HOLLAND COLLEGE
PRINCE EDWARD ISLAND

POLICE SCIENCE (CADET) PROGRAM
ADDITIONAL INFORMATION FORM

PREVIOUS EMPLOYMENT

EMPLOYER | DATES (YY/MM TO YY/MM) | PHONE

REASON FOR LEAVING

EMPLOYER | DATES (YY/MM TO YY/MM) | PHONE

REASON FOR LEAVING

EMPLOYER | DATES (YY/MM TO YY/MM) | PHONE

REASON FOR LEAVING

EMPLOYER | DATES (YY/MM TO YY/MM) | PHONE

REASON FOR LEAVING

EMPLOYER | DATES (YY/MM TO YY/MM) | PHONE

REASON FOR LEAVING

BRIEFLY OUTLINE TEAM/GROUP ACTIVITIES AND VOLUNTEER WORK THAT YOU HAVE BEEN INVOLVED WITH.

Do not indicate any group names that identify race, religion, or political affiliation.

SECURITY SCREENING INFORMATION

All information provided in this form will be considered in strict confidence by the Atlantic Police Academy. This information will be used solely in the conduct of comprehensive background checks in the latter stages of the selection process.

All information supplied is subject to verification by investigation. List full particulars regarding spouse/cohabitators, children, father, mother, brothers, sisters. Include maiden names or previous surnames where applicable. Include particulars on legally separated family members.

1. _____ _____ _____ _____
LAST NAME(S) FIRST NAME RELATIONSHIP DATE OF BIRTH (YY/MM/DD)

_____
FULL ADDRESS

2. _____ _____ _____ _____
LAST NAME(S) FIRST NAME RELATIONSHIP DATE OF BIRTH (YY/MM/DD)

_____
FULL ADDRESS

3. _____ _____ _____ _____
LAST NAME(S) FIRST NAME RELATIONSHIP DATE OF BIRTH (YY/MM/DD)

_____
FULL ADDRESS

4. _____ _____ _____ _____
LAST NAME(S) FIRST NAME RELATIONSHIP DATE OF BIRTH (YY/MM/DD)

_____
FULL ADDRESS

5. _____ _____ _____ _____
LAST NAME(S) FIRST NAME RELATIONSHIP DATE OF BIRTH (YY/MM/DD)

_____
FULL ADDRESS

6. _____ _____ _____ _____
LAST NAME(S) FIRST NAME RELATIONSHIP DATE OF BIRTH (YY/MM/DD)

_____
FULL ADDRESS

7. _____ _____ _____ _____
LAST NAME(S) FIRST NAME RELATIONSHIP DATE OF BIRTH (YY/MM/DD)

_____
FULL ADDRESS

8. _____ _____ _____ _____
LAST NAME(S) FIRST NAME RELATIONSHIP DATE OF BIRTH (YY/MM/DD)

_____
FULL ADDRESS

GENERAL INFORMATION

DRIVER'S LICENCE NUMBER | CLASS | PROVINCE

HAS YOUR DRIVER'S LICENCE EVER BEEN SUSPENDED FOR ANY REASON? ☐ YES ☐ NO

IF YES, PROVIDE DATES AND EXPLANATION

LIST ADDRESSES WHERE YOU HAVE BEEN RESIDING FOR THE LAST TEN YEARS, STARTING WITH THE MOST RECENT.

STREET | TOWN/CITY | PROVINCE | DATES (YY/MM TO YY/MM)

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IF YOU HAVE SERVED IN THE ARMED FORCES, ANY POLICE FORCE, OR ANY AUXILIARY POLICE FORCE COMPLETE THE FOLLOWING:

NAME OF FORCE | SERVICE NO. | DATE OF SERVICE (YY/MM TO YY/MM)

☐ PERMANENT FORCE ☐ MILITIA ☐ AUXILIARY POLICE

REASON FOR DISCHARGE _____

CONTACT PERSON _____ PHONE _____

For the purpose of facilitating my application for engagement, I authorize the release of all required employment and credit information to the Atlantic Police Academy.

APPLICANT'S SIGNATURE | DATE

HAVE YOU EVER SUFFERED FROM A SERIOUS ILLNESS, ACCIDENT, OR DEFORMITY THAT MAY AFFECT YOUR ABILITY TO PARTICIPATE IN THIS PROGRAM? ☐ YES ☐ NO

IF YES, EXPLAIN BRIEFLY

HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE UNDER THE FOLLOWING WHERE NO PARDON HAS BEEN GRANTED OR OTHERWISE REVOKED?

☐ YES ☐ NO CRIMINAL CODE OF CANADA

☐ YES ☐ NO NARCOTIC CONTROL ACT

☐ YES ☐ NO FOOD AND DRUG ACT

☐ YES ☐ NO LIQUOR CONTROL ACT

☐ YES ☐ NO GAME LAW ACT

☐ YES ☐ NO MOTOR VEHICLE ACT (EXCEPT PARKING VIOLATIONS)

☐ YES ☐ NO OTHER FEDERAL/PROVINCIAL STATUTES NOT INCLUDED ABOVE

If yes, complete details below.

DATE (YY/MM)	LOCATION	NATURE OF OFFENCE	PENALTY

RESIDENCE

The Atlantic Police Academy's Police Science program is located at Slemon Park in Summerside, Prince Edward Island. Cadets are required to live in residence in single person rooms, for the duration of training excluding the on-the-job training component. The residential environment serves as a training lab in the same way as the driving track and firing range. Residence provides experiential learning that would not be possible if students interacted with one another in an instructional setting alone. Residence allows students to develop skills in teamwork, problem solving, time management and communication. Additionally, residence life allows for the development of attitudes such as gender and cross-cultural sensitivity that are essential to a successful career in the policing community.

DRUG USE QUESTIONNAIRE

A history of the use of certain drugs may disqualify applicants from entering a Police Science program. If you have used any of the drugs listed in the table below in the past, please fill out this form. This drug use questionnaire is part of the polygraph booklet which you will be required to fill out in full after you have successfully passed all the other steps. Your drug use will be evaluated now to determine if you are eligible to continue the application process. If you are not eligible, we would like to provide you with that information early in this process before you spend time and money on the steps that precede the polygraph.

HAVE YOU EVER USED ILLEGAL DRUGS? (SEE LIST BELOW) ☐ YES ☐ NO

DRUG	YES/NO	FIRST TIME (YY/MM)	LAST TIME (YY/MM)	TOTAL TIMES
HASH/HASH OIL				
COCAINE				
CRACK				
HEROIN				
STEROIDS				
MUSHROOMS				
ACID/LSD				
PCP				
CRYSTAL METH				
INHALANTS (GAS/PAINT THINNER)				
MESCALINE (PEYOTE)				
KETAMINE (HORSE TRANQUILIZER/ SPECIAL K)				
DESIGNER/HOMEMADE DRUGS				
DATE RAPE DRUGS: DMX, GHB, ROHYPHONOLL				
ECSTASY				
SPEED				
OXYCONTIN/DILAUDID				
OTHER ILLEGAL DRUG				

Use of any of these drugs, even on one occasion, may eliminate a candidate.

APPLICANT'S SIGNATURE _____ DATE _____

NOTES AND ADDITIONAL INFORMATION

IS THERE OTHER INFORMATION YOU WISH TO PROVIDE?

APPLICANTS MUST READ AND SIGN THE FOLLOWING

This application is to be filled out in detail without omissions, unless otherwise clarified. Any portion herein that may prove to be false, or questions not fully answered, may cause this application to be invalid.

I UNDERSTAND THAT BY SUBMITTING MY APPLICATION, I AM AUTHORIZING HOLLAND COLLEGE TO COLLECT, USE, AND DISCLOSE MY PERSONAL INFORMATION, AS PER HOLLAND COLLEGE POLICY.

I HEREBY CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT BY SUBMITTING THIS INFORMATION I AM GRANTING PERMISSION TO HOLLAND COLLEGE TO CONTACT ME REGARDING MY APPLICATION. I UNDERSTAND THAT FALSE INFORMATION MAY RESULT IN CANCELLATION OF MY ADMISSION OR DISMISSAL FROM THE COLLEGE. I AGREE THAT ANY MISREPRESENTATION BY ME MAY BE SHARED WITH OTHER POST-SECONDARY INSTITUTIONS.

APPLICANT'S SIGNATURE

DATE

HOLLAND COLLEGE

ADMISSIONS OFFICE
140 Weymouth Street, Charlottetown
Prince Edward Island, Canada C1A 4Z1

902-629-4217 *or* 1-800-446-5265
info@hollandcollege.com

OFFICE LOCATION
305 Kent Street, Montgomery Hall
Charlottetown, Prince Edward Island

Join the conversation!