



Justice

Application for Appointment as a Special Constable under the Nova Scotia *Police Act*

**Instructions: HAND PRINT in black or blue ink or TYPE ONLY
COMPLETE ALL FIELDS**

Name of employer (in full)	Application for: <input type="checkbox"/> Government Department/Agency/Board/Commission <input type="checkbox"/> First Nations Band Council <input type="checkbox"/> Town/Municipality <input type="checkbox"/> Other	Request no.
Location (full address)		Person no.
		Appointment no.
		CPIC JEIN

1. Last or family name of applicant	First name(s)	Second name(s)	Former name, maiden name, Aliases etc.
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Street no. street name or Lot	Apt. no.	Email Address
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City, Town, Village, R.R.	Postal code	Residence phone no.
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2. Do you presently hold a position with Peace Officer status in Nova Scotia or any other province, state or country? Yes No
 If yes, give details. **Note: restrictions for employment may apply.**

3. The following information is required for a police records background check.

<input type="checkbox"/> Male	Date of birth (y/m/d)	Place of Birth	Distinguishing marks	Height	Weight	Eye colour	Hair colour
<input type="checkbox"/> Female	/ /						

4. Driver License No.	Province/State of Issue	Or government issued photo identification and type

5. List place of residence for the Past 5 years. Exclude Present address (Street number, name or lot, apt. no., city, village, R.R., postal code)	Year From	Year To

6 (a) Have you been convicted of an offence under any federal, provincial or territorial statutes for which you have not received a pardon? (For example: Criminal Code of Canada, Controlled Drugs and Substances Act, Liquor Control Act, Youth Criminal Justice Act)	<input type="checkbox"/> yes <input type="checkbox"/> no
(b) Are you currently under a probation or parole order or conditional sentence, or peace bond order?	<input type="checkbox"/> yes <input type="checkbox"/> no
(c) Have you pled guilty or been found guilty of any offence for which you have been absolutely discharged or conditionally discharged?	<input type="checkbox"/> yes <input type="checkbox"/> no
(d) Have you been charged with any offence which is still pending?	<input type="checkbox"/> yes <input type="checkbox"/> no
(e) Do you have any outstanding fines in default?	<input type="checkbox"/> yes <input type="checkbox"/> no
(f) Have you been charged with any Criminal Code offence with a final disposition within the past 3 years?	<input type="checkbox"/> yes <input type="checkbox"/> no

An answer of "yes" requires further information but does not necessarily affect the granting of an appointment
If you answered yes to any of the above, GIVE ALL details. (If space is insufficient, complete on a separate sheet of paper and attach.)

Offence	Date	Place	Police Department	Sentence

7. Current and previous record of employment for the past 5 years. (If space is insufficient, complete on a separate sheet of paper and attach.)

Employer's Name and Address	Type of Work and Department	Period Employed		Reason for leaving
		From (M/Y)	To (M/Y)	

Declaration and Authority for Release of Information

By signing this application:

- I consent to a police records and background check.
- I consent to the disclosure of the results of a police records and background check, and authorize any police service that is requested to perform such a check to disclose any or all information obtained by the police records background check, to the appropriate authority or any person authorized by them.
- I consent to the sharing of this information for statistical purposes consistent with this application.
- I consent to the sharing of this information with any law enforcement agency conducting an investigation related to the performance of my duties as a special constable.
- I understand that the decision of this application will be communicated to my prospective employer.
- I agree that if an appointment is granted pursuant to this application, this authorization and consent by me shall be enforced for the duration of the period for which the appointment is issued.
- I will promptly report to my employer and the Department of Justice, Public Safety & Security Division, any charge or conviction for a provincial and/or federal offence that occurs after the date I sign this authorization.

I certify that

- I have read and understand all parts of this application form, and
- the information I have provided on this application is true and correct to the best of my knowledge and belief.

Caution

- It is an offence to knowingly provide false information on any application under the Act. Any information found to be false may cause an application to be refused..

Signature of applicant

Date

Print name

TO BE COMPLETED BY THE SUPERVISOR/MANAGER/DIRECTOR.

Provide full description of duties required to be performed by the applicant (list specific civic address, jurisdiction, applicable Act and section(s) to be enforced).

Signature of supervisor/manager/director

Position

Print name

Date

Phone number

TO BE COMPLETED BY THE EMPLOYER, MUNICIPAL REPRESENTATIVE, OR DEPARTMENT/AGENCY RESPONSIBLE FOR THE SPECIFIC ACT(S) AND REGULATIONS (if applicable). If you are enforcing Provincial Legislation, you must have the approval of the Department responsible for the legislation and/or regulations.

The _____ approves this applicant to enforce the requested

Act(s) and Regulations/municipal by-laws while appointed as a Special Constable with _____.

Approved by: (Signature)

Position

Print name

Date

Phone

The following supporting documents must be submitted with this application:

- 1 current full-face photograph of the applicant
- copy of government issued photo identification that shows the date of birth (e.g. driver's license)
- immigration papers, Canadian citizenship papers or work visa (if applicant is born outside Canada)

Any questions relating to this appointment may be directed to:
Department of Justice, Public Safety & Security Division
PO Box 7
Halifax, NS B3J 2L6
Phone: (902)424-2905
Fax: (902)424-4308

Comments: