

Application for RENEWAL Appointment for Special Constable

Instructions: Applicants MUST COMPLETE BOTH SIDES OF FORM. HAND PRINT in black or blue ink or TYPE ONLY. INCOMPLETE APPLICATIONS WILL BE RETURNED.

Part 1 - To be Completed by EMPLOYER								Shaded areas are for Office use only		
Name of employer (in full)								Employer no.		
Address of employer								Person no.		
								Appointment no).	
Part 2 - To be Completed by AP	PLICANT. Plea	ase ensure all appli	cable f	ields a	are completed	d.				
Legal last or family name of applicant Legal first name(s)			Legal second name(s) Leg				Legal fo	gal former name, maiden name, aliases, :.		
Street no. and street name or lot								Apt. no.		
City, town, village, R.R.				Postal code			Residence phone no.			
1. Is there a change to the applicant's current appointment (e.g., change of duties, jurisdiction, legal name)										
Has there been a change in your entity If yes, attach a copy of new document			No							
The information in items 3 to 5 is requir	ed for a police re	ecords and background c	heck.							
3.			istinguishing marks		Height	Weight		Eye colour	Hair colour	
4. Driver's license no.	Province/State of issue						type			
5. (a) Have you been convicted of an of	offence under any federal, provincial or territorial statutes in the past 12 months?									
(b) Are you currently under a probation or parole order, conditional sentence, or peace bond?										
(c) Have you pled guilty or been found guilty of any offence for which you have been absolutely discharged or conditionally discharged in the past 12 months?										
(d) Have you been charged with any offence in the past 12 months which is still pending?						_	□ Yes □ No			
(e) Do you have any outstanding fines in default?							☐ Yes ☐ No			
An answer of "yes" may require further If you answered "yes" to any of the abov PROVIDE SUMMARY OF INCIDENT/OFFE	ve, GIVE ALL det	ails. (If space is insuffici				and atta	ch.)			
Offence	Date	Date Place		Police Department		nt	Outcome of Proceedings			

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 and background check, to the appropriate authority or any person authorized by them.
- I consent to the sharing of this information in other provinces, states or countries for use consistent with this application.
- 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 remain in force for the duration of the period for which the appointment is issued.

 I understand that pursuant to Section 90(3) of the <i>Police Act</i>, before entering upon my duties as a special constable, I must take and subscribe such oath or affirmation as is prescribed by regulation. I will promptly report to my employer and the Department of Justice, Public Safety Division, any charge or conviction for a provincial and/or federal offence that occurs after the date that I sign this authorization, and 								
I certify that								
 I have read and understand all parts of this application form, and the information provided by me in this application is true and correct to the 	best of my knowledge and belief.							
Caution It is an offence to knowingly furnish false information in any application under t	the Act. In addition, the appointment may be refused.							
Signature of applicant	Date of signature							
Print name								
act(s) and regulations (if applicable).	ENTATIVE, or DEPARTMENT/AGENCY responsible for the specific							
The following supporting documents must be submitted with this application ☐ 1 current full-face photograph of the applicant ☐ copy of government issued photo identification with date of birth (e.g. driven) ☐ work visa, immigration papers, or Canadian citizenship papers (if applicable) ☐ copy of current appointment ☐ change request form (if applicable)	r's license)							
Employer's Statement (to be completed and signed by the employer) I have reviewed this completed application and I certify that this applicant is con	nsidered a suitable person for the appointment applied for in this Form.							
Signature of employer	Date of signature							
Print name	Position							
Phone number								

Any questions relating to this application may be directed to:

Department of Justice Public Safety Division, Private Security Office PO Box 7 Halifax, Nova Scotia B3J 2L6

Telephone: (902) 424-2905 Fax: (902) 424-4308 www.gov.ns.ca/just/