

# Sworn Applicant – Integrity & Lifestyle Questionnaire (Short Form)

Port Moody  
Department



Police

## PERSONAL INFORMATION

<b>SURNAME:</b>		<b>GIVEN NAMES:</b>	
<b>DATE OF BIRTH:</b> (YYYY-MM-DD)		<b>DATE OF SUBMISSION:</b>	
<b>SERVING OFFICER?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>CURRENT AGENCY:</b>	
<b>INTERVIEWED BY:</b>		<b>DATE &amp; TIME:</b>	

Honesty, Integrity and Lifestyle are areas that are scrutinized closely in considering applications for employment with Port Moody Police Department. Information supplied in this document will be considered in the context of the competition for employment for the position applied for and will be held in confidence under those circumstances.

This questionnaire pertains to your lifestyle and your integrity. It is expected that you will answer all of these questions accurately, completely, and honestly. If you require additional room, add blank sheets. Should you be considered to continue in the application process, your answers will be verified by a variety of means including a detailed background investigation and a polygraph examination.

**PLEASE BE ADVISED THAT DECEIT, DISHONESTY OR NON-DISCLOSURE CONCERNING QUESTIONS IN THIS DOCUMENT, OR DURING ANY OTHER STAGE OF YOUR APPLICATION PROCESS, WILL RESULT IN DISQUALIFYING YOU FROM THIS AND ANY FUTURE COMPETITIONS, OR WILL RESULT IN DISMISSAL IF EMPLOYED.**

Please complete this questionnaire and email it, together with your resume and cover letter, to Port Moody Police Department Recruiting Section at [recruiting@portmoodypolice.com](mailto:recruiting@portmoodypolice.com).

NOTES:

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Revised: 2018-12

Page 1 of 4

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1 What is your highest level of education?

High school diploma   
  College/Technical Diploma   
  Bachelors   
  Masters   
  Doctorate  
 Other, specify (include number of credits):

2 Are you legally entitled to work in Canada? (Check all that apply)

Yes   
  No   
  Canadian Citizen   
  Permanent Resident   
  Other:

3 Do you hold a valid First Aid Certificate with CPR /AED? If yes, please provide acquisition date, certificate name and expiry.

Yes     No

ACQUISITION DATE (YYYY-MM-DD)	CERTIFICATE NAME	EXPIRY DATE (YYYY-MM-DD)

4 Do you hold a valid Class 5 BC Driver's License?  Yes     No

5 How many violation tickets have you received in the last 5 years?

6 Do you meet the minimum vision requirements listed on the PMPD Website?  Yes     No

7 Please provide the date of your last eye exam.  
(NOTE: THE EXAM MUST BE DONE WITHIN THE LAST 6 MONTHS)

8 Have you ever had laser eye surgery or other similar procedures? If so, give date:  Yes     No

9 Have you ever used an illegal drug? If yes, provide the year last used an illegal drug.  Yes     No

Year:

10 Have you ever had your driver's license suspended or revoked? If yes, please provide date, location, and reason.  Yes     No

DATE (YYYY-MM-DD)	LOCATION	REASON

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Page 2 of 4

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<b>11</b>	Have you ever been arrested, charged or convicted of a criminal offence? If yes, please provide date, location, and offence.		<input type="checkbox"/> Yes <input type="checkbox"/> No
	DATE (YY-MM-DD)	LOCATION	OFFENCE

<b>12</b>	Have you ever received a pardon for any offence? If yes, please provide date of pardon received and for what offence.		<input type="checkbox"/> Yes <input type="checkbox"/> No
	DATE (YYYY-MM-DD)	LOCATION	OFFENCE

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Page 3 of 4

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List all police agencies applied to, steps completed, and current status of your applications.

13	DATE (YYYY-MM) and NAME OF AGENCY	STEPS COMPLETED/CURRENT STATUS