Appendix A4.1.1



POLICE SERVICE

EMPLOYMENT APPLICATION FORM

Version 4.0 2017





EMPLOYMENT APPLICATION

Receipt No.	
	For Office Use Only

MAIL COMPLETED **APPLICATION TO:**

LACOMBE POLICE SERVICE RECRUITING UNIT **5301 WOLF CREEK DRIVE** LACOMBE, Alberta, T4L 2H8 For more information about opportunities with the Lacombe Police Service, please see our website...

lacombepolice.ca

- 1. An essential component in the selection process of the Lacombe Police Service is a background investigation. Information gathered will be used to assess the suitability of the Applicant for a police career. There will be a security check on the Applicant and members of their family.
- 2. All questions must be answered. If a question is not applicable, mark N/A. attach a note explaining the reason any question is left
- 3. All information supplied is subject to verification by investigation. False statements can disqualify or result in dismissal if employed.
- 4. Complete this form by printing in ink. Neatness and legibility are of the utmost importance.
- 5. If extra space is required, attach additional pages to this application.
- 6. Postal codes must be supplied for each address given.

indicate how you learned about this employment opportunity:

■ Newspaper

☐ Career Fair

7.	7. No information received from inquiries concerning information in this application will be released to the applicant.												
	All of the it	ems be	low <u>mu</u>	st be submitte	<u>ed</u> v	with your	application	:					
	Copy of High School Diploma					Pardon (if	applicable)						
	Certified copy of High School Transc	ript				Copy of V	ision Report						
	Completed Personal Disclosure Forn	n				Copy of Hearing Report							
	Driving Record Abstract – last three (Out of Province Applicants must supply the	alent)		Post-Seco	ondary Docume	ents (if a	pplicable)						
	Copy of Birth Certificate and/or Can	n											
	Copy of A-PREP (Alberta-Physical Read Applicants) results – certified within	n taV 🗆 ha	n Re Δrı	ranged with	Δαencv								
	Copy of Certificate of Standard First Aid – certified within the last 36 months												
	Copy of Certificate in Cardiopulmonary Resuscitation (CPR) "Level B" – certified within the last 12 months												
	Applicants without Standard First Aid or CPR, should check with the individual police agency he/she is applying to for additional information on how to meet this requirement												
LAST	NAME		GIVEN NAME MIDDLE NA				MIDDLE NAME	ME					
FULL	ADDRESS		CITY			PROVINCE POSTAL CO							
EMA	IL ADDRESS		TELEPHON	E NO. (RES.)	TEL	LEPHONE NO. (BUS.)		TELEPHO	ONE NO. (OTHER))			
			L J		L	J		L]				
(Other than the name(s) listed above, please l	ist any nar	ne change	(s), or name(s) you	may	have used in	the past.	DATE OF YYYY	MM	D D			
NAM	E CHANGE FROM:	NAME CH	ANGE TO:					DATE OF YYYY	CHANGE YYYY	YYYY			
	IVER'S PROVINCE CLAS	ICENCE NUMBER				DATE OF	ISSUE MM	D D					
of F	sonal information on this Employment Privacy Act (FOIPP) Section 33(c). It w ut the use or collection of this informat	ill be use	ed to dete	ermine your suita	bilit	y, eligibilit	y or qualification						

The Human Resources Unit is constantly reviewing recruiting initiatives across Canada. To assist us with our future planning, please

□ College Posting

□ Police Officer

☐ Other

☐ Radio/T.V.

EDUCATIO	ON AND TRAIN	IING Proof of education will be required	orior to enga	agemen	t	
HIGH SCHOOL	Circle highest grade completed	NAME OF SCHOOL LOCATION	_		OOL DIPL	
10 11	12 13	NAME OF SCHOOL LOCATION				
SCHOOL, O	, BUSINESS R TECHNICAL HOOL	TANKE OF SCHOOL				
PROGRAM OR COUR	?SE		START YYYY	DATE MM	FINIS	MM MM
LENGTH OF COURSE	GRADE POINT AVERAGE	CERTIFICATE, DIPLOMA, OR LICENCE AWARDED? (IF NOT – PLEASE PROVIDE DI	ETAILS)			•
SCHOOL, O	, BUSINESS R TECHNICAL HOOL	NAME OF SCHOOL LOCATION				
PROGRAM OR COUR	PSE .		START I	DATE MM	FINISI	H DATE MM
LENGTH OF COURSE	GRADE POINT AVERAGE	CERTIFICATE, DIPLOMA, OR LICENCE AWARDED? (IF NOT – PLEASE PROVIDE DI	ETAILS)			
UNIVERS	NAME OF S	CHOOL LOCATION				
PROGRAM OR COUR	SE		START D	MM MM	FINISH	H DATE MM
MAJOR/MINOR			<u> </u>		L	
LENGTH OF COURSE	GRADE POINT AVERAGE	CERTIFICATE, DIPLOMA, OR DEGREE AWARDED? (IF NOT – PLEASE PROVIDE DE	TAILS)			
UNIVERS	NAME OF S	cHool Location				
PROGRAM OR COUR	SE		START D	MM	FINISH	H DATE MM
MAJOR/MINOR						
LENGTH OF COURSE	GRADE POINT AVERAGE	CERTIFICATE, DIPLOMA, OR DEGREE AWARDED? (IF NOT – PLEASE PROVIDE DE	TAILS)			
UNIVERS	NAME OF S	CHOOL LOCATION				
PROGRAM OR COUR	SE		START D	MM MM	FINISH	H DATE MM
MAJOR/MINOR						
LENGTH OF COURSE	GRADE POINT AVERAGE	CERTIFICATE, DIPLOMA, OR DEGREE AWARDED? (IF NOT – PLEASE PROVIDE DE	TAILS)			
		○ YES □ NO				
	For Inte	ational Qualifications Assessment Standards – Certificate ernational applicants only – Please state the highest level of			, d	
I. Q. A.	S. NAME OF S		ducation	remeve	d.	
	05		START	DATE	l EINIS	SH DATE
PROGRAM OR COUR	SE		YYYY	MM	YYYY	MM
MAJOR/MINOR						
LENGTH OF COURSE	GRADE POINT AVERAGE	CERTIFICATE, DIPLOMA, OR DEGREE AWARDED? (IF NOT – PLEASE PROVIDE DE ∴ YES □ NO	TAILS)			
LANGUAGES SPOKEN	V					
LANGUAGES WRITTE	EN					

		NAL PAPER IF NECESSA		<u> </u>		
				_		
ADDITIONAL COMPUTER SKILLS, TRAINI	NG, COURSES, ETC (ATTACH AN ADDITIONAL PAPER IF NEC	ESSARY)				
HAVE YOU EVER WRITTEN THE ACT COMMUNICATION TEST)?	(ALBERTA COMMUNICATION TEST), THE CAAT (CANAC		VEMENT TEST			NO
HAVE YOU EVER WRITTEN THE APC	AT (ALBERTA POLICE APPLICANT COGNITIVE ABILITY	TEST)?	YES (if YES - \	Where & When)		NO
HAVE YOU EVER APPLIED FOR A PO	SITION WITH THIS OR ANY OTHER POLICE AGENCY?		YES (if YES - \	Where & When)		NO
	LIST ALL APPLICATIONS TO THIS OR ANY OT	THER POLICE AG	ENCIES			
POLICE AGENCY	APPLICATION DATE VVVV MM DD	STATUS (describe	reason for no	n-selection)		
	-					
HAVE YOU EVER TAKEN A POLYGRA	PH OR COMPUTER VOICE STRESS ANALYSIS EXAMINA	ATION? Y	/ES □ N	10		
	PH OR COMPUTER VOICE STRESS ANALYSIS EXAMINATION WAS COMPLETED		/ES 🗆 N	IO YYYY	MM	DD
	TER VOICE STRESS ANALYSIS EXAMINATION WAS COMPLETED		/ES 🗆 N		MM	DD
AGENCY WHERE POLYGRAPH OR COMPUT	TER VOICE STRESS ANALYSIS EXAMINATION WAS COMPLETED		∕ES □ N		MM	DD
AGENCY WHERE POLYGRAPH OR COMPUT	TER VOICE STRESS ANALYSIS EXAMINATION WAS COMPLETED		/ES □ N		MM	DD
AGENCY WHERE POLYGRAPH OR COMPUT	TER VOICE STRESS ANALYSIS EXAMINATION WAS COMPLETED VOICE STRESS ANALYSIS EXAMINATION		∕ES □ N		MM	DD
AGENCY WHERE POLYGRAPH OR COMPUTER	TER VOICE STRESS ANALYSIS EXAMINATION WAS COMPLETED VOICE STRESS ANALYSIS EXAMINATION		∕ES □ N		MM	DD

EMPLOYMENT HISTORY

Begin with your most recent employer and continue in reverse time order.

Provide history for the last ten (10) years if applicable.

Provide an explanation for all gaps in employment.

		Provide an explanation for all ga	ovide an explanation for all gaps in employment.						
MOST RECENT	EMPLOYER'S NAME		TELEPHONE NUMBER						
EMPLOYER'S ADD	DRESS		POSTAL CODE						
NAME OF IMMED	DIATE SUPERVISOR		TELEPHONE NUMBER						
START DATE YYYY MM	FINISH DATE YYYY MM	POSITION HELD							
DUTIES/RESPON:	SIBILITIES								
REASON FOR LEA	VING								
2nd	EMPLOYER'S NAME		TELEPHONE NUMBER						
EMPLOYER'S ADD	DRESS	POSTAL CODE							
NAME OF IMMED	DIATE SUPERVISOR		TELEPHONE NUMBER						
START DATE YYYY MM	FINISH DATE YYYY MM	POSITION HELD							
DUTIES/RESPONS	SIBILITIES								
REASON FOR LEA	VING								
3rd	EMPLOYER'S NAME		TELEPHONE NUMBER						
EMPLOYER'S ADD	DRESS		POSTAL CODE						
NAME OF IMMED	DIATE SUPERVISOR		TELEPHONE NUMBER						
START DATE YYYY MM	FINISH DATE YYYY MM	POSITION HELD							
DUTIES/RESPONS	SIBILITIES								
REASON FOR LEA	VING								

Appendix A4.1.1, 7 of 28

EMPLO	YMENT HISTORY (Co	ntinued)
4th	EMPLOYER'S NAME	TELEPHONE NUMBER
EMPLOYER'S A	ADDRESS	POSTAL CODE
NAME OF IMM	MEDIATE SUPERVISOR	TELEPHONE NUMBER
START DATE		1
DUTIES/RESP	ONSIBILITIES	
REASON FOR L	EAVING	
5th	EMPLOYER'S NAME	TELEPHONE NUMBER
EMPLOYER'S A	ADDRESS	POSTAL CODE
NAME OF IMN	MEDIATE SUPERVISOR	TELEPHONE NUMBER
START DATE		
DUTIES/RESP	ONSIBILITIES	
DE ACON FOR I	FAVING	
REASON FOR I	LEAVING	
IF YOU WE	RE ASKED TO RESIGN, OR WERE FIRED FROM A JOB, OR HAD A GAP IN EMP	LOYMENT, PLEASE PROVIDE DETAILS AND
EXPLANAT	TONS.	

REFERENCES

Please list five (5) adults, not related to you and not previous employers, whom we may contact as references to provide competent judgment of your personal character, temperament, and work habits.

NAME				GIVEN NAMES	RELATIONSHIP			
FULLADDRESS						POSTAI	LCODE	
TELEPHONE NO. (RES.)	TELEPH	HONE NO. (BUS.)	OCCUPATI	ON			YEARSKNOWN	
[]	[]						
NAME				GIVEN NAMES	RELATION	SHIP		
FULLADDRESS						POSTAI	LCODE	
TELEPHONE NO. (RES.)	TELEPH	HONE NO. (BUS.)	OCCUPATI	ON		1	YEARSKNOWN	
[]]]						
NAME				GIVEN NAMES	RELATION			
FULLADDRESS	SS POSTAL CODE				LCODE			
TELEPHONE NO. (RES.)	TELEPH	HONE NO. (BUS.)	OCCUPATI	ON		I	YEARSKNOWN	
[]	[]						
NAME				GIVEN NAMES	RELATION	SHIP		
FULLADDRESS						POSTAI	LCODE	
TELEPHONE NO. (RES.)	TELEPH	HONE NO. (BUS.)	OCCUPATI	ON		l	YEARSKNOWN	
[]	[]						
NAME				GIVEN NAMES	RELATION	SHIP		
FULLADDRESS						POSTAI	LCODE	
TELEPHONE NO. (RES.)	TELEPH	HONE NO. (BUS.)	OCCUPATI	ON		<u> </u>	YEARSKNOWN	
[]	[]						

CREDIT HIS	ΓORY			Pleas	e complete th	e followinç	g inform	ation.			
NAME											
MAIDEN NAME / OTHER	NAMES USED										
YYYY M M M	D D EMPLO	YER'S NAME									
CURRENT ADDRESS	I				YYYY	FROM	DD	YYYY	TO YY MM DD		
CITY		PROVINCE			COUNTRY	TRY POSTAL CO					
PREVIOUS ADDRESS					YYYY	FROM	DD	YYYY	TO MM	DD	
CITY		PROVINCE			COUNTRY			POSTAL CO	DDE		
PREVIOUS ADDRESS					YYYY	FROM	DD	YYYY	TO MM	DD	
CITY		PROVINCE			COUNTRY			POSTAL CO	DDE		
PREVIOUS ADDRESS					YYYY	FROM	DD	YYYY	TO	DD	
CITY			PROVINCE		COUNTRY			POSTAL CO	DDE		
DRIVER'S LICENCE	PROVINCE		CLASS(ES)		LICENCE NUMB	ER		YYYY	M M	D D	
CREDIT CARDS	TYPE		ISSUING INSTITU	TION	·	CURRENT BALA	NCE OWING		EXPIRATION	DATE M M	
2	ТҮРЕ		ISSUING INSTITU	CURRENT BALA	NCE OWING	EXPIRATION YYYY	DATE M M				
3	TYPE		ISSUING INSTITU	TION		CURRENT BALA	NCE OWING	EXPIRATION YYYY	DATE M M		
4	TYPE		ISSUING INSTITU	TION		CURRENT BALA	NCE OWING		EXPIRATION YYYY	DATE M M	
OFFICE USE ONLY											
FILE MANAGER											
DATE SENT (Fax)		YYYY	MM	DD	DATE RECEIVED (Fa	x)		YYYY	MM	DD	

SECURITY CLEARANCE DECLARATION

Арре	endix A4.1.1, 10 01 28							
FILE MANAGER								
OFFICE USE ONLY								

This page contains detailed information regarding you, your family, and associates.

This information is required to determine your eligibility for employment.

THIS INFORMATION WILL BE HELD IN STRICTEST CONFIDENCE.

Please print legibly. Ensure that all sections are completed. Additional sheets should follow suggested format.

1 louse	rease <u>print regiony</u> . Ensure that an sections are completed. Additional sheets should follow suggested format.																
LAST NAMI	Ē			FIRST NAM	ΛE				MIDDLE	NAMI	E			PREFE	RRED FI	RST NAME	
MAIDEN /	OTHER NAM	ES USED															
FULL ADDF	RESS				CITY				PROVIN	CE			POSTAL CO	DE		TELEPHONE N	IUMBER
										[]							
DATE OF B			SEX					PLACE OF B	IRTH (INC	NCLUDE CITY / COUNTRY BORN)							
YYYY	ММ	D D		Male		Femal	e										
MARITAL S	TATUS				<u> </u>		_										
		Single 🗆	Marri	ied		Comn	non-la	aw / Dome	stic Part	ner			Separate	d		Divorce	ed
		If you cho	ecked n	married, con	nmon-	law or d	lomest	tic partner, p	lease giv	e full	name a	and date o	of birth of y	our pa	ırtner.		
SURNAME / MAIDEN NAME / OTHER NAMES USED FIR						FIRST	NAMI	E		МІГ	DDLE NA	ME		1	DATE OF	BIRTH M M M	 DD
YOU MU	YOU MUST PROVIDE A PHOTOCOPY OF ONE OF THE FOLLOWING DOCUMENTS:																
				DRIVER'	S LICI	ENCE		PASS	PORT		☐ c	ITIZENSI	HIP				
HAVE YO	OU APPLII	ED FOR EM	IPLOY	MENT/CON	ITRAC	T WOR	K/VO	LUNTEER V	VORK W	ITH /	ANY PO	LICE SE	RVICE IN	THE P	AST?		
	□ YES □ NO																
POSITIO	POSITION APPLIED FOR DIVISION / SECTION																
THE LAS	ST 10 YE.	ARS, AND	THE I	NAMES OF	F PER	SONS	WHO	PROVIDE 1 M LIVED W DDITIONAL	ITH YOU	J. PL	EASE	ESTIMAT					
ADDRESS		CIT	Υ		PROV	INCE		POSTAL COD	E	FROI	M YYYY	мм	DD	1	TO YYYY	мм	D D
NAME OF P	ERSON(S) WH	O SHARE ADDF	RESS WIT	'H YOU		TELEPH	HONE NU	JMBER		RELA	ATIONSHIF)	SEX Mal	e	DATE OF E	BIRTH M M	D D
						TELEPH	HONE NU	JMBER		RELA	ATIONSHIF)	SEX Mal	e [DATE OF E	BIRTH M M	D D
						TELEPH	HONE NU	UMBER		RELA	ATIONSHIE	·	SEX Mal	e [DATE OF E	BIRTH M M	D D
ADDRESS		CIT	Υ		PROV	INCE		POSTAL COD	E	FROI \	M YYYY	ММ	D D		TO YYYY	ММ	D D
NAME OF PI	erson(s) wh	o shared adi	DRESS WI	ITH YOU		TELEPH	ONE NU	JMBER		RELA	ATIONSHIF	•	SEX Mal	e	DATE OF E	BIRTH M M	D D
						TELEPH	ONE NU	JMBER		REL	ATIONSHIF		SEX Mal	e	DATE OF E	BIRTH M M	D D
						TELEPH	HONE NU	JMBER		RELA	ATIONSHIF		SEX Male	e	DATE OF E	BIRTH M M	D D

SECURITY CLEARANCE DECLARATION (Continued)

Attachana	uuttionai sile	et(s) ir required – ro	mowing the sug	gesteurc	nillat.			
ADDRESS CITY	PROVINCE	POSTAL CODE	FROM YYYY	ММ	D D	TO YYYY	ММ	DD
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU	TELEPHO	ONE NUMBER	RELATIONSHIP		SEX Male Female	DATE OF BIRT	Нмм	D D
	TELEPHO	ONE NUMBER	RELATIONSHIP		SEX Male Female	DATE OF BIRT	Н	DD
	TELEPHO	ONE NUMBER	RELATIONSHIP		SEX Male Female	DATE OF BIRT	Н	DD
ADDRESS CITY	PROVINCE	POSTAL CODE	FROM YYYY	ММ	D D	TO YYYY	ММ	DD
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU	TELEPHO	ONE NUMBER	RELATIONSHIP		SEX Male Female	DATE OF BIRT	Н	D D
	TELEPHO	ONE NUMBER	RELATIONSHIP		SEX Male Female	DATE OF BIRT	Н мм	DD
	TELEPHO	ONE NUMBER	RELATIONSHIP		SEX Male Female	DATE OF BIRT	НММ	DD
ADDRESS CITY	PROVINCE	POSTAL CODE	FROM YYYY	ММ	D D	TO YYYY	ММ	DD
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU	TELEPHO	DNE NUMBER	RELATIONSHIP		SEX Male Female	DATE OF BIRT	H M M	DD
	TELEPHO	ONE NUMBER	RELATIONSHIP		SEX Male Female	DATE OF BIRT	Н	DD
	TELEPHO	ONE NUMBER	RELATIONSHIP		SEX Male Female	DATE OF BIRT	Н мм	DD
ADDRESS CITY	PROVINCE	POSTAL CODE	FROM YYYY	ММ	D D	TO YYYY	ММ	DD
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU	TELEPHO	ONE NUMBER	RELATIONSHIP		SEX Male Female	DATE OF BIRT	Н мм	D D
	TELEPHO	ONE NUMBER	RELATIONSHIP		SEX Male Female	DATE OF BIRT	H MM	D D
	TELEPHO	DNE NUMBER	RELATIONSHIP		SEX Male Female	DATE OF BIRT	H MM	D D
ADDRESS CITY	PROVINCE	POSTAL CODE	FROM YYYY	ММ	D D	TO	ММ	DD
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU	TELEPHO	DNE NUMBER	RELATIONSHIP		SEX Male Female	DATE OF BIRT	H MM	DD
	TELEPHO	ONE NUMBER	RELATIONSHIP		SEX Male Female	DATE OF BIRT	H MM	DD
	TELEPHO	ONE NUMBER	RELATIONSHIP		SEX Male Female	DATE OF BIRT	Н	D D

SECURITY CLEARANCE DECLARATION (Continued) Attach an additional sheet(s) if required – following the suggested format.

ADDRESS CITY	PROVINCE POSTAL CODE	FROM YYYY M M	D D	TO YYYY M M	DD
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU	TELEPHONE NUMBER	RELATIONSHIP	SEX Male Female	DATE OF BIRTH YYYY M M	DD
	TELEPHONE NUMBER	RELATIONSHIP	SEX Male Female	DATE OF BIRTH YYYY M M	DD
	TELEPHONE NUMBER	RELATIONSHIP	SEX Male Female	DATE OF BIRTH YYYY M M	DD
ADDRESS CITY	PROVINCE POSTAL CODE	FROM YYYY M M	D D	TO M M	DD
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU	TELEPHONE NUMBER	RELATIONSHIP	SEX Male Female	DATE OF BIRTH YYYY M M	DD
	TELEPHONE NUMBER	RELATIONSHIP	SEX Male Female	DATE OF BIRTH YYYY M M	D D
	TELEPHONE NUMBER	RELATIONSHIP	SEX Male Female	DATE OF BIRTH YYYY MM	D D
ADDRESS CITY	PROVINCE POSTAL CODE	FROM YYYY M M	D D	TO M M	DD
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU	TELEPHONE NUMBER	RELATIONSHIP	SEX Male Female	DATE OF BIRTH YYYY M M	DD
	TELEPHONE NUMBER	RELATIONSHIP	SEX Male Female	DATE OF BIRTH YYYY M M	DD
	TELEPHONE NUMBER	RELATIONSHIP	SEX Male Female	DATE OF BIRTH YYYY M M	DD
ADDRESS CITY	PROVINCE POSTAL CODE	FROM YYYY M M	DD	TO M M	DD
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU	TELEPHONE NUMBER	RELATIONSHIP	SEX Male Female	DATE OF BIRTH YYYY M M	DD
	TELEPHONE NUMBER	RELATIONSHIP	SEX Male Female	DATE OF BIRTH YYYY M M	D D
	TELEPHONE NUMBER	RELATIONSHIP	SEX Male Female	DATE OF BIRTH YYYY MM	D D
ADDRESS CITY	PROVINCE POSTAL CODE	FROM YYYY M M	D D	TO M M	DD
NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU	TELEPHONE NUMBER	RELATIONSHIP	SEX Male Female	DATE OF BIRTH YYYY M M	D D
	TELEPHONE NUMBER	RELATIONSHIP	SEX Male Female	DATE OF BIRTH YYYY MM	D D
	TELEPHONE NUMBER	RELATIONSHIP	SEX Male Female	DATE OF BIRTH YYYY M M	D D

FAMILY MEMBERS

SECURITY CLEARANCE DECLARATION

 $\begin{tabular}{ll} \textbf{(Continued)} \\ \textbf{Attach an additional sheet (s) if required-following the suggested format.} \\ \end{tabular}$

Applicants must list all names, relationship, sex, date of birth, address and phone number of the applicant's immediate relatives AND of the immediate relatives of the current and/or former spouse, domestic partner, common-law, or significant other. Attach additional sheets if required.

Immediate relatives include parents, stepparents, guardians, current and/or former spouse, domestic partner, common-law, or significant other, as well as, children, stepchildren, adopted children, brothers, sisters, step-brothers/sisters, adopted brothers/sisters, who are age 12 or over. This includes individuals who are alive or deceased.

SURNAME / MAIDEN NAME / OTHER N	IAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME	USED	DATE OF B	IRTH M M	DD
RELATIONSHIP	ADDRESS		CITY	PROVINCE	POSTAL COI	DE TE	LEPHONE NUI	MBER
SURNAME / MAIDEN NAME / OTHER N	IAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME	USED	DATE OF E	BIRTH M M	D D
RELATIONSHIP	ADDRESS		CITY	PROVINCE	POSTAL CO	DE TE	LÉPHONE NU	MBER
SURNAME / MAIDEN NAME / OTHER N	IAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME	USED	DATE OF E	BIRTH M M	D D
RELATIONSHIP	ADDRESS		CITY	PROVINCE	POSTAL CO	DE TE	LEPHONE NU	MBER
SURNAME / MAIDEN NAME / OTHER N	IAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME	USED	DATE OF E	MM	DD
RELATIONSHIP	ADDRESS		CITY	PROVINCE	POSTAL CO	DE TE	LEPHONE NU	MBER
SURNAME / MAIDEN NAME / OTHER N	IAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME	USED	DATE OF E	BIRTH M M	D D
RELATIONSHIP	ADDRESS		CITY	PROVINCE	POSTAL CO	DE TE	LEPHONE NU	MBER
SURNAME / MAIDEN NAME / OTHER N	IAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME	USED	DATE OF E	BIRTH M M	D D
RELATIONSHIP	ADDRESS		CITY	PROVINCE	POSTAL CO	DE TE	LEPHONE NU	МВЕR
SURNAME / MAIDEN NAME / OTHER N	IAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME	USED	DATE OF E	BIRTH M M	D D
RELATIONSHIP	ADDRESS		CITY	PROVINCE	POSTAL CO	DE TE	LEPHONE NU	MBER
SURNAME / MAIDEN NAME / OTHER N	IAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME	USED	DATE OF E	MM	D D
RELATIONSHIP	ADDRESS		CITY	PROVINCE	POSTAL CO	DE TE	LEPHONE NU	MBER
SURNAME / MAIDEN NAME / OTHER N	IAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME	USED	DATE OF E	MM	D D
RELATIONSHIP	ADDRESS		CITY	PROVINCE	POSTAL CO	DE TE	<u>L'EPHONE NU</u>	MBER

FAMILY MEMBERS

SECURITY CLEARANCE DECLARATION (Continued) Attach an additional sheet (s) if required – following the suggested format.

SURNAME / MAIDEN NAME / OTHER	NAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME	E USED	DATE OF BIF		
						YYYY	ММ	DD
RELATIONSHIP	ADDRESS		CITY	PROVINCE	POSTAL COI	DE TEL	EPHONE NUI	MBER
]]	
SURNAME / MAIDEN NAME / OTHER	NAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME	E USED	DATE OF BI		
						YYYY	мм	DD
RELATIONSHIP	ADDRESS		CITY	PROVINCE	POSTAL CO	DE TEL	EPHONE NU	MBER
]]	
SURNAME / MAIDEN NAME / OTHER	NAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME	E USED	DATE OF BI		
						YYYY	MM	DD
RELATIONSHIP	ADDRESS		CITY	PROVINCE	POSTAL CO	DE TEL	EPHONE NU	MBER
] []	
SURNAME / MAIDEN NAME / OTHER	NAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME	E USED	DATE OF BI		
						YYYY	ММ	DD
RELATIONSHIP	ADDRESS		CITY	PROVINCE	POSTAL CO	DE TEL	EPHONE NU	MBER
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SURNAME / MAIDEN NAME / OTHER	NAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME	E USED	DATE OF BI		
						YYYY	MM	DD
RELATIONSHIP	ADDRESS		CITY	PROVINCE	POSTAL CO	DE TEL	EPHONE NU	MBER
]]	
SURNAME / MAIDEN NAME / OTHER	NAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME	E USED	DATE OF BI		
						YYYY	MM	DD
RELATIONSHIP	ADDRESS		CITY	PROVINCE	POSTAL CO	DE TEL	EPHONE NU	MBER
] []	
SURNAME / MAIDEN NAME / OTHER	NAMES USED	FIRST NAME	MIDDLE NAME	COMMON NAME	E USED	DATE OF BI		
						YYYY	ММ	DD
RELATIONSHIP	ADDRESS		CITY	PROVINCE	POSTAL CO	DE TEL	EPHONE NU	MBER
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SECURITY CLEARANCE DECLARATION (Continued)

Attach an additional sheet(s) if required – following the suggested format.							
1. Have you ever been convicted of any criminal offence in Canada or in any other country for which a pardon, or the equivalent, of a pardon was or was not granted? (Attach Pardon Document)	U YES						
 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? If yes – explain on separate sheet. 	u YES						
3. Have you ever been found guilty of an offence in Canada or in any other country when you were under the age of 18? If yes – explain on separate sheet.	U YES						
Are you associated with any companies, or businesses, not listed on your application? □ Owner □ Director □ Controlling Share Holder □ Other	U YES						
Are you a member of any clubs or organizations? If yes – explain which	u YES						
6. If you answered yes to the previous question, do you hold a position in that club or organization? □ President □ Chair □ Director □ Other	u YES						
7. In the past 10 years, have you been involved in any lawsuits or civil actions?	U YES						
If you have answered "YES" to any of the above questions, attach an additional sheet providing complete deta specific incident, including what occurred, when, where, and why. If pardoned, attach Pardon documentation.							
STATEMENT OF CONSENT							
I HEREBY CONSENT THAT any and all information pertaining to a Criminal Record registered in my name with the National Repository for Criminal Records in Canada may be provided to authorized persons at the Lacombe Police Service. I recognize that an employee of the Lacombe Police is in a position of trust within the community and I hereby consent to the Lacombe Police Service performing 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 Lacombe Police Service for fingerprint confirmation. I further agree to absolutely release, discharge, and absolve the Lacombe Police Service, the City of Lacombe 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.							
Dated thisday of, 20							
PRINTED NAME OF WITNESS WITNESS SIGNATURE							





Examination MUST have been completed within 12 months of application.

NAME OF APPLICANT	SURNAME		GIVEN NAMES			INITIAL			
ADDRESS OF APPLICANT	I		•						
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СІТУ		PROVINCE	POSTAL CODE		YYYY	F BIRTH M M	D D		
VISION	STANDARE	S FOR POI	LICE OFFICER AP	PLICANT	S				
OPTOMETRIST / OPHTHALMOLOGIST	NAME OF OPTOM	METRIST/OPHTHALM	OLOGIST		DATE O	F EXAMINATION M M	DD		
ADDRESS OF OPTOMETRIST / OPHTHALMOLOGIST	_				1				
					TELEPH	ONE NUMBER			
					[]			
UNCORRECTED VISUAL ACUITY	-NORMAL			AF	PLICAN	IT STANDARD	,		
At least 20/40 (6/12) with	both eyes ope	en			YES	□ NO			
FARSIGHTEDNESS-NORMAL						APPLICANT STANDARD			
Not greater than +2.00 D, spheroequivalent in the least hyperopic eye						□ YES □ NO			
BEST CORRECTED VISUAL ACU	JITY – NORM	AL		AF	PLICAN	IT STANDARD)		
At least 20/20 (6/6) with b	oth eyes oper	า			YES	□ NO			
COLOUR VISION - NORMAL				AF	PLICAN	IT STANDARD)		
Pass Ishihara (Book or Titm Chromagen) lenses	us) without ar	ny colour corre	ective (e.g. X-Chrom,		YES	□ NO			
NOTE: Farnsworth Vision Test - is	recommended fo	or unsuccessful	Ishihara Tests	AF	APPLICANT STANDARD				
Pass Farnsworth D-15 wi Chromagen) lenses	thout any colo	our corrective	(e.g. X-Chrom,		YES	□ NO			
DEPTH PERCEPTION - NORMAL				AF	PLICAN	IT STANDARD	,		
Stereo acuity of 80 secon	nds of arc or b	etter			YES	□ NO			
LATERAL PHORIA FAR – NORMA	AL			AF	PLICAN	IT STANDARD	,		
No more than 5 eso or 5 or	ехо				YES	□ NO			
If No – please provide ac double vision when fatig					nlikelyt	o experience			
LATERAL PHORIA NEAR – NORI	MAL			AF	PLICAN	IT STANDARD	,		
No more than 6 eso or 10	exo				YES	□ NO			
If No – please provide ac double vision when fatig					nlikelyt	o experience			

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PERIPHE	RALVISION		APPLICAN	NT STANDARD				
		with a 5 mm white target at 33cm (or a target with pect to the candidate's viewing distance) should en below.	□ YES	□ NO				
		nould be present within these limits other than the its for the various meridians are:						
 Temporal (0º meridian) 75º Superior-temporal (45º meridian) 40º Superior (90º meridian) 35º Superior-nasal (135º meridian) 35° Inferior (270º meridian) 55° Inferior-temporal (315º meridian) 70° 								
OCULAR	DISEASE-NORMAL		APPLICAN	NT STANDARD				
		ir visual performance as indicated by the luce sudden, unpredictable incapacitation of the	□ YES	□ NO				
CORREC	TIVE SURGERY	HAVE YOU EVER HAD CORRECTIVE SURGERY?	□ YES	□ NO				
PROCE	EDURE TYPE – <i>Pl</i> ease indicate	which procedure from the list below	DATE OF	PROCEDURE M M D D				
	Corneal Refractive Surgery Allowed; however, the candidate must meet additional requirements and must provide specific documentation on vision stability and night vision using Recruit Selection Standards approved forms available through any Alberta Municipal Police Service, or from the Manager of First Nations Policing for the Alberta Solicitor General and Public Security.							
	Pseudophakic Intra-Ocular Lenses	Allowed; however, the candidate must meet additional require documentation on Alberta Police Recruit Selection Standards a		•				
	Phakic Intra-Ocular Lens Implants (Piol)	Certain designs are allowed; however, the candidate must m must provide specific documentation on vision stability and nig Recruit Selection Standards approved forms						
	Orthokeratology, Corneal Transplants, and Intra- Stromalcorneal Rings	Not allowed.						
NIGHT V	ISION – Only required if an Ap	oplicant had Corrective Surgery	APPLICAN	NT STANDARD				
		t least 2 of the 3 following tests (all testing is hout, any spectacle or contact lens correction):	□ YES	□ NO				
	logMÅR	Acuity in Room Illumination: minimum acuity of 0.20						
	Bailey-Lovie High Contrast logMAR	Acuity in Dim Illumination: minimum acuity of 0.30						
	Bailey-Lovie Low Contrast logMAR	t Acuity in Dim Illumination: minimum acuity of 0.58						
SIGNATURE O	F DOCTOR		DATE YYYY	M M D D				
SIGNATURE O	F APPLICANT		DATE YYYY	M M D D				

Note: All vision test results will be verified by a Pre-Employment Occupational Health and Safety Medical prior to employment.



HEARING REPORT

Examination MUST have been completed within 12 months of application.

NAME OF APPLICANT SURNAME GIVEN NAMES INITIAL									
ADDRESS OF APPLICANT	<u>l</u>		·		·				
CITY		PROVINCE	POSTAL CODE		DATE OF YYYY	BIRTH M M	D D		
HEARING STANDARDS FOR POLICE OFFICER APPLICANTS									
AUDIOLOGIST/		DATE OF E	EXAMINATION MM DD						
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ADDRESS OF AUDIOLOGIST/	/OTOLARYNGOLOGIST:								
					TELEPHON	NE NUMBER			
					[]			
PURETONE THRESHOLDS IN HL	500	1000	2000	300	00 4000				
RIGHT EAR									
LEFT EAR									
	PLACI	E A LARGE "X" IN	THE APPROPR	IATE BOX					
_	hat the above na	med individual for a Police Office		Does Not M Idicated in <u>I</u>		d Criteria	<u>1</u> .		
				1 .	2475				
SIGNATURE OF TECHNICIAN	/NURSE/DOCTOR				YYYY	мм	D D		
SIGNATURE OF APPLICANT					DATE YYYY	ММ	D D		

Note: All hearing test results will be verified by a Pre-Employment Occupational Health and Safety Medical prior to employment.



ALBERTA POLICE RECRUIT SELECTION STANDARDS

SUPPLEMENTARY HEARING INFORMATION FOR AUDIOLOGISTS

The auditory requirements of a police constable's routine duties are such that the constable's life may depend on the ability to hear, localize and understand a variety of environmental and speech sounds, including soft sounds. The constable should hear well enough to avoid undue risk to bystanders and to herself/himself and to protect the public from harm

The hearing requirements of the Alberta Police Recruit Selection Standards were developed based on task and job analysis and an expert opinion. The standard is based on the recognition that, for the police constable, hearing acuity, word discrimination and sound localization are important dimensions of hearing competency required to perform job-related tasks safely and effectively.

Alberta Police Recruit Selection Standards – Hearing Standards

Unaided Criteria I

Pure-tone threshold measured under audiometric earphones shall not exceed 25dB HL in each ear at the following frequencies: 500, 1000, 2000, 3000 and 4000 Hz.

Unaided Criteria II

For each ear, pure-tone thresholds measured under audiometric earphones shall not exceed a four-frequency average (500, 1000, 2000, 3000 Hz) of 25dB HL, thresholds at none of these single frequencies shall exceed 35 dB HL and thresholds at 4000 Hz shall not exceed 45 dB HL. In addition, speech recognition scores shall be 88% or better in each ear at 50dB HL in quiet, using half lists (25 test words) of recorded monosyllabic words presented under standard audiometric earphones. The lists of Northwestern University Test No. 6 are to be used for word discrimination testing, to achieve consistency across test sites. Furthermore, speech recognition scores measured with both ears open in sound field shall be 68% or better at a 5+ signal-to-noise (S/N) ration, when a half-list (25 test words) of recorded monosyllabic words is presented at 50 dB HL. For measurement, both the word list and competing speech noise shall be presented at 0° azimuth (i.e. from one speaker located directly in front of the candidate).

Unaided Criteria IA

Pure-tone thresholds measured under audiometric earphones shall not exceed 40 dB HL in each ear at the following frequencies: 500, 1000, 2000, 3000; and shall not exceed 55 dB HL at 4000 Hz.

- If the standards are met the applicant can proceed to Aided Criteria with a Completely in Canal (CIC) hearing aid.
- If the application does not meet hearing standards, accommodation with a CIC is not allowed.

Aided Criteria

NOTE: Individual assessments by an audiologist are recommended for candidates with any type of hearing aid, who then must decide whether the candidate is able to perform within the CSS Hearing Performance Standard criteria established for the sound field.

For each ear, narrow-band or warbled-tone thresholds measured in a calibrated sound field at 0° azimuth shall not exceed a four-frequency average (500, 1000, 2000 and 3000 Hz) of 25 dB HL; thresholds at none of these single frequencies shall exceed 35 dB HL, and threshold at 4000 Hz shall not exceed 45 dB HL. Measurements shall be made monaurally in an audiometric sound field with the aided (non-test) ear plugged or, when necessary, effectively masked. (Measurements of aided threshold may also be expressed as real-ear aided response, using probe-microphone measurements with sound pressure levels appropriately converted to hearing levels). In addition, speech recognition scores in sound field shall be 88% or higher in each aided ear (with the non-test ear plugged or appropriately masked) using half-lists (25 words) or recorded, monosyllabic words (Northwestern University NU-6 lists) presented at 50 dB HL in quiet at 0° azimuth. Furthermore, monaurally or binaurally aided speech recognition scores measured in sound field shall be 68% or higher at a +5 dB S/N ration, when NU-6 half lists are presented at 50 dB HL. Both the word list and competing speech noise shall be presented at 0° azimuth. Hearing aids worn shall be adjusted to those settings used in the "Hearing Acuity" portion of this criterion.



ALBERTA POLICE RECRUIT SELECTION STANDARDS AUTHORIZATION FOR RELEASE OF INFORMATION

NAME OF APPLICANT SURNAME				GIVEN NAMES		INITIAL				
ADDRESS OF APPLICANT	-									
СПҮ	PROVINCE POSTAL CODE DATE OF BIRTH YYYYY M M M						D D			
or copies there employment wi Personal inform application as a transmittal, and Personal inform training and emit was obtained I agree to waiv opinions in com	of in any form, which th the Lacombe Polic nation about me will a police officer as we d examination of all in nation about me that nployment, may be d or for any other rea e any right of action npliance with this aut wledge and declare t	n may be requested to assess the used to any law son. Against any personal transport to a personal transport transport to a personal transport t	offormed in a substant of subs	e undersigned, hereby ation, opinion, reports, connection with my apsequent training. qualifications and suits. I consent to the color the Lacombe Police Selection process, or a forcement agency for the contraction providing.	records plication ability in lection, ervice. In substitute the purposition of the purpo	s, document n relation use, disclose equent ose for wh	to my osure, ich			
	SIGNATURE OF APPLICANT:				DATE: YYYY	ММ	D D			
NAME OF WITNESS:		SIGNATURE OF WIT	NESS:		DATE:	мм	D D			
NOTE: The Witness must be 18 years or older										



ALBERTA POLICE RECRUIT SELECTION STANDARDS

POLYGRAPH

EXAMINATION CONSENT

NAME OF APPLICANT	SURNAME			GIVEN NAMES		INITIAL				
ADDRESS OF APPLICANT					<u> </u>		-			
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l,			, th	e undersigned, hereby	volunta	rily, withou	ut			
threats, promises of immu	unity or re	ward and without	dure	ss, coercion of force, a	gree to	take a				
Polygraph examination, to	be given	to me by a Memb	er of	Lacombe Police Service	e.					
-										
I fully realize I am not ob	ligated to	sav anything and	that a	anvthing I say may be	aiven in	evidence.				
, ,		, , , ,			3					
SIGNATURE OF	APPLICANT:				DATE:					
SIGNATURES	AFFLICANI.				YYYY	мм	D D			
NAME OF WITNESS:		SIGNATURE OF WIT	NESS.		DATE:					
		OIGHATORE S. III.	NEGO.		YYYY	мм	DD			
	NOTE	: The Witness must I	he 18	vears or older		I				
		. The vittiess must i		Joans or order						