



# ATLANTIC POLICE ACADEMY

APPLICATION FOR ENROLMENT TO THE  
**ATLANTIC POLICE ACADEMY**  
 POLICE SCIENCE (CADET) PROGRAM  
**HOLLAND COLLEGE ADMISSIONS OFFICE**  
 140 WEYMOUTH STREET  
 CHARLOTTETOWN, P.E.I.  
 CIA 4Z1

Location: 305 Kent Street

**1-800-446-5265**

**E-mail: [getready@hollandcollege.com](mailto:getready@hollandcollege.com)**

Submit with a \$125 application fee to the Admissions Office

**ANSWER ALL QUESTIONS - TO BE TYPEWRITTEN OR PRINTED IN INK.**

MR.  MS.  MRS.  MISS  MAIDEN NAME

LAST NAME  FIRST NAME  MIDDLE INITIAL(S)

CURRENT ADDRESS

CITY  PROVINCE  POSTAL CODE

LOCAL ADDRESS if different from above

HOME PHONE NUMBER  WORK PHONE NUMBER

DATE OF BIRTH  SOCIAL INSURANCE NUMBER (VOLUNTARY)

YY    MM    DD

E-MAIL ADDRESS \_\_\_\_\_ MAIL ALL CORRESPONDENCE TO CURRENT ADDRESS  LOCAL ADDRESS

CANADIAN CITIZEN  PERMANENT RESIDENT  MUST BE CANADIAN CITIZEN OR PERMANENT RESIDENT TO APPLY .

ALTERNATE CONTACT: NAME \_\_\_\_\_ PHONE \_\_\_\_\_

I AM APPLYING FOR ADMISSION TO BEGIN IN \_\_\_\_\_

**EDUCATION**

Highest Grade Completed In School								
Year Completed		Name of School						
<b>University</b>								
Institution	Degree	Major	Degree Received		Dates Attended			
			Yes	No	From	To	YY	MM
					YY	MM	YY	MM

## EDUCATION (Continued)

### College, Technical, Trade, Business or Other

Institution	Type of Program Cert. (✓) Dipl.		Program	Cert./Dipl. Received		Dates Attended			
				Yes	No	From		To	
						YY	MM	YY	MM

## PREVIOUS EMPLOYMENT - LIST ALL EMPLOYMENT BELOW

Employer	From YY MM	To YY MM	Telephone	Reason for leaving

## GENERAL INFORMATION

Driver's Licence Number \_\_\_\_\_

Class \_\_\_\_\_ Province \_\_\_\_\_

Has your Driver's Licence ever been suspended for any reason?                      Yes     No

## GENERAL INFORMATION

If yes, give dates and explanation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever suffered from any serious illness, accident or deformity which may affect your ability to participate in the program? Yes  No

If yes, explain briefly \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Languages \_\_\_\_\_

Spoken \_\_\_\_\_

Written \_\_\_\_\_

Briefly outline team/group activities you have been involved with. Do not indicate any group names that would indicate race, religion or political affiliation.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

## 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 respecting spouse/cohabitators, children, father, mother, brothers, sisters. Include maiden names or previous surnames where applicable. Include particulars on legally separated family members.

1. Full Name (Surname and all given names including maiden name)	2. Relationship	3. Full Birth Date YY MM DD
4. Full Address		

1.

1.	2.	3. YY MM DD
4.		

2.

1.	2.	3. YY MM DD
4.		

3.

1.	2.	3. YY MM DD
4.		

4.

1.	2.	3. YY MM DD
4.		

5.

1.	2.	3. YY MM DD
4.		

6.

1.	2.	3. YY MM DD
4.		

7.

1.	2.	3. YY MM DD
4.		

CONTINUE ON A SEPARATE SHEET OF PAPER IF NECESSARY

## 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

If YES, please complete the table below.

Drug	Yes/No	Date first time Month and Year	Date Last time Month and Year	Total Times
Marijuana				
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				
Date Rape - DMX, GHB, Rohyphonoll				
Ecstasy				
Speed				
Oxycontin/Dilaudid				
Other Drug				

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

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**List Addresses where you have been residing for the last ten years - starting with the most recent.**

STREET ADDRESS	TOWN/CITY AND PROVINCE	DATE			
		FROM YY MM	TO YY MM		

**Have you ever been convicted of an offence under the following where no pardon has been granted or otherwise revoked?**

Criminal Code of Canada	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Narcotic Control Act	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Food and Drug Act	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Liquor Control Act	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Game Law Act	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Motor Vehicle Act (except parking violations)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Other Federal/Provincial Statutes not included above	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If yes, complete details below.

Date	Where	Nature of Offence	Penalty

**If you have served in the armed forces, any police force, or any auxiliary police force complete the following:**

Name of Force \_\_\_\_\_

Service No. \_\_\_\_\_

Permanent Force       Militia       Auxiliary Police

Date of Service From \_\_\_\_\_ To \_\_\_\_\_

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Reason for Discharge \_\_\_\_\_

\_\_\_\_\_ Contact Person \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

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.

Date \_\_\_\_\_ Signature \_\_\_\_\_

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**STUDENTS WITH SPECIAL NEEDS - Completion of this section is voluntary and will remain confidential.**

DO YOU HAVE ANY SPECIAL PHYSICAL OR LEARNING REQUIREMENTS FOR YOUR STUDY AT HOLLAND COLLEGE? YES  NO

ARE YOU FORWARDING OR INCLUDING DOCUMENTATION OF YOUR LEARNING OR OTHER DISABILITIES? YES  NO

If you have checked YES for either of the above options or have any other learning concerns, you must contact **ACADEMIC SUPPORT SERVICES** at **902-629-4237** or **1-800-446-5265**, press 1.

**NOTES**

IS THERE OTHER INFORMATION YOU WISH TO PROVIDE?

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**PLEASE SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION TO THE ADMISSIONS OFFICE**

- Completed application form
- Application fee of \$125.00
- Official high school transcripts (Grade 12 or equivalent)
- Official transcripts of any post-secondary educational courses (college or university)
- Photocopy of birth certificate (must be 19 years of age by program start) and/or proof of Canadian citizenship
- Completed Visual Examination form (minimum acuity must be met)
- Completed Medical Examination Report. Keep a photocopy of your Completed Medical Examination Report to present to the PARE Tester (see info on PARE Test)
- Photocopy of your Class 5 unrestricted Canadian drivers license (must have been driving for 1 year prior to start of Program)
- Drivers Abstract (can be obtained from your provincial motor vehicle department and must be within the last year with no moving violations)
- Signed consent for criminal record check - Holland College form
- Criminal record check from your local Police Service or the RCMP\*
- Up to date resume
- Three letters of reference from work, school or volunteer experience

**ALL 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 agree to abide by the conditions of application as required by the Atlantic Police Academy and authorize the Academy or other organizations, agencies, or individuals as authorized by the Academy, to conduct an investigation into my suitability.

I have read and understand fully the questions, information and conditions of this application. I agree to the conditions and I hereby certify that the foregoing information I have supplied is true and complete to the best of my knowledge, information and belief.

Date \_\_\_\_\_ Signature \_\_\_\_\_