

**FORM 2**  
**[Clause 4(1)(d)]**  
**Personal History Form Application Procedure**

**INSTRUCTIONS**

The information provided on this form will be used as an aid in assessing your suitability for the position for which you are applying. If you are selected, it will form the basic background for your personal file. Therefore, it is important that the form be filled out completely, accurately and legibly. All statements are subject to investigation and verification. Incorrect statements may bar or remove you from employment.

The information you provide will not be used by itself to make a final employment decision. Information from other selection techniques will also be considered. Print legibly in ink or complete with typewriter.

In addition to the information requested on this form, it is necessary to attach the following documents:

- (a) original or photocopy of your high school diploma or other educational certificate.
- (b) original or certified copy of discharge certificate from Her Majesty's Armed Forces or another Police Force.

Note: – If your application is not accepted, all documents will be returned to you.

You are to understand that you must submit to being fingerprinted to determine if you have any criminal record and for further identification purposes.

<b>PERSONAL DATA – PERSONAL HISTORY FORM</b>		Position Applied For	Social Insurance Number         –         –
Surname		Given Names	
Address (Number, Street, City, Province, Postal Code)		How long have you lived at this address?	Residence Telephone No. Business Telephone No.
Last Three Previous Canadian Addresses	1.	From	To
	2.		
	3.		
Height: _____ feet _____ inches		Weight: _____ pounds	

Languages	Weak	Fair	Proficient
English			
French			
Other Specify			

<b>GENERAL INFORMATION – PERSONAL HISTORY FORM</b>	
<b>Hobbies / Sports</b>	For Official Use Only

<b>Financial Status</b>						
Have you any loan, debt, wage assignment or judgment pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No      If "Yes" give details						
Name of Creditor	Type—Loan Garnishee, Judgment	When Occurred	Original Amount	Monthly Payment	Amount of arrears if any	Balance Outstanding
Have you ever been sued for non-payment of a debt? <input type="checkbox"/> Yes <input type="checkbox"/> No      If "Yes" give details						
Have you ever applied for appointment to a Police Service? <input type="checkbox"/> Yes <input type="checkbox"/> No      If "Yes" give details						
When are you available for work?			May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**EDUCATION AND TRAINING – PERSONAL HISTORY FORM**

					For Official Use Only		
Formal Training	School or Institution Name and Location	Dates Attended		Highest Level Obtained	Specifications (Special Honours)		
		From	To				
Full Time Attendance	High School						
	Post Secondary						
Other Training	Evening and Correspondence Courses						
	Other Courses						

Were you ever suspended or dismissed?  Yes  No If "Yes" explain

**Other Qualifications / Experiences**

Accountancy _____ <input type="checkbox"/>	Motor Boat _____ <input type="checkbox"/>
Architecture _____ <input type="checkbox"/>	Motor Cycle _____ <input type="checkbox"/>
Automobile/Mechanic _____ <input type="checkbox"/>	Photography _____ <input type="checkbox"/>
Aviator _____ <input type="checkbox"/>	Public Speaking _____ <input type="checkbox"/>
Bookkeeping _____ <input type="checkbox"/>	Records Management _____ <input type="checkbox"/>
Boxing _____ <input type="checkbox"/>	Sail Boat _____ <input type="checkbox"/>
Data Processing _____ <input type="checkbox"/>	Scuba Diving _____ <input type="checkbox"/>
Drafting _____ <input type="checkbox"/>	Sculpturing _____ <input type="checkbox"/>
Drawing _____ <input type="checkbox"/>	Shorthand _____ W.P.M. <input type="checkbox"/>
Filing _____ <input type="checkbox"/>	Swimming _____ <input type="checkbox"/>
Fire Arms _____ <input type="checkbox"/>	Switchboard _____ <input type="checkbox"/>
(Ham) Radio _____ <input type="checkbox"/>	Teaching/Instructing _____ <input type="checkbox"/>
Heavy Construction Equipment _____ <input type="checkbox"/>	Telex _____ <input type="checkbox"/>
Judo _____ <input type="checkbox"/>	Typing _____ W.P.M. <input type="checkbox"/>
Karate _____ <input type="checkbox"/>	Truck and Tractor Trailer _____ <input type="checkbox"/>
Morse Code _____ <input type="checkbox"/>	Other _____ <input type="checkbox"/>

**EMPLOYMENT HISTORY – PERSONAL HISTORY FORM**

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Note: Begin with your last employment and continue in reverse time order. List and describe in detail every position which you have held to a maximum of 5 Employers. Include military service if applicable, and also part-time and summer employment. If you have held two or more positions with the same Employer, list and described each one.

Employer		Address			
Reason for Leaving				Final Salary	
Supervisor's Title	Your Title	Duties	From	Date	To
Employer		Address			
Reason for Leaving				Final Salary	
Supervisor's Title	Your Title	Duties	From	Date	To
Employer		Address			
Reason for Leaving				Final Salary	
Supervisor's Title	Your Title	Duties	From	Date	To
Employer		Address			
Reason for Leaving				Final Salary	
Supervisor's Title	Your Title	Duties	From	Date	To
Employer		Address			
Reason for Leaving				Final Salary	
Supervisor's Title	Your Title	Duties	From	Date	To

Were you ever discharged or asked to resign?  Yes  No If "Yes" explain

**MEDICAL INFORMATION – PERSONAL HISTORY FORM**

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Will you permit us to investigate any facts concerning your medical history?  Yes  No

**GENERAL INFORMATION – PERSONAL HISTORY FORM  
Automobiles**

Do you possess Saskatchewan Drivers Licence <input type="checkbox"/> Yes <input type="checkbox"/> No		Licence Number		Experience (Years)		Miles driven (estimate)			
<input type="checkbox"/> Operator <input type="checkbox"/> Chauffeur		Have you ever had your Driver's Licence suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" give details							
List all accidents you were involved in as the driver?		Total Damage		Anyone injured?		Were you charged?		Do you own a car? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date	Location		Yes	No	Yes	No	Licence Number		
							Make and Year		
Do you have any damage or injury suits pending resulting from a traffic accident? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" give details									

**Federal and Provincial Statutes**

Have you ever been charged (including charges dismissed) of any crime or offence under the Statutes of Canada including the *Criminal Code* or Statutes of any province or the law of any country including traffic and liquor offences?  Yes  No If "Yes" give details

Offence	Location	Date	Disposition (Convicted, Dismissed, Withdrawn)

**Character References**

List 4 people not related to you, and excluding employers, whom we may personally contact or write, who are competent to judge your character, temperament and habits and who have definite knowledge of your qualifications and fitness, for the position for which you are applying.

Name	Occupation	Address	Telephone	Years Known

This is confidential information and will be treated as such.

I hereby certify that the foregoing information is true and complete to the best of my knowledge and belief.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature