CAPE BRETON REGIONAL POLICE

"SERVING WITH YOU - FOR YOU"

Cape Breton Regional Police are seeking upcoming and experienced Police Constables to work in the second largest municipal force in the province, with a well-earned reputation as an innovative and progressive police service. In this full-service agency, you'll have the opportunity to work in 20 different specialized sections and teams in meaningful and satisfying work to ensure public safety and stay connected to our communities.

The Cape Breton Regional Municipality officers a competitive compensation and benefits package:

- $60,000 - $109,000 (as of 2025 and after 4 years of service)
- Promotional opportunities
- Salary equal to years of service for Experienced Officers
- Medical, Dental, Vision, Extended Health, Group Insurance, EFAP, etc.
- Nova Scotia Public Service Superannuation Plan
- $10,000 hiring incentive for Experienced Officers
- Further information is available in the collective agreement

If you're considering a career in policing, CBRPS and Holland College have partnered together to offer placements in their upcoming classes. This includes paid to on-the-job training upon signing a 2-year return to service agreement. For information on their Police Science academic program, please click here.

Interested applicants must apply using the CBRPS employment application to begin this process. Partial applications may be submitted for review and will assist in more timely processing.

For an insider look at CBRPS – check out this video: "Shape Your Career with the CBRPS"

Plus, you'll enjoy a quality lifestyle on award-winning Cape Breton Island with short commute times, communication connection, and public confidence and trust in your service.

Completed applications may be submitted to:	**Application Deadline:**
Cape Breton Regional Municipality *Attn: Human Resources Department* *320 Esplanade, Sydney, N.S. B1P 7B9* *Phone: 902-563-5354* *Fax: 902-563-5582* Or via email to: Jobapplications@cbrm.ns.ca	Applications will be accepted until all vacancies are filled. For questions or more information, please submit your information here. This will connect you with a member of the Human Resources or CBRPS team.

CBRM is committed to the principles of Employment Equity and Inclusivity. We encourage applications from designated groups, including but not limited to women, visible minorities, indigenous peoples, members of the 2SLGBTQIA+ community, and persons with disabilities. CBRM encourages the need for respect, integrity, diversity, accountability, and the public good.

POLICE CONSTABLE APPLICATION

Notices & Instructions:

1. An essential component in the selection process of the Cape Breton Regional Police Service is background investigation. Information gathered will be used to assess the suitability of the Applicant for a police career. There will be a security check on the Applicant and members of their family.

2. All questions must be answered. If a question is not applicable, mark N/A and attach a note explaining the reason any question is left blank.

3. All information supplied is subject to verification by investigation. False statements can disqualify or result in dismissal if employed.

4. Complete this form by printing in ink. Neatness and legibility are of the utmost importance.

5. If extra space is required, attach additional pages to this application.

6. Postal codes must be supplied for each address given.

7. No information received from inquiries concerning information in this application will be released to the applicant.

Applicants interested in our partnership with Holland College 's Atlantic Police Academy must complete this application and supply the supporting documentation listed on pages 2 and 3.

If a partial application is submitted, a member of Human Resources will connect with you to build your application file.

APPLICATION CHECKLIST

All forms and requested documentation listed below must be submitted along with this package:

- ☐ Proof of Canadian Citizenship or permanent resident status.
  - For example, a birth certificate, passport, permanent resident card, etc. Must be 19 years of age.

- ☐ Proof of graduation from the Atlantic Police Academy or an equivalent Police Training facility **OR** Five (5) years uninterrupted recent experience with an accredited Canadian police agency.
  - *All former graduates from the Atlantic Police Academy or equivalent Police Training Facility may be considered.*
  - ***Experienced Police Officers are encouraged to apply**. The CBRPS does not practice a lateral entry process. Successful candidates will not retain their previous rank, compensation, or seniority. Prior service may be recognized when determining starting salary.*

- ☐ CBRM Pare Medical Clearance Form (Part 1 & 2)
  - Must be completed by a physician
  - Form is included in the application package – PARE tests are valid for 6 months.
  - Candidates must be medically fit in order to be accepted into the program.
  - PARE testing locations may be researched here. An official certificate must be submitted with this application.

- ☐ Laboratory Requisition Form **(upon request through Human Resources)**
  - Please fill in your name, health card number etc. as indicated on the form within the application before taking to the Blood Collections Department.
  - Results must be faxed to the HR Department at 902-563-5582.

- ☐ EKG Form **(upon request through Human Resources)**
  - Please fill in your name, health card number etc. as indicated on the form within the application before taking to the Blood Collections Department.
  - Results must be faxed to the HR Department at 902-563-5582.

- ☐ Visual Examination Form
  - Included in the application package – valid for 2 years.

- ☐ Hearing Examination Form
  - Included in the application package – valid for 1 year.

- ☐ CBRM Medical Examination of Fitness for Work Form
  - This form must be completed by the applicant (included in application package).

- ☐ Criminal Record Check and Vulnerable Sector Check
    - o Persons who have been found guilty of and/or convicted of a criminal offence must have received an absolute discharge or a pardon. Candidates must submit to a criminal record check from a local police service, and sign the criminal consent form giving permission for a background check.

- ☐ Copy of Valid Canadian Driver's License (front and back)
    - o Must possess and maintain a valid Canadian driver's license.

- ☐ Copy of Driver's Abstract
    - o Must indicate an acceptable driving record for last three years.

- ☐ Copy of (C.P.R.) Level C. Current Standard First Aid

- ☐ Three (3) letters of reference – one must be work-related

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Only applicants selected to proceed in the selection process will be required to complete the phases listed below:

- Polygraph Examination
- Psychological Screening
- Medical Evaluation
- Security Clearance
- Credit History Check
- Reference Checks
- Drug And Alcohol Screening

LAST NAME	GIVEN NAME	MIDDLE NAME	
FULL ADDRESS	CITY	PROVINCE	POSTAL CODE
EMAIL ADDRESS	TELEPHONE NO. (RES.) [ ]	TELEPHONE NO. (BUS.) [ ]	TELEPHONE NO. (OTHER) [ ]

Other than the name(s) listed above, please list any name change(s), or name(s) you may have used in the past.

NAME CHANGE FROM:	NAME CHANGE TO:	Date of Change:

DRIVER'S LICENCE	PROVINCE	CLASS(ES)	LICENCE NUMBER	Date of Issue:

EDUCATION AND TRAINING

Proof of education will be required prior to engagement

HIGH SCHOOL	*Circle highest grade completed*	NAME OF SCHOOL	LOCATION	☐ HIGH SCHOOL DIPLOMA ☐ EQUIVALENCY DIPLOMA
10 11 12 13				

COLLEGE, BUSINESS SCHOOL, OR TECHNICAL SCHOOL	NAME OF SCHOOL	LOCATION

PROGRAM OR COURSE	START YYYY	DATE MM	FINISH YYYY	DATE MM

LENGTH OF COURSE	GRADE POINT AVERAGE	☐ CERTIFICATE DIPLOMA LICENCE AWARDED? *(IF NOT – PLEASE PROVIDE DETAILS)* NO

COLLEGE, SCHOOL SCHOOL, OR BUSINESS TECHNICAL	NAME OF SCHOOL	LOCATION

PROGRAM OR COURSE	START YYYY	DATE MM	FINISH YYYY	DATE MM

LENGTH OF COURSE	GRADE POINT AVERAGE	CERTIFICATE DIPLOMA LICENCE AWARDED? *(IF NOT – PLEASE PROVIDE DETAILS)* NO

UNIVERSITY	NAME OF SCHOOL	LOCATION

PROGRAM OR COURSE	START YYYY	DATE MM	FINISH YYYY	DATE MM

MAJOR/MINOR

LENGTH OF COURSE	GRADEPOINT AVERAGE	CERTIFICATE DIPLOMA DEGREE AWARDED? *(IF NOT – PLEASE PROVIDE DETAILS)* NO

UNIVERSITY	NAME OF SCHOOL	LOCATION

PROGRAM OR COURSE	START YYYY	DATE MM	FINISH YYYY	DATE MM

MAJOR/MINOR

LENGTH OF COURSE	GRADEPOINT AVERAGE	CERTIFICATE DIPLOMA DEGREE AWARDED? *(IF NOT – PLEASE PROVIDE DETAILS)* NO

UNIVERSITY	NAME OF SCHOOL	LOCATION

PROGRAM OR COURSE	START YYYY	DATE MM	FINISH YYYY	DATE MM

MAJOR/MINOR

LENGTH OF COURSE	GRADEPOINT AVERAGE	CERTIFICATE DIPLOMA DEGREE AWARDED? *(IF NOT – PLEASE PROVIDE DETAILS)* NO

The CBRM is committed to the principles of Employment Equity and encourages applications from the designated groups; women, visible minorities, aboriginals and persons with disabilities. CBRM encourages the need for respect, integrity, diversity, accountability and the public good.

Sex: M_____ F ______ O ______

Self-Identity:
Are you a member of an under represented group? Yes or No
Do you require a workplace accommodation? Yes or No

LANGUAGES SPOKEN

LANGUAGES WRITTEN

ADDITIONAL EDUCATION INCLUDING COURSES, WORKSHOPS, AND SEMINARS. (ATTACH AN ADDITIONAL PAPER IF NECESSARY)

ADDITIONAL COMPUTER SKILLS, TRAINING, COURSES, ETC ... (ATTACH AN ADDITIONAL PAPER IF NECESSARY)

HAVE YOU EVER APPLIED FOR A POSITION WITH THIS OR ANY OTHER POLICE AGENCY? YES *(if YES – Where & When)* *OR* NO

LIST ALL APPLICATIONS TO THIS OR ANY OTHER POLICE AGENCIES

POLICE AGENCY	APPLICATION DATE YYYY	MM	DD	STATUS (describe reason for non-selection)

HAVE YOU EVER TAKEN A POLYGRAPH EXAMINATION? YES or NO

AGENCY WHERE POLYGRAPH EXAMINATION WAS COMPLETED	YYYY	MM	DD

REASON FOR POLYGRAPH EXAMINATION

HAVE YOU EVER BEEN FINGERPRINTED? YES or NO

REASON FOR FINGERPRINTING

EMPLOYMENT HISTORY

Begin with your most recent employer and continue in reverse time order.
Provide history for the last ten (10) years if applicable.
Provide an explanation for all gaps in employment.
Please note that a typewritten resume will also be required at a point during the selection process.

MOST RECENT

EMPLOYER'S NAME	TELEPHONE NUMBER [ ]
EMPLOYER'S ADDRESS	POSTAL CODE
NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER [ ]

START DATE YYYY	MM	FINISH DATE YYYY	MM	POSITION HELD

DUTIES/RESPONSIBILITIES

REASON FOR LEAVING

2nd

EMPLOYER'S NAME	TELEPHONE NUMBER [ ]
EMPLOYER'S ADDRESS	POSTAL CODE
NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER [ ]

START DATE YYYY	MM	FINISH DATE YYYY	MM	POSITION HELD

DUTIES/RESPONSIBILITIES

REASON FOR LEAVING

3rd

EMPLOYER'S NAME	TELEPHONE NUMBER [ ]
EMPLOYER'S ADDRESS	POSTAL CODE
NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER [ ]

START DATE YYYY	MM	FINISH DATE YYYY	MM	POSITION HELD

DUTIES/RESPONSIBILITIES

REASON FOR LEAVING

EMPLOYMENT HISTORY *(Continued)*

4th

EMPLOYER'S NAME	TELEPHONE NUMBER [ ]
EMPLOYER'S ADDRESS	POSTAL CODE
NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER [ ]

START DATE YYYY	MM	FINISH DATE YYYY	MM	POSITION HELD

DUTIES/RESPONSIBILITIES

REASON FOR LEAVING

5th

EMPLOYER'S NAME	TELEPHONE NUMBER [ ]
EMPLOYER'S ADDRESS	POSTAL CODE
NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER [ ]

START DATE YYYY	MM	FINISH DATE YYYY	MM	POSITION HELD

DUTIES/RESPONSIBILITIES

REASON FOR LEAVING

IF YOU WERE ASKED TO RESIGN, OR WERE FIRED FROM A JOB, OR HAD A GAP IN EMPLOYMENT, PLEASE PROVIDE DETAILS AND EXPLANATIONS.

CREDIT HISTORY

Please complete the following information.

NAME

MAIDEN NAME / OTHER NAMES USED | **Social Insurance Number**

DATE OF BIRTH (YYYY / MM / DD) | EMPLOYER'S NAME

CURRENT ADDRESS | **FROM** (YYYY / MM / DD) | **TO** (YYYY / MM / DD)

CITY | PROVINCE | COUNTRY | POSTAL CODE

PREVIOUS ADDRESS | **FROM** (YYYY / MM / DD) | **TO** (YYYY / MM / DD)

CITY | PROVINCE | COUNTRY | POSTAL CODE

PREVIOUS ADDRESS | **FROM** (YYYY / MM / DD) | **TO** (YYYY / MM / DD)

CITY | PROVINCE | COUNTRY | POSTAL CODE

PREVIOUS ADDRESS | **FROM** (YYYY / MM / DD) | **TO** (YYYY / MM / DD)

CITY | PROVINCE | COUNTRY | POSTAL CODE

DRIVER'S LICENCE	PROVINCE	CLASS(ES)	LICENCE NUMBER	DATE OF ISSUE:

CREDIT CARDS	TYPE	ISSUING INSTITUTION	CURRENT BALANCE OWING	EXPIRATION DATE (YYYY / MM)
2	TYPE	ISSUING INSTITUTION	CURRENT BALANCE OWING	EXPIRATION DATE (YYYY / MM)
3	TYPE	ISSUING INSTITUTION	CURRENT BALANCE OWING	EXPIRATION DATE (YYYY / MM)
4	TYPE	ISSUING INSTITUTION	CURRENT BALANCE OWING	EXPIRATION DATE (YYYY / MM)

OFFICE USE ONLY

FILE MANAGER

DATE SENT (Fax) (YYYY / MM / DD) | **DATE RECEIVED (Fax)** (YYYY / MM / DD)

SECURITY CLEARANCE DECLARATION

FILE MANAGER

OFFICE USE ONLY

This page contains detailed information regarding you, your family, and associates.

This information is required to determine your eligibility for employment.

THIS INFORMATION WILL BE HELD IN STRICTEST CONFIDENCE.

Please print legibly. Ensure that all sections are completed. Additional sheets should follow suggested format.

LAST NAME	FIRST NAME	MIDDLE NAME	PREFERRED FIRST NAME

MAIDEN / OTHER NAMES USED

FULL ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER
				[ ]

DATE OF BIRTH			SEX			PLACE OF BIRTH
YYYY	MM	DD	❑ Male	❑ Female	❑ Other	

MARITAL STATUS

❑ Single	❑ Married	❑ Common-law / Domestic Partner	❑ Separated	❑ Divorced

If you checked married, common-law or domestic partner, please give full name and date of birth and Social Insurance Number of your partner.

SURNAME / MAIDEN NAME / OTHER NAMES USED	FIRST NAME	MIDDLE NAME	DATE OF BIRTH YYYY MM DD

SOCIAL INSURANCE NUMBER	

HAVE YOU APPLIED FOR EMPLOYMENT/CONTRACT WORK/VOLUNTEER WORK WITH ANY POLICE SERVICE IN THE PAST?

	❑ YES	❑ NO	

POSITION APPLIED FOR	DIVISION / SECTION

IN CHRONOLOGICAL ORDER, *MOST RECENT FIRST*, PLEASE PROVIDE THE ADDRESSES OF EVERY LOCATION WHERE YOU HAVE LIVED IN THE LAST 10 YEARS, AND THE NAMES OF PERSONS WHO LIVED WITH YOU. PLEASE ESTIMATE THE AGE IF THE EXACT DATE(S) OF BIRTH CANNOT BE OBTAINED. USE NEXT PAGE OR ATTACH ADDITIONAL SHEETS IF REQUIRED.

ADDRESS / CITY / PROVINCE / POSTAL CODE	NAME OF PERSON(S) WHO SHARE ADDRESS WITH YOU	TELEPHONE NUMBER	RELATIONSHIP	SEX	DATE OF BIRTH YYYY MM DD	FROM YYYY MM DD / TO YYYY MM DD
		[ ]				
		[ ]				
		[ ]				
ADDRESS / CITY / PROVINCE / POSTAL CODE	NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU	TELEPHONE NUMBER	RELATIONSHIP	SEX	DATE OF BIRTH YYYY MM DD	FROM YYYY MM / SEX / TO YYYY MM DD
		[ ]				
		[ ]				
		[ ]				

SECURITY CEARANCE DECLARATION
(Continued)

Attach an additional sheet(s) if required – following the suggested format.

ADDRESS CITY PROVINCE POSTAL CODE		FROM YYYY M M	D D	TO YYYY M M D D
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU	TELEPHONE NUMBER [ ]	RELATIONSHIP	SEX	DATE OF BIRTH YYYY M M D D
	TELEPHONE NUMBER [ ]	RELATIONSHIP	SEX	DATE OF BIRTH YYYY M M D D
	TELEPHONE NUMBER [ ]	RELATIONSHIP	SEX	DATE OF BIRTH YYYY M M D D
ADDRESS CITY PROVINCE POSTAL CODE		FROM YYYY M M	D D	TO YYYY M M D D
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU	TELEPHONE NUMBER [ ]	RELATIONSHIP	SEX	DATE OF BIRTH YYYY M M D D
	TELEPHONE NUMBER [ ]	RELATIONSHIP	SEX	DATE OF BIRTH YYYY M M D D
	TELEPHONE NUMBER [ ]	RELATIONSHIP	SEX	DATE OF BIRTH YYYY M M D D
ADDRESS CITY PROVINCE POSTAL CODE		FROM YYYY M M	D D	TO YYYY M M D D
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU	TELEPHONE NUMBER [ ]	RELATIONSHIP	SEX	DATE OF BIRTH YYYY M M D D
	TELEPHONE NUMBER [ ]	RELATIONSHIP	SEX	DATE OF BIRTH YYYY M M D D
	TELEPHONE NUMBER [ ]	RELATIONSHIP	SEX	DATE OF BIRTH YYYY M M D D
ADDRESS CITY PROVINCE POSTAL CODE		FROM YYYY M M	D D	TO YYYY M M D D
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU	TELEPHONE NUMBER [ ]	RELATIONSHIP	SEX	DATE OF BIRTH YYYY M M D D
	TELEPHONE NUMBER [ ]	RELATIONSHIP	SEX	DATE OF BIRTH YYYY M M D D
	TELEPHONE NUMBER [ ]	RELATIONSHIP	SEX	DATE OF BIRTH YYYY M M D D
ADDRESS CITY PROVINCE POSTAL CODE		FROM YYYY M M	D D	TO YYYY M M D D
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU	TELEPHONE NUMBER [ ]	RELATIONSHIP	SEX	DATE OF BIRTH YYYY M M D D
	TELEPHONE NUMBER [ ]	RELATIONSHIP	SEX	DATE OF BIRTH YYYY M M D D
	TELEPHONE NUMBER [ ]	RELATIONSHIP	SEX	DATE OF BIRTH YYYY M M D D

FAMILY MEMBERS

SECURITY CLEARANCE DECLARATION
(Continued)
Attach an additional sheet(s) if required – following the suggested format.

Applicants must list all names, relationship, date of birth, address and phone number of their *immediate relatives AND of the immediate relatives of their current and/or former spouse, domestic partner, common-law, or significant other.

- ***Immediate relatives include parents, stepparents, guardians, current and/or former spouse, domestic partner, common-law, or significant other, as well as children, stepchildren, adopted children, brothers, sisters, step-brothers/sisters, adopted brothers/sisters, age 12 or over. This includes persons who are deceased.**

SURNAME / MAIDEN NAME / OTHER NAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME USED			DATE OF BIRTH YYYY MM DD
RELATIONSHIP	SEX	ADDRESS	CITY	PROVINCE	POSTAL CODE	**TELEPHONE NUMBER** [ ]
SURNAME / MAIDEN NAME / OTHER NAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME USED			DATE OF BIRTH YYYY MM DD
RELATIONSHIP	SEX	ADDRESS	CITY	PROVINCE	POSTAL CODE	**TELEPHONE NUMBER** [ ]
SURNAME / MAIDEN NAME / OTHER NAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME USED			DATE OF BIRTH YYYY MM DD
RELATIONSHIP	SEX	ADDRESS	CITY	PROVINCE	POSTAL CODE	**TELEPHONE NUMBER** [ ]
SURNAME / MAIDEN NAME / OTHER NAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME USED			DATE OF BIRTH YYYY MM DD
RELATIONSHIP	SEX	ADDRESS	CITY	PROVINCE	POSTAL CODE	**TELEPHONE NUMBER** [ ]
SURNAME / MAIDEN NAME / OTHER NAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME USED			DATE OF BIRTH YYYY MM DD
RELATIONSHIP	SEX	ADDRESS	CITY	PROVINCE	POSTAL CODE	**TELEPHONE NUMBER** [ ]
SURNAME / MAIDEN NAME / OTHER NAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME USED			DATE OF BIRTH YYYY MM DD
RELATIONSHIP	SEX	ADDRESS	CITY	PROVINCE	POSTAL CODE	**TELEPHONE NUMBER** [ ]
SURNAME / MAIDEN NAME / OTHER NAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME USED			DATE OF BIRTH YYYY MM DD
RELATIONSHIP	SEX	ADDRESS	CITY	PROVINCE	POSTAL CODE	**TELEPHONE NUMBER** [ ]
SURNAME / MAIDEN NAME / OTHER NAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME USED			DATE OF BIRTH YYYY MM DD
RELATIONSHIP	SEX	ADDRESS	CITY	PROVINCE	POSTAL CODE	**TELEPHONE NUMBER** [ ]
SURNAME / MAIDEN NAME / OTHER NAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME USED			DATE OF BIRTH YYYY MM DD
RELATIONSHIP	SEX	ADDRESS	CITY	PROVINCE	POSTAL CODE	**TELEPHONE NUMBER** [ ]

FAMILY MEMBERS

SECURITY CLEARANCE DECLARATION
(Continued)
Attach an additional sheet(s) if required – following the suggested format.

SURNAME / MAIDEN NAME / OTHER NAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME USED	DATE OF BIRTH YYYY	M M	D D
RELATIONSHIP	SEX	ADDRESS	CITY	PROVINCE	POSTAL CODE	**TELEPHONE NUMBER** [ ]
SURNAME / MAIDEN NAME / OTHER NAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME USED	DATE OF BIRTH YYYY	M M	D D
RELATIONSHIP	SEX	ADDRESS	CITY	PROVINCE	POSTAL CODE	**TELEPHONE NUMBER** [ ]
SURNAME / MAIDEN NAME / OTHER NAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME USED	DATE OF BIRTH YYYY	M M	D D
RELATIONSHIP	SEX	ADDRESS	CITY	PROVINCE	POSTAL CODE	**TELEPHONE NUMBER** [ ]
SURNAME / MAIDEN NAME / OTHER NAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME USED	DATE OF BIRTH YYYY	M M	D D
RELATIONSHIP	SEX	ADDRESS	CITY	PROVINCE	POSTAL CODE	**TELEPHONE NUMBER** [ ]
SURNAME / MAIDEN NAME / OTHER NAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME USED	DATE OF BIRTH YYYY	M M	D D
RELATIONSHIP	SEX	ADDRESS	CITY	PROVINCE	POSTAL CODE	**TELEPHONE NUMBER** [ ]
SURNAME / MAIDEN NAME / OTHER NAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME USED	DATE OF BIRTH YYYY	M M	D D
RELATIONSHIP	SEX	ADDRESS	CITY	PROVINCE	POSTAL CODE	**TELEPHONE NUMBER** [ ]
SURNAME / MAIDEN NAME / OTHER NAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME USED	DATE OF BIRTH YYYY	M M	D D
RELATIONSHIP	SEX	ADDRESS	CITY	PROVINCE	POSTAL CODE	**TELEPHONE NUMBER** [ ]
SURNAME / MAIDEN NAME / OTHER NAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME USED	DATE OF BIRTH YYYY	M M	D D
RELATIONSHIP	SEX	ADDRESS	CITY	PROVINCE	POSTAL CODE	**TELEPHONE NUMBER** [ ]
SURNAME / MAIDEN NAME / OTHER NAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME USED	DATE OF BIRTH YYYY	M M	D D
RELATIONSHIP	SEX	ADDRESS	CITY	PROVINCE	POSTAL CODE	**TELEPHONE NUMBER** [ ]
SURNAME / MAIDEN NAME / OTHER NAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME USED	DATE OF BIRTH YYYY	M M	D D
RELATIONSHIP	SEX	ADDRESS	CITY	PROVINCE	POSTAL CODE	**TELEPHONE NUMBER** [ ]

SECURITY CLEARANCE DECLARATION
(Continued)

Attach an additional sheet(s) if required – following the suggested format.

1. Have you ever been convicted of any criminal offence in **Canada** or **in any other country** for which a pardon, or the equivalent of a pardon was or was not granted? (Attach Pardon Document)	o **YES** o **NO**
2. Are you now, or have you ever been investigated, arrested, or charged in **Canada** or **in any other country** for an offence of any kind? **If yes –** explain on separate sheet.	o **YES** o **NO**
3. Have you ever been found guilty of an offence in **Canada** or **in any other country** when you were under the age of 18? **If yes –** explain on separate sheet.	o **YES** o **NO**
4. Are you associated with any companies, or businesses, not listed on your application? o Owner **o** Director **o** Controlling Share Holder **o** Other	o **YES** o **NO**
5. Are you a member of any clubs or organizations? **If yes –** explain which	o **YES** o **NO**
6. If you answered yes to the previous question, do you hold a position in that club or organization? o President **o** Chair **o** Director **o** Other	o **YES** o **NO**
7. In the past 10 years, have you been involved in any lawsuits or civil actions?	o **YES** o **NO**

If you have answered "YES" to any of the above questions, attach an additional sheet providing complete details regarding the specific incident, including what occurred, when, where, and why. If pardoned, attach Pardon documentation.

STATEMENT OF CONSENT

I HEREBY CONSENT THAT any and all information pertaining to a Criminal Record registered in my name with the National Repository for Criminal Records in Canada may be provided to authorized persons at the Cape Breton Regional Police Service (CBRPS). I recognize that an employee of the CBRPS is in a position of trust within the community and I hereby consent to the CBRPS performing a VS (Vulnerable Sector) search of my name in the National Repository for Criminal Records. I understand that a VS search is a search that will check for pardoned sex offences. I further consent, if requested, to attend the Identification Section of the CBRPS for fingerprint confirmation. I further agree to absolutely release, discharge, and absolve the CBRPS, the Cape Breton Regional Municipality and its employees from all claims, losses, or damages including indirect or consequential, occasioned by me during, or as a result of any investigation for a Criminal Record.

Dated this_____day of , 20_____

SIGNATURE

PRINTED NAME OF WITNESS **WITNESS SIGNATURE**

REFERENCES

Please list eight (8) adults (3 must be close personal friends, not related to you, and not previous employers, who we may contact as references to provide competent judgment of your personal character, temperament, and work habits.

(Please note that at any point during the selection process three (3) letters of reference of which one must be a work reference, , will also be required in addition to those listed below)

LAST NAME	GIVEN NAMES	RELATIONS HIP	
FULL ADDRESS			POSTAL CODE
TELEPHONE NO. (RES.) [ ]	TELEPHONE NO. (BUS.) [ ]	OCCUPA TION	YEARS KNOWN
LAST NAME	GIVEN NAMES	RELATIONS HIP	
FULL ADDRESS			POSTAL CODE
TELEPHONE NO. (RES.) [ ]	TELEPHONE NO. (BUS.) [ ]	OCCUPA TION	YEARS KNOWN
LAST NAME	GIVEN NAMES	RELATIONS HIP	
FULL ADDRESS			POSTAL CODE
TELEPHONE NO. (RES.) [ ]	TELEPHONE NO. (BUS.) [ ]	OCCUPA TION	YEARS KNOWN
LAST NAME	GIVEN NAMES	RELATIONS HIP	
FULL ADDRESS			POSTAL CODE
TELEPHONE NO. (RES.) [ ]	TELEPHONE NO. (BUS.) [ ]	OCCUPA TION	YEARS KNOWN
LAST NAME	GIVEN NAMES	RELATIONS HIP	
FULL ADDRESS			POSTAL CODE
TELEPHONE NO. (RES.) [ ]	TELEPHONE NO. (BUS.) [ ]	OCCUPA TION	YEARS KNOWN
LAST NAME	GIVEN NAMES	RELATIONS HIP	
FULL ADDRESS			POSTAL CODE
TELEPHONE NO. (RES.) [ ]	TELEPHONE NO. (BUS.) [ ]	OCCUPA TION	YEARS KNOWN
LAST NAME	GIVEN NAMES	RELATIONS HIP	
FULL ADDRESS			POSTAL CODE
TELEPHONE NO. (RES.) [ ]	TELEPHONE NO. (BUS.) [ ]	OCCUPA TION	YEARS KNOWN
LAST NAME	GIVEN NAMES	RELATIONS HIP	
FULL ADDRESS			POSTAL CODE
TELEPHONE NO. (RES.) [ ]	TELEPHONE NO. (BUS.) [ ]	OCCUPA TION	YEARS KNOWN

Cape Breton Regional Police Service

Applicant Vision Examination Report

Applicant Information

To be completed by the applicant

Surname	Given Names			Date of Birth (yyyy-mm-dd)
Street Address	City	Province	Postal Code (A9A 9A9)	Date of Exam (yyyy-mm-dd)

Visual Examination

To be completed by the Ophthalmologist or Optometrist

Visual Acuity

Any standardized procedures (Landoit Ring, Snellen) may be utilized. No error is allowed per line of symbols.

Uncorrected Right Eye (6/ or 20/) Yes ☐ No ☐	Uncorrected Left Eye (6/ or 20/)
Corrected Right Eye (6/ or 20/)	Corrected Left Eye (6/ or 20/)

Corrected by

☐ Eyeglasses ☐ Contact Lenses

Vision Standards Visual Acuity

- Corrected vision (with glasses or contacts): Visual acuity **must** be at least 6/6 (20/20) in one eye and 6/9 (20/30) in the other; **and**
- Uncorrected vision (without glasses or contacts): Visual acuity **must** be at least 6/18 (20/60) in each eye **or** 6/12 (20/40) in one eye and at least 6/30 (20/100) in the other eye.

Meets Standards, both corrected and uncorrected?

Yes ☐ No ☐

Visual Fields

Field of Vision Standards
Must be at least 150 degrees continuous along the horizontal meridian and 20 degrees continuous above and below fixation, with both eyes open and examined together.

Meets Standards?

Yes ☐ No ☐

Colour-Vision

Standardized Ishihara pseudo-isochromatic plates must be utilized. **Testing is to be done without the candidate using any colour correcting aids, such as coloured contact lenses.**

a) Result of standardized Ishihara pseudo-isochromatic plates test

☐ Passed ☐ Failed. If so, re-test using Farnsworth D-15.

b) Result of Farnsworth D-15 test (if the applicant failed the plate test). **Attach the results.**

☐ Passed ☐ Failed

Colour-Vision Testing Standards

- Using the standardized Ishihara pseudo-isochromatic plates, if at least 17 of 21 patterns are correctly identified (pass) colour-vision will be considered normal;
- If required, further evaluation will be conducted with the Farnsworth D-15 test. If the applicant passes the Farnsworth D-15 test, the applicant will be considered to meet the minimum colour-vision standards; and
- If the applicant fails both the Ishihara test and the Farnsworth D-15 test, the minimum vision standards for an CBRPS applicant are not met.

Meets Standards?

☐ Yes ☐ No

Ocular Disease / Conditions

Applicant must be free from ocular diseases impairing visual performance. If there is a history or the presence of an ocular disease, further information may be required at the medical examination stage for individual assessment.

Is there any indication of the presence of the following

☐ Strabismus ☐ Diplopia ☐ Eye Disease specify:

Is there any indication that the applicant could be at risk of experiencing double vision when tired or in an environment with reduced visual cues and/or greater visual strain and/or stress?

☐ Yes ☐ No

Applicant Vision Examination Report

Any other testing performed? ☐ Yes ☐ No

If other testing performed, clarifiy including test and result:

Refractive Surgery, including Corneal and Intra-Ocular Lens Procedures

Has the applicant had refraction correction surgery?

☐ Yes ☐ No

If the applicant had refraction correction surgery, please identify the type

☐ LASIK ☐ PRK ☐ Implanted Corrective Lenses (ICL, PIOL) ☐ Other specify:

Date of Surgery (yyyy-mm-dd)

Standard Post-Refractive Correction Surgery - Applicant must wait the following time before having a vision examination completed

- Laser-assisted in-situ keratomileusis (LASIK) surgery - thirty (30) days;
- Photorefractive keratectomy (PRK) surgery - ninety (90) days;
- Implanted corrective lenses (ICL, PIOL) surgery with anterior chamber lens - six (6) months; and
- Implanted corrective lenses (ICL, PIOL) surgery with posterior chamber lens - twelve (12) months.

Does the applicant have any history of

☐ Halos ☐ Starbursts ☐ Night Vision Difficulties ☐ Contrast Sensitivity Difficulties

Is the applicant's vision now stable?	Is there currently any increased risk, relative to "normal" eyes, for damage to the eyes upon physical confrontation?
☐ Yes ☐ No	☐ Yes ☐ No

Specify any other acute or chronic problems with the function of the eyes or adnexa, if applicable.

Declaration, Acknowledgement and Consent

To be completed by the applicant

☐ I declare that the statements made to the Ophthalmologist/Optometrist are complete and correct to the best of my knowledge and that I have not withheld any relevant information or made any misleading statements.

☐ I acknowledge that incomplete forms will be returned to my attention and may result in disqualification of my application.

☐ I acknowledge that my vision examination report is valid for two (2) years from the testing date.

☐ I acknowledge that the cost of this examination, refractive correction surgery, and reports prepared by the Ophthalmologist or optometrist are my responsibility.

☐ I consent that this information be provided to CBRM for pre-selection purposes.

☐ I consent to CBRM contacting the ophthalmologist or optometrist indicated below if clarification of this vision examination is required.

_____ _____

Signature Date (yyyy-mm-dd)

Ophthalmologist or Optometrist

To be completed by the Ophthalmologist or Optometrist

Surname	First Name	Specialty ☐ Ophthalmologist ☐ Optometrist	Licence Number
Business Address			Telephone No. (incl. area code)

Signature Date (yyyy-mm-dd)

HEARING REPORT

Please ensure all areas are fully completed.

NAME OF APPLICANT	SURNAME	GIVEN NAMES	INITIAL
ADDRESS OF APPLICANT			

CITY	PROVINCE	POSTAL CODE	DATE OF BIRTH YYYY	MM	DD

HEARING STANDARDS FOR POLICE OFFICER APPLICANTS

AUDIOLOGIST	NAME OF AUDIOLOGIST:	DATE OF EXAMINATION YYYY MM DD
ADDRESS OF AUDIOLOGIST:		
		TELEPHONE NUMBER [ ]

PURE TONE THRESHOLDS IN HZ	250	500	1000	2000	3000	4000	6000	8000
RIGHT EAR								
LEFT EAR								

Hearing Requirements:

a) Hearing Loss no greater than 30 dbs in both ears in the 500 to 6,000 Hz frequency range.
b) Hearing loss no greater than 30 dbs in the better ear in the 500 to 3000 Hz frequency range;
c) Hearing loss no greater than 30 dbs in the worst ear in the 500 to 2900 Hz frequency range, and no more than 50 dbs in the worst ear at 3000 Hz frequency range.

I certify that the above named individual MEETS ____ DOES NOT MEET ____ the hearing requirements for a Police Officer applicant as indicated in above noted requirements.

SIGNATURE OF AUDIOLOGIST	DATE YYYY	MM	DD
SIGNATURE OF APPLICANT	DATE YYYY	MM	DD

CBRM Medical Examination of Fitness for Work

To be completed by Applicant.

Name: _____ Date of Birth: _____

1. Family History

Have any immediate blood relatives ever had:

	Yes	No
1.1 Diabetes	☐	☐
1.2 Heart disease	☐	☐
1.3 High blood pressure	☐	☐
1.4 Ulcers or bowel problems	☐	☐
1.5 Mental illness	☐	☐
1.6 Asthma	☐	☐
1.7 Epilepsy	☐	☐
1.8 Tuberculosis	☐	☐
1.9 Cancer	☐	☐
1.10 Strokes	☐	☐

2. Personal History

2.1 Have you ever been refused employment or life insurance because of your health?	☐	☐
2.2 Have you ever been regularly exposed to toxic chemicals (such as solvents, asbestos etc.) or excessive noise levels?	☐	☐
2.3 Have you any religious medical concerns that might affect your health care	☐	☐
2.4 Do you smoke? How much per week? _____	☐	☐
2.5 Do you drink alcohol? How much per week? _____	☐	☐
2.6 Have you ever had any medical problems due to mind-altering street or addictive drugs?	☐	☐
2.7 Have you been off work in the past year because of illness or injury?	☐	☐
2.8 Have you ever had any broken bones, back Injuries, neck injuries, or shoulder injuries	☐	☐
2.9 Do you suffer from any phobias?	☐	☐
2.10 If so, does this concern:		
flying	☐	
confined spaces	☐	
fire	☐	
water	☐	
heights	☐	
other	☐	☐
2.11 Do you participate in a regular exercise program?	☐	☐
2.12 Do you drink coffee, tea or cola?	☐	☐
2.13 Have you ever received WCB benefits?	☐	☐
2.14 Have you ever received long term disability benefits (LTD)?	☐	☐

3. Medications

3.1 Do you take any medications?	☐	☐
3.2 Are you allergic to or have you ever had an adverse reaction to any medications?	☐	☐

4. Medical History

Do you or have you ever had or been treated for any of the following medical conditions:

	Yes	No
4.1 Asthma, bronchitis, pneumonia, pleurisy, tuberculosis or other lung disease	☐	☐
4.2 Disease of the nose or throat	☐	☐
4.3 Ear disease, loss of balance or dizziness	☐	☐
4.4 Hay fever, allergies or hives	☐	☐
4.5 Rheumatic fever, heart disease or murmur	☐	☐
4.6 High blood pressure	☐	☐
4.7 Chest pain, angina or palpitations	☐	☐
4.8 Varicose veins or phlebitis	☐	☐
4.9 Bleeding tendency or bruising	☐	☐
4.10 Diabetes, thyroid disease or other glandular disease	☐	☐
4.11 Seizures, fainting or epilepsy	☐	☐
4.12 Head injury or concussion	☐	☐
4.13 Stroke or paralysis	☐	☐
4.14 Severe recurrent headache or migraine	☐	☐
4.15 Loss of or impaired vision or eye disorder	☐	☐
4.16 Psychosis, anxiety, depression or other mental illness	☐	☐
4.17 Stomach, duodenal or peptic ulcer	☐	☐
4.18 Gall bladder disease, jaundice or hepatitis	☐	☐
4.19 Diarrhea or bowel disease	☐	☐
4.20 Kidney disease, kidney stones or bladder disease	☐	☐
4.21 Sexually-transmitted disease	☐	☐
4.22 Skin diseases, rashes, eczema or dermatitis	☐	☐
4.23 Bone or joint disease or injury	☐	☐
4.25 Tropical disease, malaria, dysentery etc.	☐	☐
4.26 Cancer, tumour or growths	☐	☐
4.27 Other operations, serious illnesses or injuries	☐	☐
4.28 (Women) Gynecological disease	☐	☐
4.29 Motion sickness	☐	☐
4.30 Dental disease, toothache	☐	☐
4.31 Weight gain or loss over 10 lbs. in the last year	☐	☐
4.32 Date of last tetanus shot _____	☐	☐

Remarks: Give details of any “yes” answers in sections 1-4.

_____

_____

_____

_____

Applicant's Declaration

I, (name) _____ of

(address) _____
declare that the above statements made by me for the purposes of my medical examination are true and complete. I understand that any false statements shall be considered sufficient grounds to disqualify me from employment.
I also understand that this information will be treated as medically confidential and will not be forwarded to non-medical personnel. Results only (i.e. "fitness to work") will be forwarded to hiring unit.

Signed: _____ **Date:** _____

CBRM Pare Medical Clearance Form – To be completed by Physician

Dear Physician,

Subject: Medical Clearance to Undergo the Physical Abilities Requirement Evaluation

The person who has made this appointment with you is seeking medical clearance to undergo the Physical Abilities Requirement Evaluation (PARE) as part of their application to become a Cape Breton Regional Police Officer.

PARE is an occupational physical abilities test used to assess a person's ability to perform physical demands of police work. **It is a maximal exertion test equivalent to an exercise stress test at the 12 MET level.**

PARE represents a scenario where an officer must get to the scene of a problem, physically control the situation, and carry a person or an object away from the scene. The test is divided into the following three stations:

1. **An obstacle course -** 400 m long, including obstacles and stairs.

2. **A push/pull station -** which requires managing a 37 kg (80 lbs.) weight; completing six 180-degree arcs while pushing; performing four controlled falls; and completing six 180 degree arcs while pulling.

3. **A weightlifting and carrying station -** which requires lifting and carrying a 45 kg (100 lbs.) bag over a distance of 15 m (50 ft.).

The first two sections (the obstacle course and the push/pull station) are timed. Applicants applying for the Cape Breton Regional Police Service must complete these two sections in a time of 4:00 minutes or less.

Please complete, sign, date, and stamp the PARE medical clearance form. Please provide an original copy to patient and keep a photocopy of the form on the patient's medical file. The original copy will be used as proof that the applicant has been medically cleared to undergo the PARE.

Should you require further information regarding the PARE, please contact the CBRM Human Resources Department at: 902-563-5058 or Tyler MacKeigan at: tcmackeigan@cbrm.ns.ca

Human Resources
Cape Breton Regional Municipality

PARE Medical Clearance - Part 1

Patient Information				
Surname	Given Name(s)			Age
Gender Female ___ Male ___ Other	Height (cm)	Weight (kg)	Resting Heart Rate	Resting Blood Pressure

Risk Factors **MEI**

Note to Physician

The Physical Abilities Requirement Evaluation (PARE) is a maximal physical exertion test equivalent to an exercise stress test at the 12 Metabolic Equivalent for Task (MET) level. The following are risk factors to consider when assessing suitability for PARE.

Section A - For all Individuals - Pulmonary and Musculoskeletal Restrictions

If yes to **any one** risk factor in Section A, patient should not undertake PARE.

Pulmonary obstruction / restriction that would prevent maximal testing.	Yes No
Needs to use a short acting inhaler immediately prior to participate in maximal testing. (Short acting inhalers can only be used after the test if needed. Long acting or combined inhalers are allowed.)	__ Yes ___ No
Musculoskeletal restrictions that could interfere with strenuous activities or maximal testing.	Yes No

Section B - For all Individuals - High or Very High Cardiovascular Risk Factors (ATP III [1] & CMAJ [2])

If yes to **one or more** risk factors in Section B, it is recommended to send the patient to an exercise stress test before clearing for PARE.

Previous CVA, MI, vascular surgery or any clinical evidence of atherosclerosis	Yes No
Diabetes [3]	Yes ____ No
Metabolic Syndrome	Yes ____ No

Section C - For Men > Age 40 and Women > Age 50 - Coronary Artery Disease Risk Factors (ACSM [4] & CSEP [5])

If yes to **two or more** risk factors in Section C, it is recommended to send the patient for an exercise stress test before clearing for PARE.

Family history of premature cardiovascular disease	Yes	No
Cigarette smoking	Yes	No
Hypertension [6]	Yes	No
Dyslipidemia	Yes	No
Abnormal fasting glucose level	Yes	No
Obesity [7]	Yes	No
Physical inactivity	Yes	No

Section D - Exercise Stress Test (when required)

Clinically positive for ischemia		No
Electrically positive for ischemia		No
Number of MET reached (12 MET are required prior to undertaking PARE)	Y e s	

Additional tests (if needed, specify)

Medical References

1) Detection, Evaluation and Treatment of High Blood Cholesterol in Adults. (Adult Treatment Panel III). National Institute of Health. National Heart, Lung and Blood Institute.
2) Recommendations for the Management of Dyslipidemia and the Prevention of Cardiovascular Disease: 2003 update. CMAJ appendix 2003; 168 (9) 921-924.
3) Report of the Expert Committee on the Diagnosis and Classification of Diabetes Mellitus. Diabetes Care. 2003; 26 (supp 1):S5-S20.
4) American College of Sports Medicine, Cited in ACSM Guidelines for Exercise Testing and Prescription, Seventh Edition. 2006.
5) Canadian Society of Exercise Physiology. Professional Fitness & Lifestyle Consultant. Resource Manual. 2004.
6) Canadian Recommendations for the Management of Hypertension (2005)
7) Canadian Guidelines for Body Weight Classification in Adults (2003)

PARE Medical Clearance - Part 2

Patient Information

Surname	Given Name(s)	Age

Gender Female ___ Male ___ Other	Height (cm)	Weight (kg)	Resting Heart Rate	Resting Blood Pressure

Physician's Recommendations

After reviewing Part 1 of the PARE medical clearance and evaluating the following risk factors:

- Pulmonary Obstruction / Restriction
- Musculoskeletal Restrictions
- High or Very High Cardiovascular Risk Factors
- Coronary Artery Disease Risk Factors
- Exercise Stress Test to 12 MET, if applicable

it is my professional opinion that the above named patient is:

___ Medically fit to undertake the Physical Abilities Requirement Evaluation.

___ Not medically fit to undertake the Physical Abilities Requirement Evaluation.

Comments

Physician's stamp

Physician's signature

Date (yyyy-mm-dd)

CAPE BRETON REGIONAL POLICE RECRUIT
SELECTION STANDARDS
AUTHORIZATION FOR RELEASE OF INFORMATION

NAME OF APPLICANT	SURNAME	GIVEN NAMES	INITIAL
ADDRESS OF APPLICANT			

CITY	PROVINCE	POSTAL CODE	DATE OF BIRTH YYYY	M M	D D

I, _____, the undersigned, hereby authorize any person, employer, organization, or physician to provide any information, opinion, reports, records, documents or copies thereof in any form, which may be requested in connection with my application for employment with the Cape Breton Regional Police Service and any subsequent training.

Personal information about me will be used to assess my qualifications and suitability in relation to my application as a police officer as well as research purposes. I consent to the collection, use, disclosure, transmittal, and examination of all information compiled by the Cape Breton Regional Police Service.

Personal information about me that is obtained during the selection process, or any subsequent training and employment, may be disclosed to any law enforcement agency for the purpose for which it was obtained or for any other reason.

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

I hereby acknowledge and declare the terms of this authorization for release of information are fully understood by me.

SIGNATURES	SIGNATURE OF APPLICANT:	DATE: YYYY MM DD

NAME OF WITNESS:	SIGNATURE OF WITNESS:	DATE: YYYY	MM	DD

NOTE: The Witness must be 18 years or older