



# Saskatoon Police Service

*Honour - Spirit - Vision*

## Testing Registration Form

SURNAME	FIRST NAME	MIDDLE NAME	OTHER NAME USED
Telephone (Residence)	Telephone(Business)	Telephone(Other)	Date of Birth (YY/MM/DD)
ADDRESS			
CITY	PROVINCE	POSTAL CODE	
E-MAIL ADDRESS			SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>TEST AVAILABILITY: SIGMA</b> <input type="checkbox"/> <b>Thursday, August 10, 2017 8:00 A.M.</b> If previously written anywhere in Saskatchewan, please indicate in the body of your email (date and location) POPAT requests are accepted after successful completion of SIGMA			
<b>PSYCHOLOGICAL</b> <input type="checkbox"/> <b>Thursday, August 10, 2017 1:00 P.M.</b> For applicants who have successfully completed SIGMA.			
<b>POPAT</b> <input type="checkbox"/> <b>Friday, August 11, 2017 12:00 p.m.</b> For applicants who have successfully completed SIGMA			
POSITION APPLYING FOR <input type="checkbox"/> Regular Constable <input type="checkbox"/> Telecommunications Special Constable			

Please save a copy of the registration form and attach to the following email address or send as a PDF attachment.

RETURN COMPLETED REGISTRATION FORM TO:

[recruiting@police.saskatoon.sk.ca](mailto:recruiting@police.saskatoon.sk.ca)