



Lakeland District Protective Services is accepting applications for a Municipal Constable. The position will require that you meet the standards and requirements of the Saskatchewan Ministry of Corrections, Policing and Public Safety as required for their Community Safety Officer Program. You shall be able to receive a Special Constable appointment, pursuant to *The Police Act, 1990*.

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, and be available for on-call.

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 visibility and safety. You will be a team player able to work independently, and as part of a team in potentially 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 and regulatory agencies in a manner that reflects the principals and values of the municipality and surrounding communities. Ideally, 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 diverse position. Ideally you will have completed post-secondary education in a related human services field or related area of study.

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. You will articulate and how you have gained the knowledge and skills required for this position. Your previous experiences will detail your proven ability to work independently.

This position is located in beautiful lake country, headquartered in Christopher Lake, Saskatchewan.

Interested applicants are asked to forward their information on or before October 26, 2021 in confidence to;

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

Or by hand delivering your packing **in a sealed envelope** to the District of Lakeland's Administration Office located at 48 – Main Street West, Christopher Lake clearly addressed to "LDPS"

We thank all of those that applied, however only those selected for an interview shall be contacted.

Applicants in an active hiring pool, or those that have applied within the previous four (4) months need not reapply.

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 Form
5. Personal and Professional Reference Form
6. Grade Twelve Diploma (*photocopy acceptable*)
7. Post-Secondary Diploma(s) or Degree(s) (*photocopy acceptable*)
8. First Aid & CPR Certificates (*photocopy acceptable*)
9. Copy of PAL (*if in possession of one*)
10. Criminal records & vulnerable sector check (*Valid within 3 months of application*)
11. Resume / Cover letter

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

Those candidates selected for an interview shall be required to provide at the interview

- Driving abstract (last 5 years)
- Copy of POPAT/PARE or SOPAT (*if available / under 6 months since completion*)

The selection process shall include;

- Initial applicant screening based on Employment Package submission.
- Proof of POPAT / PARE or SOPAT completion or equivalent.
 - *If not completed arrangements to complete will be made.*
- Medical examination and visual examination.
- Psychological assessment and screening.
- An in-person interview and evaluation.
- Enhanced security check including fingerprinting.
- Conditional Offer of Employment.

Emailed or facsimile submitted application packages shall not be considered.

Please note that all submitted materials will become the property of 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		

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

DRIVER'S LICENCE	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.		

EDUCATION AND TRAINING (<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	FINISH DATE YYYY MM	
LENGTH OF COURSE	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	FINISH DATE YYYY MM	
LENGTH OF COURSE	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	FINISH DATE YYYY MM	
LENGTH OF COURSE	DEGREE, CERTIFICATE, DIPLOMA OR LICENCE AWARDED? (<i>If No, provide details</i>) <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYMENT HISTORY

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

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

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

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

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

<p>HAVE YOU EVER BEEN TERMINATED FROM EMPLOYMENT OR BEEN ASKED TO RESIGN? PLEASE PROVIDE DATES, DETAILS AND EXPLANATION.</p>

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

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
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.	

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)