



MORDEN POLICE SERVICE

SERVING OUR COMMUNITY SINCE 1891

POLICE CONSTABLE APPLICATION

ALL APPLICATIONS MUST BE DIRECTED TO:

Morden Police Service

Constable Application

106 – 195 Stephen Street

Morden, Manitoba R6M 1V3

Completed applications must be received by:

May 31st, 2022

APPLICATION PACKAGE INCLUDES:

1. Minimum Standards
2. Selection Process Summary
3. Required Application Documents
4. Application for Engagement
5. Authorization Form
6. Medical and Physical Examination Report
7. Hearing Examination Report
8. Vision Report



MORDEN POLICE SERVICE

MINIMUM STANDARDS

AGE	Not less than 18 years of age.
RESIDENCY	Must be legally entitled to work in Canada.
EDUCATION	Completed Grade 12 in Manitoba or achieved a Grade 12 standing through General Education Development (G.E.D.) or a standing deemed no less than Grade 12 by the Chief of Police.
DRIVING LICENCE	Must hold a valid Manitoba Class 5.0 driver's license or equivalent from another Province/Territory of Canada. <i>Before Hiring</i> this must be upgraded to a Class 4.0 driver's license.
HEALTH	Excellent health and physical condition. Applicants chosen to proceed through the competition must successfully pass a physical fitness test in addition to completing a Medical Examination Report and a Hearing Report.
CRIMINAL RECORD	Must have a clear criminal record or have received a pardon prior to submitting the application. An application will not be processed where there is an outstanding criminal prosecution against the applicant.
VISION & HEARING	Hearing and Vision Reports are required for applicants proceeding through the candidate process. An additional Vision report is required for those applicants that have had Corneal Refractive Surgery. <i>Hearing and Vision which does not meet these standards will be cause for rejection.</i>
WRITING	An integral component of a police officer's duties is their ability to write effectively. A spelling test and an essay are included in the competition.

**CANDIDATES EITHER DO OR DO NOT POSSESS THE BASIC QUALIFICATIONS SET FORTH.
NO EXCEPTIONS WILL BE MADE TO THE ESTABLISHED STANDARDS.**



MORDEN POLICE SERVICE

SELECTION PROCESS SUMMARY

Advancement through the selection process is dependent upon successfully completing each stage. Additionally, the application process is a competitive exercise by which applicant qualifications and test scores will be examined and measured against the scores of all other applicants in the process to judge the overall competitiveness for selection.

Application Evaluation	Applications are reviewed to ensure candidates meet the basic requirements and packages are complete. They are then evaluated against one another.
Selection of Long List	Approximately 10 – 15 candidates are chosen to continue the process. Only those chosen to continue will be contacted.
Work-related Education Test & Essay	Candidates will be required to participate in a 2.5-hour job-related examination and essay writing. The essay is to be approximately 300 words in length (topic provided at time of writing). As well, candidates will complete an “Integrity & Lifestyles” questionnaire.
Selection of Short List	Approximately 3 – 6 candidates are chosen to continue the process.
Physical Fitness Test	A high standard of physical fitness is required for employment with the Morden Police Service. Candidates will be required to undergo the Peace Officers Physical Abilities Test (POPAT) or show proof of completion within the preceding 6 months.
Child Abuse Registry Check	Forms will be provided for applicants to complete the check.
Interview	An in-person interview will be conducted at the Morden Police Service.
Background Investigation	After a comprehensive background investigation on chosen Short List candidates, all Long List candidates are notified.
Interview #2	Applicants may be requested to supply fingerprints at this time.
Final Selection	Candidate(s) approved for hiring are selected and offered employment. All remaining candidates are notified. <i>The hiring of a candidate is subject to approval of the chosen training academy.</i>
Termination Policy	If a candidate’s application is terminated at any stage due to competitive standards not being met, a new application is necessary to re-enter any future competition. Candidates are not advised of test results, and all test results are the exclusive property of the Morden Police Service. Applications may be terminated without appeal at any stage of the selection process due to the applicant’s inability to compete with other applicants.

Morden Police Service – 106-195 Stephen Street – Morden, MB – R6M 1V3 – (204) 822-6292



MORDEN POLICE SERVICE

REQUIRED APPLICATION DOCUMENTS

The Morden Police Service selection process is an open competition that results in the best candidate(s) being offered employment. All phases of the selection process are a competitive process. Successful applicants that meet the minimum standards are competing against the other applicants in the process.

Application for Engagement Form	This form must be completed in full ensuring that it has been dated and signed.
Personal Resume	Information regarding the applicant not included in the Application form may be included. This should include previous volunteer experience and job-related skills. Three recent character reference letters are a mandatory requirement (signed and dated within 60 days of application).
Birth Certificate / Proof of Citizenship	Photocopy of either birth certificate or proof of citizenship.
Grade 12 or G.E.D Diploma	Photocopy of diploma and transcripts. Post-secondary diploma and transcripts are required as well if applicable.
Authorization Form	Signed and dated by applicant and witness.

**Applications that do not include all of the above documents
will be considered incomplete and will not be accepted.**

Applicants chosen to continue through the process will be contacted after June 17th, 2022. Only those contacted should immediately begin preparing the following documents and submit to the Morden Police Service no later than July 22nd, 2022. Costs incurred with the following reports are the responsibility of the applicant.

Drivers Abstract	A driver's abstract obtained from the Motor Vehicles Branch office dated no more than one month before date of this application from each jurisdiction in which the person holds/held a driver's license within the past three years.
Vision Report	An ophthalmologist or optometrist must complete this Vision Report. To facilitate the Optical Examination, contact lenses must not be worn for a 48-hour period prior to the examination.
Medical and Physical Examination Report	A doctor must complete the form providing consent that you are medically fit to participate in the Physical Fitness evaluation portion of this application.
Hearing Examination Report	An Audiologist or Otolaryngologist must complete the Hearing Examination Report.

**Completed applications should be mailed or hand-delivered to:
Morden Police Service – 106-195 Stephen Street – Morden, MB – R6M 1V3 – (204) 822-6292**



MORDEN POLICE SERVICE

APPLICATION FOR ENGAGEMENT

Please complete in full to the best of your ability. If further space is needed for any section, please provide information on a separate sheet and attach it to this application.

1 APPLICANT INFORMATION:

Surname		First Name		Middle name(s)			
Maiden / Prior / Other Names Used			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other				
Current Residential Street Address		City	Province	Postal Code			
Current Mailing Address (if different than above)		City	Province	Postal Code			
Date of Birth (yyyy-mm-dd)	Place of Birth		Country of Birth		Social Insurance Number		
Cell phone number		Home phone number					
E-mail address(es)							
Canadian Citizenship: <input type="checkbox"/> By Birth <input type="checkbox"/> Citizenship by Naturalization - Certificate # _____ Date: _____ <input type="checkbox"/> Permanent Resident / Landed Immigrant – Card # _____ Date: _____ Foreign / Dual Citizenship: <input type="checkbox"/> Country(s) _____							
Current Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-Law / Domestic Partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Other:							
Language Skills							
	Speak	Read	Write	Level:	Basic Conversant Proficient Fluent		
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2 EDUCATION:			
High School (complete, in chronological order, a row for each high school attended)			
Name of School:		Location:	Grades: mm / yyyy to mm / yyyy
Name of School:		Location:	Grades: mm / yyyy to mm / yyyy
Name of School:		Location:	Grades: mm / yyyy to mm / yyyy
College / University / Technical School / Other Post-Secondary (complete a section for each attended)			
Name of Institution:		Location:	mm / yyyy to mm / yyyy
Program / Major-Minor / Course:		Certificate / Diploma / Degree:	Grade / GPA:
Name of Institution:		Location:	mm / yyyy to mm / yyyy
Program / Major-Minor / Course:		Certificate / Diploma / Degree:	Grade / GPA:
Name of Institution:		Location:	mm / yyyy to mm / yyyy
Program / Major-Minor / Course:		Certificate / Diploma / Degree:	Grade / GPA:
3 POLICE-RELATED APPLICATIONS:			
Have you applied for employment, contract work, and/or volunteer work with any police service or law enforcement related agency in the past? If so, please provide details.			
Month/Year of Application	Police Service	City / Province or Country	Position
Result / Status:			
Month/Year of Application	Police Service	City / Province or Country	Position
Result / Status:			
Month/Year of Application	Police Service	City / Province or Country	Position
Result / Status:			
Month/Year of Application	Police Service	City / Province or Country	Position
Result / Status:			

4**EMPLOYMENT EXPERIENCE:****List all employment for the past 5 years, commencing with your current employment:**

Organization:	Location:	Position:	mm / yyyy to mm / yyyy
Duties / Responsibilities:		Supervisor's Name:	Phone:
Reason for Leaving:			
Organization:	Location:	Position:	mm / yyyy to mm / yyyy
Duties / Responsibilities:		Supervisor's Name:	Phone:
Reason for Leaving:			
Organization:	Location:	Position:	mm / yyyy to mm / yyyy
Duties / Responsibilities:		Supervisor's Name:	Phone:
Reason for Leaving:			
Organization:	Location:	Position:	mm / yyyy to mm / yyyy
Duties / Responsibilities:		Supervisor's Name:	Phone:
Reason for Leaving:			
Organization:	Location:	Position:	mm / yyyy to mm / yyyy
Duties / Responsibilities:		Supervisor's Name:	Phone:
Reason for Leaving:			

5 CURRENT AND PRIOR RESIDENCES:

Starting current, please provide the addresses of every location you have lived in the past 5 years, and the names of persons who have lived with you.

Street address		City	Province	From (yyyy-mm-dd)	To (yyyy-mm-dd)
Name of person who shares address with you		Phone #		Relationship	Date of birth (yyyy-mm-dd)
Name of person who shares address with you		Phone #		Relationship	Date of birth (yyyy-mm-dd)
Name of person who shares address with you		Phone #		Relationship	Date of birth (yyyy-mm-dd)
Street address		City	Province	From (yyyy-mm-dd)	To (yyyy-mm-dd)
Name of person who shared address with you		Phone #		Relationship	Date of birth (yyyy-mm-dd)
Name of person who shared address with you		Phone #		Relationship	Date of birth (yyyy-mm-dd)
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Street address		City	Province	From (yyyy-mm-dd)	To (yyyy-mm-dd)
Name of person who shared address with you		Phone #		Relationship	Date of birth (yyyy-mm-dd)
Name of person who shared address with you		Phone #		Relationship	Date of birth (yyyy-mm-dd)
Name of person who shared address with you		Phone #		Relationship	Date of birth (yyyy-mm-dd)
Name of person who shared address with you		Phone #		Relationship	Date of birth (yyyy-mm-dd)
Street address		City	Province	From (yyyy-mm-dd)	To (yyyy-mm-dd)
Name of person who shared address with you		Phone #		Relationship	Date of birth (yyyy-mm-dd)
Name of person who shared address with you		Phone #		Relationship	Date of birth (yyyy-mm-dd)
Name of person who shared address with you		Phone #		Relationship	Date of birth (yyyy-mm-dd)
Name of person who shared address with you		Phone #		Relationship	Date of birth (yyyy-mm-dd)

6**FAMILY:**

Applicants must list full particulars of your immediate family including Spouse (current and former), Children, Father, Mother and Siblings.

Surname	First Name	Middle Name	Date of Birth	
Address		City	Province	Telephone
Relationship			Occupation	

Surname	First Name	Middle Name	Date of Birth	
Address		City	Province	Telephone
Relationship			Occupation	

Surname	First Name	Middle Name	Date of Birth	
Address		City	Province	Telephone
Relationship			Occupation	

Surname	First Name	Middle Name	Date of Birth	
Address		City	Province	Telephone
Relationship			Occupation	

Surname	First Name	Middle Name	Date of Birth	
Address		City	Province	Telephone
Relationship			Occupation	

Surname	First Name	Middle Name	Date of Birth	
Address		City	Province	Telephone
Relationship			Occupation	

Surname	First Name	Middle Name	Date of Birth	
Address		City	Province	Telephone
Relationship			Occupation	

Surname	First Name	Middle Name	Date of Birth	
Address		City	Province	Telephone
Relationship			Occupation	

Address		City	Province	Telephone
Relationship			Occupation	
Surname	First Name	Middle Name	Date of Birth	
Address		City	Province	Telephone
Relationship			Occupation	
Surname	First Name	Middle Name	Date of Birth	
Address		City	Province	Telephone
Relationship			Occupation	
Surname	First Name	Middle Name	Date of Birth	
Address		City	Province	Telephone
Relationship			Occupation	
Surname	First Name	Middle Name	Date of Birth	
Address		City	Province	Telephone
Relationship			Occupation	
Surname	First Name	Middle Name	Date of Birth	
Address		City	Province	Telephone
Relationship			Occupation	
Surname	First Name	Middle Name	Date of Birth	
Address		City	Province	Telephone
Relationship			Occupation	
Surname	First Name	Middle Name	Date of Birth	
Address		City	Province	Telephone
Relationship			Occupation	

7 OFFENSE BACKGROUND:

List all Criminal, Traffic, and Liquor Offenses with which you have been charged.

Month/Year	City / Province or Country	Disposition (Guilty/Not Guilty/Fine)
Brief Detail:		
Month/Year	City / Province or Country	Disposition (Guilty/Not Guilty/Fine)
Brief Detail:		
Month/Year	City / Province or Country	Disposition (Guilty/Not Guilty/Fine)
Brief Detail:		
Month/Year	City / Province or Country	Disposition (Guilty/Not Guilty/Fine)
Brief Detail:		
Month/Year	City / Province or Country	Disposition (Guilty/Not Guilty/Fine)
Brief Detail:		
Month/Year	City / Province or Country	Disposition (Guilty/Not Guilty/Fine)
Brief Detail:		
Month/Year	City / Province or Country	Disposition (Guilty/Not Guilty/Fine)
Brief Detail:		

8 POLICE EMPLOYEE CONTACTS:

Include names and organization of any police officers you are acquainted with.

Name:	Organization:
Name:	Organization:
Name:	Organization:
Name:	Organization:
Name:	Organization:
Name:	Organization:

9

EXPERIENCED / LATERAL ENTRY APPLICANTS ONLY SECTION:

This section is only applicable to those applicants with prior peace officer experience (police, military police, customs, sheriffs, corrections, conservation, etc). If you have prior peace officer experience, please complete the following questions. ***If you do not have prior peace officer experience, do not complete section 9. You must sign and date in the space provided after section 9.***

When and where did you receive your police officer or peace officer recruit training?

In total, how many years of service do you have?

List each service / agency that you worked for as a peace officer.

What is your current rank? If promoted, please identify date(s).

What, if any, specialized areas of expertise / experience do you have?

☐ Yes ☐ No

If "yes", please provide details:

Have you received any awards or commendations?

☐ Yes ☐ No

If "yes", please provide details:

Why do you want to leave your current service / agency?

Applicant's Name (please print):

Applicant's Signature:

Date (yyyy-mm-dd)



MORDEN POLICE SERVICE

AUTHORIZATION FORM

Applicant Information (to be completed by the applicant)

Surname	Given Names	Date of Birth (yyyy-mm-dd)
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Overview:

Please read the following form carefully.

The purpose of Part A of this form is to authorize the Morden Police Service and other individuals and entities noted below to collect, to use and to disclose personal information about you for the purpose of assessing your abilities to be a sworn member with the Morden Police Service.

The purpose of Part B of this form is to waive your right to access any information received by, or to question or grieve any method or decision by the Morden Police Service.

The purpose of Part C of this form is to release any of the individuals or entities named on this form from liability that might arise as a result of the collection, use or disclosure of your personal information in accordance with Part A.

Part A - Consent / Assessment:

I hereby authorize the Morden Police Service to request and obtain personal information about me as prescribed below from any or all of the following individuals or entities:

- Manitoba Public Insurance, which maintains driving records of Manitoba residents;
- Any other Police Service or law enforcement agency in Canada or outside of Canada, which may hold personal information about me;
- The Canadian Police Information Centre (CPIC), which is owned by the RCMP, and which maintains a computerized system to provide law enforcement agencies with information on individuals with criminal records;
- Any health care practitioner (including doctors, nurses, psychologists, or other licensed or registered health professionals and their agents) who has provided me with health care treatment, either as a part of this selection process or otherwise;
- Any current or previous employer who may hold personal information on me;
- Any volunteer organization who may hold personal information on me;
- Any financial institution or consumer reporting agency which maintains credit or other personal information about a consumer;
- Any educational institution in which I have been, or am currently enrolled and which has information about me, including my grade or performance results; and

I further authorize the Morden Police Service to provide a copy of this completed form to any and all of the above-noted individuals or entities, and for them to keep a copy for their files.

I further hereby authorize any of the above-noted individuals or entities to collect or use personal information about me as described above, and to disclose such personal information to the Morden Police Service as part of this selection process.

I further acknowledge that any of the above-noted individuals or entities may disclose to the Morden Police Service any or all of the following records, including any parts of the following records:

- Academic records and transcripts;
- Employment or volunteer records (police service, military and other), including performance evaluation / reviews, discipline, complaint, grievance and attendance information;
- Police records and history of law involvement, including criminal and provincial reports and convictions, and intelligence information;
- Police service applications;
- Background investigation reports and files;
- Polygraph reports;
- Medical and health information;
- Psychiatric and psychological files and reports;
- Background and security checks (including CPIC, NCIC, Interpol, etc);
- Financial information, including credit bureau check;
- Driving records;
- Physical, psychological, visual, aptitude and other employment-related tests, questions, answers and scores, and the interview notes, summaries, opinions, assessments and evaluations of psychologists;
- Applicant survey information; and
- Training records.

Part B – Waiver:

I waive the right to read, review or obtain copies of any information received by the Morden Police Service.

I understand that the Morden Police Service will have the final say in the approval or rejection of this application, and the criteria and method they use in arriving at their decision will not be questioned or objected to by me, and I will have no grievance against the Morden Police Service or City of Morden in this regard.

I understand that if accepted for employment with the Morden Police Service, I will be engaged on a probationary basis and that I may be released at any time during my probationary service for unsatisfactory behaviour. I hereby certify that the information set out in this document is true and correct to the best of my knowledge and belief.

Part C - Release of Liability:

By signing this form, I agree that in consideration for applying for a position with the Morden Police Service I hereby release and forever discharge all of the individuals, entities, and classes of individuals and entities referred to on this form, and their agents, licensees, employees, directors, officers, and subcontractors, including but not limited to Her Majesty the Queen in Right of Manitoba, the Morden Police Service, the Morden Police Service Board, and City of Morden, and all their respective agents, licensees, employees, directors, officers, elected officials and subcontractors, from any and all actions, causes of action, claims, demands, and remedies, for any and all damages, losses, injuries and expenses of any nature or kind howsoever arising, which hereafter may be sustained by me in connection with the collection, use, and disclosure of information about me in accordance with the consents provided by me in this form, and from the use or reliance upon information about me obtained in accordance with these consents.

I further agree that this Authorization shall apply to and be binding on my heirs, administrators, executors, and assigns and each of them.

I confirm that a photocopy of this form is to be considered as valid as an original, even though it does not contain an original of my signature.

I have read both pages of this Authorization Form, and by signing below I certify that I understand its content, agree to its terms, and am at least eighteen (18) years of age.

Applicant's Name (please print):	Applicant's Signature:	Date (yyyy-mm-dd)
Witness's Name (Please print):	Witness's Signature:	Date (yyyy-mm-dd)



MORDEN POLICE SERVICE

MEDICAL AND PHYSICAL EXAMINATION FORM

The cost of the Medical Examination is the responsibility of the Applicant

Position applied for: **POLICE CONSTABLE**

Additional test(s) as requested by physician:	Note to examining physician:
Urinalysis	<p>The person you are about to examine is being evaluated for the position described on this form. In conducting your exam and reporting your findings and conclusions, please take the job duties into consideration.</p>
Pulmonary Function	
Tuberculin Skin Test (TST)	
EKG/Resting	
EKG/Stress	
Hemoglobin/Hematocrit	
Chest X-Ray	
Back X-Ray	
Other tests:	

Examinee's name	Health Number	Height (ft/in)	Weight (lbs)
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Eyes – Please note that the employee will be required to have an eye test completed at a professional eye centre, who will provide a report to the City of Morden.

Blood Pressure/Pulse

- a. Systolic/Diastolic: _____
- b. Two additional readings if elevated: _____
- c. Pulse: _____

Physical Examination			
Clinical Evaluation	Normal	Abnormal	Remarks
Head, face, neck, scalp			
Nose			
Mouth and throat			
Ears			
Eyes			
Lungs and Chest			
Heart			
Vascular system (Varicosities, etc)			

Abdomen			
Anus and rectum (if indicated)			
Endocrine system			
Hernia (any type)			
Upper extremities			
Feet			
Lower extremities			
Spine, Sciatica			
Identifying body marks, scars			
Skin, Lymphatics			
Neurologic			
Mental status			

Comments/Implications for Fitness for Duty:

Summarize below any medical findings which in your opinion would limit the applicant's performance of the job duties and/or would make them a hazard to themselves or others:

HEARING – Deafness or noticeable loss in either or both ears should be noted.

BLOOD PRESSURE – Note if the Blood Pressure of the applicant is normal for that individual.

HEART – Police Service members may be required to perform vigorous work. Any heart conditions or defects or implications of said condition should be noted.

HERNIA – Note if individual is subject to hernia or other related problems and should avoid heavy work.

BACK TROUBLE, SCIATICA OR LUMBAGO – It is important that the applicant's back (spinal column) is in good condition. Any abnormalities or weakness in the back or indication of Sciatica or Lumbago should be noted.

HANDS, ARMS, FEET AND LEGS – Applicant should have free movement and full use of all limbs. Any stiffness, defects, amputations or injuries should be noted.

DOCTOR'S COMMENTS – May include comments on any of the noted topics, and/or but not limited to the applicant's weight, stomach problems, skin conditions, allergies, or specifics which the physician feels may be of concern to the Employer.

☐ No limitations for this job.

☐ Limiting conditions as follows:

Continued:

Physician Information:

Name	Phone	Date (yyyy-mm-dd)
Signature	Address	



MORDEN POLICE SERVICE

HEARING EXAMINATION REPORT

Applicant Information (to be completed by the applicant)

Surname	Given Names	Date of Birth (yyyy-mm-dd)
Street Address	City	Province
		Postal Code

Hearing Examination (to be completed by the Audiologist / Otolaryngologist)

Name of Audiologist / Otolaryngologist	Date of exam (yyyy-mm-dd)
Business Address	Business Phone

Audiogram Results

Morden Police Service Unaided Hearing Standards

- Pure tone hearing loss no greater than 25 dB in each ear in the 500, 1000, 2000 and 3000 Hz range.
- The 4000 Hz shall not exceed 45 dB.
- Hearing examination must be performed unaided.
- Place an "X" in any box where the standard is not met.

Pure Tone Thresholds In Hz	500	1000	2000	3000	4000	6000	8000
Right Ear							
Left Ear							

Meets Standard? Yes ☐ No ☐

Declaration, Acknowledgement and Consent (to be completed by the applicant)

- ☐ I declare that the statements made are complete and correct to the best of my knowledge and that I have not withheld any relevant information or made any misleading statements.
- ☐ I acknowledge that incomplete forms will be returned to my attention and may result in disqualification of my application.
- ☐ I acknowledge that my hearing examination report is valid for one year from the testing date.
- ☐ I acknowledge that the cost of this examination and any reports prepared are my responsibility.
- ☐ I consent to this information being provided to the Morden Police Service for application purposes.
- ☐ I consent to the Morden Police Service or their designated representative contacting the practitioner indicated below if clarification of this hearing examination is required.

Applicant Signature:	Date (yyyy-mm-dd)
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Practitioner (to be completed by the Audiologist / Otolaryngologist)

Comments:
Audiologist/Otolaryngologist Signature:
Date (yyyy-mm-dd)



MORDEN POLICE SERVICE

VISION REPORT

Applicant Information (to be completed by the applicant)

Surname	Given Names	Date of Birth (yyyy-mm-dd)
Street Address	City	Province
		Postal Code

Vision Standards for Applicants (to be completed by the Ophthalmologist / Optometrist)

Uncorrected Visual Acuity

At least 20/20 with both eyes open

Left eye: 20/____ Right eye: 20/____ Both eyes: 20/____

Corrected Visual Acuity

At least 20/20 with both eyes open with corrective lenses. Without corrective lenses at least 20/40 both eyes with one eye no worse than 20/80

Left eye: 20/____ Right eye: 20/____ Both eyes: 20/____

Is applicant wearing corrective lenses? YES ☐ NO ☐

Colour Vision

Pass Pseudolochromatic Plate Ishihara (PIP) without any corrective lenses (x-Chrom, Chromagen). **NOTE:** Farnsworth Vision test is required for unsuccessful Ishihara Tests.

Meets Standard? YES ☐ NO ☐

Pass Farnsworth D-15 without any corrective lenses (x-Chrom, Chromagen).

Meets Standard? YES ☐ NO ☐

Peripheral Vision

150 continuous degrees along the horizontal meridian and 20 degrees above and below the fixation point with both eyes.

Meets Standard? YES ☐ NO ☐

Ocular Disease - Normal

Free from diseases that impair visual performance as indicated by the standards above, or will produce sudden, unpredictable incapacitation of the visual system.

Meets Standard? YES ☐ NO ☐

Corrective Surgery Has the applicant ever had corrective surgery? YES ☐ NO ☐

If yes, please indicate with "X" which procedure from the list below:

Date of procedure (yyyy/mm/dd):

<input type="checkbox"/>	Corneal Refractive Surgery	Complete Corneal Refractive Surgery Supplemental Form
<input type="checkbox"/>	Pseudophakic Intra-Ocular Lenses	Additional medical documentation is required
<input type="checkbox"/>	Phakic Intra-Ocular Lenses	Additional medical documentation is required
<input type="checkbox"/>	Orthokeratology, Corneal Transplants and Intra-Stromalcorneal Rings	Not allowed

Name of Ophthalmologist / Optometrist and Signature

Date of exam (yyyy-mm-dd)

Business Address

Business Phone



MORDEN POLICE SERVICE

CORNEAL REFRACTIVE SURGERY REPORT

(Additional report if required following Vision Report)

Applicant Information (to be completed by the applicant)

Surname	Given Names	Date of Birth (yyyy-mm-dd)
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Refractive surgery procedure performed:	Date of procedure (yyyy-mm-dd)
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Post-operative Assessment	Summary from initial assessment	Summary from 6-month assessment
Date of assessment:		
Time of day: If undergone radial keratotomy, then must be at different times of the day. These times should be at least 8 hours apart.		
Uncorrected Visual Acuities		
Right Eye		
Left Eye		
Best Corrected Visual Acuities		
Right Eye		
Left Eye		
Subjective Refraction (Sphere and Cylinder)		
Right Eye		
Left Eye		
Current Medication related to Surgery:		

NIGHT VISION: All testing should be done binocularly with or without any spectacle or contact lens correction. Applicant must pass two of the three tests.

TEST	Visual Acuity	Pass / Fail
Bailey-Lovie Low Contrast Acuity in Room Illumination: minimum acuity of 0.20 logMAR		
Bailey-Lovie High Contrast Acuity in Dim Illumination: minimum acuity of 0.30 logMAR		
Bailey-Lovie Low Contrast Acuity in Dim Illumination: minimum acuity of 0.58 logMAR		

Name of Ophthalmologist / Optometrist and Signature	Date of exam (yyyy-mm-dd)
Business Address	Business Phone