



## **WEST VANCOUVER POLICE DEPARTMENT**

### **POLICE APPLICANT INTEGRITY & LIFESTYLE QUESTIONNAIRE**

<b>PERSONAL INFORMATION</b>			
<b>SURNAME:</b>		<b>GIVEN NAMES:</b>	
<b>DATE OF BIRTH:</b> (YY-MM-DD)		<b>DATE OF SUBMISSION:</b>	
<b>INTERVIEWED BY:</b>		<b>DATE &amp; TIME:</b>	

Honesty, Integrity and Lifestyle are areas that are scrutinized closely in considering applications for employment and volunteer positions with the West Vancouver Police Department. Information supplied in this document will be considered in the context of the competition for employment for the position applied for and will be held in confidence under those circumstances.

This questionnaire pertains to your lifestyle and your integrity. It is expected that you will answer all of these questions accurately, completely, and honestly. Should you be considered to continue in the application process, your answers will be verified by a variety of means including a detailed background investigation and a polygraph examination.

**PLEASE BE ADVISED THAT DECEIT, DISHONESTY OR NON-DISCLOSURE CONCERNING QUESTIONS IN THIS DOCUMENT, OR DURING ANY OTHER STAGE OF YOUR APPLICATION PROCESS, WILL RESULT IN DISQUALIFYING YOU FROM THIS AND ANY FUTURE COMPETITIONS, OR WILL RESULT IN DISMISSAL IF EMPLOYED.**

The questionnaire must be completed and emailed along with your resume and cover letter to the West Vancouver Police Recruiting Section at [recruiting@wvpd.ca](mailto:recruiting@wvpd.ca).



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## POLICE APPLICANT INTEGRITY & LIFESTYLE QUESTIONNAIRE

<b>1</b>	<p>What is your highest level of education?</p> <p> <input type="checkbox"/> High school diploma              <input type="checkbox"/> College/Technical Diploma              <input type="checkbox"/> Bachelors              <input type="checkbox"/> Masters              <input type="checkbox"/> Doctorate  <input type="checkbox"/> Other, specify,         </p>
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<b>2</b>	<p>Indicate your residency status.</p> <p> <input type="checkbox"/> Own              <input type="checkbox"/> Rent              <input type="checkbox"/> Live with Parents              <input type="checkbox"/> Other, specify,         </p>
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<b>3</b>	Do you hold a valid standard First Aid Certificate and CPR Endorsement/AEP? If yes, please provide acquisition date, certificate name and expiry.		<input type="checkbox"/> Yes <input type="checkbox"/> No
	ACQUISITION DATE (YY-MM-DD)	CERTIFICATE NAME	EXPIRY DATE (YY-MM-DD)

<b>4</b>	Do you hold a valid Class 5 BC Driver's License?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>5</b>	How many violation tickets have you received in the last 5 years?
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<b>6</b>	Do you meet the minimum vision requirements listed on the WVPD Website?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>7</b>	<p>Please provide the date of your last eye exam.  <small>(NOTE: THE EXAM MUST BE DONE WITHIN THE LAST 6 MONTHS)</small></p>	
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<b>8</b>	Have you ever had laser eye surgery or other similar procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>9</b>	Have you ever used an illegal drug? This includes any non-medical marijuana prior to October 17, 2018. If yes, provide the year last used an illegal drug.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Year	

<b>10</b>	Have you ever had your driver's license suspended or revoked? If yes, please provide date, location, and reason.		<input type="checkbox"/> Yes <input type="checkbox"/> No
	DATE (YY-MM-DD)	LOCATION	REASON

NOTES:

CONFIDENTIAL

Revised: 18-10

Page 2 of 3



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11	Have you ever been arrested, chartered or convicted of a criminal offence? If yes, please provide date, location, and offence.		<input type="checkbox"/> Yes <input type="checkbox"/> No
	DATE (YY-MM-DD)	LOCATION	OFFENCE

12	Have you ever received a pardon for any offence? If yes, please provide date of pardon received and for what offence.		<input type="checkbox"/> Yes <input type="checkbox"/> No
	DATE (YY-MM-DD)	LOCATION	OFFENCE

13	List all agencies applied, most recent first, and indicate the current status of your application.	
	NAME OF AGENCY	CURRENT STATUS

NOTES:

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Page 3 of 3