

Cape Breton Regional Police are seeking aspiring 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 will 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 offers a competitive compensation and benefits package:

- \$62,000 - \$113,000 (as of 2026 dependent on 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
- Paid on-the-job training for cadets selected through our Atlantic Police Academy sponsorship upon signing a 2-year service agreement.
- [Further information is available in the collective agreement](#)

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

If you are considering a career in policing, CBRPS and the Atlantic Police Academy (APA) have partnered together to offer placements in their bi-annual classes starting in January and July.

- For information on the Police Science Program through Holland College, [please click here](#).
- To connect with a member of Holland College, [please click here](#).

To connect with a member of the CBRM Recruiting Team, [please click here](#).

For an insider look at CBRPS – check out this video: ["Shape Your Career with the CBRPS"](#)

Applications may be submitted to:	Application Deadline:
<i>In-person or Drop-box:</i> Cape Breton Regional Municipality Attn: Human Resources Department 320 Esplanade, Sydney, N.S. B1P7B9 Fax: 902-563-5582 Email: jobapplications@cbrm.ns.ca	This posting shall remain open until all vacancies are filled.

POLICE CONSTABLE HIRING INFORMATION

There are two pathways to employment:

1. Experienced officers **or** those who've graduated with an accredited Police Science Certificate.
2. Individuals interested in attending the Atlantic Police Academy through sponsorship by CBRPS.

If interested, please:

- a. Ensure you meet minimum qualifications on pages 4 & 5 of the CBRPS application.
- b. Complete the CBRPS application and provide the necessary documentation listed on pages 4 & 5 and submit as directed on page 1.

A member of the HR Team will connect with you once reviewed.

Hiring Phases:

Upon submission, your application will be screened – if selected to proceed, a brief look at what you can expect from the selection process is listed below:

Experienced Officers	Atlantic Police Academy Sponsorship
<u>CBRM</u> • Interview • Enhanced security screening - o and/or Pre-employment polygraph questionnaire and interview. • Psychological Evaluation • Medical Assessment • Background Check • Credit History Check • Reference Checks • Drug & Alcohol Screening	<u>APA – Phase 1</u> • Police Officer Selection Test (POST) • Polygraph interview • Minnesota Multiphase Personality Inventory (MMPI) • More Information here <u>CBRM – Phase 2</u> • Medical Assessment • Background Check • Credit History Check • Reference Checks • Drug & Alcohol Screening • Interview (after on-the-job training)

If partaking in the CBRPS & APA Sponsorship, successful graduation from the Police Science (Cadet) Program, including your on-the-job training with CBRM, is a minimum requirement.

*The Cape Breton Regional Police Service, in partnership with the people,
is committed to serve and protect our community.*

www.cbrps.ca

Experienced Police Officers are encouraged to apply. 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.

NOTICES & INSTRUCTIONS

- 1.** An essential part 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.** The applicant must answer all questions. 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. *Applications may be completed electronically as directed or requested.*
- 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.

Guided by Employment Equity principles, we encourage applications from members of designated groups, including but not limited to Indigenous peoples, people of African descent, other racially visible persons, persons with disabilities, women in underrepresented occupations or positions, and members of the 2SLGBTQIA+ communities.

MINIMUM QUALIFICATIONS CHECKLIST

All items listed below must be submitted along with this package.

- ☐ Proof of Canadian Citizenship or permanent resident status. *Must be 19 years of age when starting the program.*
 - o For example, a birth certificate, passport, permanent resident card, etc.
- ☐ Proof of graduation from the Atlantic Police Academy or an equivalent Police Training facility (**or see next checkbox**)
 - o **If partaking in the CBRPS & APA Sponsorship, successful graduation from the Police Science Program, including your on-the-job training with CBRM, is also a minimum requirement.**
- ☐ Five (5) years uninterrupted recent experience with an accredited Canadian police agency.
 - o *All former graduates from the Atlantic Police Academy or equivalent Police Training Facility may be considered.*
 - o **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)
 - o Must be completed by a physician.
 - o Form is included in the application package. Candidates must be medically fit to be accepted into the program.
- ☐ Physical Abilities Readiness Examination (PARE)
 - o PARE tests are valid for 6 months.
 - o An official certificate must be provided upon completion.
 - o **Applicants unable to locate testing may request assistance through [Human Resources](#)**
- ☐ Visual Examination Form
 - o Included within this package – valid for 2 years.
- ☐ Hearing Examination Form
 - o Included within this package – valid for 1 year.
- ☐ CBRM Medical Examination of Fitness for Work Form
 - o Included within this package.
- ☐ Criminal Record Check and *Vulnerable Sector Check*
 - o Applicants 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

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check and vulnerable sector check from their local police service and sign the criminal consent form giving permission for a background check.

- ☐ Copy of Valid Unrestricted 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 be processed in last 6-months.
 - o Must indicate an acceptable driving record for last three years.
 - ☐ Copy of current Intermediate Workplace First Aid, CPR Level C & AED.
 - o *This must be taken in-person and not on-line.*
 - ☐ Three (3) letters of reference – one must be work-related.
 - ☐ Copy of your highest level of completed education. At minimum, you must have completed High School or equivalent.
 - o Partially completed post-secondary education may warrant a waiver for the Police Officer Suitability Test required by Holland College. Transcripts must be submitted for review and determination.
-

Please Note:

If you are selected to proceed in our hiring process, you will also be required to complete bloodwork, urinalysis and an EKG.

Forms to have these tests completed will be provided by Human Resources at a later date.

These tests alongside your CBRM fit-to-work form, hearing and vision examination forms will be provided to our contacted physician to complete the medical assessment portion of the selection process.

The medical assessment is coordinated through Human Resources and is not to be scheduled by the candidate with a primary physician unless directed to do so.

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			
COLLEGE, BUSINESS SCHOOL, OR TECHNICAL SCHOOL				NAME OF SCHOOL	LOCATION	
PROGRAM OR COURSE					START YYYY	DATE MM
LENGTH OF COURSE	GRADE POINT AVERAGE		☐ CERTIFICATE DIPLOMA LICENCE AWARDED? <i>(IF NOT – PLEASE PROVIDE DETAILS)</i> NO			
COLLEGE, SCHOOL, OR BUSINESS TECHNICAL				NAME OF SCHOOL	LOCATION	
PROGRAM OR COURSE					START YYYY	DATE MM
LENGTH OF COURSE	GRADE POINT AVERAGE		CERTIFICATE DIPLOMA LICENCE AWARDED? <i>(IF NOT – PLEASE PROVIDE DETAILS)</i> NO			
UNIVERSITY				NAME OF SCHOOL	LOCATION	
PROGRAM OR COURSE					START YYYY	DATE MM
MAJOR / MINOR						
LENGTH OF COURSE	GRADEPOINT	AVERAGE	CERTIFICATE DIPLOMA DEGREE AWARDED? <i>(IF NOT – PLEASE PROVIDE DETAILS)</i> NO			
UNIVERSITY				NAME OF SCHOOL	LOCATION	
PROGRAM OR COURSE					START YYYY	DATE MM
MAJOR / MINOR						
LENGTH OF COURSE	GRADEPOINT	AVERAGE	CERTIFICATE DIPLOMA DEGREE AWARDED? <i>(IF NOT – PLEASE PROVIDE DETAILS)</i> NO			
UNIVERSITY				NAME OF SCHOOL	LOCATION	
PROGRAM OR COURSE					START YYYY	DATE MM
MAJOR / MINOR						
LENGTH OF COURSE	GRADEPOINT	AVERAGE	CERTIFICATE DIPLOMA DEGREE AWARDED? <i>(IF NOT – PLEASE PROVIDE DETAILS)</i> 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			STATUS (describe reason for non-selection)
	YYYY	MM	DD	

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 YYYY	DATE MM	FINISH YYYY	DATE MM	POSITION HELD
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DUTIES/RESPONSIBILITIES

REASON FOR LEAVING

2nd

EMPLOYER'S NAME

TELEPHONE NUMBER

[]

EMPLOYER'S ADDRESS

POSTAL CODE

NAME OF IMMEDIATE SUPERVISOR

TELEPHONE NUMBER

[]

START YYYY	DATE MM	FINISH YYYY	DATE MM	POSITION HELD
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DUTIES/RESPONSIBILITIES

REASON FOR LEAVING

3rd

EMPLOYER'S NAME

TELEPHONE NUMBER

[]

EMPLOYER'S ADDRESS

POSTAL CODE

NAME OF IMMEDIATE SUPERVISOR

TELEPHONE NUMBER

[]

START YYYY	DATE MM	FINISH YYYY	DATE MM	POSITION HELD
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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 YYYY	DATE MM	FINISH YYYY	DATE 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 YYYY	DATE MM	FINISH YYYY	DATE 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.

[illegible]

CREDIT HISTORY

Please complete the following information.

NAME

MAIDEN NAME / OTHER NAMES USED

Social Insurance Number

DATE OF BIRTH
YYYY

M M

D D

EMPLOYER'S NAME

CURRENT ADDRESS

FROM

TO

YYYY

MM

DD

YYYY

MM

DD

CITY

PROVINCE

COUNTRY

POSTAL CODE

PREVIOUS ADDRESS

FROM

TO

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PROVINCE

COUNTRY

POSTAL CODE

PREVIOUS ADDRESS

FROM

TO

YYYY

MM

DD

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

M M

2

TYPE

ISSUING INSTITUTION

CURRENT BALANCE OWING

EXPIRATION DATE

YYYY

M M

3

TYPE

ISSUING INSTITUTION

CURRENT BALANCE OWING

EXPIRATION DATE

YYYY

M M

4

TYPE

ISSUING INSTITUTION

CURRENT BALANCE OWING

EXPIRATION DATE

YYYY

M M

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 YYYY MM DD		SEX ☐ Male ☐ Female ☐ Other			PLACE OF BIRTH			
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, <i>MOST RECENT FIRST</i> , 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	FROM YYYY MM DD	TO YYYY MM DD
NAME OF PERSON(S) WHO SHARE ADDRESS WITH YOU		TELEPHONE NUMBER []		RELATIONSHIP		SEX	DATE OF BIRTH YYYY MM DD	
		TELEPHONE NUMBER []		RELATIONSHIP		SEX	DATE OF BIRTH YYYY MM DD	
		TELEPHONE NUMBER []		RELATIONSHIP		SEX	DATE OF BIRTH YYYY MM DD	
ADDRESS		CITY		PROVINCE		POSTAL CODE	FROM YYYY MM DD	TO YYYY MM DD
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU		TELEPHONE NUMBER []		RELATIONSHIP		SEX	DATE OF BIRTH YYYY MM DD	
		TELEPHONE NUMBER []		RELATIONSHIP		SEX	DATE OF BIRTH YYYY MM DD	
		TELEPHONE NUMBER []		RELATIONSHIP		SEX	DATE OF BIRTH YYYY MM DD	

SECURITY CLEARANCE DECLARATION (Continued)

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

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

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 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 []

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 []			
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)	☐ YES ☐ 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.	☐ YES ☐ 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.	☐ YES ☐ NO
4. Are you associated with any companies, or businesses, not listed on your application? ☐ Owner ☐ Director ☐ Controlling Share Holder ☐ Other	☐ YES ☐ NO
5. Are you a member of any clubs or organizations? If yes – explain which	☐ YES ☐ NO
6. If you answered yes to the previous question, do you hold a position in that club or organization? ☐ President ☐ Chair ☐ Director ☐ Other	☐ YES ☐ NO
7. In the past 10 years, have you been involved in any lawsuits or civil actions?	☐ YES ☐ 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		<i>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)</i>	
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
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



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, clarify 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? ☐ Yes ☐ No		Is there currently any increased risk, relative to "normal" eyes, for damage to the eyes upon physical confrontation? ☐ 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 M M D D

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? ☐ Yes ☐ No
- 2.2 Have you ever been regularly exposed to toxic chemicals (such as solvents, asbestos etc.) or excessive noise levels? ☐ Yes ☐ No
- 2.3 Have you any religious medical concerns that might affect your health care? ☐ Yes ☐ No
- 2.4 Do you smoke? ☐ Yes ☐ No
How much per week? _____
- 2.5 Do you drink alcohol? ☐ Yes ☐ No
How much per week? _____
- 2.6 Have you ever had any medical problems due to mind-altering street or addictive drugs? ☐ Yes ☐ No
- 2.7 Have you been off work in the past year because of illness or injury? ☐ Yes ☐ No
- 2.8 Have you ever had any broken bones, back injuries, neck injuries, or shoulder injuries? ☐ Yes ☐ No
- 2.9 Do you suffer from any phobias? ☐ Yes ☐ No
- 2.10 If so, does this concern:
- | | |
|-----------------|--------------------------|
| flying | ☐ |
| confined spaces | ☐ |
| fire | ☐ |
| water | ☐ |
| heights | ☐ |
| other | ☐ |
- 2.11 Do you participate in a regular exercise program? ☐ Yes ☐ No
- 2.12 Do you drink coffee, tea or cola? ☐ Yes ☐ No
- 2.13 Have you ever received WCB benefits? ☐ Yes ☐ No
- 2.14 Have you ever received long term disability benefits (LTD)? ☐ Yes ☐ No

3. Medications

- 3.1 Do you take any medications? ☐ Yes ☐ No
- 3.2 Are you allergic to or have you ever had an adverse reaction to any medications? ☐ Yes ☐ No

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.

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)		Yes		
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 M M D D		
	NAME OF WITNESS:	SIGNATURE OF WITNESS:	DATE: YYYY M M D D	
NOTE: The Witness must be 18 years or older				