

**Victoria the Islands and Yukon Division  
ISO 9001:2000 -- Quality Procedure Manual**

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Date: \_\_\_\_\_

Corps No: \_\_\_\_\_

**CANADIAN CORPS OF COMMISSIONAIRES  
Victoria, the Islands and Yukon Division**

**PERSONAL INFORMATION FORM**

**Instructions: Complete all sections as thoroughly as possible. This information will be entered into the Division's database and will be used as a reference for future employment. The information contained herein is Confidential and is for the exclusive use of the Canadian Corps of Commissionaires.**

Please type or print in block letters (ink only)

**PERSONAL INFORMATION**

Former Military/RCMP Service No. \_\_\_\_\_ SIN: \_\_\_\_\_

Last Name: \_\_\_\_\_ Given Names: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (business) \_\_\_\_\_ (fax) \_\_\_\_\_

Sex: (M/F) \_\_\_\_\_ DOB: (YYMMDD) \_\_\_\_\_ Receiving CPP: (Yes/No) \_\_\_\_\_

Receiving Military/RCMP Pension (Yes/No) \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ B.C. Health Care No: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

If born outside Canada, are you now a Canadian Citizen (Yes/No): \_\_\_\_\_

If Yes, give date and number of Citizenship: \_\_\_\_\_

Marital Status (Married/Common Law/Single/Widowed/Divorced/Separated): \_\_\_\_\_

If Married/Cohabiting: Full Name of Spouse/Significant Other: \_\_\_\_\_

Address: Same as Above or: \_\_\_\_\_

Do you own a car (Yes/No): \_\_\_\_\_ List Drivers Licence No. and Class: \_\_\_\_\_

List any Drivers Licence Restrictions: \_\_\_\_\_

Are you willing to have your photograph and fingerprints taken for record purposes (Yes/No)? \_\_\_\_\_

Are you willing to be searched when going on or off duty (Yes/No)? \_\_\_\_\_

Have you ever been convicted of a Criminal Offence for which you have not been pardoned (Yes/No)? \_\_\_\_\_

If so, state offence(s) \_\_\_\_\_ Date of Offence(s) \_\_\_\_\_

Place of Offence \_\_\_\_\_ Disposition of Offence \_\_\_\_\_

Do you have a current or previous disability or illness which prevents you from performing certain types of work?

No \_\_\_\_\_ Yes \_\_\_\_\_

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Are you seeking full or part time work? \_\_\_\_\_ Date available for work: \_\_\_\_\_

### **PREVIOUS MILITARY / RCMP SERVICE**

Highest Former Military / RCMP Service Rank: \_\_\_\_\_ Total Years Service: \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_

Canadian Forces or \_\_\_\_\_

Unit and Location on Release \_\_\_\_\_

If Military - Regular \_\_\_\_\_ Reserve \_\_\_\_\_ Class of Contract (A, B or C) \_\_\_\_\_

Occupation (Military Occupation Code (MOC) and Title) \_\_\_\_\_

\_\_\_\_\_

**Medals/Decorations:** \_\_\_\_\_

\_\_\_\_\_

**Occupational Environment:** Air/Sea/Land/RCMP (circle all that may apply)

Languages: English fluent \_\_\_\_\_ functional \_\_\_\_\_ limited \_\_\_\_\_

French fluent \_\_\_\_\_ functional \_\_\_\_\_ limited \_\_\_\_\_

Other \_\_\_\_\_ fluent \_\_\_\_\_ functional \_\_\_\_\_ limited \_\_\_\_\_

### **MILITARY / RCMP OCCUPATIONAL INFORMATION**

#### **Military Occupation Code (MOC) / Specialty**

When last did you use your MOC/Specialty skills and/or receive training in that field? Explain.

\_\_\_\_\_

Are you willing to continue to work within your MOC/Specialty? Yes \_\_\_\_\_ No \_\_\_\_\_

**PREVIOUS COMMISSIONAIRE / RCMP GUARD OR MATRON EXPERIENCE**

Highest Previous Commissionaire Rank: \_\_\_\_\_ Total Years Service: \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_ Division: \_\_\_\_\_ Appointment: \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_ Division: \_\_\_\_\_ Appointment: \_\_\_\_\_

**SECURITY CLEARANCE** (If Expired, please include and indicate "EXPIRED")

Level: \_\_\_\_\_ Date Last Held: \_\_\_\_\_ Location: \_\_\_\_\_

**First Aid** (If Expired, please include and indicate "EXPIRED")

Level: \_\_\_\_\_ Date: \_\_\_\_\_

**EDUCATION AND TRAINING**

**Education**

Grade: \_\_\_\_\_ Province: \_\_\_\_\_

**Post Secondary**

Institution	Location	Degree/Diploma/ Certificate	Specialization	Complete	
				Y/N	Year

**Professional/Trades Training & Qualifications**  
(Include Military Courses)

Course/Qualification/Licence	Institution	Duration of Course	Complete	
			Y/N	Year

**Civilian Work Experience (Paid and Volunteer)**

Employer	Location	Position Held	Dates		No. of Pers Supervised
			From	To	

**Instructional Experience / Training**

Training	Course Taught	Location	Duration	Year

**Professional Affiliations / Associations**

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**Computer Skills**

Do you own / use a computer at your place of residence? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list particulars of computer: \_\_\_\_\_

Operating System: \_\_\_\_\_

Are you on the Internet? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list your email address: \_\_\_\_\_

Specify skills / experience as Limited (L) Intermediate (I) Advanced (A)

Word processing \_\_\_\_\_ wpm \_\_\_\_\_ spreadsheets \_\_\_\_\_ desktop publishing \_\_\_\_\_

Programming \_\_\_\_\_ (specify) \_\_\_\_\_

Systems maintenance \_\_\_\_\_ (specify) \_\_\_\_\_

List all software you use or have been trained to use. Indicate frequency of use as daily, regularly, intermittently. Indicate skill level as limited, intermediate, advanced.

SOFTWARE	OPERATING SYSTEM	FREQUENCY OF USE	SKILL LEVEL

### HOBBIES / ACHIEVEMENTS

Briefly summarize any knowledge, and major skills/achievements which have not yet been documented on this form. Include significant activities/hobbies.

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Given two references as to character (local and recent)

\_\_\_\_\_  
(Name) (Address) (Telephone)

\_\_\_\_\_  
(Name) (Address) (Telephone)

How did the Commissionaires come to your attention:

Yellow pages  Newspaper  Previous contact  Web site  Other \_\_\_\_\_

Certification: Note: This document is not valid unless signed by the employee/applicant

**I certify that, to the best of my knowledge, the information provided in this questionnaire is true and accurate.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Name of Witness: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Date: \_\_\_\_\_