



# SASKATOON POLICE SERVICE

## COMMUNITY POLICE ACADEMY APPLICATION

SURNAME:		FIRST NAME:		MIDDLE NAME:		MAIDEN NAME:	
ADDRESS:							
CITY:		PROVINCE:		POSTAL CODE:			
DATE OF BIRTH: <i>(YEAR / MONTH / DAY)</i>				GENDER Male <input type="checkbox"/> Female <input type="checkbox"/>			
IF AT ABOVE ADDRESS FOR LESS THAN 5 YEARS, LIST PREVIOUS ADDRESS(ES):				SPECIAL NEEDS: (i.e. Interpreter, wheelchair access, etc.)			
EMPLOYER:				EMPLOYER'S ADDRESS:			
POSITION:				DUTIES:			
HOME PHONE:		WORK PHONE:		CELL PHONE:		FAX NUMBER:	
EMAIL ADDRESS:							
DRIVER'S LICENCE #:				SASKATCHEWAN HEALTH CARD #:			

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

I hereby authorize the Saskatoon 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.

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

ALL APPLICANTS WILL BE SCREENED PRIOR TO ACCEPTANCE. ONLY THOSE APPLICANTS WHO ARE SUCCESSFUL WILL BE CONTACTED. NAMES OF SUITABLE APPLICANTS WHO ARE UNSUCCESSFUL WILL BE RETAINED FOR TWO YEARS FROM DATE OF RECEIPT AND MAY BE PLACED SUBSEQUENTLY.

RETURN APPLICATION TO:

SASKATOON POLICE SERVICE  
COMMUNITY POLICE ACADEMY  
COMMUNITY LIAISON OFFICER  
P.O. BOX 1728  
SASKATOON SK S7K 3R6

SASKATOON POLICE SERVICE USE ONLY:	
DATE RECEIVED:	
APPROVED: YES <input type="checkbox"/> NO <input type="checkbox"/>	
DATE:	BADGE #: