



# Edmonton Police Service Citizens Police Academy



**Fall, 2010 Session**

Deadline for Registration: September 1, 2010

## INSTRUCTIONS FOR SUBMISSION OF APPLICATION

<b>Applicant</b>	<ol style="list-style-type: none"> <li>1. Complete <b>accurately</b> and <b>legibly in INK only</b> - incomplete applications cannot be processed.</li> <li>2. The Waiver <b>must be signed and dated and witnessed</b> in front of an Edmonton Police Service Member.</li> <li>3. Two pieces of current government-issued identification which includes your full name and date of birth must be produced for verification by police. One piece of identification must have <b>your photo and present address</b></li> </ol>
<b>EPS Member</b>	<ol style="list-style-type: none"> <li>1. Check <b>two pieces of ID</b> of individual.</li> <li>2. Ensure information provided is accurate.</li> <li>3. Fill out section "For Police Use Only"</li> <li>4. Forward application through interdepartmental mail to <b>Lawrence Jansen, Citizens Police Academy Facilitator, Community Support Section, PHQ.</b></li> </ol>

<b>Name of Applicant</b>	<b>Email Address:</b>
<b>Home Phone Number</b>	<b>Cell or Work Number:</b>

**Are you a member of an organization, society or program that is works alongside or in partnership with the Edmonton Police Service? YES NO If yes which organization and in what capacity?**

**Purpose for Applying to Citizens Police Academy:**

<b>Received on:</b>	<b>Forward to PIC Unit on:</b>	<b>Returned from PIC Unit on</b>
<b>Applicant Contacted on:</b>	<b>Contacted by:</b>	<b>Class number:</b>

**Notes:**

The personal information of this form is collected, used, and disclosed for the purposes outlined in Sections 33 to 43 of the *Freedom of Information and Protection of Privacy (FOIPP) Act* and for other legal requirements where they are consistent with the *FOIPP Act*. If you have any questions regarding the collection of information, contact the FOIPP Co-ordinator, Edmonton Police Service, 9620 - 103 A Avenue, Edmonton, Alberta, T5H 0H7.

**Please Note:**

You will be contacted once the application has passed through Police Information Check Unit. If accepted into CPA your application will be destroyed upon the conclusion of the class. Should you be deferred or you wish to attend a future class your application will be held for one year after which you must reapply.



# Edmonton Police Service Citizens Police Academy APPLICATION



Surname / Family Name		First Birthname in Full		Middle Name in Full		Gender	Date of Birth		
							Year	Month	Day
Maiden Name or Any Other Surnames EVER Used				Aliases			Place of Birth		
Street Address			City / Town		Province			Postal Code	
Driver's License Number / Issuing Province					Email Address:				
Home Phone ( ) ( )			Work Phone ( ) ( )			Cell Phone ( ) ( )			
List all Previous Residences within the Past Five Years									
Date From		Date To		Address			City / Town		Province

## WAIVER

I, \_\_\_\_\_, hereby give consent to the Edmonton Police Service to conduct a search for:

1. criminal records and/or convictions of any kind which relate to me;
2. absolute and/or conditional discharges of any kind which relate to me;
3. alternative measures and/or adult diversion involvement of any kind which relate to me;
4. warrants of any kind which relate to me;
5. police files, from any law enforcement agency, Canadian or otherwise, which relate to me; and
6. pardons of any kind pursuant to the *Criminal Records Act*, which relate to me.

I further agree that I remise, release, and forever discharge the Edmonton Police Service, the Chief of Police of the Edmonton Police Service, the Edmonton Police Commission, and their administrators, successors, assigns, agents, officers, servants and employees and the party requiring the enhanced security check, and their administrators, successors, assigns, agents, officers, servants, and employees from any and all manner of actions, suits, debts, dues, general damages, special damages, pecuniary damages, costs, interest, claims and demands of every nature and kind at law or in equity under any statute, including but not limited to direct or consequential loss, occasioned by me or my legal representatives, heirs, assigns or agents, arising or in any way related to the enhanced security check process described above.

Before signing this Enhanced Security Check Waiver, I have fully informed myself of its content and meaning and understand its content and meaning.

Signature of Applicant	Signature of Witness	Date
<b>For Police Use Only (Police Personnel – Do not verify own family member's identification)</b>		
Verification of Applicant's Identification		
Verified by (Name)	Signature	Date
		Phone Number
Check Two Pieces of Applicant's Identification (Must be current original government issued that includes full Name and DOB). <b>Social Insurance Number, Edmonton City licences, Student Identification, and credit cards are NOT acceptable.</b>		
<input type="checkbox"/> Driver's Licence	<input type="checkbox"/> Citizenship Card	<input type="checkbox"/> Firearms Card
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Passport	<input type="checkbox"/> Other (specify): _____
Unit / Section Requesting Police Information Check <b>Community Support Section</b>	Contact Name (if different from Verifier above) <b>Lawrence Jansen, CPA Facilitator</b>	Phone Number <b>421-3546</b>
Description of the Work or Position Applied For <b>Attending Classes in EPS Facilities for 13 week period.</b>		Fax Number <b>421-2341</b>
<b>Police Information Check Unit Use Only</b>		
EPROS / CPIC / JOIN Information to Disclose <input type="checkbox"/> Yes <input type="checkbox"/> No	PIRS/PROS Information to Disclose <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date	Signature:	ACIIS <input type="checkbox"/> Information to Disclose <input type="checkbox"/> Yes <input type="checkbox"/> No
EPS Occurrence for Information to Disclose	Date Generated	
<b>UNABLE TO CLEAR – Authorization to OVERRIDE must be signed by a divisional commander</b>		
EPROS / CPIC / JOIN / PIRS/PROS / APS Net / BWI:		
UNABLE TO CLEAR OVERRIDDEN Authorized by: _____		