

PREVIOUS POLICE SERVICE EXPERIENCE DECLARATION FORM

THIS SECTION TO BE COMPLETED BY EMPLOYEE			
LACT NIANAE.	FIRST NAME:		
LAST INAIVIE:	FIRST NAME:		
ADDRESS:			
CITY:	PROV:	POSTAL CODE:	
AUTHORIZATION TO RELEASE THIS INFORMATION TO DURHAM REGIONAL POLICE SERVICE			
SIGNATURE:	DATE:		
PLEASE HAVE THE FOLLOWING INFORMATION COMPLETED BY YOUR PREVIOUS EMPLOYER AND RETURN TO DRPS PAYROLL (payroll@drps.ca)			
THIS SECTION TO BE COMPLETED BY PREVIOUS POLICE SERVICE EMPLOYER			
We require the following information for the above named person for our HR file:			
NAME OF PREVIOUS POLICE SERVICE:	:		
SWORN or CIVILIAN:			
SECTION I (SWORN):			
Employment Start Date:			
Date became Fourth Class Constable (mm/dd/yy):			
Date became Third Class Constable (mm/dd/yy):			
Date became Second Class Constable (mm/dd/yy):			
Date became First Class Constable (mm/dd/yy):			
Previous Cadet Time? Ves	No		
Previous Cadet Time? Yes If yes, indicated the Start date:		te:	
Please print and sign your name below as confirmation that the above information is accurate:			
Name of person completing this form:			
Title:			
Signature:			
Phone number:	Ext.	·	

SECTION II (CIVILIAN)			
Position Title:			
Employment Start Date (mm/dd/yy):			
Employment End Date (mm/dd/yy):			
Part-Time and/or Full-Time: Note: If Part-Time fill out SECTION II(b) below			
SECTION II(b) (PART-TIME CIVILIAN)			
Please fill out the below table as indicated			
Year	Total Paid Hours (Regular & Overtime)		
Ex. 2014	Ex. 1728		
Please print and sign your name below as confirmation that the above information is accurate:			
Name of person completing this form:			
Title:			
Signature:			
Phone number: Ext			
Durham Regional Police Service HR Use Only:			
Confirmed By:	Date Confirmed:		