

# MANITOBA FIRST NATIONS POLICE

## PERSONAL DISCLOSURE FORM

SURNAME: \_\_\_\_\_

GIVEN NAMES: \_\_\_\_\_

ADDRESS: NUMBER: \_\_\_\_\_ STREET \_\_\_\_\_

CITY/TOWN \_\_\_\_\_

P.O. BOX: \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PROVINCE: \_\_\_\_\_

PHONE: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ :CELL \_\_\_\_\_

E-MAIL: \_\_\_\_\_

### **IMPORTANT INSTRUCTIONS FOR COMPLETING THIS DOCUMENT**

1. Answer all questions completely and provide specific information. Be thorough and do not assume an incident is too minor to include. The Manitoba First Nations Police will review the document and will make that determination
2. The document must be in your own handwriting or printing in ink and must be legible
3. Use the back of page or additional pages if more space is required.
4. Be completely honest.

## **PERSONAL DISCLOSURE FORM**

Personal information on this Personal Disclosure Form is being collected under the authority of the Freedom of Information and Protection of Privacy Act (FOIP) Section 33(c). It will be used to determine your suitability, eligibility or qualifications for employment with the Manitoba First Nations Police. Questions about the use or collection of this information should be directed to the Chief of Police, Manitoba First Nations Police, P.O. Box 37, Portage la Prairie, MB R1N 3B2.

The areas that are being closely scrutinized in considering applicants are **Honesty, Integrity and Ethics**.

This questionnaire pertains to your **ethics, your integrity and your ability to perform the functions for the Manitoba First Nations Police**. It is required that you answer all questions honestly, accurately and completely. Should you be selected to continue in the application process, your answers will be verified by a variety of methods including a detailed background investigation.

**Any deceit, dishonestly or non-disclosure concerning questions will result in disqualifying you from this and any future employment competitions with the Manitoba First Nations Police.**

**Any information provided regarding serious, recent or ongoing criminal activity may result in investigation by the Manitoba First Nations Police and/or disclosed to another law enforcement agency, and could result in arrest or criminal charges.**

**Any information provided in the Personal Disclosure Form regarding unlawful activity may be disclosed by the Manitoba First Nations Police as required by law.**

The Manitoba First Nations Police expects an applicant to maintain exemplary behaviour throughout the period prior to the commencement of your recruit training. During this time, the Manitoba First Nations Police will be assessing your suitability for employment as a police officer. You are therefore required to provide ongoing, updated disclosure of all activities relating to the questions posed and response provided in your Personal Disclosure Form. Such disclosure is to be provided to the Chief of Police or Deputy Chief of Operations at your earliest convenience.

**DRIVING**

**1. Do you possess a valid driver's licence at this time?**

- NO
- YES

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**2. Has your driving licence (current or any past licence) ever been suspended?**

- NO
- YES

Provide full detail for each occasion regarding why, where and when is has been suspended.

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**3. In past, have you ever possessed a valid driver's licence from any other Canadian Province or Territory?**

- NO
- YES

If yes, from which Province or Territory? \_\_\_\_\_

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**5. Have you ever been involved in any motor vehicle accidents during the past five years?**

- NO
- YES

Were you at fault? If so, what were the details of the accident(s)? Is there now or was

there litigation concerning any of the accidents?

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**5. Have you been the driver of a hit and run accident?**

- NO
- YES

Provide specific details including dates, locations and investigating police service.

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**6. Have you ever deliberately left the scene of an accident?**

- NO
- YES

Provide specific details including dates, locations and investigating police service.

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**7. How many times have you operated a motor vehicle, boat, or other vehicle when you were under the influence of alcohol in the past three years? In your lifetime?**

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**8. When was the last time you drove impaired? Provide specific details, including amount of alcohol consumed over period of time and dates.**

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**ALCOHOL USE**

**9. Do you drink alcoholic beverages?**

- NO
- YES

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**10. When and why are you most likely to consume alcohol?**

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**11. Have you been in a verbal, or physical altercations while under the influence of alcohol?**

- NO
- YES

Provide specific details including dates (where/when/circumstances)

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**12. Have you been the subject of a police investigation or inquiry while you were under the influence of alcohol?**

- NO
- YES

Provide specific details including dates and circumstances.

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**13. In your view, or the view of others who know you, has alcohol consumption ever caused a problem in any aspect of your life? (i.e., job, home, school or community?)**

- NO
- YES

Provide specific details including dates.

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**14. Are you now dependent on alcohol?**

- NO
- YES

Provide details.

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**15. Have you ever been dependent on alcohol?**

- NO
- YES

Provide details.

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**16. Have you ever been asked to resign or been dismissed from a position because of alcohol related concerns?**

- NO
- YES

Provide specific details including dates.

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**DRUG USE**

**17. Have you ever experimented with or used an illegal drug?**

- NO
- YES

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**18. Which illegal drugs have you experiment with or used?**

Marihuana – How many times? _____	Last used? _____
Hashish – How many times? _____	Last used? _____
Hash Oil – How many times? _____	Last used? _____
Mushrooms – How many times? _____	Last used? _____
Cocaine – How many times? _____	Last used? _____
Heroin – How many times? _____	Last used? _____



LSD – How many times? \_\_\_\_\_ Last used? \_\_\_\_\_

Crack – How many times? \_\_\_\_\_ Last used? \_\_\_\_\_

Ecstasy – How many times? \_\_\_\_\_ Last used? \_\_\_\_\_

Speed – How many times? \_\_\_\_\_ Last used? \_\_\_\_\_

Methamphetamine - How many times? \_\_\_\_\_ Last used? \_\_\_\_\_

Steroids – How many times? \_\_\_\_\_ Last used? \_\_\_\_\_

Other (specify) – How many times? \_\_\_\_\_ Last used? \_\_\_\_\_

**19. Over what period of time did you experiment with, or were involved with illegal drugs? Provide specific details, dates and other relevant details?**

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**20. When did you last use an illegal street drug? Provide specific details including dates and circumstances.**

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**21. Have you ever purchased illegal drugs?**

- NO
- YES

Provide specific details including dates and circumstances.

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**22. Have you ever sold illegal drugs?**

- NO
- YES

Provide specific details including dates and circumstances.

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**23. Have you ever grown illegal drugs?**

- NO
- YES

Provide specific details including dates.

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**24. Have you ever manufactured illegal drugs?**

- NO
- YES

Provide specific details including dates.

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**25. Have you ever imported illegal drugs?**

- NO
- YES

Provide specific details including dates.

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**26. Have you ever exported illegal drugs?**

- NO
- YES

Provide specific details including dates.

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**27. Have you ever used steroids?**

- NO
- YES

Provide specific details including dates.

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**28. Have you ever sold steroids?**

- NO
- YES

Provide specific details including dates.

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**29. Have you ever misused prescription or non-prescription drugs? What type of drug? How was it misused?**

- NO
- YES

Provide specific details including dates, type of drug(s) and how misused.

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**FINANCIAL / CREDIT**

**30. Have you ever declared bankruptcy?**

- NO
- YES

Provide specific details including dates files and discharge dates.

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**31. Has a collection agency ever been assigned to any of your outstanding debts?**

- NO
- YES

Provide specific details including dates and amounts.

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**32. Have you ever knowingly written an NSF (non-sufficient funds) cheque?**

- NO
- YES

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**33. Do you now or have you ever had a problem with debt?**

- NO
- YES

Provide specific details.

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**34. Are you currently having financial difficulties?**

- NO
- YES

Provide specific details including dates and amounts.

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**35. Describe any gambling activities that you have been involved with. This includes, but is not limited to gambling activities at public establishments such as a casino, and gambling activities in more private settings such as a home. Provide specific details including dates and circumstances.**

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**36. Do you own your own house, townhouse, condominium, rental property or other real estate?**

- NO
- YES

Please state your monthly rental / mortgage payment. \$ \_\_\_\_\_

**37. Do you own your vehicle?**

- NO
- YES

Provide specific details including dates and amounts.

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If leasing, please state your monthly lease payment and place of lease.

\$ \_\_\_\_\_ Place \_\_\_\_\_

List year and make of vehicle \_\_\_\_\_

Current net income per month: \$ \_\_\_\_\_

**38. Do you make spousal support, child support or other support payments?**

- NO
- YES

Provide specific details including amounts.

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39. Do you contribute to the payment of loans in the name of any other person?

- NO
- YES

Provide specific details amounts.

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40. Please list all credit cards.

Card Company	Credit Limit	Balance	Monthly Payments
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

**SCHOOL & EMPLOYMENT HABITS**

41. Have you ever cheated on an exam?

- NO
- YES

Provide specific details including dates, when and where.

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42. Have you ever been suspended or formally reprimanded by an educational institution? Including academic suspensions?

- NO
- YES



What was the nature of the incident, when and what disciplinary action was taken?

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**43. Have you ever had problems with absenteeism or lateness while you were student or an employee?**

- NO
- YES

Be specific including dates and details.

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**44. Have you been unemployed for extended periods?**

- NO
- YES

Provide specific details explaining how long and why.

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**45. Have you held any employment that you are deliberately not disclosing.**

- NO
- YES

Provide specific details including dates and employers.

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**46. Have you ever been disciplined or documented for inappropriate behaviour at work?**

- NO
- YES

Provide specific details including the behaviour and the action taken.

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**47. Why did you behave in that manner?**

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**48. Was it justified in your opinion? Why or why not.**

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**49. Have you ever been dismissed or asked to resign from a job?**

- NO
- YES

What position, employer and why did you leave. Be specific.

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**INTEGRITY**

**50. Have you ever been in a physical altercation with a spouse or partner or anyone associated to you in a domestic or family relationship? (Domestic violence)**

- NO
- YES

Provide specific details including dates.

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**51. Have you ever been physically violent toward any adult person? (Sports or otherwise?)**

- NO
- YES

Provide specific details including dates.

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**52. Have you ever been physically violent toward a child?**

- NO
- YES

Provide specific details including dates.

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**53. Have you ever been verbally abusive towards anyone?**

- NO
- YES

Provide specific details including dates.

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**CRIMINAL ACTIVITY**

**54. Have you ever communicated for the purpose of, or secured the sexual services of a prostitute or an escort, in Canada or elsewhere?**

- NO
- YES

Provide specific details including how many times, when and where. What was your employment at the time?

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**59. Have you ever been involved, directly or indirectly, in a theft? (i.e.: shoplifting, theft of/from vehicle, theft from family member/friend?)**

- NO
- YES

Provide specific details including dates. What happened to the property?

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**Note:** Possession of stolen property is a criminal offence. If you are in possession of property that was obtained by illegal activity, this will be a concern. Consider carefully if you should be submitting an application at this time. Situations concerning stolen property will be examined on a case-by-case basis.

**60. Have you ever been involved in any criminal behaviour, directly or indirectly, at any of your workplaces? (i.e.: theft of merchandise/office supplies/money, misappropriation of funds, fraud, converting anything to your personal use without authorization)**

- NO
- YES

Provide specific details including dates.

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**61. Are you currently in possession on any stolen property?**

- NO
- YES

Provide specific details including what property an where / how it was obtained

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**62. Have you ever purchased anything or were given anything you though or knew was stolen or obtained from a crime?**

- NO
- YES

Provide specific details including dates, type of property, how you obtained it and if you still are in possession of this property.

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**63. Have you ever committed perjury while giving testimony under oath?**

- NO
- YES

Provide specific details including dates.

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**64. Have you ever sworn to a false document?**

- NO
- YES

Provide specific details including dates.

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**65. Have you ever been involved in any type fraud (insurance fraud, price tag switching, vehicle odometer rollback, etc.)?**

- NO
- YES

Provide specific details including dates.

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**66. Have you ever used a computer or the internet for illegal or nuisance purposes? (i.e.: child pornography, hacking, harassing e-mail, theft of software, etc.)**

- NO
- YES

Provide specific details including dates.

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**67. Do you currently associate with individuals or groups who are engaged in criminal activity?**

- NO
- YES

Provide specific details.

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**68. Have you ever associated with individuals or groups who are/were engaged in criminal activity?**

- NO
- YES

Provide specific details and dates.

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**69. Do you currently associate with or are you connected in any way to any gang or member of a gang?**

- NO
- YES

Provide specific details.

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**70. Have you in the past associated with or been connected in any way to a gang?**

- NO
- YES

Provide specific details.

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**71. List all the people you have lived with for the past 10 years.**

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**72. Other than traffic violations or you work capacity, have you been checked by any Police Service where information about you was documented in any manner?**

- NO
- YES

Provide specific details.

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**73. Do you associate with any criminal groups other than as a requirement in a professional capacity?**

- NO
- YES

Provide specific details?

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**74. Are you currently in possession of any firearm(s) that is/are not registered in accordance with current legislation?**

- NO
- YES





Provide specific details including dates.

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**80. Have you ever been diagnosed with a disability affecting your ability to read, writer, learn, or comprehend?**

- NO
- YES

Provide specific details including dates.

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**81. What medical concerns or conditions (if any) do you currently have or have experienced in the past?**

- |   |                           |
|---|---------------------------|
| <input type="checkbox"/> Allergies (including food) | Medication/Treatment_____ |
| <input type="checkbox"/> Asthma/Lung Disorder       | Medication/Treatment_____ |
| <input type="checkbox"/> Back/Neck                  | Medication/Treatment_____ |
| <input type="checkbox"/> Blackouts                  | Medication/Treatment_____ |
| <input type="checkbox"/> Blood Pressure             | Medication/Treatment_____ |
| <input type="checkbox"/> Depression                 | Medication/Treatment_____ |
| <input type="checkbox"/> Diabetes                   | Medication/Treatment_____ |
| <input type="checkbox"/> Epilepsy                   | Medication/Treatment_____ |



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|--|---------------------------|
| <input type="checkbox"/> Headaches/Migraines             | Medication/Treatment_____ |
| <input type="checkbox"/> Hearing                         | Medication/Treatment_____ |
| <input type="checkbox"/> Heart                           | Medication/Treatment_____ |
| <input type="checkbox"/> Injuries (Head, Chest, Stomach) | Medication/Treatment_____ |
| <input type="checkbox"/> Kidneys                         | Medication/Treatment_____ |
| <input type="checkbox"/> Psychological Issues            | Medication/Treatment_____ |
| <input type="checkbox"/> Serious Illness                 | Medication/Treatment_____ |
| <input type="checkbox"/> Surgery                         | Medication/Treatment_____ |
| <input type="checkbox"/> Ulcer                           | Medication/Treatment_____ |
| <input type="checkbox"/> Arthritis                       | Medication/Treatment_____ |
| <input type="checkbox"/> Joints                          | Medication/Treatment_____ |
| <input type="checkbox"/> Vision                          | Medication/Treatment_____ |
| <input type="checkbox"/> Hemophilia                      | Medication/Treatment_____ |
| <input type="checkbox"/> Sports Injuries                 | Medication/Treatment_____ |

**82. Do you have concerns/conditions not discussed above?**

- NO
- YES

Provide specific details.

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**83. Have you ever attempted to commit suicide?**

- NO
- YES

If so, provide specific details including dates, circumstances and professional help, if any.

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**90. Have you applied to any other Police Service?**

- NO
- YES

Provide specific details.

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**91. Is the Manitoba First Nations Police your first choice or preferred choice?**

- NO
- YES

If not, please explain.

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**92. Are you aware of any reasons that you may not be qualified to be a police officer with the Manitoba First Nations Police?**

- NO
- YES

If yes, please explain.

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**NOTE: FOR PREVIOUS LAW ENFORCEMENT EXPERIENCE ONLY**

The following section is intended for candidates with previous law enforcement experience and addresses issues reflective of their ethics and integrity.

“Law enforcement” includes police officer, peace officer, special constables, sheriff, corrections officer, bylaw officer or military police officer.

If you DO NOT HAVE previous police experience, proceed to Declaration and continue with this form.

93. Where and When did you receive your Law Enforcement Recruit Training?

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94. How many years of law enforcement experience have you accumulated?

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95. Have you been, or are you now, the subject of an internal or external investigation as a result of your duties as a law enforcement officer?

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96. Presently, what rank do you hold? If promoted, please identify when this occurred?

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115. Have you been, or are you now, the subject of an internal or external investigation as a result of your duties as a Law Enforcement Officer?

- No
- Yes

*Please provide specific details, if applicable*

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**Notice to Applicant**

Deceit, dishonesty or non-disclosure concerning questions in this Personal Disclosure Form will result in your disqualification from this employment competition and any future employment competitions with the Manitoba First Nations Police.

The information provided in the Personal Disclosure Form will be verified by a detailed background investigation and may involve a polygraph examination.

Any information provided in the Personal Disclosure Form regarding serious, recent or ongoing criminal activity, may be investigated by the Manitoba First Nations Police and/or disclosed to another law enforcement agency, and could result in arrest and criminal charges.

Any information provided in this Personal Disclosure Form regarding unlawful activity may be disclosed by the Manitoba First Nations Police as required by law.

**You may amend your response(s) to any questions in the Personal Disclosure Form at any time prior by contacting the Chief of Police or Inspector.**

The Manitoba First Nations Police expects you to maintain exemplary behaviour throughout the period prior to the commencement of your recruit training class. During this time, the Manitoba First Nations Police are assessing your suitability for employment as a police officer. Therefore, you are expected to provide ongoing and updated disclosure of all activities relating to the questions posed and responses provided in your Personal Disclosure Form. Such disclosure is to be provided directly to the Chief of Police or Deputy Chief of Operations at your earliest convenience.

Declarations:

I, \_\_\_\_\_, hereby declare as follows:

The information that I have provided in this Personal Disclosure Form is complete, honest and accurate. I have read and fully understood this Notice to Applicant.

Applicant's Signature: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Date: \_\_\_\_\_