



MANITOBA FIRST NATIONS POLICE

RECRUITMENT APPLICATION (Application for Engagement)

Applications submitted to:
Chief of Police
Manitoba First Nations Police
P.O. Box 37
5000 Crescent Road West
Portage la Prairie, MB R1N 3B2
Fax: (204) 856-5389
Email: mfnp@mfnp.ca

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www.mfnp.ca

An Equal Opportunity Employer

MANITOBA FIRST NATIONS POLICE

APPLICATION FOR ENGAGEMENT

SURNAME:		GIVEN NAMES:	
MAIDEN NAME (IF APPLICABLE)	PREVIOUSLY USED NAMES	NICKNAME(S)	
DATE OF BIRTH	PLACE OF BIRTH		
MARITAL STATUS:		DATE MARRIED:	

PRESENT ADDRESS	CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE:	WORK TELEPHONE:	CELL-PHONE:	
E-MAIL:	PLEASE DO NOT CONTACT ME AT WORK <input type="checkbox"/>		

CURRENT OCCUPATION:		EMPLOYER:		
DRIVER'S LICENCE #:	PROVINCE:	CLASS:		
IS YOUR LICENCE RESTRICTED IN ANY WAY <input type="checkbox"/> YES <input type="checkbox"/> NO		SOCIAL INSURANCE NUMBER:		
CITIZENSHIP:	CANADIAN BY BIRTH <input type="checkbox"/>	CANADIAN CITIZENRY BY NATURALIZATION <input type="checkbox"/>	PERMANENT RESIDENT <input type="checkbox"/>	OTHER (SPECIFY) <input type="checkbox"/>
IF FOREIGN, DATE OF ENTRY INTO PORT	PORT OF ENTRY		ETHNIC ORIGIN	
HAVE YOU EVER CHANGED YOUR NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO				
CHANGED FROM:		CHANGED TO:		YEAR:
CHANGED FROM:		CHANGED TO:		YEAR:
DO YOU POSSESS A VALID/CURRENT FIRST AID CERTIFICATE AND CPR? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EDUCATION AND TRAINING

HIGH SCHOOL

Name of School		Diploma or GED Obtained? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Address	City	Province	Postal Code
Grade Point Average	Start Date (YYYY / MM / DD)	Finish Date (YYYY / MM / DD)	

COLLEGE, BUSINESS OR TECHNICAL SCHOOL

Name of School			
Address	City	Province	Postal Code
Program			
Start Date (YY/MM/DD)		Finish Date (YY/MM/DD)	
Length of Course	Grade Point Average	Certificate, Diploma or Licence Awarded (If no, provide details) <input type="checkbox"/> YES <input type="checkbox"/> NO	

COLLEGE, BUSINESS OR TECHNICAL SCHOOL

Name of School			
Address	City	Province	Postal Code
Program			
Start Date (YY/MM/DD)		Finish Date (YY/MM/DD)	
Length of Course	Grade Point Average	Certificate, Diploma or Licence Awarded (If no, provide details) <input type="checkbox"/> YES <input type="checkbox"/> NO	

UNIVERSITY

Name of University			
Address	City	Province	Postal Code
Program of Course		Start Date (YYYY/MM/DD)	Finish Date (YYYY/MM/DD)
Major/Minor			
Length of Course	Grade Point Average	Certificate, Diploma or Licence Awarded (If no, provide details)	

UNIVERSITY

Name of University			
Address	City	Province	Postal Code
Program of Course		Start Date (YYYY/MM/DD)	Finish Date (YYYY/MM/DD)
Major/Minor			
Length of Course	Grade Point Average	Certificate, Diploma or Licence Awarded (If no, provide details)	

ADDITIONAL EDUCATION, COURSES, WORKSHOPS AND SEMINARS
(ATTACH AN ADDITIONAL SHEET IF FURTHER SPACE IS REQUIRED)

DO YOU SPEAK, READ, OR WRITE ANY LANGUAGE(S) OTHER THAN ENGLISH NAME LANGUAGE(S)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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SPEAK	<input type="checkbox"/> BEGINNER	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> EXPERT
WRITE	<input type="checkbox"/> BEGINNER	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> EXPERT
READ	<input type="checkbox"/> BEGINNER	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> EXPERT

OTHER POLICE AGENCIES APPLIED TO

HAVE YOU APPLIED TO ANY OTHER POLICE AGENCY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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NAME OF POLICE AGENCY	
DATE APPLIED (YYYY/MM/DD)	CURRENT STATUS
IF APPLICATION IS DEFERRED OR TERMINATED, OR OTHERWISE CLOSED, PROVIDE REASON WHY (IF KNOWN)	

NAME OF POLICE AGENCY	
DATE APPLIED (YYYY/MM/DD)	CURRENT STATUS
IF APPLICATION IS DEFERRED OR TERMINATED, OR OTHERWISE CLOSED, PROVIDE REASON WHY (IF KNOWN)	

NAME OF POLICE AGENCY	
DATE APPLIED (YYYY/MM/DD)	CURRENT STATUS
IF APPLICATION IS DEFERRED OR TERMINATED, OR OTHERWISE CLOSED, PROVIDE REASON WHY (IF KNOWN)	

SERVICE IN OTHER POLICE SERVICE

HAVE YOU SERVED IN ANY OTHER POLICE AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF POLICE AGENCY	
DATE OF ENGAGEMENT:	DATE OF SEPARATION:
REASON FOR DISCHARGE:	

NAME OF POLICE AGENCY	
DATE OF ENGAGEMENT:	DATE OF SEPARATION:
REASON FOR DISCHARGE:	

SERVICE IN ARMED FORCES

HAVE YOU SERVED IN THE ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF FORCE:	
DATE OF ENGAGEMENT:	DATE OF SEPARATION:
REASON FOR DISCHARGE:	

SECURITY CLEARANCE DECLARATION

POLYGRAPH EXAMINATION

HAVE YOU EVER BEEN POLYGRAPHED? <input type="checkbox"/> YES <input type="checkbox"/> NO	EXAMINATION DATE (YYYY/MM/DD)
AGENCY WHERE POLYGRAPH WAS COMPLETED	
REASON FOR POLYGRAPH EXAMINATION:	

FINGERPRINTING

HAVE YOU EVER BEEN FINGERPRINTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
AGENCY COMPLETING FINGERPRINTING	DATE (YYYY/MM/DD)	
REASON FOR FINGERPRINTING		

WHAT ASSOCIATION HAVE YOU HAD WITH POLICE OFFICERS AND POLICE WORK?

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENCE IN CANADA OR IN ANY OTHER COUNTRY FOR WHICH A PARDON OR THE EQUIVALENT OF A PARDON HAS / HAS NOT BEEN GRANTED? (ATTACH PARDON DOCUMENTATION) IF YES, PROVIDE DETAILS. YES NO

ARE YOU NOW, OR HAVE YOU EVER BEEN INVESTIGATED, ARRESTED OR CHARGED IN CANADA OR IN ANY OTHER COUNTRY FOR AN OFFENCE OF ANY KIND? IF YES, PROVIDE DETAILS BELOW.	<input type="checkbox"/> YES <input type="checkbox"/> NO

HAVE YOU EVER BEEN FOUND GUILTY OF ANY CRIMINAL OFFENCE IN CANADA OR IN ANY OTHER COUNTRY WHEN YOU WERE UNDER THE AGE OF 18? (IF YES, PROVIDE DETAILS BELOW)	<input type="checkbox"/> YES <input type="checkbox"/> NO

HAVE YOU EVER BEEN DETAINED OR QUESTIONED BY THE POLICE FOR ANY REASON? IF YES, PROVIDE DETAILS (INCLUDE YEAR, PLACE AND OFFENCE).	<input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYMENT HISTORY (LIST FROM MOST RECENT TO LAST)			
1 ST	EMPLOYER'S NAME	TELEPHONE NUMBER	
EMPLOYER'S ADDRESS			POSTAL CODE
NAME OF IMMEDIATE SUPERVISOR		TELEPHONE NUMBER	
TITLE/POSITION	DATE STARTED (YYYY/MM/DD)	DATE LEFT (YYYY/MM/DD)	
DUTIES/RESPONSIBILITIES			
REASON FOR LEAVING			

2 ND	EMPLOYER'S NAME	TELEPHONE NUMBER	
EMPLOYER'S ADDRESS			POSTAL CODE
NAME OF IMMEDIATE SUPERVISOR		TELEPHONE NUMBER	
TITLE/POSITION	DATE STARTED (YYYY/MM/DD)	DATE LEFT (YYYY/MM/DD)	
DUTIES/RESPONSIBILITIES			
REASON FOR LEAVING			

3 RD	EMPLOYER'S NAME	TELEPHONE NUMBER	
EMPLOYER'S ADDRESS			POSTAL CODE
NAME OF IMMEDIATE SUPERVISOR		TELEPHONE NUMBER	
TITLE/POSITION	DATE STARTED (YYYY/MM/DD)	DATE LEFT (YYYY/MM/DD)	
DUTIES/RESPONSIBILITIES			
REASON FOR LEAVING			

4 TH	EMPLOYER'S NAME	TELEPHONE NUMBER	
EMPLOYER'S ADDRESS			POSTAL CODE
NAME OF IMMEDIATE SUPERVISOR		TELEPHONE NUMBER	
TITLE/POSITION	DATE STARTED (YYYY/MM/DD)	DATE LEFT (YYYY/MM/DD)	
DUTIES/RESPONSIBILITIES			
REASON FOR LEAVING			

5 TH	EMPLOYER'S NAME	TELEPHONE NUMBER	
EMPLOYER'S ADDRESS			POSTAL CODE
NAME OF IMMEDIATE SUPERVISOR		TELEPHONE NUMBER	
TITLE/POSITION	DATE STARTED (YYYY/MM/DD)	DATE LEFT (YYYY/MM/DD)	
DUTIES/RESPONSIBILITIES			
REASON FOR LEAVING			

HAVE YOU EVER BEEN ASKED TO RESIGN FROM A JOB	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PROVIDE DETAILS/EXPLANATION		

HAVE YOU EVER BEEN FIRED FROM A JOB	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PROVIDE DETAILS/EXPLANATION		

HAVE YOU EVER DISCIPLINED AT WORK FOR ANY REASON?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PROVIDE DETAILS/EXPLANATION		

REFERENCES

List 5 adults not related to you, excluding employers, whom we may contact and who are competent to judge your character, temperament, and work habits. They must have definite knowledge of your qualifications and fitness for the position of a Police Officer.

SURNAME	GIVEN NAMES	OCCUPATION	
Address		City	Province Postal Code
RESIDENCE TELEPHONE ()	BUSINESS TELEPHONE ()	E-MAIL	
		YEARS KNOWN	

SURNAME	GIVEN NAMES	OCCUPATION	
Address		City	Province Postal Code
RESIDENCE TELEPHONE ()	BUSINESS TELEPHONE ()	E-MAIL	
		YEARS KNOWN	

SURNAME	GIVEN NAMES	OCCUPATION	
Address		City	Province Postal Code
RESIDENCE TELEPHONE ()	BUSINESS TELEPHONE ()	E-MAIL	
		YEARS KNOWN	

SURNAME	GIVEN NAMES	OCCUPATION	
Address		City	Province Postal Code
RESIDENCE TELEPHONE ()	BUSINESS TELEPHONE ()	E-MAIL	
		YEARS KNOWN	

SURNAME	GIVEN NAMES	OCCUPATION	
Address		City	Province Postal Code
RESIDENCE TELEPHONE ()	BUSINESS TELEPHONE ()	E-MAIL	
		YEARS KNOWN	

FAMILY

PARTNER	SURNAME	GIVEN NAMES		
MAIDEN NAME	DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH		
<input type="checkbox"/> SPOUSE	<input type="checkbox"/> COMMON-LAW	<input type="checkbox"/> GIRL/BOYFRIEND	<input type="checkbox"/> OTHER	
ADDRESS (SAME AS APPLICANT) <input type="checkbox"/>	CITY	PROVINCE	POSTAL CODE	
HOME TELEPHONE	WORK TELEPHONE	E-MAIL		
EMPLOYER	OCCUPATION			
EMPLOYER ADDRESS				

EX-BOY/GIRLFRIEND / EX-COMMON-LAW / SEPARATED / DIVORCED PARTNER

SURNAME	GIVEN NAMES		
MAIDEN NAME	DATE OF BIRTH (YYYY/MM/DD)	DATE OF SEPARATION/DIVORCE	
HOME TELEPHONE	WORK TELEPHONE	E-MAIL	
TO WHAT DEGREE DO YOU SUPPORT YOUR FORMER PARTNER/CHILDREN?			

SURNAME	GIVEN NAMES		
MAIDEN NAME	DATE OF BIRTH (YYYY/MM/DD)	DATE OF SEPARATION/DIVORCE	
ADDRESS	CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE	WORK TELEPHONE	E-MAIL	
EMPLOYER	OCCUPATION		
TO WHAT DEGREE DO YOU SUPPORT YOUR FORMER PARTNER/CHILDREN?			

SURNAME		GIVEN NAMES			
MAIDEN NAME		DATE OF BIRTH (YYYY/MM/DD)		DATE OF SEPARATION/DIVORCE	
ADDRESS			CITY		PROVINCE
HOME TELEPHONE			WORK TELEPHONE		E-MAIL
EMPLOYER			OCCUPATION		
TO WHAT DEGREE DO YOU SUPPORT YOUR FORMER PARTNER/CHILDREN?					

SURNAME		GIVEN NAMES			
MAIDEN NAME		DATE OF BIRTH (YYYY/MM/DD)		DATE OF SEPARATION/DIVORCE	
ADDRESS			CITY		PROVINCE
HOME TELEPHONE			WORK TELEPHONE		E-MAIL
EMPLOYER			OCCUPATION		
TO WHAT DEGREE DO YOU SUPPORT YOUR FORMER PARTNER/CHILDREN?					

CHILDREN
(INCLUDE ALL NATURAL OR ADOPTED CHILDREN REGARDLESS OF AGE)

SURNAME		GIVEN NAMES			
MAIDEN NAME		DATE OF BIRTH (YYYY/MM/DD)		RELATIONSHIP	
ADDRESS (IF DIFFERENT FROM APPLICANT)			CITY		PROVINCE
HOME TELEPHONE			WORK TELEPHONE		E-MAIL

SURNAME		GIVEN NAMES			
MAIDEN NAME		DATE OF BIRTH (YYYY/MM/DD)		RELATIONSHIP	

ADDRESS (IF DIFFERENT FROM APPLICANT)	CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE	WORK TELEPHONE	E-MAIL	

SURNAME	GIVEN NAMES		
MAIDEN NAME	DATE OF BIRTH (YYYY/MM/DD)	RELATIONSHIP	
ADDRESS (IF DIFFERENT FROM APPLICANT)	CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE	WORK TELEPHONE	E-MAIL	

SURNAME	GIVEN NAMES		
MAIDEN NAME	DATE OF BIRTH (YYYY/MM/DD)	RELATIONSHIP	
ADDRESS (IF DIFFERENT FROM APPLICANT)	CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE	WORK TELEPHONE	E-MAIL	

SURNAME	GIVEN NAMES		
MAIDEN NAME	DATE OF BIRTH (YYYY/MM/DD)	RELATIONSHIP	
ADDRESS (IF DIFFERENT FROM APPLICANT)	CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE	WORK TELEPHONE	E-MAIL	

SURNAME	GIVEN NAMES		
MAIDEN NAME	DATE OF BIRTH (YYYY/MM/DD)	RELATIONSHIP	
ADDRESS (IF DIFFERENT FROM APPLICANT)	CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE	WORK TELEPHONE	E-MAIL	

SURNAME	GIVEN NAMES		
MAIDEN NAME	DATE OF BIRTH (YYYY/MM/DD)	RELATIONSHIP	
ADDRESS (IF DIFFERENT FROM APPLICANT)	CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE	WORK TELEPHONE	E-MAIL	

SURNAME		GIVEN NAMES			
MAIDEN NAME		DATE OF BIRTH (YYYY/MM/DD)		RELATIONSHIP	
ADDRESS (IF DIFFERENT FROM APPLICANT)			CITY		PROVINCE
POSTAL CODE			E-MAIL		
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	

SIBLINGS
BROTHER & SISTERS (NATURAL OR OTHERWISE)

SURNAME		GIVEN NAMES			
RELATIONSHIP		DATE OF BIRTH (YYYY/MM/DD)		PLACE OF BIRTH	
ADDRESS			CITY		PROVINCE
POSTAL CODE			E-MAIL		
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	
OCCUPATION					

SURNAME		GIVEN NAMES			
RELATIONSHIP		DATE OF BIRTH (YYYY/MM/DD)		PLACE OF BIRTH	
ADDRESS			CITY		PROVINCE
POSTAL CODE			E-MAIL		
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	
OCCUPATION					

SURNAME		GIVEN NAMES			
RELATIONSHIP		DATE OF BIRTH (YYYY/MM/DD)		PLACE OF BIRTH	
ADDRESS			CITY		PROVINCE
POSTAL CODE			E-MAIL		
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	
OCCUPATION					

SURNAME		GIVEN NAMES			
RELATIONSHIP		DATE OF BIRTH (YYYY/MM/DD)		PLACE OF BIRTH	
ADDRESS			CITY		PROVINCE
					POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	
OCCUPATION					

SURNAME		GIVEN NAMES			
RELATIONSHIP		DATE OF BIRTH (YYYY/MM/DD)		PLACE OF BIRTH	
ADDRESS			CITY		PROVINCE
					POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	
OCCUPATION					

SURNAME		GIVEN NAMES			
RELATIONSHIP		DATE OF BIRTH (YYYY/MM/DD)		PLACE OF BIRTH	
ADDRESS			CITY		PROVINCE
					POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	
OCCUPATION					

SURNAME		GIVEN NAMES			
RELATIONSHIP		DATE OF BIRTH (YYYY/MM/DD)		PLACE OF BIRTH	
ADDRESS			CITY		PROVINCE
					POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	
OCCUPATION					

PARENTS
(NATURAL)

MOTHER'S SURNAME		GIVEN NAMES			
MAIDEN NAME	DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH			
ADDRESS		CITY	PROVINCE	POSTAL CODE	
HOME TELEPHONE	WORK TELEPHONE	E-MAIL			
OCCUPATION					

FATHER'S SURNAME		GIVEN NAMES			
DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH				
ADDRESS		CITY	PROVINCE	POSTAL CODE	
HOME TELEPHONE	WORK TELEPHONE	E-MAIL			
OCCUPATION					

PARENTS
(OTHER)

MOTHER'S SURNAME		GIVEN NAMES			
MAIDEN NAME	DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH			
TYPE <input type="checkbox"/> ADOPTIVE <input type="checkbox"/> STEP-PARENT					
ADDRESS		CITY	PROVINCE	POSTAL CODE	
HOME TELEPHONE	WORK TELEPHONE	E-MAIL			
OCCUPATION					

FATHER'S SURNAME		GIVEN NAMES			
DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH				
TYPE <input type="checkbox"/> ADOPTIVE <input type="checkbox"/> STEP-PARENT					

ADDRESS		CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE	WORK TELEPHONE		E-MAIL	
OCCUPATION				

EXTENDED FAMILY

MOTHER-IN-LAW SURNAME		GIVEN NAMES		
MAIDEN NAME	DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH		
ADDRESS		CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE	WORK TELEPHONE		E-MAIL	
OCCUPATION				

FATHER-IN-LAW SURNAME		GIVEN NAMES		
DATE OF BIRTH (YYYY/MM/DD)		PLACE OF BIRTH		
ADDRESS		CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE	WORK TELEPHONE		E-MAIL	
OCCUPATION				

EX-MOTHER-IN-LAW SURNAME		GIVEN NAMES		
MAIDEN NAME	DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH		
ADDRESS		CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE	WORK TELEPHONE		E-MAIL	
OCCUPATION				

EX-FATHER-IN-LAW SURNAME		GIVEN NAMES			
DATE OF BIRTH (YYYY/MM/DD)		PLACE OF BIRTH			
ADDRESS			CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	
OCCUPATION					

EX-MOTHER-IN-LAW SURNAME		GIVEN NAMES			
MAIDEN NAME		DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH		
ADDRESS			CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	
OCCUPATION					

EX-FATHER-IN-LAW SURNAME		GIVEN NAMES			
DATE OF BIRTH (YYYY/MM/DD)		PLACE OF BIRTH			
ADDRESS			CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	
OCCUPATION					

SIBLING-IN-LAWS

SURNAME		GIVEN NAMES			
RELATIONSHIP		DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH		
ADDRESS			CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	
OCCUPATION					

SURNAME		GIVEN NAMES			
RELATIONSHIP		DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH		

ADDRESS	CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE	WORK TELEPHONE	E-MAIL	
OCCUPATION			

SURNAME	GIVEN NAMES		
RELATIONSHIP	DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH	
ADDRESS	CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE	WORK TELEPHONE	E-MAIL	
OCCUPATION			

SURNAME	GIVEN NAMES		
RELATIONSHIP	DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH	
ADDRESS	CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE	WORK TELEPHONE	E-MAIL	
OCCUPATION			

SURNAME	GIVEN NAMES		
RELATIONSHIP	DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH	
ADDRESS	CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE	WORK TELEPHONE	E-MAIL	
OCCUPATION			

SURNAME	GIVEN NAMES		
RELATIONSHIP	DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH	
ADDRESS	CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE	WORK TELEPHONE	E-MAIL	
OCCUPATION			

SURNAME	GIVEN NAMES		
RELATIONSHIP	DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH	
ADDRESS	CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE	WORK TELEPHONE	E-MAIL	
OCCUPATION			

HAVE ANY ONE IN YOUR FAMILY OR EXTENDED FAMILY EVER BEEN ARRESTED, CHARGED, CONVICTED OF A CRIMINAL OFFENCE? IF YES, PROVIDE BREIF DETAILS (INCLUDE YEAR, PLACE AND OFFENCE). YES NO

RESIDENCE HISTORY

(ALL QUESTIONS MUST BE ANSWERED UNLESS THE INFORMATION CANNOT BE OBTAINED. INDICATE IF DATES ARE AN APPROXIMATION. LIST FROM MOST RECENT TO LAST)

CURRENT RESIDENCE	FROM (YYYY/MM/DD)	<input type="checkbox"/> RENT <input type="checkbox"/> OWN		
ADDRESS		CITY	PROVINCE	POSTAL CODE
CURRENT NET INCOME \$	MONTHLY PAYMENT	LANDLORD / LOAN MANAGER NAME (SURNAME/FIRST NAME)		
LANDLORD / LOAN MANAGER ADDRESS		CITY	PROVINCE	POSTAL CODE

FROM (YYYY/MM/DD)	TO (YYYY/MM/DD)	<input type="checkbox"/> RENT <input type="checkbox"/> OWN		
ADDRESS		CITY	PROVINCE	POSTAL CODE
<input type="checkbox"/> LANDLORD <input type="checkbox"/> LOAN MANAGER		SURNAME	FIRST NAME	
LANDLORD/ LOAN MANAGER ADDRESS		CITY	PROVINCE	POSTAL CODE

FROM (YYYY/MM/DD)	TO (YYYY/MM/DD)	<input type="checkbox"/> RENT <input type="checkbox"/> OWN		
ADDRESS		CITY	PROVINCE	POSTAL CODE
<input type="checkbox"/> LANDLORD <input type="checkbox"/> LOAN MANAGER		SURNAME	FIRST NAME	
LANDLORD/ LOAN MANAGER ADDRESS		CITY	PROVINCE	POSTAL CODE

FROM (YYYY/MM/DD)	TO (YYYY/MM/DD)	<input type="checkbox"/> RENT <input type="checkbox"/> OWN		
ADDRESS		CITY	PROVINCE	POSTAL CODE
<input type="checkbox"/> LANDLORD <input type="checkbox"/> LOAN MANAGER		SURNAME	FIRST NAME	
LANDLORD/ LOAN MANAGER ADDRESS		CITY	PROVINCE	POSTAL CODE

FROM (YYYY/MM/DD)	TO (YYYY/MM/DD)	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	
ADDRESS	CITY	PROVINCE	POSTAL CODE
<input type="checkbox"/> LANDLORD <input type="checkbox"/> LOAN MANAGER	SURNAME	FIRST NAME	
LANDLORD/ LOAN MANAGER ADDRESS	CITY	PROVINCE	POSTAL CODE

FROM (YYYY/MM/DD)	TO (YYYY/MM/DD)	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	
ADDRESS	CITY	PROVINCE	POSTAL CODE
<input type="checkbox"/> LANDLORD <input type="checkbox"/> LOAN MANAGER	SURNAME	FIRST NAME	
LANDLORD/ LOAN MANAGER ADDRESS	CITY	PROVINCE	POSTAL CODE

FROM (YYYY/MM/DD)	TO (YYYY/MM/DD)	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	
ADDRESS	CITY	PROVINCE	POSTAL CODE
<input type="checkbox"/> LANDLORD <input type="checkbox"/> LOAN MANAGER	SURNAME	FIRST NAME	
LANDLORD/ LOAN MANAGER ADDRESS	CITY	PROVINCE	POSTAL CODE

FROM (YYYY/MM/DD)	TO (YYYY/MM/DD)	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	
ADDRESS	CITY	PROVINCE	POSTAL CODE
<input type="checkbox"/> LANDLORD <input type="checkbox"/> LOAN MANAGER	SURNAME	FIRST NAME	
LANDLORD/ LOAN MANAGER ADDRESS	CITY	PROVINCE	POSTAL CODE

ROOMMATES / BOARDERS

LIST ALL PERSONS (OTHER THAN YOUR PARTNER AND FAMILY) WITH WHOM YOU HAVE RESIDED OVER THE PAST 5 YEARS

SURNAME		GIVEN NAMES			
RELATIONSHIP	DATE OF BIRTH (YYYY/MM/DD)		PLACE OF BIRTH		
ADDRESS		CITY		PROVINCE	POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	

SURNAME		GIVEN NAMES			
RELATIONSHIP	DATE OF BIRTH (YYYY/MM/DD)		PLACE OF BIRTH		
ADDRESS		CITY		PROVINCE	POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	

SURNAME		GIVEN NAMES			
RELATIONSHIP	DATE OF BIRTH (YYYY/MM/DD)		PLACE OF BIRTH		
ADDRESS		CITY		PROVINCE	POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	

SURNAME		GIVEN NAMES			
RELATIONSHIP	DATE OF BIRTH (YYYY/MM/DD)		PLACE OF BIRTH		
ADDRESS		CITY		PROVINCE	POSTAL CODE
HOME TELEPHONE		WORK TELEPHONE		E-MAIL	

CREDIT HISTORY

HAVE YOU EVER BEEN BONDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	YEAR?
DETAILS:	

HAVE YOU EVER DECLARED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	YEAR?
DETAILS:	

HAVE YOUR WAGES EVER BEEN GARNISHED? <input type="checkbox"/> YES <input type="checkbox"/> NO	YEAR?
DETAILS:	

HAS A COLLECTION AGENCY EVER COLLECTED OR ATTEMPTED TO COLLECT AN OUTSTANDING DEBT FROM YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO	YEAR?
DETAILS:	

HAVE YOU EVER KNOWINGLY WRITTEN AN NSF CHEQUE? <input type="checkbox"/> YES <input type="checkbox"/> NO	YEAR?
DETAILS:	

HAVE YOU EVER BEEN AN OWNER OR PART OWNER OF ANY BUSINESS? IF YES, PROVIDE DETAILS BELOW.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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BUSINESS NAME		FROM (YYYY/MM/DD)	TO (YYYY/MM/DD)	
ADDRESS		CITY	PROVINCE	POSTAL CODE
PARTNERS SURNAME (IF APPLICABLE)		GIVEN NAMES		
RELATIONSHIP	DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH		
ADDRESS		CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE	WORK TELEPHONE	E-MAIL		
POSITION/TITLE				

BUSINESS NAME		FROM (YYYY/MM/DD)	TO (YYYY/MM/DD)	
ADDRESS		CITY	PROVINCE	POSTAL CODE
PARTNERS SURNAME (IF APPLICABLE)		GIVEN NAMES		
RELATIONSHIP	DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH		
ADDRESS		CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE	WORK TELEPHONE	E-MAIL		
POSITION/TITLE				

ARE YOU AN OWNER OR PART OWNER OF ANY REVENUE PROPERTY? IF YES, PROVIDE DETAILS BELOW.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

HAVE YOU EVER BEEN DECLINED A CREDIT CARD, LOAN, OR ANY OTHER TYPE OF CREDIT? IF YES, PROVIDE DETAILS BELOW. <div style="text-align: right; margin-top: 5px;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>

DO YOU HAVE CREDIT CARDS? IF YES, PROVIDE DETAILS BELOW. <div style="text-align: right; margin-top: 5px;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>

CREDIT CARD COMPANY	CREDIT LIMIT	CURRENT BALANCE OWING
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

DO YOU HAVE ANY OUTSTANDING LOANS? IF YES, PROVIDE DETAILS BELOW. <div style="text-align: right; margin-top: 5px;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>
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NAME OF LENDER			
ADDRESS OF LENDER	CITY	PROVINCE	POSTAL CODE
LOAN MANAGER	WORK TELEPHONE	E-MAIL	
PURPOSE OF LOAN			
ORIGINAL AMOUNT \$	CURRENT BALANCE \$	PAYMENT/MONTH \$	

NAME OF LENDER			
ADDRESS OF LENDER	CITY	PROVINCE	POSTAL CODE
LOAN MANAGER	WORK TELEPHONE	E-MAIL	
PURPOSE OF LOAN			
ORIGINAL AMOUNT \$	CURRENT BALANCE \$	PAYMENT/MONTH \$	

NAME OF LENDER			
ADDRESS OF LENDER	CITY	PROVINCE	POSTAL CODE
LOAN MANAGER	WORK TELEPHONE	E-MAIL	
PURPOSE OF LOAN			
ORIGINAL AMOUNT \$	CURRENT BALANCE \$	PAYMENT/MONTH \$	

NAME OF LENDER			
ADDRESS OF LENDER	CITY	PROVINCE	POSTAL CODE
LOAN MANAGER	WORK TELEPHONE	E-MAIL	
PURPOSE OF LOAN			
ORIGINAL AMOUNT \$	CURRENT BALANCE \$	PAYMENT/MONTH \$	

LIST YOUR ASSETS: (I.E. HOME, VEHICLES, PROPERTY, SAVINGS, INVESTMENTS, ETC)

TYPE	VALUE
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL ASSETS	\$

IN THE PAST TEN YEARS HAVE YOU EVER BEEN INVOLVED IN ANY LEGAL SUITS?

YES

NO

IF YES, PROVIDE DETAILS BELOW.

GENERAL INTEREST

DO YOU CURRENTLY HAVE A FITNESS REGIME?
IF YES, PROVIDE DETAILS BELOW.

YES NO

HOW LONG HAS PHYSICAL FITNESS BEEN A PART OF YOUR LIFESTYLE?

YEARS?

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DO YOU DRINK ALCOHOL? YES NO

AVERAGE NUMBER OF DRINKS PER WEEK?

--	--

UNDER WHAT CIRCUMSTANCES ARE YOU MOST LIKELY TO CONSUME ALCOHOL?

LIST ANY SPORTS YOU PLAY, INDICATE IF PARTICIPATION IS CURRENT OR PAST.

LIST HOBBIES, RECREATIONAL ACTIVITIES OR SPECIAL INTERESTS.

LIST CLUBS, ORGANIZATIONS YOU BELONG TO, INCLUDE YOUR LEVEL OF COMMITMENT TO THEM.

LIST THREE THINGS THAT YOU ARE MOST PROUD OF.

LIST ALL COUNTRIES YOU HAVE VISITED:

COUNTRY	PURPOSE OF TRAVEL	DATE FROM (YYYY/MM)	DATE TO (YYYY/MM)

HAVE YOU EVER BEEN REFUSED ENTRY INTO ANY COUNTRY? YES NO
 IF YES, PROVIDE DETAILS (INCLUDE YEAR, COUNTRY PORT OF ENTRY DENIED INTO AND REASON).

**COMPUTER SKILLS AND TRAINING
(ATTACH AN ADDITIONAL SHEET IF FURTHER SPACE IS REQUIRED)**

REGARDING YOUR FAMILIARTY WITH COMPUTERS, CHECK THE APPROPRIATE BOXES.:

MICROSOFT WINDOWS	<input type="checkbox"/>	BEGINNER	<input type="checkbox"/>	INTERMEDIATE	<input type="checkbox"/>	EXPERT
MICROSOFT WORD	<input type="checkbox"/>	BEGINNER	<input type="checkbox"/>	INTERMEDIATE	<input type="checkbox"/>	EXPERT
MICROSOFT OUTLOOK	<input type="checkbox"/>	BEGINNER	<input type="checkbox"/>	INTERMEDIATE	<input type="checkbox"/>	EXPERT
GENERAL COMPUTER USE	<input type="checkbox"/>	BEGINNER	<input type="checkbox"/>	INTERMEDIATE	<input type="checkbox"/>	EXPERT

KEYBOARDING SKILL: <input type="checkbox"/> YES <input type="checkbox"/> NO	WORDS PER MINUTE WITHOUT ERRORS:
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