



NUCLEAR SECURITY CLEARANCE PACKAGE FOR OPG AND BRUCE POWER

Please read this check list before you start. Email your completed Application with all the documents required to gnalsok@ibblocal128.org. Once you have Emailed your application, please call, or follow up to verify your application was received. If you have any questions, please contact Goksen Nalsok "Turk" at 905-332-0128 Ext. 244.

Please note all photo samples provided in the package are from google.ca and are examples only.

1. Do not date any of the forms.
2. A clear and legible copy of both sides of a Canadian Birth Certificate or a valid Canadian Citizenship/Permanent Residence card has been included.
3. A clear and legible copy of both sides of a valid Driver's License or Ontario Photo Card. If you do not have either, provide a Passport accompanied with a household bill.
4. Members include a clear and legible copy of a Union Card.
5. A clear and legible copy of a certified diploma/grade 12 transcripts. A Certificate of Qualification or a Red Seal.
6. If applicant has not been a member of the Boilermakers for a minimum of 5 years, then verification of past employment will be required. Acceptable forms of verification include: Letter from past employer on company letterhead stating duration of employment, or T4's/T4E's with dollar amounts blanked out, or Records of Employment. If you need duplicate copies you can contact the Government at 1-800-206-7218 and 1-800-959-8281. If you did not qualify for E.I. you need to write a brief letter stating the time period you were unemployed, address and phone number then sign and date the letter.
7. It is understood that applications missing information or documentation will not be processed by Bruce Power or OPG and security clearance required for employment will not be granted.
8. Write neat and legibly in block letters. Typed applications will also be accepted. Please sign with blue ink pen.

**BOILERMAKERS LOCAL 128
NUCLEAR SECURITY CLEARANCES
1035 SUTTON DRIVE, BURLINGTON, ON, L7L 5Z8**

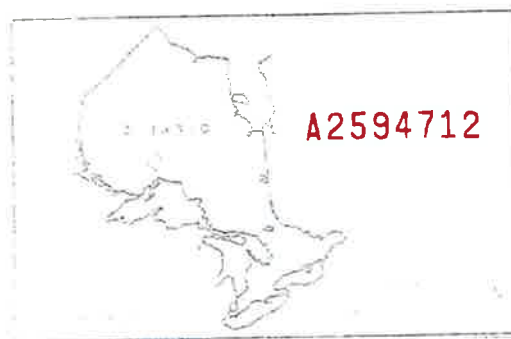
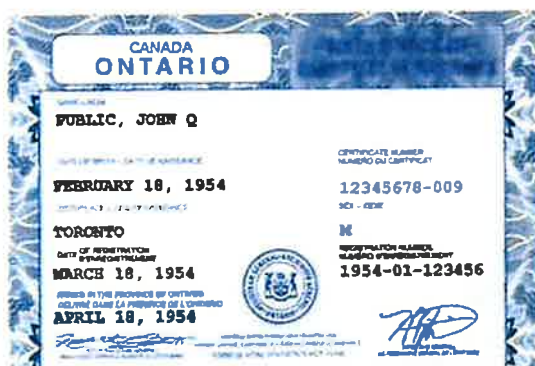
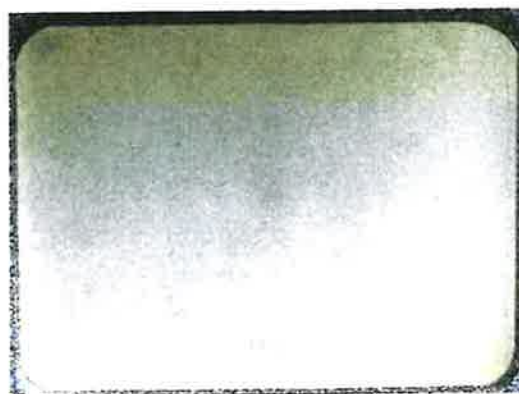
Rev 02

EXAMPLES OF BIRTH CERTIFICATES

FRONT



BACK



EXAMPLES OF CITIZENSHIP

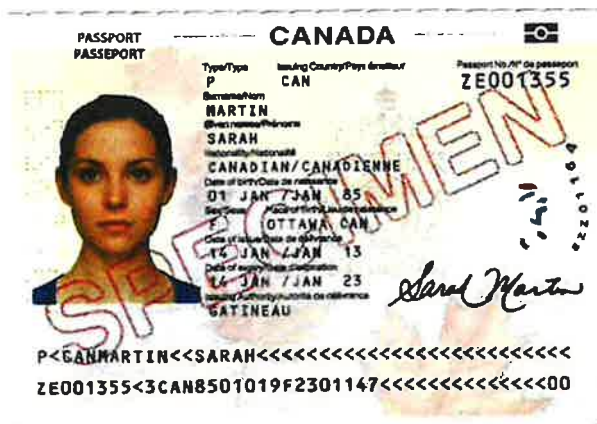
Permanent Resident Card, Front and Back



Citizenship Card, Back and Front



Passport

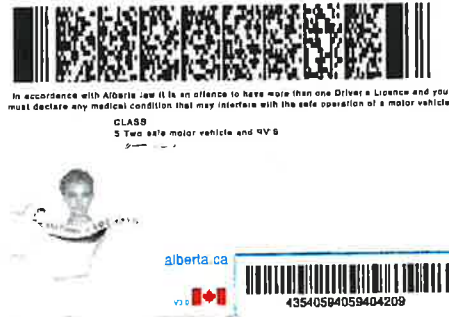
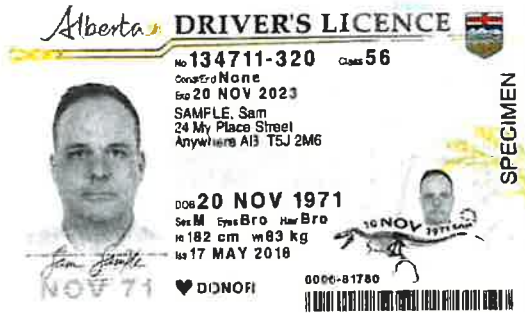


EXAMPLES OF DRIVER'S LICENSE

Ontario Driver's License, Front and Back



Albert Driver's License, Front and Back

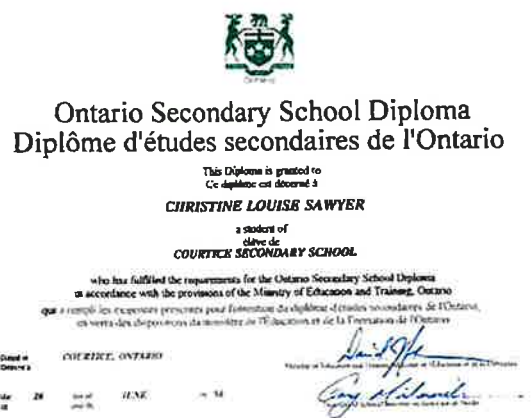
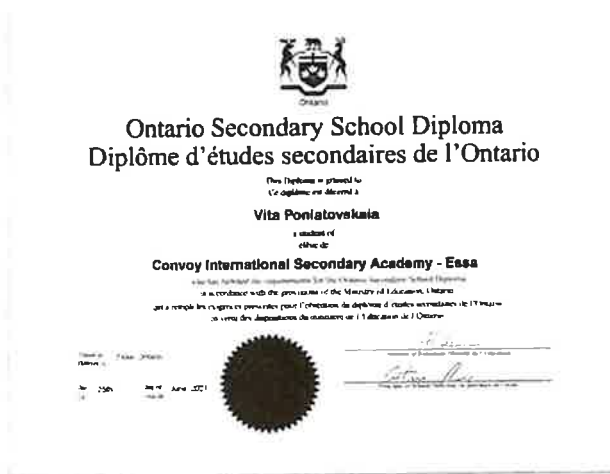


Ontario Photo Card, Front and Back



EXAMPLES OF DIPLOMA OR TRANSCRIPT

Ontario Secondary School Diploma



Ontario Secondary School Transcript

ONTARIO STUDENT TRANSCRIPT

Student Name: Vanessa Juras

Year	Term	Course	Grade	Score	Percentage
2017	1	Independent Credit	12	11.00	11.00
2017	2	Independent Credit	12	11.00	11.00
2017	3	English 12	12	11.00	11.00
2017	4	English 12	12	11.00	11.00
2017	5	English 12	12	11.00	11.00
2017	6	English 12	12	11.00	11.00
2017	7	English 12	12	11.00	11.00
2017	8	English 12	12	11.00	11.00
2017	9	English 12	12	11.00	11.00
2017	10	English 12	12	11.00	11.00
2017	11	English 12	12	11.00	11.00
2017	12	English 12	12	11.00	11.00
2017	13	English 12	12	11.00	11.00
2017	14	English 12	12	11.00	11.00
2017	15	English 12	12	11.00	11.00
2017	16	English 12	12	11.00	11.00
2017	17	English 12	12	11.00	11.00
2017	18	English 12	12	11.00	11.00
2017	19	English 12	12	11.00	11.00
2017	20	English 12	12	11.00	11.00
2017	21	English 12	12	11.00	11.00
2017	22	English 12	12	11.00	11.00
2017	23	English 12	12	11.00	11.00
2017	24	English 12	12	11.00	11.00
2017	25	English 12	12	11.00	11.00
2017	26	English 12	12	11.00	11.00
2017	27	English 12	12	11.00	11.00
2017	28	English 12	12	11.00	11.00
2017	29	English 12	12	11.00	11.00
2017	30	English 12	12	11.00	11.00
2017	31	English 12	12	11.00	11.00
2017	32	English 12	12	11.00	11.00
2017	33	English 12	12	11.00	11.00
2017	34	English 12	12	11.00	11.00
2017	35	English 12	12	11.00	11.00
2017	36	English 12	12	11.00	11.00
2017	37	English 12	12	11.00	11.00
2017	38	English 12	12	11.00	11.00
2017	39	English 12	12	11.00	11.00
2017	40	English 12	12	11.00	11.00
2017	41	English 12	12	11.00	11.00
2017	42	English 12	12	11.00	11.00
2017	43	English 12	12	11.00	11.00
2017	44	English 12	12	11.00	11.00
2017	45	English 12	12	11.00	11.00
2017	46	English 12	12	11.00	11.00
2017	47	English 12	12	11.00	11.00
2017	48	English 12	12	11.00	11.00
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2017	51	English 12	12	11.00	11.00
2017	52	English 12	12	11.00	11.00
2017	53	English 12	12	11.00	11.00
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2017	56	English 12	12	11.00	11.00
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2017	58	English 12	12	11.00	11.00
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2017	65	English 12	12	11.00	11.00
2017	66	English 12	12	11.00	11.00
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2017	71	English 12	12	11.00	11.00
2017	72	English 12	12	11.00	11.00
2017	73	English 12	12	11.00	11.00
2017	74	English 12	12	11.00	11.00
2017	75	English 12	12	11.00	11.00
2017	76	English 12	12	11.00	11.00
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2017	78	English 12	12	11.00	11.00
2017	79	English 12	12	11.00	11.00
2017	80	English 12	12	11.00	11.00
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2017	84	English 12	12	11.00	11.00
2017	85	English 12	12	11.00	11.00
2017	86	English 12	12	11.00	11.00
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2017	92	English 12	12	11.00	11.00
2017	93	English 12	12	11.00	11.00
2017	94	English 12	12	11.00	11.00
2017	95	English 12	12	11.00	11.00
2017	96	English 12	12	11.00	11.00
2017	97	English 12	12	11.00	11.00
2017	98	English 12	12	11.00	11.00
2017	99	English 12	12	11.00	11.00
2017	100	English 12	12	11.00	11.00

SUMMARY OF CREDITS: 100

ONTARIO STUDENT TRANSCRIPT

Student Name: Vanessa Juras

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2017	12	English 12	12	11.00	11.00
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2017	32	English 12	12	11.00	11.00
2017	33	English 12	12	11.00	11.00
2017	34	English 12	12	11.00	11.00
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2017	39	English 12	12	11.00	11.00
2017	40	English 12	12	11.00	11.00
2017	41	English 12	12	11.00	11.00
2017	42	English 12	12	11.00	11.00
2017	43	English 12	12	11.00	11.00
2017	44	English 12	12	11.00	11.00
2017	45	English 12	12	11.00	11.00
2017	46	English 12	12	11.00	11.00
2017	47	English 12	12	11.00	11.00
2017	48	English 12	12	11.00	11.00
2017	49	English 12	12	11.00	11.00
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2017	73	English 12	12	11.00	11.00
2017	74	English 12	12	11.00	11.00
2017	75	English 12	12	11.00	11.00
2017	76	English 12	12	11.00	11.00
2017	77	English 12	12	11.00	11.00
2017	78	English 12	12	11.00	

EXAMPLES OF CERTIFICATION OF QUALIFICATION AND RED SEAL



Certificate of Qualification Certificat de qualification

The Trades Qualification Act
Loi sur la qualification professionnelle des gens de métier

This is to certify that
Nous attestons sur la présente que

having complied with The Trades
Qualification Act, and regulations is
issued this certificate of qualification.

a satisfait aux exigences de la Loi sur
la qualification professionnelle des
gens de métier et des règlements; en
for de quoi, le présent certificat de
qualification professionnelle lui est
délivré

CONSTRUCTION-BOILERMAKER



[Signature]
Registrar, Ontario College of Trades

21 June 1994
I.P. ISSUE DATE: 14 June 1994

COMPLETED APPRENTICESHIP: 22 April 1994

Ontario		CERTIFICATE OF QUALIFICATION CERTIFICAT DE QUALIFICATION	
Name / Nom			
Trade Certificate Construction Boilermaker			
Certificate			
Issue Date Date d'émission	27/02/1989		
Issue Number N° d'émission	F0100014	09/03/1998	
1631016	428A-		

CERTIFICATE OF QUALIFICATION

THE ONTARIO COLLEGE OF TRADES AND APPRENTICESHIP ACT 2009

This is to certify that

having met the requirements under the Ontario College of
Trades and Apprenticeship Act, 2009, and regulations is
issued this Certificate of Qualification.

428A-Construction Boilermaker
Membership Number Membership Class Journeyman's Class

This document can be verified at www.collegetrades.ca/public-register.

Signature of Holder
[Signature]
Registrar, Ontario College of Trades



ONTARIO COLLEGE OF TRADES
ORDRE DES METIERS DE L'ONTARIO

Certificate Number: 964464
Date Issued: March 15, 2012

Printed 141-35, 2/18, Issue 55, 1/08, 1, Security Code: 147600

JOURNEYMAN CERTIFICATE	
THIS IS TO CERTIFY THAT	
HAS COMPLETED AN ALBERTA APPRENTICESHIP PROGRAM AND HAVING ACHIEVED THE STANDARDS ESTABLISHED UNDER THE ALBERTA APPRENTICESHIP AND INDUSTRY TRAINING ACT, IS HEREBY AUTHORIZED TO WORK IN THE TRADE AS A JOURNEYMAN AND TO USE THE TITLE CERTIFIED JOURNEYMAN	
WELDER	
EFFECTIVE DATE January 7th, 2015	ISSUE DATE February 4th, 2015
HONOURABLE DON SCOTT MINISTER OF INNOVATION AND ADVANCED EDUCATION	MARK DOUGLAS EXECUTIVE DIRECTOR OF APPRENTICESHIP & INDUSTRY TRAINING





INSTRUCTIONS FOR PERSONNEL SCREENING CONSENT AND AUTHORIZATION FORM TBS/SCT 330-23E (Rev. 2002/02)
Once completed, this form shall be safeguarded and handled at the level of Protected A.

General:

If space allotted in any portion is insufficient please use separate sheet using same format.

1. Section A (Administrative Information) Authorized Departmental/Agency/Organizational Official

The Official, based on instructions issued by the Departmental Security Officer, may be responsible for determining, based on five year background history, what constitutes sufficient verification of personal data, educational and professional qualifications, and employment history. References are to be limited to those provided on the application for employment or equivalent forms.

SUPPLEMENTAL INFORMATION REQUIREMENTS

Persons who presently hold a SECURITY CLEARANCE and subsequently marry, remarry or commence a common-law partnership, in addition to having to update sections of the *Security Clearance Form (TBS/SCT 330-60)*, are required to submit an original *Personnel Screening, Consent and Authorization Form*, with the following parts completed:

Part A - As set forth in each question

Part B - As set forth in each question, excluding CRIMINAL CONVICTIONS IN AND OUTSIDE OF CANADA.

Part C - Applicant's signature and date only are required

"Other". This should be used to identify if the security screening is for Site Access, NATO, SIGINT etc.

2. Section B (Biographical Information)

To be completed by the **applicant**. If more space is required use a separate sheet of paper. Each sheet must be signed.

Country of Birth - For "NEW" requests, if born abroad of Canadian parents, please provide a copy of your Certificate of Registration of Birth Abroad. If you arrived in Canada less than five years ago, provide a copy of the Immigration Visa, Record of Landing document or a copy of passport.

- List only criminal convictions for which a pardon has NOT been granted. Include on a separate attached sheet of paper, if more than one conviction. Applicant must include those convictions outside Canada.
- Offences under the *National Defence Act* are to be included as well as convictions by courts-martial are to be recorded.

3. Section C (Consent and Verification)

A copy of Section "C" may be released to institutions to provide acknowledgement of consent.

Criminal record checks (fingerprints may be required) and credit checks are to be arranged through the Departmental Security Office or the delegated Officer.

Consent: may be given only by an applicant who has reached the age of majority, otherwise, the signature of a parent or guardian is mandatory.

The age of majority is:

19 years in Nfld., N.S., N.B., B.C., Yukon, Northwest Territories and Nunavut; 18 years in P.E.I., Que., Ont., Man., Sask. and Alta.

The applicant will provide initials in the "applicant's initials box".

The official who carried out the verification of the information will print their name, insert their initials and telephone number in the required space.

- Reliability Screening (for all types of screening identified within Section A): complete numbers 1 and 2 and 3 if applicable.
- Security Clearance (for all types of screening identified within Section A): complete numbers 1 to 4 and 5 where applicable.
- Other: number 5 is used only where prior Treasury Board of Canada Secretariat approval has been obtained.

4. Section D (Review)

To be completed by authorized Departmental/Agency/Organizational Official who is responsible for ensuring the completion of sections A to C as requested.

5. Section E (Approval)

Authorized Departmental/Agency/Organizational Security Official refers to the individuals as determined by departments, agencies, and organizations that may verify reliability information and/or approve/not approve reliability status and/or security clearances. Approved Reliability Status and Level I, II and III, as well as the signature of the authorized security official or manager are added for Government of Canada use only. Applicants are to be briefed, acknowledge, and be provided with a copy of the "Security Screening Certificate and Briefing Form (TBS/SCT 330-47)".
Note: Private sector organizations do not have the authority to approve any level of security screening.

Photographs: Departments/Agencies/Organizations are responsible for ensuring that three colour photographs of passport size are attached to the form for the investigating agency. Maximum dimensions are 50mm x 70mm and minimum are 43mm x 54mm. The face length from chin to crown of head must be between 25mm x 35mm. The photographs must be signed by the applicant and an authorized security official. The photographs must have been taken within the last six months. It is required for new or upgrade Level III security clearances for identification of the applicant during the security screening investigation by the investigating agency. The investigating agency may in specific incidents request a photograph for a Level I or II clearances when an investigation is required.



Government of Canada
Gouvernement du Canada

SAMPLE OPG

PROTECTED (when completed)

**PERSONNEL SCREENING,
CONSENT AND AUTHORIZATION FORM**

OFFICE USE ONLY		
Reference number	Department/Organization number	File number

NOTE: For Privacy Act Statement refer to Section C of this form and for completion instructions refer to attached instructions.
Please typewrite or print in block letters.

A ADMINISTRATIVE INFORMATION (To be completed by the Authorized Departmental/Agency/Organizational Official)

<input checked="" type="checkbox"/> New	<input type="checkbox"/> Update	<input type="checkbox"/> Upgrade	<input type="checkbox"/> Transfer	<input type="checkbox"/> Supplemental	<input type="checkbox"/> Re-activation
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The requested level of reliability/security check(s)

<input type="checkbox"/> Reliability Status	<input type="checkbox"/> Level I (CONFIDENTIAL)	<input type="checkbox"/> Level II (SECRET)	<input type="checkbox"/> Level III (TOP SECRET)
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☒ Other **SITE ACCESS**

PARTICULARS OF APPOINTMENT/ASSIGNMENT/CONTRACT

<input type="checkbox"/> Indeterminate	<input type="checkbox"/> Term	<input type="checkbox"/> Contract	<input type="checkbox"/> Industry	<input checked="" type="checkbox"/> Other (specify secondment, assignment, etc.) CONTRACTOR
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Justification for security screening requirement
C.N.S.C CANADIAN NUCLEAR SAFETY COMMISSION

Position/Competition/Contract number LABOURER	Title BOILERMAKER	Group/Level (Rank if applicable)
Employee ID number/PRI/Rank and Service number (if applicable)	If term or contract, indicate duration period	From To
Name and address of department / organization / agency 889 BROCK ROAD, PICKERING	Name of official PAUL RAYMOND	Telephone number (905) 831-2838
		Facsimile number ()

B BIOGRAPHICAL INFORMATION (To be completed by the applicant)

Surname (Last name) DOE	Full given names (no initials) underline or circle usual name used JOHN WILLIAM	Family name at birth DOE
All other names used (i.e. Nickname) BILL	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth Y M D 1 9 8 7 0 3 0 1
	Country of birth CANADA	Date of entry into Canada if born outside Canada Y M D
RESIDENCE (provide addresses for the last five years, starting with the most current) Home address		Daytime telephone number (416) 000-0000
E-mail address		
1		
Apartment number	Street number 1234	Street name YELLOW BRICK ROAD
Civic number (if applicable)	From Y M 2 0 0 7 0 4	To present
City TORONTO	Province or state ONTARIO	Postal code A1A 2B2
Country	Telephone number (416) 000-0000	
2		
Apartment number	Street number	Street name
Civic number (if applicable)	From Y M	To Y M
City	Province or state	Postal code
Country	Telephone number ()	
Have you previously completed a Government of Canada security screening form? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give name of employer, level and year of screening. IF YES GIVE INFORMATION		
CRIMINAL CONVICTIONS IN AND OUTSIDE OF CANADA (see instructions)		
Have you ever been convicted of a criminal offence for which you have not been granted a pardon? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give details. (charge(s), name of police force, city, province/state, country and date of conviction)		
Charge(s) D.U.I	Name of police force DURHAM REGIONAL POLICE	City OSHAWA
Province/State ONTARIO	Country CANADA	Date of conviction Y M D 2 0 0 0 0 0 0 0



Government
of Canada

Gouvernement
du Canada

**PERSONNEL SCREENING,
CONSENT AND AUTHORIZATION FORM**

PROTECTED (when completed)

Surname and full given names DOE JOHN WILLIAM	Date of birth Y M D 1 9 8 7 0 3 0 1
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C CONSENT AND VERIFICATION (To be completed by the applicant and authorized Departmental/Agency/Organizational Official)

Checks Required (See Instructions)	Applicant's Initials	Name of official (print)	Official's initials	Official's Telephone number
1. <input checked="" type="checkbox"/> Date of birth, address, education, professional qualifications, employment history, personal character references	JD	REGINA ATSAVES		(905) 839-8745
2. <input checked="" type="checkbox"/> Criminal record check	JD	REGINA ATSAVES		(905) 839-8745
3. <input type="checkbox"/> Credit check (financial assessment, including credit records check)				()
4. <input checked="" type="checkbox"/> Loyalty (security assessment only)	JD			
5. <input type="checkbox"/> Other (specify, see instructions)				()

The Privacy Act Statement

The information on this form is required for the purpose of providing a security screening assessment. It is collected under the authority of subsection 7(1) of the *Financial Administration Act* and the *Government Security Policy (GSP)* of the Government of Canada, and is protected by the provisions of the *Privacy Act* in institutions that are covered by the *Privacy Act*. Its collection is mandatory. A refusal to provide information will lead to a review of whether the person is eligible to hold the position or perform the contract that is associated with this Personnel Screening Request. Depending on the level of security screening required, the information collected by the government institution may be disclosed to the Royal Canadian Mounted Police (RCMP) and the Canadian Security Intelligence Service (CSIS), which conduct the requisite checks and/or investigation in accordance with the GSP and to entities outside the federal government (e.g. credit bureaus). It is used to support decisions on individuals working or applying to work through appointment, assignment or contract, transfers or promotions. It may also be used in the context of updating, or reviewing for cause, the reliability status, security clearance or site access, all of which may lead to a re-assessment of the applicable type of security screening. Information collected by the government institution, and information gathered from the requisite checks and/or investigation, may be used to support decisions, which may lead to discipline and/or termination of employment or contractual agreements. The personal information collected is described in Standard PIB PSU 917 (Personnel Security Screening) which is used by all government agencies, except the Department of National Defence PIB DND/PPE 834 (Personnel Security Investigation File), RCMP PIB CMP PPU 065 (Security/Reliability Screening Records), CSIS PIB SIS PPE 815 (Employee Security), and PWGSC PIB PWGSC PPU 015 (Personnel Clearance and Reliability Records) used for Canadian Industry Personnel. Personal information related to security assessments is also described in the CSIS PIB SIS PPU 005 (Security Assessments/Advice).

I, the undersigned, do consent to the disclosure of the preceding information including my photograph for its subsequent verification and/or use in an investigation for the purpose of providing a security screening assessment. By consenting to the above, I acknowledge that the verification and/or use in an investigation of the preceding information may also occur when the reliability status, security clearance or site access are updated or otherwise reviewed for cause under the Government Security Policy. My consent will remain valid until I no longer require a reliability status, a security clearance or a site access clearance, my employment or contract is terminated, or until I otherwise revoke my consent, in writing, to the authorized security official.

Signature
Signature

DO NOT DATE
Date (Y/M/D)

D REVIEW (To be completed by the authorized Departmental/Agency/Organizational Official responsible for ensuring the completion of sections A, B and C)

Name and title REGINA ATSAVES, FLM SECURITY	Telephone number 905-839-6746 x 4003
Address 889 BROCK ROAD,	Facsimile number 905-837-3924

E APPROVAL (To be completed by authorized Departmental/Agency/Organizational Security Official only)

I, the undersigned, as the authorized security official, do hereby approve the following level of screening.

Reliability Status <input type="checkbox"/> Approved Reliability Status <input type="checkbox"/> Not approved REGINA ATSAVES, FLM SECURITY Name and title Signature Date (Y/M/D)	PHOTO (for Level III T.S., and/or upon request - see instructions)
Security Clearance (if applicable) <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Not recommended REGINA ATSAVES, FLM SECURITY Name and title Signature Date (Y/M/D)	
Comments	



**PERSONNEL SCREENING,
CONSENT AND AUTHORIZATION FORM**

OFFICE USE ONLY		
Reference number	Department/Organization number	File number

NOTE: For Privacy Act Statement refer to Section C of this form and for completion instructions refer to attached instructions.
Please typewrite or print in block letters.

A ADMINISTRATIVE INFORMATION (To be completed by the Authorized Departmental/Agency/Organizational Official)

<input checked="" type="checkbox"/> New	<input type="checkbox"/> Update	<input type="checkbox"/> Upgrade	<input type="checkbox"/> Transfer	<input type="checkbox"/> Supplemental	<input type="checkbox"/> Re-activation
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The requested level of reliability/security check(s)

☐ Reliability Status ☐ Level I (CONFIDENTIAL) ☐ Level II (SECRET) ☐ Level III (TOP SECRET)

☒ Other **SITE ACCESS**

PARTICULARS OF APPOINTMENT/ASSIGNMENT/CONTRACT

☐ Indeterminate ☐ Term ☐ Contract ☐ Industry ☒ Other (specify secondment, assignment, etc.) **CONTRACTOR**

Justification for security screening requirement

C.N.S.C CANADIAN NUCLEAR SAFETY COMMISSION

Position/Competition/Contract number LABOURER	Title BOILERMAKER	Group/Level (Rank if applicable)	
Employee ID number/PRI/Rank and Service number (if applicable)	If term or contract, indicate duration period	From	To
Name and address of department / organization / agency 889 BROCK ROAD, PICKERING	Name of official PAUL RAYMOND	Telephone number (905) 831-2838	Facsimile number ()

B BIOGRAPHICAL INFORMATION (To be completed by the applicant)

Surname (Last name)		Full given names (no initials) underline or circle usual name used		Family name at birth			
All other names used (i.e. Nickname)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth Y M D	Country of birth	Date of entry into Canada if born outside Canada Y M D		
RESIDENCE (provide addresses for the last five years, starting with the most current) Home address			Daytime telephone number ()		E-mail address		
1	Apartment number	Street number	Street name		Civic number (if applicable)	From Y M	To present
	City		Province or state	Postal code	Country	Telephone number ()	
2	Apartment number	Street number	Street name		Civic number (if applicable)	From Y M	To Y M
	City		Province or state	Postal code	Country	Telephone number ()	
Have you previously completed a Government of Canada security screening form? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, give name of employer, level and year of screening. Y				

CRIMINAL CONVICTIONS IN AND OUTSIDE OF CANADA (see instructions)

Have you ever been convicted of a criminal offence for which you have not been granted a pardon? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, give details. (charge(s), name of police force, city, province/state, country and date of conviction)	
Charge(s)	Name of police force		City
Province/State	Country	Date of conviction Y M D	



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**PERSONNEL SCREENING,
CONSENT AND AUTHORIZATION FORM**

PROTECTED (when completed)

Surname and full given names	Date of birth Y M D
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C CONSENT AND VERIFICATION (To be completed by the applicant and authorized Departmental/Agency/Organizational Official)

Checks Required (See Instructions)	Applicant's initials	Name of official (print)	Official's initials	Official's Telephone number
1. <input checked="" type="checkbox"/> Date of birth, address, education, professional qualifications, employment history, personal character references		REGINA ATSAVES		(905) 839-8745
2. <input checked="" type="checkbox"/> Criminal record check		REGINA ATSAVES		(905) 839-8745
3. <input type="checkbox"/> Credit check (financial assessment, including credit records check)				()
4. <input checked="" type="checkbox"/> Loyalty (security assessment only)				
5. <input type="checkbox"/> Other (specify, see instructions)				()

The Privacy Act Statement

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Signature Date (Y/M/D)

D REVIEW (To be completed by the authorized Departmental/Agency/Organizational Official responsible for ensuring the completion of sections A, B and C)

Name and title REGINA ATSAVES, FLM SECURITY	Telephone number 905-839-6746 x 4003
Address 889 BROCK ROAD,	Facsimile number 905-837-3924

E APPROVAL (To be completed by authorized Departmental/Agency/Organizational Security Official only)

I, the undersigned, as the authorized security official, do hereby approve the following level of screening.

Reliability Status			
<input type="checkbox"/> Approved Reliability Status	<input type="checkbox"/> Not approved		
REGINA ATSAVES, FLM SECURITY			
Name and title			
Signature	Date (Y/M/D)		
Security Clearance (if applicable)			
<input type="checkbox"/> Level I	<input type="checkbox"/> Level II	<input type="checkbox"/> Level III	<input type="checkbox"/> Not recommended
REGINA ATSAVES, FLM SECURITY			
Name and title			
Signature	Date (Y/M/D)		

PHOTO
(for Level III T.S.,
and/or upon request
- see instructions)

Comments

SAMPLE BRUCE POWER



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PERSONNEL SCREENING,
CONSENT AND AUTHORIZATION FORM

OFFICE USE ONLY		
Reference number	Department/Organization number	File number

NOTE: For Privacy Act Statement refer to Section C of this form and for completion instructions refer to attached instructions.
Please typewrite or print in block letters.

A ADMINISTRATIVE INFORMATION (To be completed by the Authorized Departmental/Agency/Organizational Official)

<input type="checkbox"/> New	<input type="checkbox"/> Update	<input type="checkbox"/> Upgrade	<input type="checkbox"/> Transfer	<input type="checkbox"/> Supplemental	<input type="checkbox"/> Re-activation
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The requested level of reliability/security check(s)

☐ Reliability Status ☐ Level I (CONFIDENTIAL) ☐ Level II (SECRET) ☐ Level III (TOP SECRET)

☒ Other **SITE ACCESS**

PARTICULARS OF APPOINTMENT/ASSIGNMENT/CONTRACT

☐ Indeterminate ☒ Term ☐ Contract ☐ Industry ☐ Other (specify secondment, assignment, etc.)

Justification for security screening requirement

CNSC REQUIREMENT

Position/Competition/Contract number	Title BOILERMAKER	Group/Level (Rank if applicable)
Employee ID number/PRI/Rank and Service number (if applicable)	If term or contract, indicate duration period	From To
Name and address of department / organization / agency BOILERMAKERS LOCAL 128	Name of official GOKSEN NALSOK "TURK"	Telephone number (905) 332-0128
		Facsimile number (905) 332-9057

B BIOGRAPHICAL INFORMATION (To be completed by the applicant)

Surname (Last name) DOE	Full given names (no initials) underline or circle usual name used JOHN WILLIAM	Family name at birth DOE
All other names used (i.e. Nickname) BILL	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth Y M D 1 9 8 7 0 3 0 1
	Country of birth CANADA	Date of entry into Canada if born outside Canada Y M D
RESIDENCE (provide addresses for the last five years, starting with the most current) Home address	Daytime telephone number (416) 000-0000	E-mail address
1	Apartment number 1234	Street number 1234
	Street name YELLOW BRICK ROAD	Civic number (if applicable)
	City TORONTO	Province or state ONTARIO
	Postal code A1A 2B2	Country CANADA
	Telephone number (416) 000-0000	
2	Apartment number	Street number
	Street name	Civic number (if applicable)
	City	Province or state
	Postal code	Country
	Telephone number	

Have you previously completed a Government of Canada security screening form? ☒ Yes ☐ No

If yes, give name of employer, level and year of screening.
IF YES GIVE INFORMATION

CRIMINAL CONVICTIONS IN AND OUTSIDE OF CANADA (see instructions)

Have you ever been convicted of a criminal offence for which you have not been granted a pardon? ☒ Yes ☐ No

If yes, give details. (charge(s), name of police force, city, province/state, country and date of conviction)

Charge(s) D.U.I	Name of police force DURHAM REGIONAL POLICE	City OSHAWA
Province/State ONTARIO	Country CANADA	Date of conviction Y M D 2 0 0 0 0 0 0 0



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**PERSONNEL SCREENING,
CONSENT AND AUTHORIZATION FORM**

PROTECTED (when completed)

Surname and full given names DOE JOHN WILLIAM	Date of birth Y M D 1 9 8 7 0 3 0 1
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C CONSENT AND VERIFICATION (To be completed by the applicant and authorized Departmental/Agency/Organizational Official)

Checks Required (See Instructions)	Applicant's initials	Name of official (print)	Official's initials	Official's Telephone number
1. <input checked="" type="checkbox"/> Date of birth, address, education, professional qualifications, employment history, personal character references	<i>JD</i>			(519) 361-2673
2. <input checked="" type="checkbox"/> Criminal record check	<i>JD</i>			(519) 361-2673
3. <input type="checkbox"/> Credit check (financial assessment, including credit records check)	<i>JD</i>			(519) 361-2673
4. <input checked="" type="checkbox"/> Loyalty (security assessment only)	<i>JD</i>			
5. <input type="checkbox"/> Other (specify, see instructions)				()

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Signature
Signature

DO NOT DATE
Date (Y/M/D)

D REVIEW (To be completed by the authorized Departmental/Agency/Organizational Official responsible for ensuring the completion of sections A, B and C)

Name and title SECURITY CLEARANCE SPECIALIST	Telephone number 519-361-2673
Address 177 TIE ROAD, TIVERTON, ONTARIO, N0G 2T0	Facsimile number 519-361-5900

E APPROVAL (To be completed by authorized Departmental/Agency/Organizational Security Official only)

I, the undersigned, as the authorized security official, do hereby approve the following level of screening.

Reliability Status <input type="checkbox"/> Approved Reliability Status <input type="checkbox"/> Not approved
SECURITY CLEARANCE SPECIALIST Name and title Signature Date (Y/M/D)
Security Clearance (if applicable) <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Not recommended
SECURITY CLEARANCE SPECIALIST Name and title Signature Date (Y/M/D)

Comments

PHOTO
(for Level III T.S.,
and/or upon request
- see instructions)



**PERSONNEL SCREENING,
CONSENT AND AUTHORIZATION FORM**

OFFICE USE ONLY		
Reference number	Department/Organization number	File number

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Please typewrite or print in block letters.

A ADMINISTRATIVE INFORMATION (To be completed by the Authorized Departmental/Agency/Organizational Official)

☐ New ☐ Update ☐ Upgrade ☐ Transfer ☐ Supplemental ☐ Re-activation

The requested level of reliability/security check(s)

☐ Reliability Status ☐ Level I (CONFIDENTIAL) ☐ Level II (SECRET) ☐ Level III (TOP SECRET)

☒ Other **SITE ACCESS**

PARTICULARS OF APPOINTMENT/ASSIGNMENT/CONTRACT

☐ Indeterminate ☒ Term ☐ Contract ☐ Industry ☐ Other (specify secondment, assignment, etc.)

Justification for security screening requirement

CNSC REQUIREMENT

Position/Competition/Contract number	Title BOILERMAKER	Group/Level (Rank if applicable)	
Employee ID number/PRI/Rank and Service number (if applicable)	If term or contract, indicate duration period	From	To
Name and address of department / organization / agency BOILERMAKERS LOCAL 128	Name of official GOKSEN NALSOK "TURK"	Telephone number (905) 332-0128	Facsimile number (905) 332-9057

B BIOGRAPHICAL INFORMATION (To be completed by the applicant)

Surname (Last name)	Full given names (no initials) underline or circle usual name used		Family name at birth	
All other names used (i.e. Nickname)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth Y M D	Country of birth	Date of entry into Canada if born outside Canada Y M D

RESIDENCE (provide addresses for the last five years, starting with the most current)
Home address

Daytime telephone number

E-mail address

	Apartment number	Street number	Street name	Civic number (if applicable)	From Y M	To present
1						
	City	Province or state	Postal code	Country	Telephone number ()	
2						
	City	Province or state	Postal code	Country	Telephone number ()	

Have you previously completed a Government of Canada security screening form? ☐ Yes ☐ No

If yes, give name of employer, level and year of screening.

CRIMINAL CONVICTIONS IN AND OUTSIDE OF CANADA (see instructions)

Have you ever been convicted of a criminal offence for which you have not been granted a pardon? ☐ Yes ☐ No

If yes, give details. (charge(s), name of police force, city, province/state, country and date of conviction)

Charge(s)	Name of police force	City
Province/State	Country	Date of conviction Y M D



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**PERSONNEL SCREENING,
CONSENT AND AUTHORIZATION FORM**

PROTECTED (when completed)

Surname and full given names	Date of birth Y M D
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C CONSENT AND VERIFICATION (To be completed by the applicant and authorized Departmental/Agency/Organizational Official)

Checks Required (See Instructions)	Applicant's initials	Name of official (print)	Official's initials	Official's Telephone number
1. <input checked="" type="checkbox"/> Date of birth, address, education, professional qualifications, employment history, personal character references				(519) 361-2673
2. <input checked="" type="checkbox"/> Criminal record check				(519) 361-2673
3. <input type="checkbox"/> Credit check (financial assessment, including credit records check)				(519) 361-2673
4. <input checked="" type="checkbox"/> Loyalty (security assessment only)				
5. <input type="checkbox"/> Other (specify, see instructions)				()

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Signature _____ Date (Y/M/D) _____

D REVIEW (To be completed by the authorized Departmental/Agency/Organizational Official responsible for ensuring the completion of sections A, B and C)

Name and title SECURITY CLEARANCE SPECIALIST	Telephone number 519-361-2673
Address 177 TIE ROAD, TIVERTON, ONTARIO, N0G 2T0	Facsimile number 519-361-5900

E APPROVAL (To be completed by authorized Departmental/Agency/Organizational Security Official only)

I, the undersigned, as the authorized security official, do hereby approve the following level of screening.

Reliability Status

☐ Approved Reliability Status ☐ Not approved

SECURITY CLEARANCE SPECIALIST

Name and title

Signature

Date (Y/M/D)

Security Clearance (if applicable)

☐ Level I ☐ Level II ☐ Level III ☐ Not recommended

SECURITY CLEARANCE SPECIALIST

Name and title

Signature

Date (Y/M/D)

Comments

PHOTO
(for Level III T.S.,
and/or upon request
- see instructions)



INSTRUCTIONS FOR COMPLETION OF SECURITY CLEARANCE FORM TBS/SCT 330-60E (Rev. 2006-02)

General:

- Once completed this form shall be safeguarded and handled at the level of PROTECTED A.
- If clarification of information is required, a Canadian Government Official may contact the applicant to obtain additional information in order to complete the security screening investigation and an interview of the applicant may be requested.
- This form is to be completed using an automated system or if not available using a typewriter or printing in block letter format in black ink.
- Please read and follow these instructions carefully.
- The original signed copy must be submitted.
- It is important that a copy of the completed questionnaire be retained by the applicant for future reference.
- Incomplete or illegible forms will NOT be considered.
- All names are to be in full (no initials) (Maternal and Paternal or other names used).
- Addresses are to include, where applicable civic or township name and the lot and concession numbers.
- If information is not known or is unavailable please indicate this on the form and on a separate sheet of paper explain the cause of circumstance.
- All dates are to be entered in order of YEAR, MONTH, and DAY as applicable.
- If space allotted in any portion is insufficient please use separate sheet using same format.

Detailed Instructions:

SECTION A

- To be completed by the department, agency or organization.
- "Other" This should be used to identify if the security screening is for Site Access, NATO, SIGINT etc.

SECTION B (Remainder of the form is to be completed by the applicant)

- Complete as requested.

SECTION C

- Complete as requested.

SECTION D

"common-law partner" - in relation to an applicant, means a person who is cohabiting with the individual in a conjugal relationship, having so cohabited for a period of at least one year. This includes persons of the same sex.

- 1. includes current spouse and common-law partner as applicable.
- If any person is deceased, date of death and last address while living are to be shown.
- 2. includes previous spouse and common-law partner as applicable during the last five years.
- If a person is deceased, date of death is to be shown in 2e.
- All other questions to be answered as set forth.

SECTION E

- Questions 1 to 8 - experience has shown that incomplete answers to these questions are the most common cause of delay. Please follow the instructions carefully.
- For all security clearance requests all Immediate Relative(s) information must be provided.
- Immediate family includes the following:
 - All children 18 years and over that you or your spouse or common-law partner have a parental relationship.
 - Your father, mother, brothers, sisters. Include "half" or "step" relatives in this category.
 - Your current spouse's or common-law partner's father and mother. Include "half" or "step" relatives in this category.

If any person is deceased, date of death and last address while living are to be shown.

SECTION F

- List only criminal convictions for which a pardon has NOT been granted. Include on a separate attached sheet of paper, if more than one conviction. Applicant must include those convictions outside Canada.
- Offences under the *National Defence Act* are to be included as well as convictions by courts-martial are to be recorded.

SECTION G

- If a naturalized Canadian, it is important to show the certificate number, date of issue. Attach a photocopy of the certificate.
- If born abroad of Canadian parents, please provide a copy of your Certificate of Registration of Birth Abroad.
- If not a Canadian Citizen indicate if application has been made for Citizenship. In this case, passport or identity card number and particulars should be recorded in box "6". Please provide copy of Immigrant Visa or Record of Landing documentation.
- Questions 5 and 6 - Attach a separate sheet of paper if more space is required. Each sheet must be signed.

SECTION H

- As set forth, ensuring current address is recorded first.
- The Postal code is mandatory for the current address, and if known, for previous addresses.
- For rural area, include civic number or lot, concession and township number.

SECTION I

- Record your present employment first.
- Please note that it may be necessary to contact your present employer.
- Time at school and periods of unemployment are also to be shown; (as well as, secondments, educational leave, and courses of over six months' duration; include supervisor or colleague's name).
- Job-site address is the address where your work is performed and may be different from your employer's address.

NOTE: If you are self-employed or a consultant, or have been self-employed or a consultant, provide the following:

- a) Name of employer - give your business name; if not applicable, give your name;
- b) No change;
- c) Job-site address - give your permanent business address; if not applicable, give your residence address;
- d) No change;
- e) No change;
- f) Supervisor's name - give a name of a person who can verify your employment;
- g) No change.

SECTION J

- Is related to determining past employment of security concern. A security official may ask for further details.

SECTION K

- Travel record is for less than six months, if more than this period it is to be recorded as residence in part "H".
- One day visits to countries, such as cruise stopover, do not have to be recorded.
- A security official may ask for details of travel.
- An employee or contractor on Canadian Government business is not required to record details of travel in this section.

SECTION L

- A security official may ask for details in terms of the type of assets and estimated value.

SECTION M

- Character references must be colleagues, peers, and friends who have known you well for over three years and should be able to cover your non-work environment and activities.
- Character references are NOT to include relatives and MUST be residing in Canada.
- Faster processing is facilitated if references listed are in your geographic area.
- Neighbourhood reference is an individual who has known you for over six months preferably at your current address. If not, the individual has been a neighbour during the past five years.

SECTION N

- Complete as requested.

SECTION O

- Question to be answered if not covered in employment section. List last or current unit and dates of total service in the Canadian Armed Forces.
- If more space is required use a separate sheet of paper. Each sheet must be signed.

SECTION P

- Complete as requested.

SUPPLEMENTAL INFORMATION REQUIREMENTS

Persons who have previously completed a SECURITY CLEARANCE and subsequently marry, remarry or commence a common-law partnership are required to submit an original Security Clearance Form with the following parts completed:

For all Security Clearances

- Part A - As set forth in each question
- Part B - As set forth in each question
- Part C - As set forth in each question
- Part D - As set forth in each question
- Part E - Provide details on parents of new spouse/common-law partner and any children (over the age of 18 years) of the new spouse/common-law partner
- Part P - To be signed by person submitting the form

Note: In addition to the above, in those cases where an individual marries or commences a common-law partnership with a Non-Canadian National or Landed Immigrant who has not yet arrived in Canada, the following information is required:

- Parts A-D As set forth in each question
- Part E - Parents of new spouse/common-law partner, brothers, sisters (include "half and "step" relatives) and any children (over the age of 18 years) of the new spouse/common-law partner
- Part H - For new spouse/common-law partnership
- Part I - For new spouse/common-law partnership
- Part P - To be signed by person submitting the form

CYCLICAL UPDATE REQUIREMENTS

- Levels I-II (10 year update). Complete all portions of the form as per instructions above.
- Level III (5 year update cycle)

With the exceptions of Parts H and I, where the information required is that which covers the period of time since the last submission of a questionnaire, **ALL OTHER** parts of the questionnaire must be completed **IN FULL**.



SAMPLE

PROTECTED (When completed)

SECURITY CLEARANCE FORM

OFFICE USE ONLY		
Reference number	Department number	File number

The Privacy Act Statement

The information on this form is required for the purpose of providing a security assessment. It is collected under the authority of subsection 7(1) of the *Financial Administration Act* and the *Government Security Policy (GSP)* of the Government of Canada and is protected by the provisions of the *Privacy Act* in institutions that are covered by the *Privacy Act*. Its collection is mandatory. A refusal to provide information will lead to a review of whether the person is eligible to hold the position or perform the contract that is associated with this Personnel Screening Request. The information collected by the government institution may be disclosed to the Royal Canadian Mounted Police (RCMP) and the Canadian Security Intelligence Service (CSIS), which conduct the requisite checks and/or investigation in accordance with the GSP and to entities outside the federal government (e.g. credit bureaus). It is used to support decisions on individuals working or applying to work through appointment, assignment or contract, transfers or promotions. It may also be used in the context of updating, or reviewing for cause, the reliability status, security clearance or site access, all of which may lead to a re-assessment of the applicable type of security screening. Information collected by the government institution, and information gathered from the requisite checks and/or investigation, may be used to support decisions, which may lead to discipline and/or termination of employment or contractual agreements. The personal information collected is described in Standard PIB PSU 917 (Personnel Security Screening) which is used by all government agencies, except the Department of National Defence PIB DND/PPE 834 (Personnel Security Investigation File), RCMP PIB CMP PPU 065 (Security/Reliability Screening Records), CSIS PIB SIS PPE 815 (Employee Security), and PWGSC PIB PWGSC PPU 015 (Personnel Clearance and Reliability Records) used for Canadian Industry Personnel. Personal information related to security assessments is also described in the CSIS PIB SIS PPU 005 (Security Assessments/Advice).

Please typewrite or print in block letters.

NOTE: Level I and II must complete sections A to J inclusive and P.
Level III must complete all sections.

A ADMINISTRATIVE INFORMATION (To be completed by Department/Agency/Organization)		
<input type="checkbox"/> New <input type="checkbox"/> Update	<input type="checkbox"/> Upgrade <input type="checkbox"/> Transfer	<input type="checkbox"/> Supplemental <input type="checkbox"/> Re-activation
Level <input type="checkbox"/> I (CONFIDENTIAL) <input type="checkbox"/> II (SECRET)		<input type="checkbox"/> III (TOP SECRET) <input type="checkbox"/> other _____
Department/Agency/Organization	Employee ID number/PR/IRank and Service number (if applicable)	Organization number

B BIOGRAPHICAL INFORMATION (To be completed by the applicant)		
1. Surname (Last name) DOE	2. Full given names (no initials) underline or circle usual name used JOHN WILLIAM	3. Family name at birth DOE
4. All other names used (i.e. Nickname) BILL	5. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	6. Date of birth Y M D 1 9 8 7 0 3 0 1
7. Place of birth (city) HAMILTON	Province/State ONTARIO	Country CANADA
8. Name change (other than marriage) From _____ To _____		
9. Place of change (city, province or state, and country)	10. Method (authority)	

C SECURITY SCREENING	
1. Have you previously completed a Government of Canada security screening form? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give name of department/agency/organization, and the year and level of clearance. IF YES STATE THE AGENCY AND YEAR (BRUCE/OPG/AECL) Y

D MARITAL STATUS/COMMON-LAW PARTNERSHIP	
Current status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Common-Law Partnership <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single	
A) CURRENT SPOUSE/COMMON-LAW PARTNER: Surname, given names DOE JANE MARY	B) Maiden Name (if applicable) MAIDEN
C) Present citizenship of current spouse/common-law partner CANADIAN	
D) Date of marriage/common-law partnership Y M D 2 0 0 7 0 3 0 1	E) City, province or state, and country of marriage/common-law partnership TORONTO, ONTARIO, CANADA
F) City, province or state, and country of birth BURLINGTON, ONTARIO, CANADA	G) Date of birth Y M D 1 9 8 6 0 3 0 1
H) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country) 1234 YELLOW BRICK ROAD, TORONTO, ONTARIO, CANADA	I) If separated, widowed or divorced, specify date Y M D
J) Name and address of employer (job title) TD BANK RECEPTIONIST 444 OVERTHERE AVE, TORONTO, ONTARIO, CANADA	
A) PREVIOUS SPOUSE/COMMON-LAW PARTNER: Surname, given names (cover only the past five years)	
B) Present citizenship of former spouse/common-law partner	
C) Date of marriage/common-law partnership Y M D	D) City, province or state, and country of marriage/common-law partnership
E) Date of divorce/separation/deceased Y M D	F) City, province or state, and country of divorce
G) Country of Birth (if known)	H) Date of birth Y M D

E IMMEDIATE RELATIVES (including those living outside Canada) (see instructions)	
NOTE: Do not use initials	
A) Full name (surname and all given names, including maiden name)	B) Relationship
C) City, province or state, and country of birth	D) Date of birth Y M D
E) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country)	F) Date of death (if applicable) Y M D
G) Name and address of employer	H) Job title

SAMPLE

PROTECTED (When completed)

Surname and full given names DOE JOHN WILLIAM	Date of birth <table border="1"> <tr> <td>Y</td> <td>M</td> <td>D</td> </tr> <tr> <td>1</td> <td>9</td> <td>8</td> </tr> <tr> <td>7</td> <td>0</td> <td>3</td> </tr> <tr> <td>0</td> <td>1</td> <td></td> </tr> </table>	Y	M	D	1	9	8	7	0	3	0	1	
Y	M	D											
1	9	8											
7	0	3											
0	1												

E IMMEDIATE RELATIVES (continued)

NOTE: Do not use initials

2	A) Full name (surname and all given names, including maiden name)	B) Relationship						
	C) City, province or state, and country of birth	D) Date of birth <table border="1"> <tr> <td>Y</td> <td>M</td> <td>D</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Y	M	D			
	Y	M	D					
E) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country)	F) Date of death (if applicable) <table border="1"> <tr> <td>Y</td> <td>M</td> <td>D</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Y	M	D				
Y	M	D						
G) Name and address of employer	H) Job title							
3	A) Full name (surname and all given names, including maiden name)	B) Relationship						
	C) City, province or state, and country of birth	D) Date of birth <table border="1"> <tr> <td>Y</td> <td>M</td> <td>D</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Y	M	D			
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Y	M	D						
G) Name and address of employer	H) Job title							
4	A) Full name (surname and all given names, including maiden name)	B) Relationship						
	C) City, province or state, and country of birth	D) Date of birth <table border="1"> <tr> <td>Y</td> <td>M</td> <td>D</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Y	M	D			
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Y	M	D						
G) Name and address of employer	H) Job title							
5	A) Full name (surname and all given names, including maiden name)	B) Relationship						
	C) City, province or state, and country of birth	D) Date of birth <table border="1"> <tr> <td>Y</td> <td>M</td> <td>D</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Y	M	D			
	Y	M	D					
E) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country)	F) Date of death (if applicable) <table border="1"> <tr> <td>Y</td> <td>M</td> <td>D</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Y	M	D				
Y	M	D						
G) Name and address of employer	H) Job title							
6	A) Full name (surname and all given names, including maiden name)	B) Relationship						
	C) City, province or state, and country of birth	D) Date of birth <table border="1"> <tr> <td>Y</td> <td>M</td> <td>D</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Y	M	D			
	Y	M	D					
E) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country)	F) Date of death (if applicable) <table border="1"> <tr> <td>Y</td> <td>M</td> <td>D</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Y	M	D				
Y	M	D						
G) Name and address of employer	H) Job title							
7	A) Full name (surname and all given names, including maiden name)	B) Relationship						
	C) City, province or state, and country of birth	D) Date of birth <table border="1"> <tr> <td>Y</td> <td>M</td> <td>D</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Y	M	D			
	Y	M	D					
E) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country)	F) Date of death (if applicable) <table border="1"> <tr> <td>Y</td> <td>M</td> <td>D</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Y	M	D				
Y	M	D						
G) Name and address of employer	H) Job title							

F CRIMINAL CONVICTIONS IN AND OUTSIDE OF CANADA (see instructions)

Have you ever been convicted of a criminal offence for which you have not been granted a pardon? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, give details, (charge(s), name of police force, city, province/state, country and date of conviction)													
Charge(s) D. U. I	Name of police force DURHAM REGIONAL POLICE	City OSHAWA													
Province/State ONTARIO	Country CANADA	Date of conviction <table border="1"> <tr> <td>Y</td> <td>M</td> <td>D</td> </tr> <tr> <td>2</td> <td>0</td> <td>0</td> </tr> <tr> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>0</td> <td>0</td> <td>0</td> </tr> </table>		Y	M	D	2	0	0	0	0	0	0	0	0
Y	M	D													
2	0	0													
0	0	0													
0	0	0													

G FOR COMPLETION BY PERSONS BORN OUTSIDE CANADA OR BORN IN CANADA HOLDING DUAL CITIZENSHIP (see instructions)

1. Date of entry into Canada <table border="1"> <tr> <td>Y</td> <td>M</td> <td>D</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		Y	M	D				2. Present citizenship	
Y	M	D							
3. If you are a naturalized Canadian, give the certificate number and date of issue <table border="1"> <tr> <td>Y</td> <td>M</td> <td>D</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> Certificate No.		Y	M	D				4. If you are not naturalized, have you applied for Canadian citizenship? Please provide copy of Immigrant Visa or Record of Landing documentation <input type="checkbox"/> Yes <input type="checkbox"/> No	
Y	M	D							
5. Do you maintain citizenship of a country other than Canada? If yes, please provide the name of the country and explain why. <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes) Name of Country: _____ Explain: _____		6. Have you used a passport other than a Canadian one? If yes, explain why. <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes) Explain: _____							

REQUIRED

NOT

COMPLETE IF BORN OUTSIDE OF CANADA

SAMPLE

PROTECTED (When completed)

Surname and full given names DOE JOHN WILLIAM	Date of birth <table border="1"> <tr> <td>Y</td> <td>M</td> <td>D</td> </tr> <tr> <td>1</td> <td>9</td> <td>8</td> </tr> <tr> <td>7</td> <td>0</td> <td>3</td> </tr> <tr> <td>0</td> <td>1</td> <td></td> </tr> </table>	Y	M	D	1	9	8	7	0	3	0	1	
Y	M	D											
1	9	8											
7	0	3											
0	1												

H RESIDENCE (there should be no gaps)

List addresses where you have lived during the last 10 years, starting with the most current. (Rural address to include lot and civic number.)

1	Apartment number 1234	Street number 1234	Street name YELLOW BRICK ROAD	Civic number (if applicable)	From Y M D 2 0 0 7 0 4	To present
	City TORONTO		Province or state ONTARIO	Postal code A1A 2B2	Telephone number (416) 000-0000	
2	Apartment number	Street number	Street name	Civic number (if applicable)	From Y M D	To Y M D
	City		Province or state	Postal code	Telephone number ()	
3	Apartment number	Street number	Street name	Civic number (if applicable)	From Y M D	To Y M D
	City		Province or state	Postal code	Telephone number ()	
4	Apartment number	Street number	Street name	Civic number (if applicable)	From Y M D	To Y M D
	City		Province or state	Postal code	Telephone number ()	
5	Apartment number	Street number	Street name	Civic number (if applicable)	From Y M D	To Y M D
	City		Province or state	Postal code	Telephone number ()	

I EMPLOYMENT (last 10 years) (see instructions for self-employed and consultants) (there should be no gaps)

Would your employment be jeopardized if your current supervisor, below, is contacted? ☐ Yes ☒ No

If yes, provide the name of an alternate employment contact and telephone number.

Were you dismissed or asked to resign from any position(s) as listed below? ☐ Yes ☒ No

If yes, give name of employer, supervisor, and date.

Name of employer BOILERMAKER LOCAL (USE INITIATION/START DATE)	Supervisor BOILERMAKER / APPRENTICE / SHOP BOILERMAKER	Position title DISPATCHER / APPRENTICE COORDINATOR	Date Y M D 2 0 1 0 0 2
A) Name of employer - do not use initials (department/organization/agency, if applicable) BOILERMAKER LOCAL (USE INITIATION/START DATE)			
B) From Y M D To present 2 0 1 0 0 2			
C) Job-site address (street number, street name, city, province or state and country) 1035 SUTTON DR BURLINGTON ON CANADA / 128 BUSINESS PARK DR / 2413 LASALLE BLVD			
D) Job title/Description BOILERMAKER / APPRENTICE / SHOP BOILERMAKER			
E) Rank and service number (if applicable)			
F) Supervisor's name in full DISPATCHER / APPRENTICE COORDINATOR			
G) Supervisor's telephone number () HALL #			
Name of employer - do not use initials (department/organization/agency, if applicable) UNEMPLOYED	Supervisor UNEMPLOYED	Position title UNEMPLOYED	Date Y M D 2 0 0 9 0 8
A) Name of employer - do not use initials (department/organization/agency, if applicable) UNEMPLOYED			
B) From Y M D To present 2 0 0 9 0 8			
C) Job-site address (street number, street name, city, province or state and country) 123 ANYWHERE STREET, TORONTO, ONTARIO, CANADA			
D) Job title/Description CUSTOMER SERVICE			
E) Rank and service number (if applicable)			
F) Supervisor's name in full TIM BIT			
G) Supervisor's telephone number (416) 111-1111			
Name of employer - do not use initials (department/organization/agency, if applicable) EDUCATION (NAME OF SCHOOL)	Supervisor SCHOOL ADDRESS	Position title STUDENT	Date Y M D 2 0 0 5 0 9
A) Name of employer - do not use initials (department/organization/agency, if applicable) EDUCATION (NAME OF SCHOOL)			
B) From Y M D To present 2 0 0 5 0 9			
C) Job-site address (street number, street name, city, province or state and country) SCHOOL ADDRESS			
D) Job title/Description STUDENT			
E) Rank and service number (if applicable)			
F) Supervisor's name in full PRINCIPAL / TEACHER / INSTRUCTOR			
G) Supervisor's telephone number () SCHOOL #			

ONLY
5YRS

REQUIRED

NO GAPS
IN WORK
HISTORY

ONLY
5YRS
REQUIRED

SAMPLE

PROTECTED (When completed)

Surname and full given names DOE JOHN WILLIAM	Date of birth Y M D 1 9 8 7 0 3 0 1
---	--

J FOREIGN EMPLOYMENT

1. Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency?

☐ Yes ☒ No

If yes, give details (country, organization, nature of work and dates) Include military (cadets), law enforcement and security intelligence employment

IF YES GIVE DETAILS

SECTIONS "K" TO "O" MUST ALSO BE COMPLETED FOR LEVEL III ONLY

K TRAVEL

List countries visited within the last five years for personal travel and/or non-Government business, other than Canada, the USA and Mexico.

Country	Purpose	From		To							
		Y	M	Y	M						
CUBA	VACATION	2	0	1	1	2	0	1	1	0	2

L FOREIGN ASSETS

Do you have any business, financial or personal assets outside Canada?

☐ Yes ☒ No

If yes, list the relevant countries (exclude stocks and mutual funds purchased in Canada)

IF YES GIVE DETAILS

M CHARACTER REFERENCES IN CANADA (see instructions)

List three character references (non-family members) and one neighbourhood reference

1	Name in full (no initials) JIM SAMPSON	Relationship FRIEND	Period known 10 YRS
	Complete home address 17 UTTER STREET, TORONTO, ONTARIO L3G 3T3		Telephone Number (416) 222-2222
	Complete title and business address JANITOR 46 GUTTER STREET, TORONTO, ONTARIO, L3G 5T4		Business Telephone Number (416) 121-2121
2	Name in full (no initials) RALPH THOMPSON	Relationship FRIEND	Period known 14 YRS
	Complete home address 96 BAYFIELD STREET, NEWMARKET, ONTARIO, L7P 1V3		Telephone Number (905) 321-4321
	Complete title and business address PASTOR 57 GREEN DRIVE, NEWMARKET, ONTARIO, L7P 3V1		Business Telephone Number (905) 432-4321
3	Name in full (no initials) LISA TOWKAR	Relationship FRIEND	Period known 3 YRS
	Complete home address 102 PARKSIDE AVENUE, NEWMARKET, ONTARIO, L7P 2V5		Telephone Number (905) 222-1111
	Complete title and business address BOILERMAKER 1035 SUTTON DRIVE, BURLINGTON, ONTARIO, L7L 5Z8		Business Telephone Number (905) 332-0128
Neighbourhood reference (see instructions)			
Name in full (no initials) SOMEONE CLOSE			Telephone Number (416) 010-1010
Complete home address 59 ANYWHERE STREET, TORONTO, ONTARIO, A1A 2B2			Business Telephone Number () RETIRED

N EDUCATION

1. Name of the last school or university you attended full time HUMBER COLLEGE	2. Student ID number (if known) TORONTO	3. Location of institution TORONTO	4. Period of attendance From Y M To Y M 2 0 1 0 0 2 2 0 1 2 0 2
5. Field of study (Diploma or degree obtained) C OF Q / RED SEAL / NEED TO LIST EDUCATION EVEN IF NOT COMPLETED			

O MILITARY SERVICE

Military service in the Canadian Armed Forces: Regular, Reserves and Sea, Army and Air Cadets (from the period since your 16th birthday).

1. Name and last location	2. Rank and Service no.	3. Period of service From Y M To Y M
---------------------------	-------------------------	---

P CERTIFICATION

I hereby certify that the information set out by me in this document is true and correct to the best of my knowledge and belief.

1. Signature SIGNATURE	2. Date Y M D 	3. Telephone (Home) ()	3. Telephone (Business) ()
----------------------------------	----------------------------------	-----------------------------------	---------------------------------------

ALL INFORMATION SUPPLIED IS SUBJECT TO VERIFICATION BY INVESTIGATION

NO
P.O. BOX
OR
RR #s
WILL BE
ACCEPTED

NEED TO
KNOW
THEM FOR
3 YRS
OR MORE

6 MONTHS
OR MORE

NEED COPY
OF
DIPLOMA
CERTIFICATE
TRANSCRIPT



SECURITY CLEARANCE FORM

OFFICE USE ONLY		
Reference number	Department number	File number

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A ADMINISTRATIVE INFORMATION (To be completed by Department/Agency/Organization)		
<input type="checkbox"/> New <input type="checkbox"/> Upgrade <input type="checkbox"/> Update <input type="checkbox"/> Transfer	<input type="checkbox"/> Supplemental <input type="checkbox"/> Re-activation	Level <input type="checkbox"/> I (CONFIDENTIAL) <input type="checkbox"/> II (SECRET) <input type="checkbox"/> III (TOP SECRET) <input type="checkbox"/> other _____
Department/Agency/Organization	Employee ID number/PRIRank and Service number (if applicable)	Organization number

B BIOGRAPHICAL INFORMATION (To be completed by the applicant)		
1. Surname (Last name)	2. Full given names (no initials) underline or circle usual name used	3. Family name at birth
4. All other names used (i.e. Nickname)	5. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	6. Date of birth Y M D
7. Place of birth (city) Province/State	Country	
8. Name change (other than marriage) From	To	
9. Place of change (city, province or state, and country)	10. Method (authority)	

C SECURITY SCREENING	
1. Have you previously completed a Government of Canada security screening form? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give name of department/agency/organization, and the year and level of clearance. Y

D MARITAL STATUS/COMMON-LAW PARTNERSHIP	
Current status <input type="checkbox"/> Married <input type="checkbox"/> Common-Law Partnership <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single	
A) CURRENT SPOUSE/COMMON-LAW PARTNER: Surname, given names B) Maiden Name (if applicable) C) Present citizenship of current spouse/common-law partner	
D) Date of marriage/common-law partnership Y M D	E) City, province or state, and country of marriage/common-law partnership
F) City, province or state, and country of birth	G) Date of birth Y M D
H) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country)	I) If separated, widowed or divorced, specify date Y M D
J) Name and address of employer (job title)	
A) PREVIOUS SPOUSE/COMMON-LAW PARTNER: Surname, given names (cover only the past five years) B) Present citizenship of former spouse/common-law partner	
C) Date of marriage/common-law partnership Y M D	D) City, province or state, and country of marriage/common-law partnership
E) Date of divorce/separation/deceased Y M D	F) City, province or state, and country of divorce
G) Country of Birth (if known)	H) Date of birth Y M D

E IMMEDIATE RELATIVES (including those living outside Canada) (see instructions)	
NOTE: Do not use initials	
A) Full name (surname and all given names, including maiden name)	B) Relationship
C) City, province or state, and country of birth	D) Date of birth Y M D
E) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country)	F) Date of death (if applicable) Y M D
G) Name and address of employer	H) Job title

Surname and full given names		Date of birth											
		<div style="display: flex; justify-content: space-between;"> Y M D </div>											

E IMMEDIATE RELATIVES (continued)		
NOTE: Do not use initials		
2	A) Full name (surname and all given names, including maiden name)	B) Relationship
	C) City, province or state, and country of birth	D) Date of birth
	E) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country)	F) Date of death (if applicable)
	G) Name and address of employer	H) Job title
3	A) Full name (surname and all given names, including maiden name)	B) Relationship
	C) City, province or state, and country of birth	D) Date of birth
	E) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country)	F) Date of death (if applicable)
	G) Name and address of employer	H) Job title
4	A) Full name (surname and all given names, including maiden name)	B) Relationship
	C) City, province or state, and country of birth	D) Date of birth
	E) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country)	F) Date of death (if applicable)
	G) Name and address of employer	H) Job title
5	A) Full name (surname and all given names, including maiden name)	B) Relationship
	C) City, province or state, and country of birth	D) Date of birth
	E) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country)	F) Date of death (if applicable)
	G) Name and address of employer	H) Job title
6	A) Full name (surname and all given names, including maiden name)	B) Relationship
	C) City, province or state, and country of birth	D) Date of birth
	E) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country)	F) Date of death (if applicable)
	G) Name and address of employer	H) Job title
7	A) Full name (surname and all given names, including maiden name)	B) Relationship
	C) City, province or state, and country of birth	D) Date of birth
	E) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country)	F) Date of death (if applicable)
	G) Name and address of employer	H) Job title

F CRIMINAL CONVICTIONS IN AND OUTSIDE OF CANADA (see instructions)	
Have you ever been convicted of a criminal offence for which you have not been granted a pardon?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, give details. (charge(s), name of police force, city, province/state, country and date of conviction)	
Charge(s)	Name of police force
Province/State	City
Country	Date of conviction
	<div style="display: flex; justify-content: space-between;"> Y M D </div>

G FOR COMPLETION BY PERSONS BORN OUTSIDE CANADA OR BORN IN CANADA HOLDING DUAL CITIZENSHIP (see instructions)	
1. Date of entry into Canada	2. Present citizenship
<div style="display: flex; justify-content: space-between;"> Y M D </div>	
3. If you are a naturalized Canadian, give the certificate number and date of issue	4. If you are not naturalized, have you applied for Canadian citizenship? Please provide copy of Immigrant Visa or Record of Landing documentation
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certificate No.	Date of application
	<div style="display: flex; justify-content: space-between;"> Y M D </div>
5. Do you maintain citizenship of a country other than Canada? If yes, please provide the name of the country and explain why.	6. Have you used a passport other than a Canadian one? If yes, explain why.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(If yes) Name of Country: _____ Explain: _____	(If yes) Explain: _____

Surname and full given names	Date of birth						
	<table style="width: 100%; text-align: center;"> <tr> <td>Y</td><td>M</td><td>D</td> </tr> <tr> <td> </td><td> </td><td> </td> </tr> </table>	Y	M	D			
Y	M	D					

H RESIDENCE (there should be no gaps)**List addresses where you have lived during the last 10 years, starting with the most current. (Rural address to include lot and civic number.)**

1	Apartment number	Street number	Street name	Civic number (if applicable)	From	To
					Y M	present
	City		Province or state	Postal code	Country	
					Telephone number ()	
2	Apartment number	Street number	Street name	Civic number (if applicable)	From	To
					Y M	Y M
	City		Province or state	Postal code	Country	
					Telephone number ()	
3	Apartment number	Street number	Street name	Civic number (if applicable)	From	To
					Y M	Y M
	City		Province or state	Postal code	Country	
					Telephone number ()	
4	Apartment number	Street number	Street name	Civic number (if applicable)	From	To
					Y M	Y M
	City		Province or state	Postal code	Country	
					Telephone number ()	
5	Apartment number	Street number	Street name	Civic number (if applicable)	From	To
					Y M	Y M
	City		Province or state	Postal code	Country	
					Telephone number ()	

I EMPLOYMENT (last 10 years) (see instructions for self-employed and consultants) (there should be no gaps)Would your employment be jeopardized if your current supervisor, below, is contacted? ☐ Yes ☒ No

If yes, provide the name of an alternate employment contact and telephone number.

Were you dismissed or asked to resign from any position(s) as listed below? ☐ Yes ☒ No

If yes, give name of employer, supervisor, and date.

Name of employer	Supervisor	Position title	Date
			Y M
A) Name of employer - do not use initials (department/organization/agency, if applicable)		B) From	To
		Y M	present
C) Job-site address (street number, street name, city, province or state and country)			
D) Job title/Description		E) Rank and service number (if applicable)	
F) Supervisor's name in full		G) Supervisor's telephone number ()	
1	A) Name of employer - do not use initials (department/organization/agency, if applicable)		B) From
			Y M To Y M
	C) Job-site address (street number, street name, city, province or state and country)		
	D) Job title/Description		E) Rank and service number (if applicable)
	F) Supervisor's name in full		G) Supervisor's telephone number ()
2	A) Name of employer - do not use initials (department/organization/agency, if applicable)		B) From
			Y M To Y M
	C) Job-site address (street number, street name, city, province or state and country)		
	D) Job title/Description		E) Rank and service number (if applicable)
	F) Supervisor's name in full		G) Supervisor's telephone number ()
3	A) Name of employer - do not use initials (department/organization/agency, if applicable)		B) From
			Y M To Y M
	C) Job-site address (street number, street name, city, province or state and country)		
	D) Job title/Description		E) Rank and service number (if applicable)
	F) Supervisor's name in full		G) Supervisor's telephone number ()
4	A) Name of employer - do not use initials (department/organization/agency, if applicable)		B) From
			Y M To Y M
	C) Job-site address (street number, street name, city, province or state and country)		
	D) Job title/Description		E) Rank and service number (if applicable)
	F) Supervisor's name in full		G) Supervisor's telephone number ()

Surname and full given names	Date of birth	Y	M	D
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J FOREIGN EMPLOYMENT

1. Are you now or have you ~~ever~~ been employed by or acted as a consultant for a foreign government, firm, or agency?

☐ Yes

☐ No

If yes, give details (country, organization, nature of work and dates) include military (cadets), law enforcement and security intelligence employment

SECTIONS "K" TO "O" MUST ALSO BE COMPLETED FOR LEVEL III ONLY**K TRAVEL**

List countries visited within the last five years for personal travel and/or non-Government business, other than Canada, the USA and Mexico.

Country	Purpose	From		To	
		Y	M	Y	M

L FOREIGN ASSETS

Do you have any business, financial or personal assets outside Canada?

☐ Yes

☐ No

If yes, list the relevant countries (exclude stocks and mutual funds purchased in Canada)

M CHARACTER REFERENCES IN CANADA (see instructions)

List three character references (non-family members) and one neighbourhood reference

1	Name in full (no initials)	Relationship	Period known
	Complete home address		Telephone Number ()
	Complete title and business address		Business Telephone Number ()
2	Name in full (no initials)	Relationship	Period known
	Complete home address		Telephone Number ()
	Complete title and business address		Business Telephone Number ()
3	Name in full (no initials)	Relationship	Period known
	Complete home address		Telephone Number ()
	Complete title and business address		Business Telephone Number ()
Neighbourhood reference (see instructions)			
Name in full (no initials)			Telephone Number ()
Complete home address			Business Telephone Number ()

N EDUCATION

1. Name of the last school or university you attended full time	2. Student ID number (if known)	3. Location of institution	4. Period of attendance
			From Y M To Y M
5. Field of study (Diploma or degree obtained)			

O MILITARY SERVICE

Military service in the Canadian Armed Forces: Regular, Reserves and Sea, Army and Air Cadets (from the period since your 16th birthday).

1. Name and last location	2. Rank and Service no.	3. Period of service
		From Y M To Y M

P CERTIFICATION

I hereby certify that the information set out by me in this document is true and correct to the best of my knowledge and belief.

1. Signature	2. Date Y M D	3. Telephone (Home)	3. Telephone (Business)
		()	()

ALL INFORMATION SUPPLIED IS SUBJECT TO VERIFICATION BY INVESTIGATION

Surname and full given names	Date of birth	Y	M	D
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Employment (Additional Information)

5	A) Name of employer - do not use initials (department/organization/agency, if applicable)	B) From	Y	M	To	present
	C) Job-site address (street number, street name, city, province or state and country)					
	D) Job title/Description	E) Rank and service number (if applicable)				
	F) Supervisor's name in full				G) Supervisor's telephone number ()	
6	A) Name of employer - do not use initials (department/organization/agency, if applicable)	B) From	Y	M	To	Y M
	C) Job-site address (street number, street name, city, province or state and country)					
	D) Job title/Description	E) Rank and service number (if applicable)				
	F) Supervisor's name in full				G) Supervisor's telephone number ()	
7	A) Name of employer - do not use initials (department/organization/agency, if applicable)	B) From	Y	M	To	Y M
	C) Job-site address (street number, street name, city, province or state and country)					
	D) Job title/Description	E) Rank and service number (if applicable)				
	F) Supervisor's name in full				G) Supervisor's telephone number ()	
8	A) Name of employer - do not use initials (department/organization/agency, if applicable)	B) From	Y	M	To	Y M
	C) Job-site address (street number, street name, city, province or state and country)					
	D) Job title/Description	E) Rank and service number (if applicable)				
	F) Supervisor's name in full				G) Supervisor's telephone number ()	
9	A) Name of employer - do not use initials (department/organization/agency, if applicable)	B) From	Y	M	To	present
	C) Job-site address (street number, street name, city, province or state and country)					
	D) Job title/Description	E) Rank and service number (if applicable)				
	F) Supervisor's name in full				G) Supervisor's telephone number ()	
10	A) Name of employer - do not use initials (department/organization/agency, if applicable)	B) From	Y	M	To	Y M
	C) Job-site address (street number, street name, city, province or state and country)					
	D) Job title/Description	E) Rank and service number (if applicable)				
	F) Supervisor's name in full				G) Supervisor's telephone number ()	
11	A) Name of employer - do not use initials (department/organization/agency, if applicable)	B) From	Y	M	To	Y M
	C) Job-site address (street number, street name, city, province or state and country)					
	D) Job title/Description	E) Rank and service number (if applicable)				
	F) Supervisor's name in full				G) Supervisor's telephone number ()	
12	A) Name of employer - do not use initials (department/organization/agency, if applicable)	B) From	Y	M	To	Y M
	C) Job-site address (street number, street name, city, province or state and country)					
	D) Job title/Description	E) Rank and service number (if applicable)				
	F) Supervisor's name in full				G) Supervisor's telephone number ()	

ONLY IF REQUIRED

Surname and full given names		PROTECTED (When completed)	
		Date of birth	Y M D

RESIDENCE (Additional Information)

H RESIDENCE (there should be no gaps)						
List addresses where you have lived during the last 10 years, starting with the most current. (Rural address to include lot and civic number.)						
6	Apartment number	Street number	Street name	Civic number (if applicable)	From Y M	To present
	City		Province or state	Postal code	Country	Telephone number ()
7	Apartment number	Street number	Street name	Civic number (if applicable)	From Y M	To Y M
	City		Province or state	Postal code	Country	Telephone number ()
8	Apartment number	Street number	Street name	Civic number (if applicable)	From Y M	To Y M
	City		Province or state	Postal code	Country	Telephone number ()
9	Apartment number	Street number	Street name	Civic number (if applicable)	From Y M	To Y M
	City		Province or state	Postal code	Country	Telephone number ()
10	Apartment number	Street number	Street name	Civic number (if applicable)	From Y M	To Y M
	City		Province or state	Postal code	Country	Telephone number ()
11	Apartment number	Street number	Street name	Civic number (if applicable)	From Y M	To present
	City		Province or state	Postal code	Country	Telephone number ()
12	Apartment number	Street number	Street name	Civic number (if applicable)	From Y M	To Y M
	City		Province or state	Postal code	Country	Telephone number ()
13	Apartment number	Street number	Street name	Civic number (if applicable)	From Y M	To Y M
	City		Province or state	Postal code	Country	Telephone number ()
14	Apartment number	Street number	Street name	Civic number (if applicable)	From Y M	To Y M
	City		Province or state	Postal code	Country	Telephone number ()
15	Apartment number	Street number	Street name	Civic number (if applicable)	From Y M	To Y M
	City		Province or state	Postal code	Country	Telephone number ()