



SECURITY BACKGROUND QUESTIONNAIRE

- First submission
 Update of questionnaire (following a change in your situation)

1. GENERAL INFORMATION AND INSTRUCTIONS

1.1 Purpose of the collection of information and statement regarding the protection of personal information

The information collected in this form and from third parties will be used in the security investigation conducted by the Nunavik Police Service.

The personal information provided in this form, as well as the information collected and verified as part of the security investigation, are protected, stored, used and disclosed in conformity with the provisions of the *Act respecting access to documents held by public bodies and the protection of personal information* (CQLR, Chapter A-2.1).

1.2 Notice regarding the disclosure of criminal offences

Please be advised that the disclosure of criminal offences could lead to incident reports being entered into police databases, impacting future employment or volunteering opportunities, or other activities that require security screening (e.g. employment with schools, banks).

Such disclosure could also lead to an investigation, arrest, charges, criminal prosecution, conviction and, ultimately, the imposition of a sentence.

1.3 Reminder regarding the disclosure of an allegation of a criminal offence committed by a police officer, a special constable or a peace officer

The *Police Act* (CQLR, Chapter P-13.1) requires the director of a police service to disclose to the Minister of Public Security any allegation of a criminal offence committed by a police officer, special constable or peace officer. Consequently, any candidate who, at any stage of the hiring process, admits to having committed a criminal offence while having the status of police officer, special constable or peace officer, or before having the said status, is subject to an investigation being conducted.

If the criminal offence in question has already been sanctioned or disclosed under the applicable provisions, please inform us.

1.4 Instructions for the completion of this form

1. Read and follow the instructions carefully.
2. Complete the entire form on the screen.
3. Read the pages entitled **DECLARATION** and **AUTHORIZATION**.
4. All the requested information **must** be provided since the omission or the refusal to provide certain information or certain authorizations may result in processing delays or the rejection of your application.
5. Make sure that all the information you enter in this document is accurate and detailed (dates, locations, why and how), as any incorrect information may result in a delay in processing your application.
6. You are under no obligation to provide information about third parties (individuals other than yourself).
7. If the space in a section is insufficient, or if you cannot provide certain information, please use the **APPENDIX**, page 12, to add information.
8. Once the form is completed, print it, initial and sign it, and write the current date in the sections where requested.
9. Submit the form by email to security-investigation@nunavikpolice.ca.
10. Once this form has been submitted, it is your responsibility to inform us of any change in your situation (e.g. address, telephone).
11. If necessary, the investigator assigned to your file may contact you for additional information or to clarify your answers.
12. If you have any questions regarding what you have previously read, please contact the investigations unit by email at security-investigation@nunavikpolice.ca before proceeding any further.

Surname	First name	Date of birth (yyyy-mm-dd)
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1. GENERAL INFORMATION AND INSTRUCTIONS (CONTINUED)

1.5 Declaration, acknowledgement and consent

You must put your initials to the right of each of the following declarations to confirm that you have read and understood them:

Declaration and acknowledgement	Initials
I am completing this form voluntarily, based on my desire to pursue a career as a police officer in the province of Québec.	
I understand that my information may be collected, used and disclosed for the purposes specified in subsection 1.1 of this form.	
I understand that I can change my answers at any time by contacting the human resources department.	
I understand that I do not have to disclose any information that relates to a crime where I was a victim.	
I understand that if I admit to having committed one or more criminal offences, various actions could be taken (investigation, arrest, charges, criminal prosecution, conviction) and result in the imposition of a sentence.	

2. APPLICANT IDENTIFICATION

Surname		First name	
Surname at birth (if different)		Other first names or middle names	
Date of birth (yyyy-mm-dd)	Social insurance number	Driver's licence number	Class of licence
Address (number, street, apartment)		City, town or municipality	Prov. Postal Code
Telephone (home)	Cell phone	Email address	

2.1 If you were born in Canada (specify)

Province	City
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2.2 If you were born outside Canada (specify)

Province	City
Date of entry into Canada (yyyy-mm-dd)	Date citizenship obtained (yyyy-mm-dd)

Surname	First name	Date of birth (yyyy-mm-dd)
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3. SPOUSE OR BOYFRIEND/GIRLFRIEND INFORMATION

Provide the information requested regarding your **boyfriend/girlfriend** or **spouse** and, if applicable, information about your **former boyfriend/girlfriend** or **former spouse**, if the separation is less than two years, excluding the period where you were less than 16 years old. In every case, specify the surname at birth when applicable. If the person is deceased, write Deceased in the *address* box.

3.1 Boyfriend/Girlfriend or Spouse

Surname	First name	Date of birth (yyyy-mm-dd)
Duration of the union or relationship (yyyy-mm): from _____ to _____		
Address (number, street, apartment)	City, town or municipality	Prov. Postal Code
Telephone (home)	Telephone (cell)	Telephone (work) Ext. Email address
Employment or occupation	Name of employer (if applicable)	

3.2 Former Boyfriend/Girlfriend or Former Spouse

Surname	First name	Date of birth (yyyy-mm-dd)
Duration of the union or relationship (yyyy-mm): from _____ to _____		
Address (number, street, apartment)	City, town or municipality	Prov. Postal Code
Telephone (home)	Telephone (cell)	Telephone (work) Ext. Email address
Employment or occupation	Name of employer (if applicable)	

3.3 Former Boyfriend/Girlfriend or Former Spouse

Surname	First name	Date of birth (yyyy-mm-dd)
Duration of the union or relationship (yyyy-mm): from _____ to _____		
Address (number, street, apartment)	City, town or municipality	Prov. Postal Code
Telephone (home)	Telephone (cell)	Telephone (work) Ext. Email address
Employment or occupation	Name of employer (if applicable)	

4. RESIDENTIAL INFORMATION

Starting with your current address, enter on **Line 1** (in the ADDRESS column) the addresses where you have lived for the past two years, in Canada or elsewhere. For each address, specify if you were the owner by checking the appropriate box. If you answer **No**, enter on **Line 2**, the owner's name, full address and telephone number.

	From (yy-mm)	To (yy-mm)	As the owner of the property	Address (number, street, apartment, city, town, village or municipality, province, postal code)
4.1			<input type="checkbox"/> Yes	Line 1 (you)
			<input type="checkbox"/> No	Line 2 (owner)

Surname	First name	Date of birth (yyyy-mm-dd)
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4. RESIDENTIAL INFORMATION (CONTINUED)

4.2			<input type="checkbox"/> Yes	Line 1 (you)
			<input type="checkbox"/> No	Line 2 (owner)
4.3			<input type="checkbox"/> Yes	Line 1 (you)
			<input type="checkbox"/> No	Line 2 (owner)
4.4			<input type="checkbox"/> Yes	Line 1 (you)
			<input type="checkbox"/> No	Line 2 (owner)
4.5			<input type="checkbox"/> Yes	Line 1 (you)
			<input type="checkbox"/> No	Line 2 (owner)

Provide the following information for everyone **16 years of age or older** living with you at your **current address**.

4.6	Surname	First name	Date of birth (yyyy-mm-dd)
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Relationship with this person:

Telephone (home)	Telephone (cell)	Telephone (work)	Ext.	Email address
Employment or occupation		Name of employer (if applicable)		

4.7	Surname	First name	Date of birth (yyyy-mm-dd)
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Relationship with this person:

Telephone (home)	Telephone (cell)	Telephone (work)	Ext.	Email address
Employment or occupation		Name of employer (if applicable)		

4.8	Surname	First name	Date of birth (yyyy-mm-dd)
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Relationship with this person:

Telephone (home)	Telephone (cell)	Telephone (work)	Ext.	Email address
Employment or occupation		Name of employer (if applicable)		

4.9	Surname	First name	Date of birth (yyyy-mm-dd)
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Relationship with this person:

Telephone (home)	Telephone (cell)	Telephone (work)	Ext.	Email address
Employment or occupation		Name of employer (if applicable)		

Surname	First name	Date of birth (yyyy-mm-dd)
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6. CONDUCT IN THE WORKPLACE

6.1 Have you ever applied for a police officer position with another police service or a public protection service in Canada?

Yes No If yes, provide the following additional information.

Organization name	Application Date (yyyy)	Outcome			Current stage of the process or reason for refusal (if applicable)
		Hired	Not Hired	Ongoing	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Answer the following questions. If you answered yes, explain in the **APPENDIX**.

6.2 Are you currently or have you ever been under investigation or subject to administrative or disciplinary measures by an employer (e.g. verbal or written warning, suspension, demotion or other sanctions)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.3 Have you ever been fired or dismissed or been asked to resign from a job for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.4 Have you ever lied to a supervisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.5 Have you ever intentionally failed to declare previous employment experiences in a job application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.6 Have you ever kept, removed, duplicated or deleted any information, in any format, that you were under a legal, ethical or professional obligation to safeguard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.7 Have you ever done any undeclared work (under-the-table)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.8 Answer the following questions only if you have worked as a police officer, special constable or peace officer . If you answered yes, explain in the APPENDIX .	
6.8.1 Have you ever used illegal drugs or controlled substances while employed as a police officer, special constable or peace officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.8.2 Have you ever committed an act or witnessed a co-worker commit an act, other than those authorized as part of your duties as a police officer, a special constable or a peace officer, that you do not want people to know about?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.8.3 As a police officer, a special constable or a peace officer, have you ever contravened-work policies (e.g. mishandled evidence/exhibits, accepted a kickback, permitted unauthorized people in cars or buildings, falsified reports, accessed computer systems without authorization) for personal purposes or other benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.8.4 Have you ever used force that could be deemed excessive?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.8.5 Have you ever used your power for personal gain?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.8.6 Have you ever engaged in a sexual act with a prisoner, someone under your care or custody or someone under investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. JUDICIAL RECORD

7.1 Are you currently, or have you ever been the subject of any civil litigation?

Yes No If yes, explain in the **APPENDIX**.

Surname	First name	Date of birth (yyyy-mm-dd)
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7. JUDICIAL RECORD (CONTINUED)

7.2 Are you currently, or have you ever been the subject of a police investigation or ethics inquiry?

Yes No If yes, provide the following additional information.

Nature of the investigation	Year	Prov.	Country	Police service or organization involved	Outcome

7.3 Have you ever been detained or arrested, whether in Canada or in another country?

Yes No If yes, provide the following additional information.

Reason for arrest or detention	Year	Prov.	Country	Police service involved	Outcome

7.4 Have you ever been formally charged, in any place, for an act or omission that constitutes a criminal offence under Canadian law, including an offence punishable on summary conviction?

Yes No If yes, provide the following additional information.

Nature of charge	Year	Prov.	Country	Police service involved	Sentence, verdict

7.5 If you were found guilty of a criminal offence, did you obtain a record suspension (pardon) or a conditional discharge? Having received a record suspension under the *Criminal Records Act* or the *Criminal Code* does not exempt you from providing us with the details of the charges against you.

Yes No If yes, specify the date (yyyy-mm-dd):

8. SOCIAL LIFE AND LIFESTYLE

8.1 List your favourite leisure activities by order of importance.

1.	2.
3.	4.

8.2 Are you currently or have you ever been a member of an organization, group, club or association in Canada or in another country?

Yes No If yes, provide the following additional information.

Type of organization	Name of organization	Your role*

* Definitions: **Passive:** Rarely participate in its activities. **Active:** Regularly participate in its activities. **Leader:** Participate in decision-making and the organization of activities.

8.3 Enter all email addresses currently or previously used, except for the one mentioned in Section 2.

1.	2.
3.	4.
5.	6.

Surname	First name	Date of birth (yyyy-mm-dd)
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8. SOCIAL LIFE AND LIFESTYLE (CONTINUED)

8.4 Do you have any social media account?

Yes No If yes, provide the following additional information. Enter **all** your accounts.

Social media	Username or email address of your user account	Complete URL address of your user account (required)	Public account or with restricted access

8.5 Do you gamble or play games of chance?

Yes No If yes, provide the following additional information.

Type (e.g. lottery, video poker, casino, betting house, gambling house, racetrack, online gaming)	Frequency	Amount of money/year

8.6 Have you been intoxicated or under the influence of alcohol or a drug in the past year?

Yes No If yes, how many times?

Answer the following questions. If you answered yes, explain in the **APPENDIX**.

8.7 Over the last ten years, have you ever transported goods that did not belong to you, been involved in drug trafficking, sexual tourism, or criminal or terrorist activities when travelling outside Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.8 Have you ever experienced financial difficulties because of gambling or playing games of chance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.9 Has alcohol ever caused you problems in your studies, with your family, at work or in any other occasions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.10 Have you ever used or experimented with any illicit drugs or controlled substances without a prescription from a licensed doctor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.11 Have you ever used or abused any other substances that you may not have believed to be controlled and/or regulated (e.g. solvents, inhalants, gasoline, glue, propane)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.12 Have you ever possessed cannabis in violation of any law, including the <i>Criminal Code</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.13 Have you ever possessed, held or stored illegal drugs or controlled substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.14 Have you ever sold, manufactured, cultivated, transported, delivered or given any type of drug for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.15 Have you ever given anyone any illegal drugs or controlled substances without their knowledge?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.16 Due to your professional, personal, business or financial activities, could a police employment place you in a potential or real conflict of interest?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Surname	First name	Date of birth (yyyy-mm-dd)
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9. FINANCIAL INFORMATION

9.1 Provide the following information on your finances.

Assets		Liabilities	
Bank accounts		Line of credit (financial institution, credit limit)	Current balance
Chequing			
Savings			
Investments		Credit cards (financial institution, credit limit)	Current balance
Term investments			
Shares			
Bonds			
Stocks			
TFSA (tax-free savings account)			
Mutual funds			
RESP (registered education savings plan)			
RRSP (registered retirement savings plan)			
Other investments			
Other retirement savings plans			
Personal property		Loans (specify the credit limit)	Current balance
Land and buildings (specify address)	Municipal assessment	Student	
		Personal	
		Car	
		Mortgage	
		Other (specify)	
Vehicles (specify make and year)	Resale value		
Furniture		Personal or other debts	
Other			
Total assets		Total liabilities	
NET VALUE (assets - liabilities) =			

9.2 Are you currently a cosignatory for a loan with a third party?

Yes No If yes, provide the following additional information.

Name of cosignatory		Telephone
Amount of the loan	Loan termination date (yyyy-mm-dd)	Relationship with this person

Surname	First name	Date of birth (yyyy-mm-dd)
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9. FINANCIAL INFORMATION (CONTINUED)		
Answer the following questions. If you answered yes, explain in the APPENDIX .		
9.3	Have you ever been unable to meet your financial obligations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.4	Are your loans and debts a cause for concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.5	Have you ever declared bankruptcy or taken advantage of the provisions of the Code of Civil Procedure regarding voluntary deposit (<i>Lacombe Law</i>)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER QUESTIONS		
Answer the following questions. If you answered yes, explain in the APPENDIX .		
10. Professional information		
10.1	Have you had any other job in the past five years that you did not indicate on your job application form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Academic information		
11.1	Do you have any other studies that you did not indicate on your job application form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.2	Have you ever been accused of plagiarism or cheating by an educational institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.3	Have you ever been expelled, suspended or refused admission by an educational institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Medical information		
12.1	Do you have a known illness, disability or injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.2	Have you had medical surgery or an injury that required hospital care? Are you currently waiting for surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.3	Has a doctor ever recommended any treatment or surgery that you decided not to have?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.4	Have you ever had symptoms or been diagnosed with anxiety, behavioural problems, bipolar disorder, burnout, depression, panic attacks, phobias, psychosis, schizophrenia, coping difficulties, or other mental illnesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.5	Have you ever filed a claim with the <i>Commission des normes, de l'équité, de la santé et de la sécurité du travail</i> (CNESST) or equivalent for an accident at work or an occupational illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.6	Have you ever filed an insurance claim with the <i>Société de l'assurance automobile du Québec</i> (SAAQ) or equivalent following a car accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.7	Have you ever applied for disability or social insurance due to an injury or illness that was not work-related?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.8	Have you ever been advised to avoid working on a rotational schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Driving record		
13.1	Have you ever had demerit points added to your driving record?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.2	Have you ever had your driver's licence revoked, suspended, or placed on probationary status, in Canada or abroad?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.3	Have you ever operated a motorized vehicle or vessel in a dangerous manner or while impaired by the effect of alcohol and/or a drug?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.4	Have you ever been involved in a car accident while you were driving?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.5	Have you ever been involved in a hit-and-run or failed to report an accident involving damage or injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Involvement with a peace officer or the judicial system		
14.1	Have you ever lied to a peace officer or public official (eg, false written or verbal statement, false identity)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.2	Have you ever impersonated a peace officer or public official while you were not one?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Surname	First name	Date of birth (yyyy-mm-dd)
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OTHER QUESTIONS (CONTINUED)

15. Theft or fraud activities		
15.1	Have you ever illegally entered a building, vehicle or house in order to steal money, property, or merchandise, or with the intent of committing any other criminal act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.2	Have you ever participated in an act (e.g. swindle, misappropriation of funds, extortion, change of price tags, receiving or having stolen goods in one's possession, theft, theft by cheque, theft by false pretence, car or car accessory theft, false claim) that deprives a person, a business or a government organization of property, money, goods, services (e.g. cable, meals), military items, or intellectual property (e.g. music, videos, software)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.3	Have you ever committed fraud (e.g. writing, document, signature, money, legal document, permit, contract, credit card, cheque, security agreement, will, act, trust deed) with the intent of causing harm to a government entity, a person or a business, including by electronic means?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.4	Have you ever lied or distorted the facts while under oath, or on a sworn or notarized document?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.5	Have you ever bribed or attempted to bribe a public officer or employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Organized criminal activity		
16.1	Have you ever participated in organized criminal activities or activities of a criminal organization that include the following offences: murder, arson, robbery, theft, kidnapping, aggravated assault, forgery, money counterfeiting, illegal gambling, prostitution, promotion or distribution of drugs, promotion or sale of obscene materials, or any other criminal act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.2	Have you ever been a member or supporter of, or financed a group or organization that advocates hate, violence, racism, terrorism, illegal activities, or the overthrowing of a government?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Illegal sexual activity		
17.1	Have you ever committed a sexual assault by using force or threatening to cause bodily harm, or have you ever had sex with someone against their will, or without their consent (including with a person unable to give permission due to a medical condition, mental health issue, being under the influence of alcohol or drugs, or any other reason)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.2	Have you ever engaged in an incestuous act (sexual intercourse with another person, knowing that that person is by blood relationship your father, mother, child, brother, half-brother, sister, half-sister, grandfather, grandmother, grandson or granddaughter)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.3	Have you ever accessed, possessed, downloaded, uploaded, distributed, or engaged in the making of any child pornography?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.4	Have you ever had sexual contact with a minor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.5	Have you ever exposed your genital organs or committed an indecent act in public?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.6	Have you ever participated in any type of commercial sexual activity (e.g. prostitution, escort services or massage parlours), in Canada or abroad?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.7	Have you ever travelled outside Canada for the purpose of engaging in sexual activity with a minor (e.g. sexual tourism)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.8	Have you ever communicated, online or otherwise, with a minor to persuade and/or lure them into pursuing activities of a sexual nature?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.9	Have you ever recorded or distributed, by means of any media whatsoever, sexual acts of another person without their consent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.10	Have you ever engaged in sexual activity with an animal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Harassment, intimidation, and violence		
18.1	Have you ever stalked or harassed (physically or verbally) any person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.2	Have you ever threatened or intimidated anyone over the Internet or using any other electronic method of communication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.3	Have you ever committed any act of violence (e.g. slapping, kicking, pushing, punching, restraining, kidnapping or killing) against a member of your family or household or against anyone that you are or were in a relationship with?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Surname	First name	Date of birth (yyyy-mm-dd)
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OTHER QUESTIONS (CONTINUED)

18. Harassment, intimidation, and violence (continued)		
18.4 Have you ever committed any act of violence (e.g. slapping, kicking, pushing, punching, restraining, kidnapping or killing) against a person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18.5 Have you ever committed an act of cruelty to an animal that resulted in suffering, injury or death, apart from licensed hunting and fishing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18.6 Have you ever intentionally injured or attempted to intentionally injure yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Illegal activities involving weapons		
19.1 Have you ever used a firearm, knife, club, or lethal weapon to threaten, intimidate, injure, steal or take property from another person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19.2 Have you ever illegally possessed any explosive, weapon, firearm, armour-piercing ammunition, silencer, knife, brass knuckles, a chemical dispensing device, zip gun, or a conducted energy weapon?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19.3 Have you ever unlawfully carried or concealed a firearm, knife, club, or any other weapon?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19.4 Have you ever been refused a firearm possession and acquisition licence or an authorization to carry a firearm or had such licence or authorization revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Other subjects of interest		
20.1 Were you ever present when a serious crime was being committed where you were not the victim?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20.2 Have you ever participated in any type of smuggling (e.g. humans, cigarettes, drugs, weapons)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20.3 Have you ever been blackmailed or coerced, or do you feel you might have participated in any activities for which you could be blackmailed or coerced?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20.4 Have you ever deliberately destroyed or damaged any property belonging to another person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Reason for hiring		
21.1 Are you applying to become a member of the Nunavik Police Service for any reason other than to find gainful employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

22. REFERENCES

Provide the names of three adults, other than an employer, who are not related to you by blood or marriage, and who can provide personal references regarding you. They must have known you for at least five years, when possible, reside in Canada and be available.

22.1	Surname		First name		Relationship with this person		
	Address (number, street, apartment)			City, town or municipality		Prov.	Postal Code
	Date of birth (yyyy-mm-dd)		Telephone (home)	Telephone (cell)	Email address		
	Telephone (work)	Ext.	Employment or occupation		Name of employer (if applicable)		
	Surname		First name		Relationship with this person		
Address (number, street, apartment)		City, town or municipality		Prov.	Postal Code		
Date of birth (yyyy-mm-dd)		Telephone (home)	Telephone (cell)	Email address			
Telephone (work)	Ext.	Employment or occupation		Name of employer (if applicable)			

Surname	First name	Date of birth (yyyy-mm-dd)
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22. REFERENCES (CONTINUED)

22.3	Surname	First name	Relationship with this person		
Address (number, street, apartment)		City, town or municipality		Prov.	Postal Code
Date of birth (yyyy-mm-dd)		Telephone (home)	Telephone (cell)	Email address	
Telephone (work)	Ext.	Employment or occupation		Name of employer (if applicable)	

23. APPENDIX

Use this page only if there is insufficient space in a section, to explain why you cannot provide certain information, or to clarify if the question requires you to explain in the appendix. Indicate the number of the subsection or item to which you are adding information.

Surname	First name	Date of birth (yyyy-mm-dd)
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23.

APPENDIX (CONTINUED)

Surname	First name	Date of birth (yyyy-mm-dd)
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23.

APPENDIX (CONTINUED)

Surname	First name	Date of birth (yyyy-mm-dd)
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DECLARATION

I declare that the information provided in this form is complete, accurate and up-to-date. I am aware that any false statement can result in my application being rejected or in my dismissal, when applicable.

Applicant's signature

Date (yyyy-mm-dd)

Surname	First name	Date of birth (yyyy-mm-dd)
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AUTHORIZATION

I hereby authorize the Nunavik Police Service to verify the accuracy of the information I have provided in this form and to carry out additional verifications, as part of a security investigation.

Furthermore, I authorize any person to provide the Nunavik Police Service with the necessary personal information regarding me to complete a security investigation as part of the hiring process.

I accept that said information relates to the following:

1. academic records and transcripts, including those from the *École nationale de police du Québec* or any other police academy;
2. employment records;
3. military service or police service records, complaints, disciplinary actions and related outcomes;
4. medical records;
5. financial information, including verification with a credit bureau, the Canada Revenue Agency and Revenu Québec;
6. verification of driving record;
7. criminal record check;
8. verification of good moral character;
9. verification of professional references;
10. verification of the ethical record and, where applicable, any related decision rendered by the Ethics Committee;
11. any public information available on the Internet.

This security investigation authorization is valid for the period necessary for the assessment of my application.

Applicant's signature

Date (yyyy-mm-dd)