

| PERSONAL INFORM | ATION: | | |
|-----------------|--------|---------------------|--|
| Surname: | | Given Name(s): | |
| Date of Birth: | | Date of submission: | |
| (yy-mmm-dd) | | (yy-mmm-dd) | |

Thank you for your application to Surrey Police Service (SPS). We greatly value the knowledge, skills, and experience that a potential recruit can bring to SPS.

As you already understand, honesty, lifestyle, and integrity are important qualities for police officers and so it is important for SPS to examine all applicants' suitability. Information supplied in this document will be considered in the context of the competition for employment for the position applied for and will be held in confidence under those circumstances.

The Recruiting team will be doing a thorough background investigation, which will involve speaking to references you provide and possibly other people you know who can verify or provide additional information. It is important that you provide thorough, honest, and complete answers to all the questions in the ILQ and at every stage of the process, regardless of the nature of the incident. This will afford you the best opportunity to be successful at all stages in the recruiting process.

Collection, Use, Access, Retention, and Disclosure of your Personal Information

The information you provide during the application process is collected by SPS for the purpose of an employment application. Personal information collected for the purposes of the employment process and determining suitability for employment with SPS is collected under section 26(c) of the Freedom of Information and Protection of Privacy Act (FOIPPA). It is retained and protected under section 30 of the FOIPPA, which requires a public body to protect personal information in its custody or under its control by making reasonable security arrangements against risks of unauthorized access, collection, use, disclosure, or disposal.

Your personal information will be stored securely within Surrey Police Service Recruiting Section, and access to records in recruiting databases is restricted to those involved in the recruiting process. Your personal information will not be disclosed except under section 33 of the FOIPPA. The Recruiting Section will retain your personal information for a minimum of 5 years.

If you have any questions or concerns about the collection of your personal information, please contact the Surrey Police Service <u>careers@surreypolice.ca</u>

If an applicant admits to having committed a serious and undetected criminal offence or is deemed to pose a serious risk to the safety of others, SPS may use or disclose specific information for a law enforcement or public safety purpose. While cases of such use and disclosure outside of the Recruiting Process are rare and exceptional, SPS strongly discourages an applicant from completing this form if you believe this notice applies to you.

CONFIDENTIAL

AD-3303 Integrity and Lifestyle Questionnaire

.CC Employee File Form created/modified: March 28, 2024

See Policy AD 3.3 Surrey Police Service is collecting this information under section 26(c) of the Freedom of Information and Protection of Privacy Act. For questions regarding the collection of personal information on this form please contact the Manager of Information and Privacy. FOI@surreypolice.ca



Examples of serious criminal offences include, but are not limited to:

- Murder
- Impaired Driving
- Sexual assault
- Crimes relating to domestic violence
- Child pornography (includes accessing, possession, distribution, or production)
- Offences contrary to the Controlled Drugs and Substances Act
- Robbery
- Treason or high treason
- Forcible confinement
- Crime committed with a facial covering and/or a weapon
- Any crime involving children (includes physical or sexual abuse)

DECLARATION, ACKNOWLEDGEMENT, AND CONSENT

Collection and Retention of Information:

□ I consent to the collection and retention of my personal information (including applications, attachments, and draft applications) within Surrey Police Service Recruiting Section, and which will be collected and retained by Surrey Police Service in accordance with applicable laws.

Use of Information:

□ I consent to my personal information being used and disclosed by Surrey Police Service for recruitment and hiring purposes, including to conduct reference checks and verify the accuracy and completeness of my personal information. I further consent to Surrey Police Service sharing this personal information with any third party assisting with the recruitment and hiring processes.

□ I consent to Surrey Police Service using my personal information to consider me for any positions with Surrey Police Service in addition to those for which I have applied.

Truth, Completeness and Accuracy of Personal Information:

 \Box I confirm that, to the best of my ability, I have provided personal information that is truthful, complete, and accurate.

□ I am aware that any false, incorrect, or misleading information will render my application void and may cause my profile to be deleted.

□ I consent to Surrey Police Service verifying the truth, completeness, and accuracy of my personal information as part of the recruitment and hiring process.

 \Box I acknowledge that the submission of my personal information or applying for any positions does require Surrey Police Service to consider me for any position.



To apply for a position with SPS you must read the following Terms of Agreement and select the "I agree to the Terms of Agreement" checkbox, type your name (this will be your legal signature), and date before submitting your documentation.

- \Box I have read and understood the Surrey Police Service Terms and Conditions
- \Box I agree with the Surrey Police Service Terms and Conditions

Please follow the instructions below carefully. Incomplete questionnaires will not be reviewed.

- 1. All questions must be answered. Incomplete questionnaires will not be processed. If a question is not applicable use "N/A" in the appropriate space. If an entire section is not applicable, one "N/A" in the first space is sufficient.
- 2. Date format should follow yy-mmm-dd (10-Jan-31).
- 3. When answering questions with a yes/no box, please check the box you wish to select. We are aware that some questions are duplicates of questions asked of you in the application form.
- 4. Unless otherwise instructed, list items in chronological order beginning with the most recent. Leave no gaps in dates.
- 5. If extra space is required, we have included two extra pages at the end so you can continue answering your questions. Be sure you include the question number you are continuing to answer. This includes extra entries for family members. Please ensure you enter all the same applicable information.

NAME OF APPLICANT [PLEASE TYPE]

DATE OF APPLICATION [YY-MMM-DD]



All the items below must be uploaded with your application:

- Completed Lifestyle and Integrity Questionnaire
- Original Certified Educational Transcripts from High School and Post-Secondary Institution
- International Credential Evaluation Services (ICES) Report (if applicable)
- Copy of Birth Certificate and Canadian Citizenship or Permanent Resident Documentation
- Copy of valid Standard First Aid Certificate with CPR "Level C" with AED
- Completed Visual Assessment Form
- Completed Audio Assessment Form
- Copy of Photo Identification (Driver's License)
- Driving Abstract
- Criminal pardon (if applicable)
- Two (2) Passport-sized photos wearing professional business attire
- Passing ETHOS score from other BC police agencies (if applicable)
- Criminal Record Check (if lived out of province for 6 months or more)

****INCOMPLETE APPLICATION WILL NOT BE HELD OR PROCESSED****



| FAMILY: | | | | | | |
|---------------------------------|---------|-------------|---------------|----------------------|---------|-------|
| | | | | | | |
| Surname: | | | | Given Name: | | |
| Previous Family Name: | | | | Middle Name: | | |
| Have you ever changed your | | 🗆 Yes 🗆 | 🛛 No | | | |
| name? | | | | | | |
| Details: | | | | | | |
| Date of birth (yy-mmm-dd): | | | | Age: | | |
| Place of birth | | | | | | |
| Citizenship: | | | | Sin: | | |
| If Canadian by naturalization | , provi | ide date, c | ertificate nu | mber and place of is | ssue: | |
| | | | | | | |
| Address: | | | | | | |
| City: | | | Province: | | Postal | Code: |
| Driver's License #: | | | | Phone (Home): | | |
| Phone (Cell): | | | | Phone (Business): | | |
| Email: | | | | | | |
| Additional Email Addresses: | | | | | | |
| Relationship Status: | | | | Date Relationship | Started | |
| | | | | (if applicable): | | |
| Emergency Contact: | | | | Relationship: | | |
| Contact Number: | | | | | | |
| If proficient in any other lang | guage(| s) other th | an English – | please specify: | | |
| | | | | | | |

PERSONAL INFORMATION:

If any person(s) listed for a relationship is deceased, the following details must be included in the two extra pages at the end of the application: date of birth, last known address, and month and year deceased.

| RELATIONSHIP INFORMATION: | | | | |
|--|--|--------------------------|--|--|
| 1. Relationship: (e.g., spouse, girlfriend/boyfriend, common-law, significant other, includes dating partner) | | | | |
| Relationship type: | | | | |
| Surname: | | Given: | | |
| Middle Name(s): | | Previous Family Name(s): | | |
| Date of birth | | Place of birth: | | |
| (yy-mmm-dd): | | | | |
| Address: | | | | |
| Home Phone: | | Email: | | |
| Cell Phone: | | Business Phone: | | |
| Employer: | | | | |



| Employer's Address: | |
|-----------------------|---|
| Employer's Phone: | |
| To what degree do vou | financially support your child(ren) or former spouse? |

| DEPENDANTS: | |
|------------------------------|--------------------------|
| Relationship: (e.g., Son, c | laughter, stepchild |
| with) | |
| 1. Relationship type: | |
| Surname: | Given: |
| Middle Name(s): | Previous Family Name(s): |
| Date of birth | Place of birth: |
| (yy-mmm-dd): | |
| Address: | |
| Home Phone: | |
| Cell Phone: | |
| 2. Relationship type: | |
| Surname: | Given: |
| Middle Name(s): | Previous Family Name(s): |
| Date of birth | Place of birth: |
| (yy-mmm-dd): | |
| Address: | |
| Home Phone: | |
| Cell Phone: | |
| 3. Relationship type: | |
| Surname: | Given: |
| Middle Name(s): | Previous Family Name(s): |
| Date of birth | Place of birth: |
| (yy-mmm-dd): | |
| Address: | |
| Home Phone: | |
| Cell Phone: | |
| 4. Relationship type: | |
| Surname: | Given: |
| Middle Name(s): | Previous Family Name(s): |
| Date of birth | Place of birth: |
| (yy-mmm-dd): | |
| Address: | |

AD-3303 Integrity and Lifestyle Questionnaire

Home Phone: Cell Phone:

.CC Employee File Form created/modified: March 28, 2024



| PARENTS: | | | |
|---------------------------|--------------------------------|--------------------------|--|
| | | | |
| | iral, half, or step relatives) | | |
| Relationship type: | | ~ | |
| Surname: | | Given: | |
| Middle Name(s): | | Previous Family Name(s): | |
| Date of birth | | Place of birth: | |
| (yy-mmm-dd): Address: | | | |
| Home Phone: | | | |
| Cell Phone: | | Email: | |
| | | Email: | |
| Employer: | | | |
| Employer's phone: | | | |
| Occupation: | | | |
| | tural, half, or step relatives | 5) | |
| Relationship type: | | | |
| Surname: | | Given: | |
| Middle Name(s): | | Previous Family Name(s): | |
| Date of birth | | Place of birth: | |
| (yy-mmm-dd): | | | |
| Address: | | | |
| Home Phone: | | | |
| Cell Phone: | | Email: | |
| Employer: | | | |
| Employer's phone: | | | |
| Occupation: | | | |
| 3. Parent: (includes natu | ural, half, or step relatives) | | |
| Relationship type: | | | |
| Surname: | | Given: | |
| Middle Name(s): | | Previous Family Name(s): | |
| Date of birth | | Place of birth: | |
| (yy-mmm-dd): | | | |
| Address: | | | |
| Home Phone: | | | |
| Cell Phone: | | Email: | |
| Employer: | | | |
| Employer's phone: | | | |
| Occupation: | | | |
| 4. Parent: (includes natu | ural, half, or step relatives) | | |
| Relationship type: | | | |
| Surname: | | Given: | |
| Middle Name(s): | | Previous Family Name(s): | |
| Date of birth | | Place of birth: | |
| (yy-mmm-dd): | | | |

AD-3303 Integrity and Lifestyle Questionnaire

.CC Employee File Form created/modified: March 28, 2024



| Address: | |
|---------------------|---|
| Home Phone: | |
| Cell Phone: | Email: |
| Employer: | |
| Employer's phone: | |
| Occupation: | |
| 5. Spouse or Commor | n Law Partner's Parent: (includes natural, half, or step relatives) |
| Relationship type: | |
| Surname: | Given: |
| Middle Name(s): | Previous Family Name(s): |
| Date of birth | Place of birth: |
| (yy-mmm-dd): | |
| Address: | |
| Home Phone: | |
| Cell Phone: | Email: |
| Employer: | |
| Employer's phone: | |
| Occupation: | |
| 6. Spouse or Commor | n Law Partner's Parent: (includes natural, half, or step relatives) |
| Relationship type: | |
| Surname: | Given: |
| Middle Name(s): | Previous Family Name(s): |
| Date of birth | Place of birth: |
| (yy-mmm-dd): | |
| Address: | |
| Home Phone: | |
| Cell Phone: | Email: |
| Employer: | |
| Employer's phone: | |
| Occupation: | |
| 7. Spouse or Commor | ו Law Partner's Parent: (includes natural, half, or step relatives) |
| Relationship type: | |
| Surname: | Given: |
| Middle Name(s): | Previous Family Name(s): |
| Date of birth | Place of birth: |
| (yy-mmm-dd): | |
| Address: | |
| Home Phone: | |
| Cell Phone: | Email: |
| Employer: | |
| Employer's phone: | |
| Occupation: | |
| 8. Spouse or Commor | n Law Partner's Parent: (includes natural, half, or step relatives) |



| Relationship type: | |
|--|--|
| | |
| Surname: | Given: |
| Middle Name(s): | Previous Family Name(s): |
| Date of birth | Place of birth: |
| (yy-mmm-dd): | |
| Address: | |
| Home Phone: | |
| Cell Phone: | Email: |
| Employer: | |
| Employer's phone: | |
| Occupation: | |
| SIBLINGS | |
| 1. Relationship: (e.g., I | Brother, sister, step sibling, half sibling) |
| Relationship type: | |
| Surname: | Given: |
| Middle Name(s): | Previous Family Name(s): |
| Date of birth | Place of birth: |
| (yy-mmm-dd): | |
| Address: | |
| Home Phone: | |
| Cell Phone: | |
| Occupation: | |
| 2. Relationship: (e.g., I | Brother, sister, step sibling, half sibling) |
| Relationship type: | |
| Surname: | Given: |
| Middle Name(s): | Previous Family Name(s): |
| Date of birth | Place of birth: |
| | |
| (yy-mmm-dd): | |
| | |
| (yy-mmm-dd): | |
| (yy-mmm-dd): Address: | |
| (yy-mmm-dd): Address: Home Phone: | |
| (yy-mmm-dd): Address: Home Phone: Cell Phone: Occupation: | Brother, sister, step sibling, half sibling) |
| (yy-mmm-dd): Address: Home Phone: Cell Phone: Occupation: 3. Relationship: (e.g., 1 | Brother, sister, step sibling, half sibling) |
| (yy-mmm-dd): Address: Home Phone: Cell Phone: Occupation: 3. Relationship: (e.g., 1 Relationship type: | |
| (yy-mmm-dd): Address: Home Phone: Cell Phone: Occupation: 3. Relationship: (e.g., I Relationship type: Surname: | Given: |
| (yy-mmm-dd): Address: Home Phone: Cell Phone: Occupation: 3. Relationship: (e.g., 1 Relationship type: Surname: Middle Name(s): | Given: Previous Family Name(s): |
| (yy-mmm-dd): Address: Home Phone: Cell Phone: Occupation: 3. Relationship: (e.g., Relationship type: Surname: Middle Name(s): Date of birth | Given: |
| (yy-mmm-dd): Address: Home Phone: Cell Phone: Occupation: 3. Relationship: (e.g., Relationship type: Surname: Middle Name(s): Date of birth (yy-mmm-dd): | Given: Previous Family Name(s): |
| (yy-mmm-dd): Address: Home Phone: Cell Phone: Occupation: 3. Relationship: (e.g., J Relationship type: Surname: Middle Name(s): Date of birth (yy-mmm-dd): Address: | Given: Previous Family Name(s): |
| (yy-mmm-dd): Address: Home Phone: Cell Phone: Occupation: 3. Relationship: (e.g., Relationship type: Surname: Middle Name(s): Date of birth (yy-mmm-dd): Address: Home Phone: | Given: Previous Family Name(s): |
| (yy-mmm-dd): Address: Home Phone: Cell Phone: Occupation: 3. Relationship: (e.g., J Relationship type: Surname: Middle Name(s): Date of birth (yy-mmm-dd): Address: | Given: Previous Family Name(s): |



| Relationship type: | |
|--------------------|--------------------------|
| Surname: | Given: |
| Middle Name(s): | Previous Family Name(s): |
| Date of birth | Place of birth: |
| (yy-mmm-dd): | |
| Address: | |
| Home Phone: | |
| Cell Phone: | |
| Occupation: | |

| OTHER SIGNIFICANT | FAMILY RELATIONSHIPS: |
|-------------------------------|---|
| 1. Additional Significa | nt Family Member: (includes natural, half, or step relatives) |
| Relationship type: | |
| Surname: | Given: |
| Middle Name(s): | Previous Family Name(s): |
| Date of birth (yy-mmm-dd): | Place of birth: |
| Address: | |
| Home Phone: | |
| Cell Phone: | Email: |
| Employer: | |
| Employer's phone: | |
| Occupation: | |
| 2. Additional Significa | nt Family Member: (includes natural, half, or step relatives) |
| Relationship type: | |
| Surname: | Given: |
| Middle Name(s): | Previous Family Name(s): |
| Date of birth | Place of birth: |
| (yy-mmm-dd): | |
| Address: | |
| Home Phone: | |
| Cell Phone: | Email: |
| Employer: | |
| Employer's phone: | |
| Occupation: | |
| 3. Additional Significa | nt Family Member: (includes natural, half, or step relatives) |
| Relationship type: | |
| Surname: | Given: |
| Middle Name(s): | Previous Family Name(s): |
| Date of birth | Place of birth: |
| (yy-mmm-dd): | |
| Address: | |
| Home Phone: | |



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| Cell Phone: | Email: | |
|-------------------------|---|--|
| Employer: | | |
| Employer's phone: | | |
| Occupation: | | |
| 4. Additional Significa | nt Family Member: (includes natural, half, or step relatives) | |
| Relationship type: | | |
| Surname: | Given: | |
| Middle Name(s): | Previous Family Name(s): | |
| Date of birth | Place of birth: | |
| (yy-mmm-dd): | | |
| Address: | | |
| Home Phone: | | |
| Cell Phone: | Email: | |
| Employer: | | |
| Employer's phone: | | |
| Occupation: | | |

| Do you correspond with or visit your parents? | 🗆 Yes | 🗆 No |
|---|-------|------|
| | | |

| Do you correspond with or visit your brothers/sisters? Yes | 🗆 No |
|---|------|
|---|------|

At what age did you leave home?

Has any of your immediate family ever been arrested, charged, or convicted of a criminal offense?

🗆 Yes 🗆 No

If yes, provide brief details (Include year, place, and offence)





| EDUCATION: | |
|--------------------------------|-----------------------------|
| Secondary Education | |
| 1. From (mm/yyyy): | To (mm/yyyy): |
| Name of Institution: | |
| Location (Prov/State/Country): | |
| Last completed Grade/Term: | |
| 2. From (mm/yyyy): | To (mm/yyyy): |
| Name of Institution: | |
| Location (Prov/State/Country): | |
| Last completed Grade/Term: | |
| Post-Secondary Education | |
| 1. From (mm/yyyy): | To (mm/yyyy): |
| Name of Institution: | |
| Credits Earned: | |
| | ertificate/Diploma 🗌 Degree |
| Program of Study: | GPA: |
| 2. From (mm/yyyy): | To (mm/yyyy): |
| Name of Institution: | |
| Credits Earned: | |
| | ertificate/Diploma |
| Program of Study: | GPA: |

EMPLOYMENT:

Start with your most recent employer and include any part-time employment and any employment while at school. Add additional information to the two provided pages at the end if you require more space.

| 1. From (mm/yyyy): | | To (mm/yyyy): | |
|-----------------------------------|---------------|--------------------|-------|
| 🗌 Part-Time | e 🗌 Full-Time | Seasonal Employ | yment |
| Employer: | | | |
| Employer's Address: | | | |
| Employer's Telephone: | | Position: | |
| Previous Positions (With same | | | |
| employer) | | | |
| Supervisor's Name: | | Supervisor's Title | |
| Reason for leaving: | | | |
| What do you like best about that | it position? | | |
| | | | |
| | | | |
| | | | |
| What do you like least about that | at position? | | |
| | | | |
| | | | |



| Proudest achievements: | | | | |
|---|---|-----------|--------------------|----------|
| | | | | |
| | | | | |
| Biggest work-related disappointme | ents: | | | |
| | | | | |
| | | | | |
| What would you change about tha | t position if you | had the a | uthority? | |
| | | | | |
| | | | | |
| Care CDC counteret this overalles on at the | | | | |
| Can SPS contact this employer at t | nis time? | | □ Yes | □ No |
| | | | | |
| 2. From (mm/yyyy): | | | To (mm/yyyy): | |
| Part-Time | 🗆 Full- | -Time | 🗌 Seasonal Em | ployment |
| Employer: | | | | |
| Employer's Address: | | | | |
| Employer's Telephone: | | | Position: | |
| Previous Positions (With same | | | | |
| employer) | | | | |
| Supervisor's Name: | | | Supervisor's Title | |
| Reason for leaving: | | | | |
| What do you like best about that p | osition? | | | |
| | | | | |
| | | | | |
| | | | | |
| What do you like least about that p | position? | | | |
| | | | | |
| | | | | |
| | | | | |
| Proudest achievements: | | | | |
| | | | | |
| | | | | |
| Biggest work-related disappointme | nte | | | |
| | | | | |
| | | | | |
| | | | | |
| What would you change about tha | t position if you | had the a | uthority? | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| | | | | |

AD-3303 Integrity and Lifestyle Questionnaire

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| Can SPS contact this employer a | t this time? | | □ Yes | □ No | |
|-----------------------------------|-----------------------|------------|----------------------|-----------------------|--------|
| 3. From (mm/yyyy): | | | To (mm/yyyy): | | |
| 🗌 Part-Time | e 🗌 Full- | -Time | 🗆 Seasona | Employment | |
| Employer: | | | | | |
| Employer's Address: | | | | | |
| Employer's Telephone: | | | Position: | | |
| Previous Positions (With same | | | | | |
| employer) | | | | | |
| Supervisor's Name: | | | Supervisor's Title | | |
| Reason for leaving: | | | | | |
| What do you like best about that | t position? | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| What do you like least about that | at position? | | | | |
| | | | | | |
| | | | | | |
| Proudest achievements: | | | | | |
| Proudest achievements: | | | | | |
| | | | | | |
| | | | | | |
| Biggest work-related disappoint | monts | | | | |
| | mento. | | | | |
| | | | | | |
| | | | | | |
| What would you change about t | hat position if you | had the a | uthority? | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Can SPS contact this employer a | t this time? | | □ Yes | 🗆 No | |
| | | | | | |
| | | | | | |
| VOLUNTEER ACTIVITIES: | | | | | |
| Start with your most recent volu | inteer activities. Ad | ld additio | hal information to t | he two provided pages | at the |
| end if you require space. | | | T = (| | |
| 1. From (mm/yyyy): | | | To (mm/yyyy): | | |
| Organization: | | | | | |
| Organization's Address: | | | | | |

Telephone:

employer)

Previous Positions (With same

Position:



| Supervisor's Name: | Supervisor's Title | |
|---------------------------------|--------------------|--|
| Number of hours per month: | | |
| Reason for leaving: | | |
| Major assignments, challenges, | responsibilities: | |
| | | |
| | | |
| | | |
| What do you like best about you | ir position? | |
| | • | |
| | | |
| | | |
| What do you like least about yo | ur position? | |
| | | |
| | | |
| | | |
| Proudest achievements: | | |
| | | |
| | | |
| | | |
| Biggest disappointments: | | |
| | | |
| | | |
| | | |
| 2. From (mm/yyyy): | То (mm/уууу): | |
| Organization: | | |
| Organization's Address: | | |
| Telephone: | Position: | |
| Previous Positions (With same | | |
| employer) | | |
| Supervisor's Name: | Supervisor's Title | |
| Number of hours per month: | | |
| Reason for leaving: | 1.11.1 | |
| Major assignments, challenges, | responsibilities: | |
| | | |
| | | |
| What do you like best about you | ir position? | |
| what do you like best about you | | |
| | | |
| | | |
| What do you like least about yo | ir position? | |
| what do you like least about yo | | |
| | | |
| | | |
| | | |

AD-3303 Integrity and Lifestyle Questionnaire



Proudest achievements:

Biggest disappointments:

ASSOCIATIONS

List all persons (other than your spouse/partner or immediate family) with whom you have had regular contact with over the past 5 years. Ask yourself, what people do you spend most of your time with?

| 1. Relationship type: | |
|------------------------------|--------------------------|
| Surname: | Given: |
| Middle Name(s): | Previous Family Name(s): |
| Date of birth | Place of birth: |
| (yy-mmm-dd): | |
| Address: | |
| Home Phone: | |
| Cell Phone: | |
| 2. Relationship type: | |
| Surname: | Given: |
| Middle Name(s): | Previous Family Name(s): |
| Date of birth | Place of birth: |
| (yy-mmm-dd): | |
| Address: | |
| Home Phone: | |
| Cell Phone: | |
| 3. Relationship type: | |
| Surname: | Given: |
| Middle Name(s): | Previous Family Name(s): |
| Date of birth | Place of birth: |
| (yy-mmm-dd): | |
| Address: | |
| Home Phone: | |
| Cell Phone: | |
| 4. Relationship type: | |
| Surname: | Given: |
| Middle Name(s): | Previous Family Name(s): |
| Date of birth | Place of birth: |
| (yy-mmm-dd): | |
| Address: | |
| Home Phone: | |

AD-3303 Integrity and Lifestyle Questionnaire

.CC Employee File Form created/modified: March 28, 2024



| Cell Phone: | |
|-----------------------|--------------------------|
| 5. Relationship type: | |
| Surname: | Given: |
| Middle Name(s): | Previous Family Name(s): |
| Date of birth | Place of birth: |
| (yy-mmm-dd): | |
| Address: | |
| Home Phone: | |
| Cell Phone: | |
| 6. Relationship type: | |
| Surname: | Given: |
| Middle Name(s): | Previous Family Name(s): |
| Date of birth | Place of birth: |
| (yy-mmm-dd): | |
| Address: | |
| Home Phone: | |
| Cell Phone: | |

| RESIDENCES: | | |
|-----------------------------------|--|------------------|
| In chronological order, list your | places of residence for the past five years, starting with | the most recent. |
| 1. From (mm/yyyy): | To (mm/yyyy): | |
| Address: | | |
| | | |
| 2. From (mm/yyyy): | To (mm/yyyy): | |
| Address: | | |
| | | |
| 3. From (mm/yyyy): | To (mm/yyyy): | |
| Address: | | |
| | | |
| 4. From (mm/yyyy): | To (mm/yyyy): | |
| Address: | | |
| | | |
| 5. From (mm/yyyy): | To (mm/yyyy): | |
| Address: | | |
| | | |
| List residences outside of Canad | a where you have lived as an adult. | |
| 1. From (mm/yyyy): | To (mm/yyyy): | |
| Address: | | |
| | | |
| 2. From (mm/yyyy): | To (mm/yyyy): | |
| Address: | | |

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OTHER POLICE AGENCIES:

List ALL police agencies where you have applied. Add additional information to the two provided pages at the end if you require more space. Include law enforcement agencies you have applied to either as a civilian or sworn member. Include law enforcement agencies such as Military Police, Customs, Sheriffs, Corrections, Conservation Officer, CSIS, etc.

| 1. Police Orga | anization: | | | | Date of Submission (yy-mm-dd): | |
|-----------------------|--|----------------|------------------|-------|-----------------------------------|------------|
| Stages Completed: | | | | | | |
| Exam Score | | Exam Date | | POF | PAT Score | POPAT Date |
| Current Appli | cation Status: | | | | | |
| If removed fr | om process, sta | ite the reasor | n you believed y | you v | were removed. | |
| | | | | | | |
| 2. Police Orga | anization: | | | | Date of Submission (yy-mm-dd): | |
| Stages Compl | leted: | | | | | |
| Exam Score | | Exam Date | | POF | PAT Score | POPAT Date |
| Current Appli | cation Status: | | | | | |
| If removed fr | om process, sta | ite the reasor | n you believed y | you v | were removed. | |
| | | | | | | |
| 3. Police Orga | anization: | | | | Date of Submission | |
| | | | | | (yy-mm-dd): | |
| Stages Comp | | | | | | |
| Exam Score | | Exam Date | | POF | PAT Score | POPAT Date |
| | cation Status: | | | | | |
| If removed fr | If removed from process, state the reason you believed you were removed. | | | | | |
| | | | | | | |

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| FINANCIAL: | | | | | | | |
|------------------------------|-----------|-------------------------------|--------------------------|---------------------------|---------------------|---------|-------------------------|
| As part of the backgro | ound i | nvestigation and [.] | to obtain a [.] | valid securi [.] | ty clearance, a cre | edit cl | heck is required. |
| Do you consent to SPS | | - | | 🗆 Yes | 🗆 No | | |
| Section 1 – Please list | all yo | | lusively owr | | | | |
| Α. | | В. | | С. | | D. | |
| Asset Classification (R | | Current estimat | ed market | Current | <i>h h</i> | | ity (B minus C) current |
| estate, Savings, Vehic | | vale of assets | | | /loan/lien on | valu | e minus loan |
| Stocks, Investments e | tc.) | | | asset | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total: | | | | | | | |
| Section 2 – Please list | all yo | ur <u>SHARED</u> assets | s you own (e | e.g. with sp | ouse, family, com | mon- | law, etc.) |
| Α. | В. | | С. | | D. | | E. |
| Asset Classification | | ent estimated | Current | | Percentage of ye | our | Equity (B minus C, |
| (Real estate, Savings, | marl | ket value of | mortgage/ | 'loan/lien | ownership (%) | | multiplied by D) |
| Vehicle, Stocks, | asse | ts | on asset | | | | Current value minus |
| Investments etc.) | | | | | | | loan x your |
| | | | | | | | percentage of |
| | | | | | | | ownership |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total: | | | | | | | |
| Section 3 – Please list | all ot | her sources in inc | ome. | | | | |
| Α. | | | | В. | | | |
| Category (Salary, rent | , divid | lend etc.) | | Monthly I | ncome | | |
| | | | | | | | |
| | | | | | | | |
| Total: | | | | | | | |
| Section 4 – Please list | vour | debts | | | | | |
| Α. | / • • • • | В. | | C. | | D. | |
| Category (Loans, Cred | lit | Original Amount | t | Current A | mount | Mor | nthly Payment |
| Cards, Line of Credit, Child | | | | | | | |
| support etc.) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total: | | | | | | | |

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| | _ | _ |
|--|-------|------|
| Do you have any debts that are in default or overdue? If yes, provide details | 🗆 Yes | 🗆 No |
| | | |
| | | |
| | | |
| What is your annual gross income? | | |
| | | |
| 1. Have you been bended? If you provide details [When where circumstances] | | |
| 1. Have you been bonded? If yes, provide details [When, where circumstances] | 🗆 Yes | 🗆 No |
| | | |
| | | |
| | | |
| SPS Notes: | | _ |
| 2. Have you declared bankruptcy? If yes, provide details [When, where, circumstances] | 🗆 Yes | 🗆 No |
| | | |
| | | |
| | | |
| SPS Notes: | | |
| 3. Has a collection agency collected or attempted to collect an outstanding debt from you? | 🗆 Yes | 🗆 No |
| If yes, provide details [When, where, circumstances] | | |
| | | |
| | | |
| | | |
| SPS Notes: | | |
| 4. Have you knowingly written an NSF cheque? If yes, provide details [When, where | 🛛 Yes | 🗆 No |
| circumstances] | | |
| | | |
| | | |
| | | |
| SPS Notes: | | |
| | | |
| GENERAL INFORMATION: | | |
| 1. Name three things you have done, for which you are most proud: | | |
| | | |
| | | |
| | | |
| | | |
| SPS Notes: | | |
| 2. Name three things you have done, for which you are not proud of: | | |
| | | |
| | | |
| | | |
| | | |
| SPS Notes: | | |
| 515110165. | | |

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| 3. What are your plans for the next five years? | | |
|---|-------|------|
| | | |
| | | |
| | | |
| | | |
| SPS Notes: 4. What actions have you taken to implement these plans? | | |
| | | |
| | | |
| | | |
| | | |
| SPS Notes: | | |
| 5. Have you been refused entry to any country? If yes, please provide details including year, | 🗆 Yes | 🗆 No |
| country, port of entry denied, and reason. | | |
| | | |
| | | |
| | | |
| SPS Notes: | | |
| 6. Are you aware of any reason why you may be disqualified as a potential employee of | 🗆 Yes | 🗆 No |
| Surrey Police Service? If yes, please provide details. | | |
| | | |
| | | |
| | | |
| SPS Notes: 7. Are you currently or have you in the past been involved in a civil lawsuit as a plaintiff, | □ Yes | 🗆 No |
| defendant, third party, petitioner, respondent or witness? | | |
| | | |
| | | |
| | | |
| | | |
| SPS Notes: | | |
| 8. Has your status in Canada been investigated by a hearing or tribunal? If yes, by what | 🗆 Yes | 🗆 No |
| agency? Please provide details. | | |
| | | |
| | | |
| | | |
| SPS Notes: | | |

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| SOCIAL MEDIA: | | |
|---|------------|--------|
| 1. Please list any social media accounts or any public forums you are active in. Please provide a media Username ID's. | ll of your | social |
| | | |
| | | |
| | | |
| 2. Have you engaged/posted on social media or any forums which are or could become public related to SPS or SPS transition issues in support or otherwise? If yes, please provide details | ⊔ Yes | 🗆 No |
| (where, when, context, etc.) SPS may require that you provide copies. | | |
| | | |
| | | |
| | | |
| 3. Do you consent to SPS reviewing your social media accounts and forums listed above? | □ Yes | 🗆 No |
| | | |
| | | |
| | | |
| | | |
| | | |

| DRIVING | INFORMATION: |
|---------|---------------------|
| | INI UNIVIATION. |

1. List <u>all</u> driving offenses for which you have <u>ever</u> received a ticket, including photo radar and out of province [include the year of the ticket(s)]

| SPS Notes: | | | |
|--------------------|---|-------|------|
| 2. Have you faile | d to appear in court in relation to a traffic violation? | 🗆 Yes | 🗆 No |
| Have you had | a driver's license suspended or revoked? | 🗆 Yes | 🗆 No |
| Have you driv | en while under suspension, prohibition, or without a license? | 🗆 Yes | 🗆 No |
| Have you bee | 🗆 Yes | 🗆 No | |
| • | received a letter about too many tickets? | 🗆 Yes | 🗆 No |
| If yes, please pro | ovide details [when, where, and circumstances]: | | |
| | | | |
| | | | |
| | | | |
| | | | |

SPS Notes:



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| | □ Yes □ Yes | □ No □ No |
|---|----------------|--------------|
| | | |
| SPS Notes: | | |
| 4. Have you falsified, exaggerated, or lied about an insurance claim of any kind? If, yes, please provide details [when, where, and circumstances]: | 🗆 Yes | 🗆 No |
| | | |
| SPS Notes: | | |
| 5. Have you been involved in a hit-and-run accident either as a driver or a passenger – no matter how minor the damage? If, yes, please provide details [when, where, and circumstances]: | 🗆 Yes | 🗆 No |
| | | |
| SPS Notes: | | |
| | 🗆 Yes | 🗆 No |
| provide details [when, where, and circumstances]: SPS Notes: | | |



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| EDUCATION: | | | |
|--------------------|---|-------|------|
| | equired additional assistance, support, or accommodations to achieve a passing grade rse at any point during your education? This would include extra support for a | 🗆 Yes | 🗆 No |
| | or been assigned an Independent Education Plan (IEP)?If yes, please provide details. | | |
| | ······································ | | |
| | | | |
| | | | |
| | | | |
| | | | |
| SPS Notes: | | | |
| 2. Have you eve | r cheated on an exam and/or plagiarized an essay or academic piece of work? | 🗆 Yes | 🗆 No |
| If, yes, please pr | ovide details [when, where, and circumstances]: | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| SPS Notes: | | | |
| | n suspended or formally reprimanded by an educational institution? If yes, | 🗆 Yes | 🗆 No |
| please provide d | letails [When, where and circumstances, include academic suspensions] | | |
| | | | |
| | | | |
| | | | |
| | | | |
| SPS Notes: | | | |
| | | | |
| EMPLOYMENT | | | |
| | any employment or volunteer activities that you have not disclosed in this | 🗆 Yes | 🗆 No |
| | ess? If yes, please provide details [when, where, and circumstances]. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| SPS Notes: | | | |
| 2. Have you held | employment under another name? If, yes, please provide details [name, | 🗆 Yes | 🗆 No |
| when, where, ar | nd circumstances]: | | |
| | | | |
| | | | |
| | | | |
| | | | |
| SPS Notes: | | | |



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| 3. Have you been disciplined/documented for inappropriate behavior at work? If yes, please provide details [When, where and circumstances] | □ Yes | □ No |
|--|-------|------|
| | | |
| | | |
| SPS Notes: | | |
| 4. Have you been unemployed for extended periods of time? | □ Yes | 🗆 No |
| Have you collected employment insurance benefits of welfare? | | |
| Have you worked while on employment insurance or welfare and not reported your full | | |
| earnings? | 🗆 Yes | |
| If yes to any of the above, please provide details [when, where, and | | |
| circumstances]: | | |
| | | |
| | | |
| | | |
| | | |
| SPS Notes: | | |
| 5. Have you been unable to work for periods of 4 weeks or more due to an illness or injury? If | | 🗆 No |
| yes, please provide details [when, where and circumstances] | | |
| | | |
| | | |
| | | |
| | | |
| SPS Notes: | | |
| 6. Have you booked off sick when you have not been? If yes, please provide details [How | 🗆 Yes | 🗆 No |
| many times, why, when was the last time] | | |
| | | |
| | | |
| | | |
| | | |
| SPS Notes: | | |
| 7. Have you had problems with being late when you were a student or an employee? If yes, | □ Yes | 🗆 No |
| please provide details [When, where and circumstances] | | |
| | | |
| | | |
| | | |
| | | |
| SPS Notes: | | |

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| DRUGS AND ALCOHOL | | | | |
|-------------------------|----------|-------------|-----------------|---|
| , , , , | | - | | ed, ingested, inhaled, injected, swallowed, attempted |
| to use or experimented | with any | form of con | trolled drugs o | or substances such as but not limited to: |
| COCAINE | 🗆 Yes | 🗆 No | # of times: | When: |
| | | | | (yy-mmm) |
| CRACK | 🗆 Yes | 🗆 No | # of times: | When: |
| | | | | (yy-mmm) |
| ECSTACY | 🗆 Yes | 🗆 No | # of times: | When: |
| | | | | (yy-mmm) |
| HEROIN | 🗆 Yes | 🗆 No | # of times: | When: |
| | | | | (yy-mmm) |
| LSD | 🗆 Yes | 🗆 No | # of times: | When: |
| | | | | (yy-mmm) |
| CANNABIS | 🗆 Yes | 🗆 No | # of times: | When: |
| | | | | (yy-mmm) |
| METHAMPHETAMINE | 🗆 Yes | 🗆 No | # of times: | When: |
| | | | | (yy-mmm) |
| MUSHROOMS | 🗆 Yes | 🗆 No | # of times: | When: |
| | | | | (yy-mmm) |
| РСР | 🗆 Yes | 🗆 No | # of times: | When: |
| | | | | (yy-mmm) |
| SPEED | 🗆 Yes | 🗆 No | # of times: | When: |
| | | | | (yy-mmm) |
| DESIGNER DRUGS | 🗆 Yes | 🗆 No | # of times: | When: |
| | | | | (yy-mmm) |
| INHALENTS [GAS/GLUE] | 🗆 Yes | 🗆 No | # of times: | When: |
| | | | | (yy-mmm) |
| OTHER | 🗆 Yes | 🗆 No | # of times: | When: |
| (provide details below) | | | | (yy-mmm) |

| 2. Please provid | e further details on your drug use, frequency and time frames: | 🗆 N/A | |
|------------------|---|-------|------|
| | | | |
| | | | |
| | | | |
| | | | |
| SPS Notes: | | | |
| 3. Do you posse | ss, or have you possessed a medicinal cannabis card? If so, detail the reason | 🗆 Yes | 🗆 No |
| you possessed s | uch a card? | | |
| | | | |
| | | | |
| | | | |
| | | | |
| SPS Notes: | | | |
| | | | |

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| 4. When did you last use a controlled drug or substance? What were the circumstances? What type of drug? | □ N/A | |
|--|-------|------|
| | | |
| | | |
| SPS Notes: | | |
| 5. Have you purchased controlled drugs or substances? If yes, please provide details [When, | 🗆 Yes | 🗆 No |
| where, circumstances, and type of drug) | | |
| | | |
| | | |
| SPS Notes: | | |
| 6. Have you sold controlled drugs or substances or illegally sold prescription drugs? If yes, | □ Yes | 🗆 No |
| please provide details [When, where, circumstances, and type of drug] | | |
| | | |
| | | |
| | | |
| SPS Notes: | | |
| 7. Have you grown/ manufactured/ imported/ transported controlled drugs or substances? If | 🗆 Yes | 🗆 No |
| yes, please provide details [When, where, circumstances, and type of drug] | | |
| | | |
| | | |
| | | |
| SPS Notes: | | |
| 8. Do you know anyone who has ever sold, grown, or manufactured, imported, or transported | 🗆 Yes | 🗆 No |
| controlled drugs or substances? If yes, please provide details [When, where and circumstances] | | |
| | | |
| | | |
| | | |
| SPS Notes: | | |
| 9. Have you been in a place where you knew controlled drugs or substances or narcotics were being used? If yos, place provide details [When where and singurstances] | 🗆 Yes | 🗆 No |
| being used? If yes, please provide details [When, where and circumstances] | | |
| | | |
| | | |
| | | |
| SPS Notes: | | |

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| 10. Have you allowed someone to use controlled drugs or substances at your residence or in your vehicle? If yes, please provide details [When, where and circumstances] | □ Yes | 🗆 No |
|--|-------|--------------|
| | | |
| | | |
| SPS Notes: | | |
| 11. Have you used or sold steroids and/or other performance enhancing drugs? If yes, please provide details [When, where and circumstances] | 🗆 Yes | 🗆 No |
| | | |
| | | |
| SPS Notes: | | |
| 12. Have you administered a controlled drug, substance, or intoxicant to a person without their knowledge or consent? If yes, please provide details [When, where and circumstances] | 🗆 Yes | 🗆 No |
| | | |
| | | |
| SPS Notes: | | |
| 13. Have you misused prescription drugs? If yes, please provide details [when, where and | 🗆 Yes | 🗆 No |
| circumstances] | | |
| | | |
| | | |
| SPS Notes: | | |
| 14. Have you misused non-prescription drugs? If yes, please provide details [When, where and circumstances] | 🗆 Yes | 🗆 No |
| | | |
| | | |
| | | |
| SPS Notes: | | — • · |
| 15. Have you driven a motor vehicle, boat or other vehicle while you have been under the influence of drugs/alcohol? If yes, please provide details [when, where & circumstances, what | 🗆 Yes | 🗆 No |
| drug/alcohol did you use] | | |
| | | |
| | | |
| SPS Notes: | | |

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| 16. Have you worked while you have been impaired or unfit under the influence of drugs/ alcohol? If yes, please provide details [When, where and circumstances, what drug/alcohol did you use] |
|--|
| |
| |
| SPS Notes: |
| 17. Have you been in a verbal or physical altercation while under the influence of alcohol or Yes No |
| drugs? If yes, please provide details [When, where and circumstances] |
| |
| |
| |
| |
| SPS Notes: |
| 18. Have you been charged for an offence involving the consumption, transportation, or |
| distribution of alcohol? If yes, please provide details [When, where and circumstances] |
| |
| |
| |
| SPS Notes: |
| 19. How many times have you driven a motor vehicle, boat, or other vehicle while you have been under the |
| influence of alcohol and thought you were over the legal alcohol limit? Please provide details [When, where and |
| circumstances] |
| |
| |
| |
| |
| SPS Notes: |
| 20. Provide details about the last time you drove when you thought you were over the legal alcohol limit. How |
| many drinks did you have and over what period? How many times in total? When did this occur? |
| |
| |
| |
| |
| SPS Notes: |

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| FIREARMS: | | |
|---|-------|------|
| 1. Have you had possession of an illegal or unregistered firearm or other weapons? Please | 🗆 Yes | 🗆 No |
| provide details [When, where and circumstances] | | |
| | | |
| | | |
| | | |
| | | |
| SPS Notes: | | |
| | | |
| LIFESTYLE AND INTEGRITY: | | |
| 1. Have you been in a physical altercation with a spouse/ex-spouse, partner or anyone | 🗆 Yes | 🗆 No |
| associated to you in a domestic or family relationship? If yes, please provide details [when, | | |
| where and circumstances] | | |
| | | |
| | | |
| | | |
| | | |
| SPS Notes: | | |
| 2. Have you been in a physical fight or assaulted anyone? [sports or otherwise, regardless of | 🗆 Yes | 🗆 No |
| your age at the time] If yes, please provide details [when, where and circumstances] | | |
| your age at the time in yes, please provide details [when, where and cheanstances] | | |
| | | |
| | | |
| | | |
| SPS Notes: | | |
| 3. Have you been physically violent towards a child? If yes, please provide details [when, | □ Yes | 🗆 No |
| where and circumstances] | | |
| | | |
| | | |
| | | |
| SPS Notes: | | |
| 4. Have you had sexual involvement with anyone without their consent? If yes, please | □ Yes | 🗆 No |
| provide details [when, where and circumstances] | | |
| | | |
| | | |
| | | |
| SPS Notes: | | |
| 5. Have you been involved in sexual activity where money has been exchanged? If yes, | 🗆 Yes | 🗆 No |
| please provide details [when, where and circumstances] | | |
| | | |
| | | |
| | | |
| SPS Notes: | | |

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| 6. Have you been involved in the sex trade industry, in any capacity? If yes, please provide details [when, where and circumstances] | □ Yes | 🗆 No |
|---|-------|------|
| | | |
| SPS Notes: | | |
| 7. Have you retained or participated in any type of commercial sexual activity for yourself or | 🗆 Yes | 🗆 No |
| others, either in Canada or abroad? If yes, please provide details [when, where and | | |
| circumstances] | | |
| | | |
| | | |
| SPS Notes: | | |
| 8. Have you been involved in a sexual manner with a child, underage person or anyone | □ Yes | 🗆 No |
| purported to be a child or underage person? If yes, please provide details [when, where and | | |
| circumstances] | | |
| | | |
| | | |
| SPS Notes: | | |
| 9. Have you committed a sexual act that if you were caught, you might have been | 🗆 Yes | 🗆 No |
| prosecuted (bestiality, indecent exposure, voyeurism, incest, sex in public, anonymous | | |
| harassing phone calls, digital image and/or video recording people without permission)? If | | |
| yes, please provide details [when, where and circumstances] | | |
| | | |
| | | |
| SPS Notes: | | |
| 10. Have you used the internet to communicate in an inappropriate manner with a child, | □ Yes | 🗆 No |
| underage person, or anyone purported to be a child or underage person? If yes, please | | |
| provide details [when, where and circumstances] | | |
| | | |
| | | |
| | | |
| SPS Notes: | | |
| 11. Have you recorded and/or distributed, by any media, sexual acts of another person in a public area or in a location where there was a reasonable expectation of privacy without | 🗆 Yes | 🗆 No |
| their consent? If yes, please provide details [when, where and circumstances] | | |
| | | |
| | | |
| | | |
| SPS Notes: | | |

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| 12. Have you had possession of or viewed any material that could be considered child, violent or animal pornography? If yes, please provide details [when, where and circumstances] | □ Yes | □ No |
|---|-------|------|
| | | |
| SPS Notes: | | |
| 13. Have you used a name other than your own for any purpose, including false | 🗆 Yes | 🗆 No |
| identification? If yes, please provide details [when, where and circumstances] | | |
| | | |
| SPS Notes: | | |
| 14. Have you falsified an official document, including by electronic means? If yes, please provide details [when, where and circumstances] | 🗆 Yes | 🗆 No |
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| SPS Notes: | | _ |
| 15. Have you told a lie or misrepresentation of any act, while under oath, or on a sworn or notarized document? If yes, please provide details [when, where and circumstances] | 🗆 Yes | 🗆 No |
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| SPS Notes: | | |
| 16. Have you been the subject of a restraining order? If yes, please provide details [when, where and circumstances] | □ Yes | 🗆 No |
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| SPS Notes: | | |
| 17. Do you currently associate with, or have you in the past, associated with individuals or | 🗆 Yes | 🗆 No |
| groups, including a family member, whom you know to be engaged in criminal activity? If | | |
| yes, please provide details [when, where and circumstances] | | |
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| SPS Notes: | | |



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| 18. Have you visited a "clubhouse", residence, or any other place used by a criminal organization, gang, or persons involved in criminal activity? If yes, please provide details [when, where and circumstances] | □ Yes | □ No |
|---|-------|------|
| | | |
| SPS Notes: | | |
| 19. Do you gamble? If yes, please provide details [when, where and circumstances] | 🗆 Yes | 🗆 No |
| Do you have any gambling debts? If yes, please provide details | 🗆 Yes | 🗆 No |
| | | |
| SPS Notes: | | |
| 20. Do you currently associate with a criminal organization, gang or member of a gang? If yes, please provide details [when, where and circumstances] | 🗆 Yes | 🗆 No |
| | | |
| SPS Notes: | | |
| 21. Have you in the past associated or been connected in any way to a criminal organization, | 🗆 Yes | 🗆 No |
| gang or member of a gang? If yes, please provide details [when, where and circumstances] | | |
| | | |
| SPS Notes: | | |
| 22. Are you engaged in a business as an owner or partner? (Active partner/owner or silent | 🗆 Yes | 🗆 No |
| partner) If yes, please provide details [when, where and circumstances] | | |
| | | |
| SPS Notes: | | |
| 23. Have you filed an inaccurate tax return [did not declare all income, etc.]? | 🗆 Yes | 🗆 No |
| Have you failed to file your income tax return? | 🗆 Yes | 🗆 No |
| Have you filed a late income tax return? | 🗆 Yes | 🗆 No |
| Are you responsible for filing your tax return? | 🗆 Yes | 🗆 No |
| If yes, please provide details [when, where and circumstances] | | |
| | | |
| | | |
| SPS Notes: | | |

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| 24. Have you failed to declare everything or made a false declaration at the Canada-USA border or other international border? If yes, please provide details [when, where and circumstances] | □ Yes | □ No |
|--|-------|------|
| | | |
| SPS Notes: | | |
| 25. Have you been fired, laid off or let go from a job? | 🗆 Yes | 🗆 No |
| Have you ever resigned from a job to avoid termination of employment? | 🗆 Yes | 🗆 No |
| If yes to either question, please provide details [when, where and circumstances] | | |
| | | |
| SPS Notes: | | |
| 26. Have you committed a theft from any of your employers? If yes, please provide details [when, where and circumstances] | 🗆 Yes | 🗆 No |
| SPS Notes: | | |
| 27. Have you been involved in any other thefts [shoplifting, price tag switching, theft from | □ Yes | 🗆 No |
| parents, etc.]? If yes, please provide details [when, where and circumstances] | | |
| | | |
| SPS Notes: | | |
| 28. Have you had possession of anything obtained through the commission of any offence? If yes, please provide details [when, where and circumstances] | □ Yes | 🗆 No |
| | | |
| SPS Notes: | | |
| 29. Have you intentionally damaged someone else's property? If yes, please provide details [when, where and circumstances] | 🗆 Yes | 🗆 No |
| | | |
| SPS Notes: | | |



| | ently have outsta when, where and | | · · · · | tions, etc.]? If yes, please | 🗆 Yes | □ No |
|--------------------|--------------------------------------|----------------------|---------------------|------------------------------|-------------------|----------|
| | | | | | | |
| SPS Notes: | | | | | | |
| 31. Have you be | en investigated, | arrested, charge | ed, or convicted o | of a regulatory or criminal | 🗆 Yes | 🗆 No |
| offence, includir | ng abroad? If yes, | please provide | details [when, w | here and circumstances] | | |
| | | | | | | |
| SPS Notes: | | | | | | |
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| | on subject to an | of the fellowin | a by the police? | Including any police inver | stigations var | maybe |
| | including in a for | | g by the police? (| Including any police inves | Sugations you | i nay be |
| ussociated with, | Checked | \Box Yes \Box No | n | Ticketed | 🗆 Yes 🗆 | No |
| | Detained | \Box Yes \Box No | - - | Driven Home | | |
| | Questioned | | - | Arrested | \Box Yes \Box | |
| | • | | - - | when, where and circumst | | NO |
| ii you answered | yes to any or the | above, picase | | | ancesj. | |
| | | | | | | |
| SPS Notes: | | | | | | |
| 33. Have you be | en chased, pursu | ed, or hid from | the police? If yes | , please provide details | 🗆 Yes | 🗆 No |
| [when, where a | nd circumstances |] | | | | |
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| SPS Notes: | | | | . | 2 | |
| | ovide details [wh | | - | ed or found by the police | ? 🗌 Yes | 🗆 No |
| ii yes, piease più | Dvide details [with | en, where and t | licullistancesj | | | |
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| SPS Notes: | | | | | | |
| 35. Have you en | gaged in cruelty | o any creature | or animal that re | sulted in harm, injury, or | 🗆 Yes | 🗆 No |
| death, other tha | in legally licensed | hunting or fish | ing? If yes, please | e provide details [when, | | |
| where and circu | mstances] | | | | | |
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| SPS Notes: | | | | | | |

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| 36. Have you participated in unlawful acts that you have not already disclosed to us? If yes, please provide details [when, where and circumstances] | □ Yes | 🗆 No |
|--|-------|------|
| | | |
| | | |
| SPS Notes: | | |
| 37. Have you caused the death of another person? If yes, please provide details [when, | 🗆 Yes | 🗆 No |
| where and circumstances] | | |
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| SPS Notes: | | |
| 38. Have you contributed to the death of another person? If yes, please provide details | 🗆 Yes | 🗆 No |
| [when, where and circumstances] | | |
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| | | |
| SPS Notes: | | |
| 39. Do you currently or have you worked or volunteered in a policing environment? If you | 🗆 Yes | 🗆 No |
| have answered yes to this question, please answer the following two questions, and provide | | |
| details [when, where and circumstances]: | | |
| A. Are you currently the subject of an internal or external investigation? | □ Yes | |
| B. Have you been formally investigated for any situations while working or volunteering in a policing environment? | 🗆 Yes | ∐ No |
| C. Have you been dismissed from any volunteer position you have held? If yes, please provide details | 🗆 Yes | 🗆 No |
| | | |
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| SPS Notes:40. A background check is part of the selection process. It involves a detailed and thorough | □ Yes | 🗆 No |
| investigation of your history. Is there any information you wish to add or disclose that you | | |
| believe SPS should be aware of at this time? Please remember, non-disclosures may affect | | |
| the status of your application. If yes, please provide details below: | | |
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| SPS Notes: | | |





| 41. Is there any reason why you could NOT perform the duties of the position for which you are applying? | 🗆 Yes | 🗆 No |
|--|-------|------|
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| | | |
| SPS Notes: | | |

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BACKGROUND CHECK:

Should you have any questions or concerns, contact the Recruiting Section. All issues <u>must be disclosed in</u> <u>advance</u> of the polygraph examination or disqualification will be considered.

CLOSING DECLARATION

I hereby certify that the answers given by me in this integrity and lifestyle questionnaire are correct, and that all statements in this integrity and lifestyle questionnaire are true and complete. Employment with Surrey Police Service is requiring upon successful completion of all phases of the application process. I understand that deceit, dishonesty, or non-disclosure concerning questions in this document, or during any other stage of the application process, will result in my disqualification from this and any other future competitions or will result in dismissal. I understand that any information received from inquiries made concerning statements in this questionnaire will not be disclosed to me. I understand that information supplied in this document and obtained during the application process will be considered in the context of the competition and will be held in confidence under those circumstances; with the exception that this information may be made available to other police agencies in Canada and, if applicable any future employment or volunteer positions with Surrey Police Service.

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Name of Applicant

Date of Application

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PERSONAL INFORMATION AND REFERENCE CHECK RELEASE FORM

Name of Applicant: _____

Position:

Applicant Authorization for Surrey Police Service to Collect Personal Information

I have applied to Surrey Police Service ("SPS") for employment. I am aware the hiring process includes a detailed investigation conducted by SPS or its authorized agents/representatives, including a review of any information I have provided as part of the application process and during interviews, as well as the collection and review of any information that is publicly available, or could be made publicly available, about me (including through internet searches and on social media sites). I acknowledge the investigation may include reference checks and communications with my current and former employers, educational institutions, volunteer organizations and others.

I HEREBY AUTHORIZE AND CONSENT to the release of any information about me, including personal information, to SPS and its authorized agents/representatives that may be relevant to my application for employment with SPS, including but not limited to my current and past employment (including job performance), education, volunteering, and character, by any person who may have knowledge of, or access to the requested information.

Type your name (this will be your legal signature), and date before submitting your reference list.

Applicant Name (Type)

Date

Witness Name (Type)

Date

If you have any questions about this consent to receive personal information, please contact SPS Recruiting Section at careers@surreypolice.ca

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