



Lakeland District Protective Services is accepting applications for a full-time seasonal term **Municipal Law Enforcement Officer** position. This position is open to experienced officers meeting the standards and requirements to receive a Special Constable appointment, pursuant to *The Police Act, 1990* by the Minister of Corrections, Policing and Public Safety as part of their Community Safety Officer Program.

This position is located in beautiful lake country with its headquarters in Christopher Lake, Saskatchewan. It is anticipated this position will be filled in early May pending support from the Canada Summer Jobs program.

The successful candidate may be required to attend and successfully complete training prior to deployment in the field. Our candidate of choice must be able to work a variety of shift patterns including weekends, evenings, and nights.

This exciting opportunity in law enforcement requires a proven self-starter that will complement our Service. LDPS provides service in the regulation, enforcement and education of municipal, provincial and federal laws with a strong focus on community safety. You will be a team player able to work in stressful situations. You will have exceptional communication and public relations skills, excellent time management and organizational skills. You must have the ability to work well with other law enforcement, regulatory agencies and the public in a manner that reflects the principals and values of the municipality and surrounding communities. You will have demonstrated experience in the enforcement of regulations and enactments. You will be able to prioritize service delivery in response to calls for service that is timely and efficient. You will be required to complete assigned tasks on time with minimal supervision. Your superior work ethic, character, and time management skills will contribute to the success and safety of the community. Your keen analytical, interpersonal skills and compassion will allow you to easily transition into this exciting, diverse position. Ideally you will have completed post-secondary education in order to receive your appointment.

The successful candidate will have clearly identified in their covering letter direct examples of where they have provided service in the enforcement, regulation and education of municipal, provincial or federal law and how they have gained the knowledge and skills required for this position.

Interested applicants are asked to forward their information on or before 1:00 pm, April 16<sup>th</sup>, 2021 in confidence to;

2021 Jobs  
Lakeland District Protective Services  
Box 208  
Christopher Lake, SK S0J 0N0

Or by hand delivering your packing **in a sealed envelope** to the Administration Office at 48 – Main Street West, Christopher Lake addressed to “2021 Jobs – LDPS”

# Employment Package Requirements

You must complete and submit the following documents.

1. General Information page
2. Release of Information form
3. The Police Act Employment Application, Form R1
4. Family Members
5. Personal and Professional Reference form
6. Grade Twelve Diploma (*photocopy acceptable*)
7. Post-Secondary Diploma(s) or Degree(s) (*photocopy acceptable*)
8. Traffic Safety Act / SGI driving abstract (last 5 years)
9. First Aid & CPR Certificates (*photocopy acceptable*)
10. Copy of PAL (*if in possession of one*)
11. Copy of POPAT/PARE or SOPAT (*if available / under 6 months since completion*)
12. Criminal records vulnerable sector check (*done within 3 months of application*)
13. Resume

***Candidates are encouraged to provide any additional information that will assist in determining their suitability.***

The selection process shall include;

- Applicant screening
- Personal disclosure form.
- POPAT / PARE or SOPAT.
- A written assignment.
- Medical examination and Visual examination.
- Psychological assessment and screening.
- An in-person interview and evaluation including integrity screening.
- Enhanced security check including fingerprinting.

***\*This process may be augmented to ensure applicant and hiring committee safety and wellbeing as a result of Covid-19.***

***Emailed or facsimile application packages shall not be considered.***

*Please note that all materials will become the property of the Lakeland District Protective Services and shall not be returned.*



# District of Lakeland No. 521 (Lakeland District Protective Services)

## Special Constable Employment Application General Information

1. An essential component in the selection process of Lakeland District Protective Services is a background and security check. Information gathered will be used to assess the suitability of the applicant for a law enforcement career. There will be a security check on applicants and possibly members of their families.
2. All questions must be answered. If extra space is required attach additional pages. Where a question is not applicable, mark N/A. Attach a note explaining why any question is left blank.
3. All information supplied is subject to verification by investigation. False statements can result in **disqualification** or dismissal.
4. No information received from inquiries concerning this application will be released to the applicant.
5. Please read the following instructions carefully. Upon receipt of your application package, you will officially be in the recruit selection process.

LAST NAME		FIRST NAME		MIDDLE NAME(S)
FULL PHYSICAL ADDRESS		CITY	PROVINCE	POSTAL CODE
FULL MAILING ADDRESS (IF DIFFERENT THEN ABOVE)		CITY	PROVINCE	POSTAL CODE
TELEPHONE NUMBER (RES.)	TELEPHONE NUMBER (BUS)		TELEPHONE (OTHER)	
DATE OF BIRTH YY- MM- DD	EMAIL ADDRESS			

Please read and sign this declaration. Return this page with your application.

"I have read and understood the above information"

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Lakeland District Protective Services

## Authorization for Release of Information and Statement of Consent

I, \_\_\_\_\_, the undersigned, hereby authorize any person, employer, organization or physician to provide any information, opinion, reports, records, documents, or copies thereof in any form which may be requested in connection with my application for employment with the District of Lakeland - Lakeland District Protective Services.

Personal information about me will be used to assess my qualifications and suitability in relation to my application as a peace officer. I consent to the collection, use, disclosure, transmittal and examination of all information compiled by Lakeland District Protective Services.

Personal information about me that is obtained during the selection process may be disclosed to any law enforcement agency for the purpose for which it was obtained or for any other reason.

I agree to waive any right of action against any person or organization providing information or opinions in compliance with this authorization. I hereby acknowledge and declare the terms of this authorization for release of information are fully understood by me.

### STATEMENT OF CONSENT

I hereby consent that any and all information pertaining to a Criminal Record registered in my name with National Repository for Criminal Records in Canada may be provided to authorize persons at the District of Lakeland No. 521 - Lakeland District Protective Services Department. I recognize that a peace officer is in a position of trust within the community and I hereby consent to a VS (Vulnerable Sector) search of my name in the National Repository for Criminal Records. I understand that a VS search is a search that will check for pardoned sex offences. I further consent, if requested, to attend the Identification Section of the Royal Canadian Mounted Police for fingerprint confirmation. I further agree to absolutely release, discharge, and absolve Lakeland District Protective Services, District of Lakeland, and its employees from all claims, losses, or damages including indirect or consequential, occasioned by me during, or as a result of any investigation for a Criminal Record.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

# The Police Act

## EMPLOYMENT APPLICATION (Form R1)

LAST NAME			FIRST NAME		MIDDLE NAME(S)
FULL ADDRESS			CITY	PROVINCE	POSTAL CODE
TELEPHONE NUMBER (RES.)	TELEPHONE NUMBER (BUS.)	TELEPHONE (OTHER)	DATE OF BIRTH YYYY                      MM              DD		SOCIAL INSURANCE NUMBER
SEX o Male      o Female	PLACE OF BIRTH		EMAIL ADDRESS		

<b>If at any time you have used a last name or given name other than the one listed above, list change.</b>	NAME CHANGED FROM	NAME CHANGED TO	YYYY	DATE OF CHANGE MM              DD
	NAME CHANGED FROM	NAME CHANGED TO	YYYY	DATE OF CHANGE MM              DD

<b>DRIVER'S LICENCE</b>	PROVINCE	CLASS(ES)	DRIVER'S LICENCE NUMBER	NUMBER OF YEARS DRIVING
Have you ever had your driver's licence suspended? <input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes, provide details.		

<b>EDUCATION AND TRAINING</b> ( <i>proof of education or training may be required prior to hire</i> )				
HIGH SCHOOL (Circle highest year completed)	NAME OF SCHOOL	DIPLOMA OR GED OBTAINED?	FINISH DATE	
9      10      11      12		<input type="checkbox"/> YES <input type="checkbox"/> NO		

POST SECONDARY EDUCATION	NAME OF SCHOOL	CITY
PROGRAM OR COURSE		START DATE YYYY MM
LENGTH OF COURSE		FINISH DATE YYYY MM
DEGREE, CERTIFICATE, DIPLOMA OR LICENCE AWARDED? ( <i>If No, provide details</i> ) <input type="checkbox"/> YES <input type="checkbox"/> NO		

POST SECONDARY EDUCATION	NAME OF SCHOOL	CITY
PROGRAM OR COURSE		START DATE YYYY MM
LENGTH OF COURSE		FINISH DATE YYYY MM
DEGREE, CERTIFICATE, DIPLOMA OR LICENCE AWARDED? ( <i>If No, provide details</i> ) <input type="checkbox"/> YES <input type="checkbox"/> NO		

POST SECONDARY EDUCATION	NAME OF SCHOOL	CITY
PROGRAM OR COURSE		START DATE YYYY MM
LENGTH OF COURSE		FINISH DATE YYYY MM
DEGREE, CERTIFICATE, DIPLOMA OR LICENCE AWARDED? ( <i>If No, provide details</i> ) <input type="checkbox"/> YES <input type="checkbox"/> NO		



## EMPLOYMENT HISTORY

<b>MOST RECENT</b>	<b>EMPLOYER'S NAME</b>	<b>TELEPHONE NUMBER</b>
<b>EMPLOYER'S ADDRESS</b>		<b>CITY</b>
		<b>POSTAL CODE</b>
<b>NAME OF DIRECT SUPERVISOR</b>		<b>TELEPHONE NUMBER</b>
<b>DATE STARTED</b> <i>YYYY MM</i>	<b>DATE LEFT</b> <i>YYYY MM</i>	<b>POSITION HELD</b>
<b>DUTIES/RESPONSIBILITIES</b>		
<b>REASON FOR LEAVING</b>		

<b>2</b>	<b>EMPLOYER'S NAME</b>	<b>TELEPHONE NUMBER</b>
<b>EMPLOYER'S ADDRESS</b>		<b>CITY</b>
		<b>POSTAL CODE</b>
<b>NAME OF DIRECT SUPERVISOR</b>		<b>TELEPHONE NUMBER</b>
<b>DATE STARTED</b> <i>YYYY MM</i>	<b>DATE LEFT</b> <i>YYYY MM</i>	<b>POST HON HELD</b>
<b>Duties/RESPONSIBILITIES</b>		
<b>REASON FOR LEAVING</b>		

<b>3</b>	<b>EMPLOYER'S NAME</b>	<b>TELEPHONE NUMBER</b>
<b>EMPLOYER'S ADDRESS</b>		<b>CITY</b>
		<b>POSTAL CODE</b>
<b>NAME OF DIRECT SUPERVISOR</b>		<b>TELEPHONE NUMBER</b>
<b>DATE STARTED</b> <i>YYYY MM</i>	<b>DATE LEFT</b> <i>YYYY MM</i>	<b>POSITION HELD</b>
<b>DUTIES/RESPONSIBILITIES</b>		
<b>REASON FOR LEAVING</b>		





**PERSONAL INFORMATION**

LAST NAME	FIRST NAME	MIDDLE NAME(S)	PREFERRED FIRST NAME
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> COMMON-LAW <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> DOMESTIC PARTNER			
If you have checked married, common-law or domestic partner, give full name, date of birth, and address and address of your partner.			
LAST NAME/MAIDEN NAME/OTHER LAST NAMES USED	FIRST NAME	MIDDLE NAME	DATE OF BIRTH YY    MM    DD
FULL ADDRESS	CITY & PROVINCE	POSTAL CODE	TELEPHONE NO.

**Starting with the most recent, list the 3 previous addresses where you have resided.  
Persons sharing address estimate age of cohabitant if exact date of birth cannot be obtained. Use next page or attach additional sheet if required.**

	ADDRESS	CITY	PROV	FROM YY    MM    DD	TO YY    MM    DD
NAMES OF PERSON(S) WHO SHARED ADDRESS WITH YOU		TELEPHONE NUMBER		RELATIONSHIP	DATE OF BIRTH YY    MM    DD
				RELATIONSHIP	DATE OF BIRTH YY    MM    DD
				RELATIONSHIP	DATE OF BIRTH YY    MM    DD
				RELATIONSHIP	DATE OF BIRTH YY    MM    DD

	ADDRESS	CITY	PROV	FROM YY    MM    DD	TO YY    MM    DD
NAMES OF PERSON(S) WHO SHARED ADDRESS WITH YOU		TELEPHONE NUMBER		RELATIONSHIP	DATE OF BIRTH YY    MM    DD
				RELATIONSHIP	DATE OF BIRTH YY    MM    DD
				RELATIONSHIP	DATE OF BIRTH YY    MM    DD
				RELATIONSHIP	DATE OF BIRTH YY    MM    DD

	ADDRESS	CITY	PROV	FROM YY    MM    DD	TO YY    MM    DD
NAMES OF PERSON(S) WHO SHARED ADDRESS WITH YOU		TELEPHONE NUMBER		RELATIONSHIP	DATE OF BIRTH YY    MM    DD
				RELATIONSHIP	DATE OF BIRTH YY    MM    DD
				RELATIONSHIP	DATE OF BIRTH YY    MM    DD
				RELATIONSHIP	DATE OF BIRTH YY    MM    DD

Have you ever been convicted of any criminal offence in **Canada or in any other country?**

Yes  
 No

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Have you ever been granted a pardon or the equivalent of a pardon? (Attach Pardon Documentation).

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? (Criminal Code, Provincial and Municipal offences)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been found guilty of <i>any</i> criminal offence in Canada or in any other country when you were under the age of 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you associated with any companies or businesses not listed on your application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a member of any clubs or organizations? If yes, what position do you hold?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the past ten years have you been involved in any civil law suits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If you have answered "Yes" to any of the above questions, attach an additional sheet providing complete details regarding the specific incident, including what occurred, when, where, and why.</b>	

This is confidential information and will be treated as such.

I hereby certify that the foregoing information is true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Signature**

**FAMILY MEMBERS**

Include your immediate family (Natural Father, Natural Mother, Adoptive Father, Adoptive Mother, Brother(s), Sister(s), Son(s), Daughter(s)). Attach additional sheet if required, follow suggested format.

1	LAST NAME/MAIDEN NAME/OTHER LAST NAMES USED	FIRST NAME	MIDDLE NAME	DATE OF BIRTH YY    MM    DD
RELATIONSHIP	ADDRESS		CITY	PROV    TELEPHONE NO.

2	LAST NAME/MAIDEN NAME/OTHER LAST NAMES USED	FIRST NAME	MIDDLE NAME	DATE OF BIRTH YY    MM    DD
RELATIONSHIP	ADDRESS		CITY	PROV    TELEPHONE NO.

3	LAST NAME/MAIDEN NAME/OTHER LAST NAMES USED	FIRST NAME	MIDDLE NAME	DATE OF BIRTH YY    MM    DD
RELATIONSHIP	ADDRESS		CITY	PROV    TELEPHONE NO.

4	LAST NAME/MAIDEN NAME/OTHER LAST NAMES USED	FIRST NAME	MIDDLE NAME	DATE OF BIRTH YY    MM    DD
RELATIONSHIP	ADDRESS		CITY	PROV    TELEPHONE NO.

5	LAST NAME/MAIDEN NAME/OTHER LAST NAMES USED	FIRST NAME	MIDDLE NAME	DATE OF BIRTH YY    MM    DD
RELATIONSHIP	ADDRESS		CITY	PROV    TELEPHONE NO.

6	LAST NAME/MAIDEN NAME/OTHER LAST NAMES USED	FIRST NAME	MIDDLE NAME	DATE OF BIRTH YY    MM    DD
RELATIONSHIP	ADDRESS		CITY	PROV    TELEPHONE NO.

7	LAST NAME/MAIDEN NAME/OTHER LAST NAMES USED	FIRST NAME	MIDDLE NAME	DATE OF BIRTH YY    mm    Dr)
RELATIONSHIP	ADDRESS		CITY	PROV    TELEPHONE NO.

8	LAST NAME/MAIDEN NAME/OTHER LAST NAMES USED	FIRST NAME	MIDDLE NAME	DATE OF BIRTH YY    MM    DD
RELATIONSHIP	ADDRESS		CITY	PROV    TELEPHONE NO.

9	LAST NAME/MAIDEN NAME/OTHER LAST NAMES USED	FIRST NAME	MIDDLE NAME	DATE OF BIRTH YY    MM    DD
RELATIONSHIP	ADDRESS		CITY	PROV    TELEPHONE NO.

10	LAST NAME/MAIDEN NAME/OTHER LAST NAMES USED	FIRST NAME	MIDDLE NAME	DATE OF BIRTH YY    MM    DO
RELATIONSHIP	ADDRESS		CITY	PROV    TELEPHONE NO.

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

1	LAST NAME	FIRST NAME	Years Known
FULL ADDRESS		OCCUPATION	TELEPHONE (Home) TELEPHONE ( Bus)

2	LAST NAME	FIRST NAME	Years Known
FULL ADDRESS		OCCUPATION	TELEPHONE (Home) TELEPHONE ( Bus)

3	LAST NAME	FIRST NAME	Years Known
FULL ADDRESS		OCCUPATION	TELEPHONE (Home) TELEPHONE ( Bus)

4	LAST NAME	FIRST NAME	Years Known
FULL ADDRESS		OCCUPATION	TELEPHONE (Home) TELEPHONE ( Bus)

5	LAST NAME	FIRST NAME	Years Known
FULL ADDRESS		OCCUPATION	TELEPHONE (Home) TELEPHONE ( Bus)

List 5 professional references who can speak of your work duties, work ethic, skills and abilities, competencies and level of professionalism. These can include present or past teachers, instructors, professors, and supervisors. If Currently employed, please list your immediate supervisor.

1	LAST NAME	FIRST NAME	<i>Years Known</i>	
FULL ADDRESS		OCCUPATION	TELEPHONE (Home)	TELEPHONE ( Bus)

2	LAST NAME	FIRST NAME	<i>Years Known</i>	
FULL ADDRESS		OCCUPATION	TELEPHONE (Home)	TELEPHONE ( Bus)

3	LAST NAME	FIRST NAME	<i>Years Known</i>	
FULL ADDRESS		OCCUPATION	TELEPHONE (Home)	TELEPHONE ( Bus)

4	LAST NAME	FIRST NAME	<i>Years Known</i>	
FULL ADDRESS		OCCUPATION	TELEPHONE (Home)	TELEPHONE ( Bus)

5	LAST NAME	FIRST NAME	<i>Years Known</i>	
FULL ADDRESS		OCCUPATION	TELEPHONE (Home)	TELEPHONE ( Bus)