

Correctional Officer Employment Application

Fields marked with an asterisk (*) are mandatory.

Step 1. Co	ntact I	nformation						
Last Name *			First Name *				Middle Initial	
Current Add	ress			I				
Unit Number Street Number * Street Name				*				РО Вох
City/Town *				Province *				Postal Code
Telephone No	umber *	ext.	Secondary Te	Telephone Number Fax Number				
Email Addres	s (if ava	ilable)			'			
Step 2. Re	equirer	ments						
Are you 18 ye	ears of a	ge or older?*						
Yes	No							
Have you pre	viously l	been employed by	the Ontario Pu	blic Service? *				
Yes	No							
Do you have certificate)? *		provide original p	roof of Grade 1	2 completion o	r an	equivalency (e.g. ç	general equivalen	cy diploma/
Yes	No							
Are you able	and willi	ng to work irregula	ar shifts, overtin	ne, weekends a	and	statutory holidays v	when required? *	
Yes	No							
Are you able	to work	in direct contact w	rith adult offende	ers on a daily b	asis	s in a secured facili	ty? *	
Yes	No							
Did you atten months? *	d a Corr	ectional Officer "C	Prientation and ⁻	Testing Session	n" fo	or the Ministry of the	e Solicitor Genera	al in the last 6
Yes	No							
Step 3. Pre	evious	Employment						
From (yy	From (yyyy/mm/dd) To (yyyy/mm/dd				f) F		Full / Part Time	
Name of	Employe	er						
Address	of Emp	loyer						
Unit Num	ber	Street Number	Street Name					PO Box
City/Town	n		1	Province				Postal Code
Position(s	s) Held							

From (yyyy/mm	/dd)	To (yyyy/mm/dd)	Full / Part Time		
Name of Emplo	yer					
Address of Em	ployer					
Unit Number	Street Number	Street Name		PO Box		
City/Town			Province	Postal Code		
Position(s) Held	1					
From (yyyy/mm	/dd)	To (yyyy/mm/dd)	Full / Part Time		
Name of Emplo	yer					
Address of Em	nployer					
Unit Number	Street Number	Street Name			РО Вох	
City/Town			Province		Postal Code	
Position(s) Held	i					
From (yyyy/mm	/dd)	To (yyyy/mm/dd)			
Name of Emplo	yer					
Address of Em	ployer					
Unit Number	Street Number	Street Name			PO Box	
City/Town			Province	Postal Code		
Position(s) Held	j					
From (yyyy/mm	/dd)	To (yyyy/mm/dd) Full / Part Time			
Name of Emplo	yer					
Address of Em	nployer					
Unit Number	Street Number	Street Name		PO Box		
City/Town			Province	Postal Code		
Position(s) Held	1					

Note: Contact with the employer reference will only be made following the interview stage of the selection process. By providing these names you have authorized the Ontario Public Service to gather employment related information form these individuals.

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Step 4. Submit Your Application						
Ple	Please sign or type your name in the area below to confirm that you provided accurate information.					
_	ou willfully/knowingly provide false information, you will be excluded from further consideration in the application ocess or subject to disciplinary action- up to/including dismissal-if hired.					
	I hereby declare that the foregoing information is true, correct and complete to my knowledge. I understand that a false statement may disqualify me from employment, or cause my dismissal. *					

By signing above I understand that my personal information and application is being collected by the Ministry of Government and Consumer Services for the purposes of storing the personal information on behalf of the Ministry of the Solicitor General under the authority of s. 6 of the *Ministry of Government Services Act*, R.S.O. 1990, c. M. 23.

Date (yyyy/mm/dd)

Name

The personal information and application will be disclosed to the Ministry of the Solicitor General and used to assess my qualifications against the position I have applied to pursuant to Part III of the *Public Service of Ontario Act*, S.O. 2006, c. 35, Schedule A. In the event that I want to withdraw my application, I understand that it is my responsibility to inform the Correctional Services Recruitment at CSRU@ontario.ca or 1-855-927-2778. I also understand that if I have questions about the collection of my personal information, I may contact the Head of Correctional Services Recruitment Unit at CSRU@ontario.ca or 1-855-927-2778.

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