



**HOLLAND COLLEGE  
PRINCE EDWARD ISLAND**

## **POLICE SCIENCE (CADET) PROGRAM APPLICATION FORM**

Applications must be submitted with a \$125 application fee in order to be processed. Space is available on page seven for any additional information.

### **PERSONAL INFORMATION (PLEASE PRINT)**

MR  MS  MRS  MISS

PREVIOUS NAME (if applicable) \_\_\_\_\_

LAST NAME

FIRST NAME

INITIAL(S)

ADDRESS \_\_\_\_\_

CITY

PROVINCE

POSTAL CODE

HOME PHONE

CELL PHONE

EMAIL (We will be corresponding with you via email. Please ensure this address is secure and accessible.)

DATE OF BIRTH (YY/MM/DD)

SOCIAL INSURANCE NUMBER (SIN is required for processing PEI Government awards and bursaries.)

ALTERNATE CONTACT NAME

PHONE

PROGRAM START DATE (YYYY/MM)

### **CITIZENSHIP STATUS**

CANADIAN CITIZEN  PERMANENT RESIDENT (LANDED IMMIGRANT) *Must be a Canadian citizen or a permanent resident to apply.*

COUNTRY OF CITIZENSHIP (if not Canadian) \_\_\_\_\_

IF YOU ARE AN ABORIGINAL PERSON (FIRST NATION), CHECK HERE:

Note: First Nations (North American Indian, Métis, Inuk or Inuit) include Status and Non-Status Indians.

### **ENGLISH LANGUAGE PROFICIENCY**

IS ENGLISH YOUR FIRST LANGUAGE?  YES  NO, MY FIRST LANGUAGE IS \_\_\_\_\_

I HAVE TAKEN AN ENGLISH LANGUAGE PROFICIENCY TEST (official marks required from test company).

TOEFL  CANTEST  IELTS  CAEL  ESL Highest level completed \_\_\_\_\_

## PREVIOUS EDUCATION

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Please include all educational history, even if the program was not completed.

### HIGH SCHOOL, TECHNICAL/VOCATIONAL SCHOOL, OR GED:

NAME OF SCHOOL	LOCATION (CITY/PROVINCE)	HIGHEST GRADE COMPLETED	DATE COMPLETED
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NAME OF SCHOOL	LOCATION (CITY/PROVINCE)	HIGHEST GRADE COMPLETED	DATE COMPLETED
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NAME OF SCHOOL	LOCATION (CITY/PROVINCE)	HIGHEST GRADE COMPLETED	DATE COMPLETED
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### PREVIOUS COMMUNITY COLLEGE, UNIVERSITY AND/OR OTHER EDUCATION:

NAME OF SCHOOL	LOCATION (CITY/PROVINCE)	HIGHEST LEVEL COMPLETED	DATE COMPLETED
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NAME OF SCHOOL	LOCATION (CITY/PROVINCE)	HIGHEST LEVEL COMPLETED	DATE COMPLETED
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NAME OF SCHOOL	LOCATION (CITY/PROVINCE)	HIGHEST LEVEL COMPLETED	DATE COMPLETED
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## PREVIOUS EMPLOYMENT

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EMPLOYER	DATES (YY/MM TO YY/MM)	PHONE	REASON FOR LEAVING
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EMPLOYER	DATES (YY/MM TO YY/MM)	PHONE	REASON FOR LEAVING
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EMPLOYER	DATES (YY/MM TO YY/MM)	PHONE	REASON FOR LEAVING
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EMPLOYER	DATES (YY/MM TO YY/MM)	PHONE	REASON FOR LEAVING
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BRIEFLY OUTLINE TEAM/GROUP ACTIVITIES AND VOLUNTEER WORK THAT YOU HAVE BEEN INVOLVED WITH.

Do not indicate any group names that identify race, religion, or political affiliation.

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## SECURITY SCREENING INFORMATION

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All information provided in this form will be considered in strict confidence by the Atlantic Police Academy. This information will be used solely in the conduct of comprehensive background checks in the latter stages of the selection process.

All information supplied is subject to verification by investigation. List full particulars regarding spouse/cohabitators, children, father, mother, brothers, sisters. Include maiden names or previous surnames where applicable. Include particulars on legally separated family members.

1. \_\_\_\_\_  
LAST NAME(S) FIRST NAME RELATIONSHIP DATE OF BIRTH (YY/MM/DD)

\_\_\_\_\_  
FULL ADDRESS

2. \_\_\_\_\_  
LAST NAME(S) FIRST NAME RELATIONSHIP DATE OF BIRTH (YY/MM/DD)

\_\_\_\_\_  
FULL ADDRESS

3. \_\_\_\_\_  
LAST NAME(S) FIRST NAME RELATIONSHIP DATE OF BIRTH (YY/MM/DD)

\_\_\_\_\_  
FULL ADDRESS

4. \_\_\_\_\_  
LAST NAME(S) FIRST NAME RELATIONSHIP DATE OF BIRTH (YY/MM/DD)

\_\_\_\_\_  
FULL ADDRESS

5. \_\_\_\_\_  
LAST NAME(S) FIRST NAME RELATIONSHIP DATE OF BIRTH (YY/MM/DD)

\_\_\_\_\_  
FULL ADDRESS

6. \_\_\_\_\_  
LAST NAME(S) FIRST NAME RELATIONSHIP DATE OF BIRTH (YY/MM/DD)

\_\_\_\_\_  
FULL ADDRESS

7. \_\_\_\_\_  
LAST NAME(S) FIRST NAME RELATIONSHIP DATE OF BIRTH (YY/MM/DD)

\_\_\_\_\_  
FULL ADDRESS

8. \_\_\_\_\_  
LAST NAME(S) FIRST NAME RELATIONSHIP DATE OF BIRTH (YY/MM/DD)

\_\_\_\_\_  
FULL ADDRESS

**GENERAL INFORMATION**

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DRIVER'S LICENCE NUMBER \_\_\_\_\_ CLASS \_\_\_\_\_ PROVINCE \_\_\_\_\_

HAS YOUR DRIVER'S LICENCE EVER BEEN SUSPENDED FOR ANY REASON?     YES     NO

IF YES, PROVIDE DATES AND EXPLANATION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST ADDRESSES WHERE YOU HAVE BEEN RESIDING FOR THE LAST TEN YEARS, STARTING WITH THE MOST RECENT.

STREET \_\_\_\_\_ TOWN/CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ DATES (YY/MM TO YY/MM) \_\_\_\_\_

STREET \_\_\_\_\_ TOWN/CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ DATES (YY/MM TO YY/MM) \_\_\_\_\_

STREET \_\_\_\_\_ TOWN/CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ DATES (YY/MM TO YY/MM) \_\_\_\_\_

STREET \_\_\_\_\_ TOWN/CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ DATES (YY/MM TO YY/MM) \_\_\_\_\_

STREET \_\_\_\_\_ TOWN/CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ DATES (YY/MM TO YY/MM) \_\_\_\_\_

IF YOU HAVE SERVED IN THE ARMED FORCES, ANY POLICE FORCE, OR ANY AUXILIARY POLICE FORCE COMPLETE THE FOLLOWING:

NAME OF FORCE \_\_\_\_\_ SERVICE NO. \_\_\_\_\_ DATE OF SERVICE (YY/MM TO YY/MM) \_\_\_\_\_

PERMANENT FORCE     MILITIA     AUXILIARY POLICE

REASON FOR DISCHARGE \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

*For the purpose of facilitating my application for engagement, I authorize the release of all required employment and credit information to the Atlantic Police Academy.*

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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HAVE YOU EVER SUFFERED FROM A SERIOUS ILLNESS, ACCIDENT, OR DEFORMITY THAT MAY AFFECT YOUR ABILITY TO PARTICIPATE IN THIS PROGRAM?       YES       NO

IF YES, EXPLAIN BRIEFLY \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE UNDER THE FOLLOWING WHERE NO PARDON HAS BEEN GRANTED OR OTHERWISE REVOKED?

- YES     NO      CRIMINAL CODE OF CANADA
- YES     NO      NARCOTIC CONTROL ACT
- YES     NO      FOOD AND DRUG ACT
- YES     NO      LIQUOR CONTROL ACT
- YES     NO      GAME LAW ACT
- YES     NO      MOTOR VEHICLE ACT (EXCEPT PARKING VIOLATIONS)
- YES     NO      OTHER FEDERAL/PROVINCIAL STATUTES NOT INCLUDED ABOVE

*If yes, complete details below.*

DATE (YY/MM)	LOCATION	NATURE OF OFFENCE	PENALTY

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**STUDENTS WITH SPECIAL NEEDS**

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DO YOU HAVE ANY SPECIAL PHYSICAL OR LEARNING REQUIREMENTS FOR YOUR STUDY AT HOLLAND COLLEGE?       YES       NO

ARE YOU FORWARDING OR INCLUDING DOCUMENTATION OF YOUR LEARNING OR OTHER DISABILITIES?       YES       NO

*If you have checked YES for either of the above options or have any other learning concerns, you must contact **STUDENT ACADEMIC SUPPORT** at 902-566-9371 or 1-800-446-5265.*

## DRUG USE QUESTIONNAIRE

A history of the use of certain drugs may disqualify applicants from entering a Police Science program. If you have used any of the drugs listed in the table below in the past, please fill out this form. This drug use questionnaire is part of the polygraph booklet which you will be required to fill out in full after you have successfully passed all the other steps. Your drug use will be evaluated now to determine if you are eligible to continue the application process. If you are not eligible, we would like to provide you with that information early in this process before you spend time and money on the steps that precede the polygraph.

HAVE YOU EVER USED ILLEGAL DRUGS? (SEE LIST BELOW)     YES     NO

DRUG	YES/NO	FIRST TIME (YY/MM)	LAST TIME (YY/MM)	TOTAL TIMES
HASH/HASH OIL				
COCAINE				
CRACK				
HEROIN				
STEROIDS				
MUSHROOMS				
ACID/LSD				
PCP				
CRYSTAL METH				
INHALANTS (GAS/PAINT THINNER)				
MESCALINE (PEYOTE)				
KETAMINE (HORSE TRANQUALIZER/ SPECIAL K)				
DESIGNER/HOMEMADE DRUGS				
DATE RAPE DRUGS: DMX, GHB, ROHYPHONOLL				
ECSTASY				
SPEED				
OXYCONTIN/DILAUDID				
OTHER ILLEGAL DRUG				

Use of any of these drugs, even on one occasion, may eliminate a candidate.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE



**PLEASE SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION**

- APPLICATION FEE OF \$125.00
- OFFICIAL HIGH SCHOOL TRANSCRIPTS (GRADE 12 OF EQUIVALENT)
- OFFICIAL TRANSCRIPTS OF POST-SECONDARY EDUCATIONAL COURSES (COLLEGE/UNIVERSITY)
- PHOTOCOPY OF BIRTH CERTIFICATE (MUST BE 19 YEARS OF AGE BY PROGRAM START) AND/OR PROOF OF CANADIAN CITIZENSHIP
- COMPLETED VISUAL EXAMINATION FORM (MINIMUM ACUITY MUST BE MET)
- COMPLETED MEDICAL EXAMINATION REPORT. KEEP A PHOTOCOPY TO PRESENT TO THE PARE TESTER (SEE INFO ON PARE TEST)
- PHOTOCOPY OF CLASS 5 UNRESTRICTED CANADIAN DRIVER'S LICENSE (MUST HAVE BEEN DRIVING FOR A MINIMUM OF ONE YEAR PRIOR TO START OF PROGRAM)
- DRIVER'S ABSTRACT (CAN BE OBTAINED FROM YOUR PROVINCIAL MOTOR VEHICLE DEPARTMENT AND MUST INDICATE ONE YEAR WITH NO MOVING VIOLATIONS AND AN ACCEPTABLE DRIVING RECORD)
- CRIMINAL RECORD CHECK FROM YOUR LOCAL POLICE SERVICE OR THE RCMP (MUST INCLUDE CPIC AND VULNERABLE SECTOR CHECK)
- SIGNED CONSENT FOR CRIMINAL RECORD CHECK (HOLLAND COLLEGE FORM)
- CERTIFICATION IN STANDARD FIRST AID, AUTOMATED EXTERNAL DEFIBRILLATORS (AED), AND CPR - LEVEL C THIS CERTIFICATION MUST BE CURRENT FOR THE DURATION OF THE PROGRAM AND CANNOT BE AN ON LINE COURSE
- RESUMÉ INCLUDING WORK AND VOLUNTEER EXPERIENCE WITH APPLICABLE DATES, MEMBERSHIP IN GROUPS, ASSOCIATIONS OR ATHLETICS, AWARDS AND DISTINCTIONS, AND ANY OTHER INFORMATION ABOUT YOURSELF RELEVANT TO THE PROGRAM
- THREE LETTERS OF REFERENCE FROM WORK, SCHOOL, OR VOLUNTEER EXPERIENCE

The above documents will be assessed to determine if you meet the minimum criteria. Additional requirements to complete your application can be found by clicking on the Police Science (Cadet) program at [hollandcollege.com/apa](http://hollandcollege.com/apa).

**APPLICANTS MUST READ AND SIGN THE FOLLOWING**

This application is to be filled out in detail without omissions, unless otherwise clarified. Any portion herein that may prove to be false, or questions not fully answered, may cause this application to be invalid.

**I UNDERSTAND THAT BY SUBMITTING MY APPLICATION, I AM AUTHORIZING HOLLAND COLLEGE TO COLLECT, USE, AND DISCLOSE MY PERSONAL INFORMATION, AS PER HOLLAND COLLEGE POLICY.**

**I HEREBY CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT BY SUBMITTING THIS INFORMATION I AM GRANTING PERMISSION TO HOLLAND COLLEGE TO CONTACT ME REGARDING MY APPLICATION. I UNDERSTAND THAT FALSE INFORMATION MAY RESULT IN CANCELLATION OF MY ADMISSION OR DISMISSAL FROM THE COLLEGE. I AGREE THAT ANY MISREPRESENTATION BY ME MAY BE SHARED WITH OTHER POST-SECONDARY INSTITUTIONS.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE



**HOLLAND**  
COLLEGE

ADMISSIONS OFFICE  
140 Weymouth Street, Charlottetown  
Prince Edward Island, Canada C1A 4Z1

☎ 902-629-4217 or 1-800-446-5265  
✉ [info@hollandcollege.com](mailto:info@hollandcollege.com)

OFFICE LOCATION  
305 Kent Street, Montgomery Hall  
Charlottetown, Prince Edward Island

Join the conversation!   