

# Edmonton Police Service



Training Section  
Officer Safety Unit  
Emergency Vehicle Operations

## Driving Questionnaire

Full Name: \_\_\_\_\_

Operator's Licence #: \_\_\_\_\_

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

**THE COMPLETED QUESTIONNAIRE MUST BE PRESENTED TO  
YOUR FILE MANAGER AT THE PERSONAL DISCLOSURE  
INTERVIEW AND WILL BE USED FOR TRAINING PURPOSES BY  
THE OFFICER SAFETY / DRIVER TRAINING UNIT.**

The Emergency Vehicle Operations Course is a key component of Recruit Training. Failure to successfully complete this course may result in a Suitability Review.

I have read and understood the above statements: \_\_\_\_\_  
(Signature)

# Driving Questionnaire

As a member of the Edmonton Police Service, you will be required to operate a police vehicle in a variety of conditions and situations. The following questions are designed to help assess your current level of driving experience.

1. Current class of licence and year obtained.  
Class \_\_\_\_\_ Year \_\_\_\_\_  
Number of years with a valid Class 5. \_\_\_\_\_
2. If applicable: If your Class 5 licence was obtained less than 2 years ago, how long did you possess a Class 7 Learner's Permit? \_\_\_\_\_
3. What mode of transportation do you most commonly use?  
Motor Vehicle (Driver)       Motor Vehicle (Passenger)   
Walk       Bicycle       Transit
4. Do you own or lease a motor vehicle? Yes       No   
If No: Do you have the use of a motor vehicle? Yes       No
5. How often do you drive? (Check one box in both columns.)  

<b>Per Week</b> – never <input type="checkbox"/>	<b>Per Month</b> – never <input type="checkbox"/>
1-5 times <input type="checkbox"/>	1-4 times <input type="checkbox"/>
6-10 times <input type="checkbox"/>	5-9 times <input type="checkbox"/>
>10 <input type="checkbox"/>	>10 <input type="checkbox"/>
6. How often do you drive during rush hour?  
City: \_\_\_\_\_  

<b>Per Week</b> – never <input type="checkbox"/>	<b>Per Month</b> – never <input type="checkbox"/>
1-5 times <input type="checkbox"/>	1-4 times <input type="checkbox"/>
6-10 times <input type="checkbox"/>	5-9 times <input type="checkbox"/>
10 or more <input type="checkbox"/>	10 or more <input type="checkbox"/>

7. How many hours do you normally drive per day?

- Up to ½
- ½ to 1
- 1 to 2
- More than 2

8. Do you consider yourself to be an experienced driver?

- Experienced  Moderately  Novice

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. How **do others** rate your driving skills?  
(You may check more than one box)

- Cautious
- Overly cautious
- Confident
- Very confident
- Routine
- Assertive
- Somewhat aggressive
- Aggressive
- Considerate

10. Using the scale, indicate your driving experience on the following roadways.

	Never		Seldom		Often	
Country/Rural	1	2	3	4	5	
City – Suburbs	1	2	3	4	5	
City – Downtown	1	2	3	4	5	
City – Freeways	1	2	3	4	5	

11. Indicate your level of comfort driving in the following hazardous conditions.

- |       | Very Comfortable         | Comfortable              | Uncomfortable            |
|-------|--------------------------|--------------------------|--------------------------|
| Night | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rain  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Slush | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

	Very Comfortable	Comfortable	Uncomfortable
Freezing Rain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. What types of vehicles have you owned/leased or operated on a **regular** basis?

	Owned	Operated
Motorcycle	<input type="checkbox"/>	<input type="checkbox"/>
Car Type _____	<input type="checkbox"/>	<input type="checkbox"/>
Van	<input type="checkbox"/>	<input type="checkbox"/>
Truck	<input type="checkbox"/>	<input type="checkbox"/>
Bus	<input type="checkbox"/>	<input type="checkbox"/>
Farm Vehicle Type _____	<input type="checkbox"/>	<input type="checkbox"/>
Construction Vehicle Type _____	<input type="checkbox"/>	<input type="checkbox"/>
Recreational Vehicle Type _____	<input type="checkbox"/>	<input type="checkbox"/>

13. How do you respond when you become upset at another driver's conduct?

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14. Have you ever driven a motor vehicle as a condition of employment?

Yes                       No

If yes – List the type(s) of vehicle driven and approximate year and class of licence required.

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Drove Infrequently  Drove Regularly  Drove Frequently

Responsibilities: \_\_\_\_\_

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15. Have you ever completed an accredited or specialized driver's training course? (Be prepared to produce issuing agency's certificate.)

Yes                       No

Year and course description: \_\_\_\_\_

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16. List the number of motor vehicle collisions you have been involved in (as the driver) and whether or not you were at fault. Include the year and a **brief** explanation of the circumstances. Include minor collisions that were not required to be reported to police. (Use back of sheet if needed).

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17. List **all the convictions** for any driving related offences. Indicate the approximate year and in the case of speeding, indicate the rate of speed traveled and the posted limit, including photo radar and red light cameras. Use additional pages if necessary.

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18. Number of kilometers driven per year: \_\_\_\_\_

I hereby declare that the foregoing information is true and complete. I understand that a false statement or failure to disclose information may disqualify me from any driving privileges/opportunities, employment or result in dismissal.

Name: \_\_\_\_\_

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