



Akwasasne Mohawk Police Services

DIRECT HIRE

Application Package

2022



INSTRUCTIONS FOR THE DIRECT HIRE APPLICATION

Applicants must complete and return the following:

1. Part I: Application
2. Part II: Vision Examination Report
3. Part III: Pre-employment Physical Fitness Testing
4. Part IV: Authorization for Release of Information

During the interview, you will be expected to produce the following documents:

1. Copies of all employment performance evaluations within the past 5 years.
2. Copies of all letters of commendation/appreciation
3. List of all courses/seminars completed
4. Police College Certificate
5. Police College Evaluations/Transcripts
6. Updated Immunization Record

You are required to be certified in Standard First Aid and level "C" CPR.

All applicants will be required to submit fingerprints for a Criminal Background Check. A cost of \$ 20.00 will be charged by AMPS for processing and an additional \$ 25.00 will be charged by the R.C.M.P by money order made payable to 'The Receiver General of Canada'.

Mail all documents to: Akwasasne Mohawk Police Service
Attention: Deputy Chief

General Inquiries: (613) 575-2340



GUIDELINE FOR ACCEPTABLE DOCUMENTS

You must provide all the following documents at your interview in order to be processed into the background investigation. Copies will be made by HR or AMPS personnel.

1. Standard Level First Aid & Cardio Pulmonary Resuscitation
 - a. CPR must be equivalent to St. John Ambulance Level 'C', Heart & Stroke Foundation 'Basic Rescuer' or Canadian Red Cross 'Level F'

2. Originals of each of the following; one per page (Copies will be made at Interview)
 - a. Drivers License (Front and Back)
 - b. Social Insurance Card
 - c. Birth Certificate (Baptismal Certificates are not accepted)
 - d. Copy of Indian & Northern Affairs Indian Status Card (Front and Back)
 - e. All Educational Transcripts

 - g. Proof of up to date Immunizations

3. Readable Photocopies of each of the following:
 - a. Employment Evaluations
 - b. Reference Letters – relating to employment, volunteer work or personal;
 - c. Certificates, awards or commendations.

Without the submission of these documents will delay the processing of your application. It is your responsibility to provide these documents quickly.

Human Resources _____ Date Issued _____

Human Resources _____ Date Returned _____ Time _____



PART I: APPLICATION FOR THE POSITION OF CONSTABLE

- IMPORTANT**
1. Carefully review and follow application instructions issued with this application form.
 2. Please print clearly. Complete fully. Use additional paper if spaces are insufficient.

PERSONAL INFORMATION:

SURNAME: _____ GIVEN 1 _____ GIVEN 2 _____

Complete address (Number, street, Apt., Lot, Concession, Township, Rural Route #): _____

City, Town, Province, State: _____ Postal Code _____ How long at this address? _____

Residence Telephone: _____ Work Telephone: _____

Are you at least 18 years of age and less than 65? Are you a Canadian Citizen or Permanent Resident?

[] Yes [] No [] Yes [] No

Are you legally entitled to work in Canada? [] Yes [] No

Are you a resident of Akwesasne? [] Yes Band No. _____ [] No

Do you consider yourself to be an aboriginal person? [] Yes [] No **Please Provide Proof**

"Aboriginal Person" means a member of the Indian, Inuit or Métis people of Canada.

Other terms are widely used to describe aboriginal people include, "North American Indian",

"First Nations People", "Native People" or "Amerindian".

Aboriginal Persons include people living on and off reserves plus "Status", "Non-Status" and "Treaty" Indians.

Aboriginals from Latin America and East Indians should answer "NO" to this question.

LANGUAGES:

	SPEAK	WRITE
Mohawk	[]	[]
English	[]	[]
Other: Specify: _____	[]	[]

EDUCATION, CREDENTIALS, INVOLVEMENTS:

Secondary School	Highest Grade or Level Completed	Type of Ontario Graduation Diploma
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Equivalency (Details)

Business, Trade or Technical School	Name of Program	Length of Program
	License, Certificate or Diploma awarded: Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No

College	Name of Program	Length of Program
	Diploma Received <input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate Received Details <input type="checkbox"/> Yes <input type="checkbox"/> No

Other college courses, workshops, seminars:

University	Name of Program	Major subject area
	Degree Awarded: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> General <input type="checkbox"/> Honours	Details

List any other hobbies, qualifications, which are applicable to this position:

Activities - Clubs, athletic, civic organizations, military cadets/reserves:

(Applicants are not required to list activities, which would disclose race, ancestry, place of origin, colour, and ethnic origin citizenship, creed, sex, sexual orientation, age, record of offences, marital status, family status or handicap).

Name of Organization	Nature of Organization	Position Held	Membership Dates
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CHARACTER REFERENCES: (Do not include employers or serving police officers)

List four persons not related to you whom we may consult and who are competent to judge your character, temperament and industrious habits and who have definite knowledge of your qualifications and fitness for the position for which you are applying.

1. Full Name Occupation Years known

Complete Mailing address Postal Code Telephone Number

2. Full Name Occupation Years known

Complete Mailing address Postal Code Telephone Number

3. Full Name Occupation Years known

Complete Mailing address Postal Code Telephone Number

4. Full Name Occupation Years known

Complete Mailing address Postal Code Telephone Number

Other references: You may list name(s) of police officers who know you personally and who are willing to provide a written character reference pertaining to your suitability as a police applicant.

Full Name and Rank Complete Mailing Address Police Agency Years Known

1.

2.

3.

4.

Employee Family References:

Are any members of your family employed by the Akwesasne Mohawk Police Service? [] No

[] Yes (Give Details below):

EMPLOYMENT HISTORY:

NOTE: Beginning with your present or last employment and continuing in reverse time order, list and describe every position you have held since the beginning of your work experience. IF you have held two or more positions with the same employer, list and describe each position separately. Include military and part-time and summer employment. (Provide an account for periods of unemployment).

Present or last employer:	Telephone	Date of employment (month & year)
		Dates: From: To:

Complete mailing address (include postal code)	May present employer be contacted for further information:
	<input type="checkbox"/> Yes <input type="checkbox"/> No

Supervisor's Name & Title:	Position Title:
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Brief description of duties	Reason for Leaving:
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Employer:	Telephone	Date of employment (month & year)
		Dates: From: To:

Complete mailing address (include postal code)
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Supervisor's Name & Title:	Position Title:
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Brief description of duties	Reason for Leaving:
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Employer:	Telephone	Date of employment (month & year)
		Dates: From: To:

Complete mailing address (include postal code)
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Supervisor's Name & Title:	Position Title:
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Brief description of duties	Reason for Leaving:
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Employer:	Telephone	Date of employment (month & year)
		Dates: From: To:

Complete mailing address (include postal code)
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Supervisor's Name & Title:	Position Title:
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Brief description of duties	Reason for Leaving:
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Declaration:

I hereby declare that the foregoing information is true and complete. I understand that a false statement may disqualify me from employment or result in dismissal. It is understood and accepted that I am involved in a competitive recruitment selection process and that my offer of employment may be declined at any processing stage.

Applicant Signature

Date

Witness Signature

Date

Pursuant to S39 (2) of the Freedom of Information and Protection of Privacy Act, you are hereby notified that information about you including academic, employment, medical, physical, financial, character and personal data is being collected during the recruitment process for the purpose of assessing your qualifications in relation to your application for employment.

All information entered on this application will be subject to investigation and verification. A Candidate may be rejected who has intentionally made a false statement of material fact or practice, or attempted to practice, and/or any deception or fraud in his/her application, in his/her examination, or in securing his/her eligibility for appointment.



PART II: VISION EXAMINATION REPORT

Note: Please ensure all areas are fully completed

APPLICANT PARTICULARS

SURNAME:	GIVEN NAMES:
ADDRESS:	POSTAL CODE

FINDINGS OF EYE EXAMINER **Date of Examination;** _____

1. Visual Acuity Test	Visual Acuity - Far		Visual Acuity - Near	
	Uncorrected	Corrected	Uncorrected	Corrected
Right Eye				
Left Eye				
Both Eyes				
Method of Measurement	<input type="checkbox"/> Snellen <input type="checkbox"/> Decimal <input type="checkbox"/> AMA		<input type="checkbox"/> Snellen <input type="checkbox"/> Jaegar <input type="checkbox"/> Point	

2. Visual Correction Frequency of Use

Nil
 Eyeglasses
 Contact Lenses
 For Permanent Use
 For occasional use

3. Corrective Procedure

Nil
 Radial Keratotomy
 Orthokeratology
 Laser Keratectomy
 X-chrom lenses
 Other
 Details of corrective procedures: (Include date of procedure, prior vision, complications, prognosis. If space is insufficient, attach separate page.)

4. Visual Fields

A normal visual field for the purpose of this examination is defined as a vision of 120° in each eye in the horizontal field and the absence of scotoma.

Normal Defective Details:

5. Diplopia

Absent

Present Details:

6. Colour Vision

Use Ishihara Pseudo-Isochromatic plates.

If deficiency is found, administer Farnsworth D-15 as an alternatively acceptable test. Normal

In the event of a colour vision deficiency, kindly attach actual Ishihara and Farnsworth D-15 results for subsequent review. Deficiency

7. Other conditions or comments. (If space is insufficient, please attach separate page)

PARTICULARS RE: EXAMINER

SURNAME:

Given Name

INITIALS

ADDRESS (Number Street, Suite #, City)

Telephone # _____

Fax # _____

QUALIFICATIONS;

Pursuant to S39 (2) of the Freedom of Information and Protection of Privacy Act, you are hereby notified that personal information about you is being collected during the recruitment process for the purpose of assessing your qualifications in relation to your application for employment.



PART III: PRE-EMPLOYMENT PHYSICAL FITNESS TESTING MEDICAL CONSENT

INSTRUCTIONS:

This document has areas for completion both by a qualified physician of the applicant's choice and by the applicant. Once fully completed, it is to be forwarded by the applicant with the Akwesasne Mohawk Police Service application form.

PART A ; As an applicant for the position of constable with the Akwesasne Mohawk Police Service, your patient presenting this document must undertake mandatory physical fitness testing to ensure preparedness and ability to carry out the essential requirements of the position. Prior to this testing, it is requested that you complete the assessment portion below attesting to the applicant's medical fitness. For your information and convenience the Akwesasne Mohawk Police Service fitness standards are printed on the reverse side of this form.

Name of Applicant: _____

If you are planning to become more active than you are now, start by answering the seven questions below.

Yes No

- 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- 2. Do you feel pain in your chest when you do physical activity?
- 3. In the past month, have you had chest pain when you were not doing physical activity?
- 4. Do you lose your balance because of dizziness or do you ever lose consciousness?
- 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- 6. Is your doctor currently prescribing drugs(i.e., water pills) for your blood pressure or heart condition?
- 7. Do you know of any other reason why you should do physical activity?

If you answered YES to one or more questions, talk with your doctor BEFORE you start becoming physically active.

If you answered NO honestly to all questions, you can be reasonably sure that you can take part in the fitness appraisal.

Delay becoming more active if you are not feeling well because of a temporary illness such as a cold or fever – wait until you feel better.

I have read, understood and completed this questionnaire. Any questions I had were answered to my satisfaction.

In your opinion is this individual at risk or medically unable to complete the Akwesasne Mohawk Police fitness testing? NO YES (If yes please state reason)

Name of Physician (print)

Signature

Office Address

Telephone:

Date of Examination

PART B

I, hereby consent to the release of the above information to the Akwesasne Mohawk Police to be used for the purposes of determining my eligibility for participation in the Akwesasne Mohawk Police fitness testing.

Applicant's Signature:

Date:

PRE ENGAGEMENT PHYSICAL FITNESS TESTING STANDARDS

Physical testing is a mandatory requirement of the Akwesasne Mohawk Police Service. In the policing profession, physical skills and abilities are important job prerequisites. An applicant is required to successfully complete a physical fitness test at the pre engagement stage and at Ontario Police College.

This fitness appraisal will be completed by the police service's fitness co-ordinator who is a Certified Fitness Consultant. The consultant identifies time and location of the Fitness Test.

The **medical consent form** should be read, understood and signed prior to the administration of the fitness appraisal. It describes the nature of the appraisal items that will be under taken. It is NOT a waiver form. If you are between the ages of 15 and 69 you should be checking with your doctor before you start.

The fitness appraisal tests flexibility, muscular endurance and aerobic conditioning. The test will consist of push-ups, trunk forward flexion, curl ups, and a 1.5 mile run. The standards differ between males and females and among different age groups which are listed below.

A passing mark of 75% is required for both genders.

Please observe the following example:

Passing	Age	Push-ups	Forward Flex	Curl ups	1.5 mile Run	Gender
75%	20-29	27-28	33	31	10:57-11:22	male
		20	36	31-32	13:01-13:26	female
75%	30-39	21	32	35-36	11:21-11:50	male
		17-19	35	27-28	13:21-13:55	female

→ insert standards for 40+ yrs old.

Push ups; Hands directly under shoulders, body/head straight and rigid, full movement up and down. 1 minute time limit.

Forward Flexion; a measuring instrument is used to indicate distance reached beyond toes with knees locked. Twenty five centimeters is equivalent to touching your toes.

Curl ups; in one minute, knees bent 90 degrees, feet held, palms held tightly over the ears. Elbows touch knees. NO bouncing. 1 minute time limit.

1.5 mile Run; complete as quickly as possible.



APPLICANT AGREEMENT CONDITION TO EMPLOYMENT

Carefully read each statement below and after having the form notarized, return by the date requested along with your application to Human Resources Office as identified in the posting.

1. I certify, under penalty of offences involving false written statement (Section 130(1) of the Criminal Code of Canada), that the answers given herein on this application to employment are true and complete to the best of my knowledge and belief.
2. I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision.
3. I understand that this application is but one element of the selection process for police officer and that an acceptable background investigation does not guarantee my selection as an officer.
4. In the event of employment, I understand that false or misleading information given herein or during interview(s), will result in my being disqualified from further consideration and/or termination from employment by the Police Service.
5. I further understand as a condition to employment, that I may undergo an extensive background investigation, mandatory and random drug testing, and a psychological evaluation.

SWORN AND SUBSCRIBED TO BEFORE ME _____
Person Authorized to take Oaths

THIS _____ DAY OF _____, 20_____.

Print Name

Signature of Applicant