



Moose Jaw Police Service Community Police Academy Application

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|--------------------------|----------------|-------------------------|--------------------------------------|
| NAME OF APPLICANT: | _____ | | |
| | <i>Surname</i> | <i>Legal Given Name</i> | <i>All Middle Names(No Initials)</i> |

| | | |
|------------------------|-------------|---|
| MAIDEN/ OTHER NAME(S): | OCCUPATION: | Male <input type="checkbox"/> Female <input type="checkbox"/> |
|------------------------|-------------|---|

| | |
|--|---|
| DATE OF BIRTH: _____ Year _____ Month _____ Day | PLACE OF BIRTH: City, Province/State, Country |
|--|---|

ADDRESS:

apt/house # Street/Avenue City Province/Postal Code

| | |
|----------------------|----------------------|
| TELEPHONE NUMBER #1: | TELEPHONE NUMBER #2: |
|----------------------|----------------------|

| | |
|----------------|-------|
| EMAIL ADDRESS: | _____ |
|----------------|-------|

PLEASE EXPLAIN WHY YOU WOULD LIKE TO ATTEND THE MOOSE JAW POLICE SERVICE COMMUNITY POLICE ACADEMY. (If necessary, use the back of this sheet or attach another page.)

Personal information contained on this form is collected pursuant to *The Local Authority Freedom of Information and Protection of Privacy Act* and will be used for the purpose of accepting your application. Questions about this collection should be directed to the Moose Jaw Police Service LAFOIP Coordinator at (306)694-7673 or by email to mjpolice@mjpolice.ca

I hereby authorize the Moose Jaw Police Service to conduct a Criminal Occurrence Security Check and make such investigation of their records or such other investigation as may be deemed appropriate and on the basis of such an investigation, to indicate the approval or rejection of this application.

RETURN THIS APPLICATION TO THE POLICE SERVICE BY: FRIDAY, SEPTEMBER 14, 2018. ONLY SUCCESSFUL APPLICANTS WILL BE CONTACTED.

For further information contact:
Sgt. Kevin Pilsworth KPilsworth@mjpolice.ca (306) 631-9121 or
Cst. Kyle Cunningham KCunningham@mjpolice.ca (306) 694-7687

DATE: _____ SIGNATURE OF APPLICANT: _____

Date Received: _____ Accepted: **Y** or **N** Officer Initial and Badge # _____