



# Moose Jaw Police Service

## Community Police Academy Application

<b>NAME OF APPLICANT:</b>		<i>Surname</i>	<i>Legal Given Name</i>	<i>All Middle Names(No Initials)</i>
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<b>MAIDEN/ OTHER NAME(S):</b>	<b>OCCUPATION:</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>
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<b>DATE OF BIRTH:</b> _____ Year _____ Month _____ Day	<b>PLACE OF BIRTH:</b> City, Province/State, Country
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**ADDRESS:**

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

<b>TELEPHONE NUMBER #1:</b>	<b>TELEPHONE NUMBER #2:</b>
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<b>EMAIL ADDRESS:</b>	
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**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](mailto: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 20, 2019. ONLY SUCCESSFUL APPLICANTS WILL BE CONTACTED.**

For further information contact:  
 Cst. Rod Zoerb [RZoerb@mjpolice.ca](mailto:RZoerb@mjpolice.ca) (306) 690-8816 or  
 Cst. Kyle Cunningham [KCunningham@mjpolice.ca](mailto:KCunningham@mjpolice.ca) (306) 694-7687

**DATE:** \_\_\_\_\_ **SIGNATURE OF APPLICANT:** \_\_\_\_\_

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