



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)

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 _____

PARTICULARS OF APPOINTMENT/ASSIGNMENT/CONTRACT

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

Justification for security screening requirement

CONDITION OF CONTRACT

Position/Competition/Contract number	Title	Group/Level (Rank if applicable)
	RSMC REPLACEMENT	
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	Name of official	Telephone number () ()
		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
SMITH	WILLIAM JOHN RONALD	SMITH
All other names used (i.e. Nickname)	Sex	Date of birth
Bill	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	19/05/04/21
	Country of birth	Date of entry into Canada if born outside Canada
	USA	20/01/05/25

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

Home address

Daytime telephone number: (613) 123-4567

E-mail address: bill.smith@rogers.com

1	Apartment number	Street number	Street name	Civic number (if applicable)	From To
		123	BANK ST		2006/03
	City	Province or state	Postal code	Country	Telephone number
	OTTAWA	ON	K1G-3Z3	CANADA	(613) 1234-5678

2	Apartment number	Street number	Street name	Civic number (if applicable)	From To
	402	26	MAIN ST		2001/05/2006/03
	City	Province or state	Postal code	Country	Telephone number
	LONDON	ON	N5Y 2A3	CANADA	(519) 457-2323

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

If yes, give name of employer, level and year of screening: TRANSPORT CANADA RELIABILITY 2003

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
DUI DRIVING UNDER INFLUENCE	LONDON POLICE SERVICES	LONDON
Province/State	Country	Date of conviction
ONTARIO	CANADA	2003/04/25





Surname and full given names SMITH, William John Ronald	Date of birth 11/9/65 04/21 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	WS	Sherryl Post	SP	(613) 734-7552
2. <input checked="" type="checkbox"/> Criminal record check	WS			()
3. <input checked="" type="checkbox"/> Credit check (financial assessment, including credit records check)	WS			()
4. <input type="checkbox"/> Loyalty (security assessment only)				
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 817 (Personnel Security Screening) which is used by all government agencies, except the Department of National Defence PIB DND/PPE 134 (Personnel Security Investigation File), RCMP PIB CMP PPU 065 (Security/Reliability Screening Records), CSIS PIB SIS PPE 815 (Employed 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.

William Smith 2009-01-29
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	Telephone number
Address	Facsimile number

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

Name and title

Signature _____
Date (Y/M/D)

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

Security Clearance (if applicable)

Level I Level II Level III Not recommended

Name and title

Signature _____
Date (Y/M/D)

Comments

