



ALTONA POLICE SERVICE

Box 1809
Altona MB R0G 0B0

Required Application Document #1

Full Name: _____

Full Address: _____

Birth Date: _____ Social Insurance No. _____

Telephone No. Home: _____ Work: _____

High School Attended	Post Secondary Institution
Name:	Name:
City:	Years:
Province:	Degree/Diploma:
	Major/Minor:

Have you previously applied for engagement with this or any other agency? Yes __ No __	
Agency	Year/Status

Are you acquainted with any members of the Altona Police Service? If so, please list:	

List all Criminal, Traffic, and Liquor Offenses with which you have been charged:			
Month/Year:	Location:	Brief Details:	Disposition:

If further space needed, please provide information on separate sheet and attach to application



ALTONA POLICE SERVICE

Box 1809
Altona MB R0G 0B0

Required Application Document #2

Commencing with the present, list all employment for past five years

From Mo/Yr	To Mo/Yr	Employer	Address & Phone No.	Position Held	Reason for Leaving

List residences during the past three years

From Mo/Yr	To Mo/Yr	Street Address	Town/City & Province

List full particulars of your Common-Law, Spouse, Children, Father, Mother, Brothers and Sisters

Full Name	Relationship	Birth Date Y/M/D	Address

I understand that, if accepted for Altona Police Service employment, I will be engaged on a probationary basis, and that I may be released at any time during my probationary service for unsatisfactory behaviour. I hereby certify that the information set out in this document is true and correct to the best of my knowledge and belief.

Signed: _____ Witness: _____



ALTONA POLICE SERVICE

Box 1809
Altona MB R0G 0B0

Required Application Document #3

Altona Police Service Medical Clearance Form

Name of Applicant: _____

The above named has applied for employment with the Altona Police Service. They are required to demonstrate a minimum level of physical ability/fitness, by successfully completing a test. They are required to undergo a medical examination, at their own expense, to determine whether or not they are fit to undergo the physical test.

The test is designed to simulate and measure an officer's physical ability to respond to a critical incident and apprehend or potentially control a suspect. To minimize the chance of precipitating a major cardiovascular event and to minimize the health risk, we are requesting that this person be examined to determine their test risk potential.

In addition to your usual examination we request your assessment of this person with respect to factors, which may place them at risk during this maximal test, or future police officer related duties:

- Hypertension with possible causative factors
- Diabetes Mellitus
- Persons with known heart disease or symptomatic cardiovascular disease including angina, breathlessness, palpitations, edema, syncope and dizziness
- Individuals with low fitness levels
- Acute systemic infections including viral respiratory infections
- Muscular and/or skeletal problems which may affect physical performance or present long term limitations of the person

In my opinion, this person is: **Fit** **Not Fit to undergo a Physical Ability's Test**

Date: _____ **Physician (signature):** _____

Physician's Name and Address: _____

Please give the completed form to the applicant. Thank you

Signature of Applicant: _____



ALTONA POLICE SERVICE

Box 1809
Altona MB R0G 0B0

Required Application Document #4

**Altona Police Service
Authorization**

I, _____, hereby authorize any doctor, financial institution, employer or other persons, to whom a duplicate or photocopy of this document is provided, to furnish any information, opinions, reports, records, or copies which may be requested by the Altona Police Service, in connection with the undersigned's application for employment with the Service.

I agree to waive any right of action against any person or institution providing information or opinions in compliance with this authorization.

Applicant Signature: _____

Witness Signature: _____

Date: _____