



STL'ATL'IMX TRIBAL POLICE
SERVICE RECRUITING UNIT
Employment Application

Revised 2026/06/30

PERSONAL INFORMATION

Surname:		Given Name(s):	
Date of Birth: (YY-MMM-DD)		Date of Submission: (YY-MM-DD)	
Phone Number (s):			

Drop off or mail completed application package in a sealed envelope marked **CONFIDENTIAL** to:

Stl'atl'imx Tribal Police Service
Attention: S/Sgt Dale Austinson
21 Scotchman Road Lillooet, BC, V0K1V0, Canada

British Columbia municipal police agencies are authorized under Section 26(c) of the *Freedom of Information and Protection of Privacy Act (FOIPPA)* to collect personal information as the information relates directly to and is necessary for the activity of determining suitability for security clearance in the policing environment.

A background investigation is an essential component of the STPS selection process. The information provided during the selection process is collected by the STPS for the purpose of:

- an employment application;
- assessing the integrity, honesty and character of applicants as to determine suitability for security clearance in the policing environment; and,
- assessing the suitability of the applicant for a career in law enforcement.

A security check of the applicant and their family members will be conducted.

If you have any questions or concerns about the collection of your personal information, please contact the S/Sgt Dale Austinson 1(250)256-7784 or dale.austinson@stlatlimxpolice.ca.

STL'ATL'IMX TRIBAL POLICE SERVICE

APPLICATION PACKAGE- AB020/AB030

Please follow the instructions below carefully:

- You must complete this form electronically or by hand with legible writing. If you make a writing error, do not use correction fluid or tape. Place a single line through the error and write the correction above or beside the error.
- All questions must be answered. If a question is not applicable to the applicant, "N/A" is to be written in the space provided. If an entire section is not applicable, one "N/A" in the first space is sufficient.
- If extra space is required to answer a question, do not write on the back/flip side of any page. Simply print or photocopy another page of the document and continue answering the question or insert a blank page and continue answering the question. Be sure to include the question number you are continuing to answer and edit the inserted page number if necessary. For example, if you reprinted page 5 then indicate on that page or the inserted page that it is page 5-A.
- Unless specified otherwise, the date format should follow YY-MMM-DD [e.g., 24-JAN-31].
- Postal code or zip code must be supplied for each address given.
- Do not staple or put the forms in a binder, cover or page protector. You may use paperclips or a binder clip if you wish.
- All information provided is subject to verification. False statements may disqualify applicants from the STPS selection process and/or result in dismissal if employed by the STPS.
- Artificial Intelligence (AI) is not to be used for any component of your STPS application process.

All of the items below must be submitted with this employment application form:

- ☐ Completed visual assessment form
- ☐ Completed waiver and release form
- ☐ Completed feedback waiver form
- ☐ Completed Integrity & Lifestyle Questionnaire
- ☐ Detailed current resume with cover letter
- ☐ Original certified educational transcripts from high school and post-secondary institutions*
**Please note that these will not be returned.*
- ☐ Copy of birth certificate or equivalent documentation
- ☐ Copy of valid Standard/Intermediate First Aid (CPR Level C & AED) certificate
- ☐ Copy of valid driver's license (with photo)
- ☐ Two (2) passport-sized photos wearing professional attire (feel free to smile)
- ☐ Copy of social insurance number (SIN) card or document**
***If SIN card or document shows no given name or surname, please attach the top portion of your T4 tax return.*
- ☐ Copy of Canadian citizenship or Permanent Resident documentation (if applicable)
- ☐ Copy of criminal pardon or record suspension documentation (if applicable)
- ☐ International Credential Evaluation Service (ICES) or International Credential Assessment Service of Canada (ICAS) report (if applicable)

****INCOMPLETE APPLICATIONS WILL NOT BE HELD OR PROCESSED****

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Mark with an "X" the position that you are applying for:

Police Constable:	
Special Municipal Constable:	

Surname:		Given Name (s):	
Date of Birth:		Citizenship:	
Address:		City:	
Province/State:		Postal Code:	
Phone (Mobile):		Phone (Other):	
Email:		SIN:	

List all names and/or aliases you have used in the past, including date of legal change (if applicable):

Emergency Contact:		Relationship:	
Phone (Mobile):		Phone (Other):	

DRIVER'S LICENCE

Driver's License Number:		Province/State of Issue:	
Class(es):		Restrictions:	

Have you ever had a driver's license in another province, state, or country?

☐ YES ☐ NO

If yes, please specify: _____

MEDICAL HISTORY

Have you ever experienced any type of illness, disability, injury or accident that may affect your ability to perform the duties of a Police Officer or a Special Municipal Constable?

☐ YES ☐ NO

If yes, please specify: _____

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EDUCATION AND TRAINING

SECONDARY EDUCATION

1. Name of Institution:			
From:			To:
Address:			
Last completed grade/term:		GPA (if applicable):	

2. Name of Institution:			
From:			To:
Address:			
Last completed grade/term:		GPA (if applicable):	

POST-SECONDARY EDUCATION

1. Name of Institution:			
From:			To:
Address:			
Credits Earned:		GPA (if applicable):	
Program of Study:			
Degree/diploma/certificate awarded:			

2. Name of Institution:			
From:			To:
Address:			
Credits Earned:		GPA (if applicable):	
Program of Study:			
Degree/diploma/certificate awarded:			

Languages spoken:	
Languages written:	

Additional education including courses, workshops and seminars:

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OTHER LAW ENFORCEMENT APPLICATIONS

List all previous and current applications to the STPS and/or any other law enforcement agencies (police, corrections services, sheriff services, CSIS, border agencies, etc.). Attach additional pages if necessary.

1. Agency:		Date of Submission:	
Ethos Exam Score:		Ethos Exam Date:	
POPAT/COPAT Score:		POPAT/COPAT Score Date:	
Application Status:			

If removed from process, state the reason you believed you were removed:

2. Agency:		Date of Submission:	
Ethos Exam Score:		Ethos Exam Date:	
POPAT/COPAT Score:		POPAT/COPAT Score Date:	
Application Status:			

If removed from process, state the reason you believed you were removed:

3. Agency:		Date of Submission:	
Ethos Exam Score:		Ethos Exam Date:	
POPAT/COPAT Score:		POPAT/COPAT Score Date:	
Application Status:			

If removed from process, state the reason you believed you were removed:

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EMPLOYMENT HISTORY

Begin with your most recent employer. Include all forms of employment, including part-time employment, self-employment, and all employment while at school. Attach additional pages if necessary.

1. Employer:			
Part-Time ☐		Full-Time ☐	Seasonal Employment ☐
From:		To:	
Employer's Address:			
Employer's Phone:		Position:	
Previous Positions (within same company):			
Supervisor's Name:		Supervisor's Title:	
Number of Shifts and Hours per Week:			
Reason(s) for Leaving:			
What did you like best about the position?			
What did you like least about the position?			
What was your proudest achievement?			
What was your biggest work-related disappointments?			
If you could change one thing about the position, what would it be?			
Do you object to us contacting your employer at this time? ☐ Yes ☐ No			

2. Employer:			
Part-Time ☐		Full-Time ☐	Seasonal Employment ☐
From:		To:	
Employer's Address:			
Employer's Phone:		Position:	
Previous Positions (within same company):			
Supervisor's Name:		Supervisor's Title:	
Number of Shifts and Hours per Week:			
Reason(s) for Leaving:			
What did you like best about the position?			
What did you like least about the position?			
What was your proudest achievement?			

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What was your biggest work-related disappointments?
If you could change one thing about the position, what would it be?
Do you object to us contacting your employer at this time? ☐ Yes ☐ No

3. Employer:			
Part-Time ☐		Full-Time ☐	Seasonal Employment ☐
From:		To:	
Employer's Address:			
Employer's Phone:		Position:	
Previous Positions (within same company):			
Supervisor's Name:		Supervisor's Title:	
Number of Shifts and Hours per Week:			
Reason(s) for Leaving:			
What did you like best about the position?			
What did you like least about the position?			
What was your proudest achievement?			
What was your biggest work-related disappointments?			
If you could change one thing about the position, what would it be?			
Do you object to us contacting your employer at this time? ☐ Yes ☐ No			

4. Employer:	
Part-Time ☐	Full-Time ☐ Seasonal Employment ☐
From:	To:
Employer's Address:	
Employer's Phone:	Position:
Previous Positions (within same company):	
Supervisor's Name:	Supervisor's Title:
Number of Shifts and Hours per Week:	
Reason(s) for Leaving:	
What did you like best about the position?	

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What did you like least about the position?
What was your proudest achievement?
What was your biggest work-related disappointments?
If you could change one thing about the position, what would it be?
Do you object to us contacting your employer at this time? ☐ Yes ☐ No

5. Employer:		
Part-Time ☐	Full-Time ☐	Seasonal Employment ☐
From:	To:	
Employer's Address:		
Employer's Phone:		Position:
Previous Positions (within same company):		
Supervisor's Name:		Supervisor's Title:
Number of Shifts and Hours per Week:		
Reason(s) for Leaving:		
What did you like best about the position?		
What did you like least about the position?		
What was your proudest achievement?		
What was your biggest work-related disappointments?		
If you could change one thing about the position, what would it be?		
Do you object to us contacting your employer at this time? ☐ Yes ☐ No		

Please provide details and explanations for any gaps in employment:

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VOLUNTEER EXPERIENCE

Begin with your most recent volunteer work. Attach additional pages if necessary.

1. Organization:	
From:	To:
Organization's Address:	
Organization's Phone:	Position:
Previous Positions (within same organization):	
Supervisor's Name:	Supervisor's Title:
Number of Shifts and Hours per Week:	
Reason(s) for Leaving:	
What did you like best about the position?	
What did you like least about the position?	
What was your proudest achievement?	
What were your biggest disappointments?	
If you could change one thing about the position, what would it be?	
Do you object to us contacting the organization at this time? ☐ Yes ☐ No	

2. Organization:	
From:	To:
Organization's Address:	
Organization's Phone:	Position:
Previous Positions (within same organization):	
Supervisor's Name:	Supervisor's Title:
Number of Shifts and Hours per Week:	
Reason(s) for Leaving:	
What did you like best about the position?	
What did you like least about the position?	
What was your proudest achievement?	
What were your biggest disappointments?	

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If you could change one thing about the position, what would it be?	
Do you object to us contacting the organization at this time? ☐ Yes ☐ No	

3. Organization:	
From:	To:
Organization's Address:	
Organization's Phone:	Position:
Previous Positions (within same organization):	
Supervisor's Name:	Supervisor's Title:
Number of Shifts and Hours per Week:	
Reason(s) for Leaving:	
What did you like best about the position?	
What did you like least about the position?	
What was your proudest achievement?	
What were your biggest disappointments?	
If you could change one thing about the position, what would it be?	
Do you object to us contacting the organization at this time? ☐ Yes ☐ No	

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OFFENCE RECORD

Have you ever been charged with a federal, provincial or municipal offence in Canada (other than minor driving offences)? If yes, provide date and details of each charge and/or conviction: ☐ Yes ☐ No

Have you ever been charged with an offence outside of Canada (other than minor driving offences)?

If yes, provide date and details of each charge and/or conviction:

☐ Yes ☐ No

Note: If a criminal pardon or record suspension has been granted, attach a copy of the document. Conviction of an offence does not necessarily preclude consideration for employment by the STPS.

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REFERENCES

List five people who the STPS may contact for a character reference. Do not include relatives or present and past employers.

1.

Name: _____Occupation: _____Years known: _____

Address and postal code: _____

Phone number: _____Email: _____
2.

Name: _____Occupation: _____Years known: _____

Address and postal code: _____

Phone number: _____Email: _____
3.

Name: _____Occupation: _____Years known: _____

Address and postal code: _____

Phone number: _____Email: _____
4.

Name: _____Occupation: _____Years known: _____

Address and postal code: _____

Phone number: _____Email: _____
5.

Name: _____Occupation: _____Years known: _____

Address and postal code: _____

Phone number: _____Email: _____

Do you know anyone employed by the STPS? ☐ Yes ☐ No

If yes, name of individual(s): _____

Your relationship with the individual(s): _____

How did you learn about the STPS employment opportunities?

STPS event(s):	
Social media:	
STPS website:	
STPS employee:	
Other:	

COMPLETION OF THIS SECTION IS VOLUNTARY

1.

Preferred Pronoun(s): He/Him ☐ She/Her ☐ They/Them ☐ Other:_____
2.

Gender: _____
3.

Ethnic or cultural background. Specify origin(s):

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VISUAL ASSESSMENT

This page is for an ophthalmologist or an optometrist to complete. The following information is required to determine if the applicant meets the STPS visual requirements.

Please note that the information must be in the Snellen format (i.e., 20/20, 20/40, etc.) and orthokeratology (ortho-k) is not an accepted procedure.

POLICE CONSTABLE (PC)

The vision standards are:

- Uncorrected vision: 20/40 with both eyes open, with any one eye no worse than 20/100.
- Corrected vision: 20/20 with both eyes open, with any one eye no worse than 20/40.
- Colour vision: colour vision should be normal (i.e., pass the Farnsworth D-15 test).
- Peripheral vision: 150 continuous degrees along the horizontal meridian binocularity and 30 degrees above and below the fixation point.
- Binocular vision: stereoacuity of 100 seconds of arc or better (i.e., pass the TITUMS or RANDOT – Circles test).

Community Safety Officer (CSO)

The vision standards are:

- Corrected vision: 20/20 with both eyes open, with any one eye no worse than 20/40.
- Colour vision: colour vision should be normal (i.e., pass the Farnsworth D-15 test).
- Binocular vision: stereoacuity of 100 seconds of arc or better (i.e., pass the TITUMS or RANDOT – Circles test).

Has your patient had laser surgery? ☐ Yes ☐ No

If yes, date of surgery: _____

EXAMINER'S STAMP:

Date of examination:	Examiner: _____ Signature: _____	
Business name and address:		
Telephone number:		
Patient's name:		
Uncorrected:		
Left eye:	Right eye:	Both eyes open:
Corrected:		
Left eye:	Right eye:	Both eyes open:
Colour vision:		
Peripheral vision:		
Binocular vision:		

MEETS PC VISUAL STANDARD

☐ Yes ☐ No

MEETS CSO VISUAL STANDARD

☐ Yes ☐ No

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**CONSENT TO RELEASE OF PERSONAL AND/OR PRIVATE INFORMATION,
WAIVER AND RELEASE**

I, _____, having applied for a position with the Stl'atl'imx Tribal Police Service, and recognizing that I am required to supply information to be used to determine my qualifications, moral character, honesty and suitability for employment with the Stl'atl'imx Tribal Police Service, hereby request and authorize the full disclosure of any and all records, files, notes, reports, opinions or other information concerning me; including employment files and records, performance evaluations, discipline records, background investigation files, polygraph reports, medical, psychiatric and psychological files and reports, complaints or grievances filed by or against me, training files, education files, school records and transcripts, credit rating and history files, income tax files, records and returns, driving records, military records, criminal records, and police, probation and parole reports.

I hereby authorize the Stl'atl'imx Tribal Police Service, to make such investigations, as they deem necessary, to determine approval or disapproval of this application. I understand that the Stl'atl'imx Tribal Police Service, will have the final say in the approval or rejection of this application, and the criteria and method they use in arriving at their decision will not be questioned or objected to by me and I will have no grievance against the Stl'atl'imx Tribal Police Service in this regard.

I waive the right to review any information received by the Stl'atl'imx Tribal Police Service.

I release any individual, company, government agency, or public body, and their representatives, agents and employees from any claim or action whatsoever which may result from furnishing the above information to the Stl'atl'imx Tribal Police Service.

This waiver is valid for a period of one year from the date of signature.

Name of Applicant (Please Print)

Signature of Applicant

Date (YY-MMM-DD)

**STL'ATL'IMX TRIBAL POLICE SERVICE
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FEEDBACK WAIVER

Dear applicant:

You are competing in a highly competitive process designed so you can prove your abilities. Our objective is to select individuals we believe are the best qualified to provide policing service in the Stl'atl'imx Nation, now and for the future.

The process is lengthy and at each step, a minimum level of achievement must be met. However, even if you meet this minimum standard, the Recruiting Unit must still determine which applicants are the best qualified to proceed for further testing. This decision will be based on the qualifications of the applicants, how many testing spaces are available at each step, and how many sworn officers we expect to hire. To reiterate, even if you meet our minimum standard of performance, you may not be selected to proceed to the next step of testing due to the number of other more qualified applicants in the process.

We encourage you to keep other career options open and to manage your life based on the fact you may not achieve your goal of becoming a Police Officer with the Stl'atl'imx Tribal Police Service. If you are advised after a testing step that other applicants are more competitive, please remember that due to the volume of qualified applicants, the reason has less to do with you and more to do with others.

This volume also means that we do not have the resources to meet with unsuccessful applicants, nor are we able to provide specific feedback to these individuals when they are not selected to continue in our selection process.

These words may sound discouraging to you. However, the Stl'atl'imx Tribal Police Service prefers to be as direct as possible so that you know what is involved in the selection process. If you do not accept these conditions, please do not enter the Stl'atl'imx Tribal Police Service selection process

I understand and accept that I cannot be provided with feedback if I am unsuccessful in my application to become a Police Officer with the Stl'atl'imx Tribal Police Service.

Name of Applicant (Please print)

Signature of Applicant

Date (YY-MMM-DD)