yyyy/mm/dd):

Service/Branch/Trade:

Address (Street, City, Province):

Rank/Regimental #:

Commanding Officer:

Are you still engaged?

Yes

No

Type of discharge:

Place of discharge:

U



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Are you a member of the Reserved Forces of any branch of the Armed Forces? Yes No

If yes, specify:

Rank:

Commanding Officer:

FINANCIAL BACKGROUND

Have you ever been bonded? Yes No

If yes, detail:

Have you ever declared bankruptcy? Yes No

If yes, detail:

Have your wages ever been garnished? Yes No

If yes, detail:

Have you ever written any NSF cheques? Yes No

If yes, detail:

Current net income, include spouse if applicable (per month): \$



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Do you have any loans?	Yes	No	If so, be specific when completing the following:	
Lender	Purpose	Original Amount	Balance	Monthly Payments

Do you have any credit cards?	Yes	No	If so, be specific when completing the following:	
Card Company	Credit Limit	Balance	Monthly Payments	

List your assets (i.e. home, car, savings, etc.):

Type	Value



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Surname:

List your assets (continued):

Type	Value

MEDICAL

Do you wear corrective lenses? Yes No

Are you aware of any deficiency with your colour vision? Yes No

Have you ever had any broken bones? Yes No If so, be specific when completing the following:

Age: Injury:

Age: Injury:

Do you have any diseases or medical conditions? Yes No If so, be specific when completing the following:

Condition:

Condition:

What is the most serious injury you have ever had? Please list.

1.

2.

3.



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Surname:

Are you taking any pills or medication? Yes No If so, be specific when completing the following:

Type:

Type:

Have you had eye surgery?

Yes

No

If so, specify:
(yyyy/mm/dd)

Candidates must be binocular and have unaided vision of not less than 20/40 (6/12) in one eye (Snellen=s Test) and 20/100 (6/30) in the other eye. Vision should be correctable with approved vision aids to a minimum of 20/20 (6/6) both eyes open with no one eye poorer than 20/30 (6/9). Their colour vision must pass the Ishihara Test or the Farnsworth D-15 Test.*

**Excimer Laser Surgery: Eye examination one (1) month post-surgery.*

Do you currently meet our Vision Standards as outlined above?

Yes

No

DRIVING HISTORY

List all driving offences:

Date	Offence	Location (City, Province)



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Surname:

GENERAL INFORMATION

List your hobbies, recreational activities, or special interests and amount of time you spend on each.

Name three things you have done of which you were most proud (work *or* non-work related).

What are your plans for the future?

What actions have you taken to implement these plans?

Please list languages you are proficient in, other than English.

Have you ever applied for a position with any other Police Department? If so, please provide the details below:

Department	Position applied for	Date of application	Status of application

What association have you had with police officers or police work?



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Surname:

What do you think about the value of the polygraph examination with respect to recruit applications?

Did one of our staff members encourage you to apply to our department? If so, please provide their name below so we can thank them.

Do you know of anything in your past that could be embarrassing to the Saanich Police Department if it were disclosed? If so, please explain.

Are you aware of any material posted on social media either by yourself or another person, that could be embarrassing or reflect negatively upon the Saanich Police Department if you were hired? If so, please explain.

REFERENCES

List eight (8) references who are not relatives, employers or casual acquaintances:

Full Name (no initials):

Relationship:

Period known:

Address:

(Street, City, Province/State,
Postal/Zip Code, Country)

Contact Number(s):

Indicate if Home or Cell

Email Address:

Occupation:

Employer:

Employer's Address:

(Street, City, Province/State,
Postal/Zip Code, Country)



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Surname:

Full Name (no initials):

Relationship:

Period known:

Address:

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Contact Number(s):

Indicate if Home or Cell

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Occupation:

Employer:

Employer's Address:

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Full Name (no initials):

Relationship:

Period known:

Address:

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Contact Number(s):

Indicate if Home or Cell

Email Address:

Occupation:

Employer:

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Full Name (no initials):

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Employer's Address:

(Street, City, Province/State,
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Full Name (no initials):

Relationship:

Period known:

Address:

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Contact Number(s):

Indicate if Home or Cell

Email Address:

Occupation:

Employer:

Employer's Address:

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Full Name (no initials):

Relationship:

Period known:

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Contact Number(s):

Indicate if Home or Cell

Email Address:

Occupation:

Employer:

Employer's Address:

(Street, City, Province/State,
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Full Name (no initials):

Relationship:

Period known:

Address:

(Street, City, Province/State,
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Contact Number(s):

Indicate if Home or Cell

Email Address:



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Occupation:	
Employer:	
Employer's Address: <small>(Street, City, Province/State, Postal/Zip Code, Country)</small>	
Full Name (no initials):	
Relationship:	Period known:
Address: <small>(Street, City, Province/State, Postal/Zip Code, Country)</small>	
Contact Number(s): Indicate if Home or Cell	
Email Address:	
Occupation:	
Employer:	
Employer's Address: <small>(Street, City, Province/State, Postal/Zip Code, Country)</small>	
<p>In paragraph form, detail your reasons for wishing to become a member of the Saanich Police Department.</p>	



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Surname:

(Continued) In paragraph form, detail your reasons for wishing to become a member of the Saanich Police Department.

By adding my name and/or signature to this document, I hereby certify the above to be correct and that all statements in this application are true. I agree and understand that any misstatement of material facts herein will cause forfeiture on my part of all rights to any employment by the Corporation of the District of Saanich.

Signature	Date (yyyy/mm/dd)	Contact (home)	Contact (cell)
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The information is collected for the administrative and/or operational functions of the District of Saanich as authorized by the Local Government Act. This information has been collected, and will be used and maintained, in accordance with the Freedom of Information and Protection of Privacy Act. Should you have any questions about the above, please contact the Saanich Police Information and Privacy Coordinator at 250-475-4307.