



2

NUCLEAR SECURITY CLEARANCE FORMS

Before mailing your application it has to be FAXED to 905-332-9057. Please read this check list before you start. If you have any questions please contact Patty at 905-315-1065.

1. Do not date any of the forms until you are able to mail them in. The forms are classified stale dated after 30 days and will not be accepted.
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 Driver's License, Ontario Photo Card or Passport has been included. If you don't hold a valid license you will need to provide a household bill.
4. Members include a clear and legible copy of a Union Card.
5. A clear and legible copy of a diploma/grade 12 transcripts or 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. With that you need to supply a tax assessment for that year.
7. If you live close to one of the four Union Halls it is now required by OPG that you go down to the Hall to have your I.D. verified.
8. 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.
9. Write neat and legibly in block letters. Typed applications will also be accepted.

Once everything has been completed please attach proper postage and mail your application to:

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

Ontario Photo Card

Ontario Photo Card Making Life Easier

Ontario introduced a new photo card that will provide government-issued identification to more than 1.5 million Ontarians who do not drive. The Ontario photo card makes it easier for non-drivers to perform everyday transactions such as cashing a cheque or returning merchandise to a store. The voluntary card was launched on July 25, 2011 and is available to individuals 16 years of age and over who do not hold a driver's licence.



[Ontario Photo Cards are available at 21 ServiceOntario centres.](http://www.ontario.ca/english/dandv/driver/photo-card/locations.shtml) <<http://www.ontario.ca/english/dandv/driver/photo-card/locations.shtml>>

[Find the full list all services available at each centre.](https://www.services.gov.on.ca/services/start.do?action=services&locale=EN)
<<https://www.services.gov.on.ca/services/start.do?action=services&locale=EN>>

[Acceptable Identity Documents](http://www.ontario.ca/english/dandv/driver/photo-card/identity-documents.shtml) <<http://www.ontario.ca/english/dandv/driver/photo-card/identity-documents.shtml>>

[Frequently Asked Questions](http://www.ontario.ca/english/dandv/driver/photo-card/frequently-asked-questions.shtml) <<http://www.ontario.ca/english/dandv/driver/photo-card/frequently-asked-questions.shtml>>

Submission Guidelines

Copies of supporting documentation submitted with your security clearance application must be clear and legible. Illegible or fragmented copies that accompany clearance applications will not be accepted, and you will be notified to re-submit legible copies. This will result in processing delays. Therefore you must review your scanned copies, to ensure legibility, prior to submitting.

You are encouraged to enlarge your scans or use colour to increase legibility.

Identification that is worn out or in poor condition will need to be replaced by the issuing body.

The following information (but not limited to) must be completely legible:

- Full Name(s)
- Date Of Birth
- Place Of Birth
- Registration and Certificate Numbers

Note: Copies of all supporting documentation must be verified as a true copy of the original - signed by the OPG contact or notarized by a notary public.

Example:

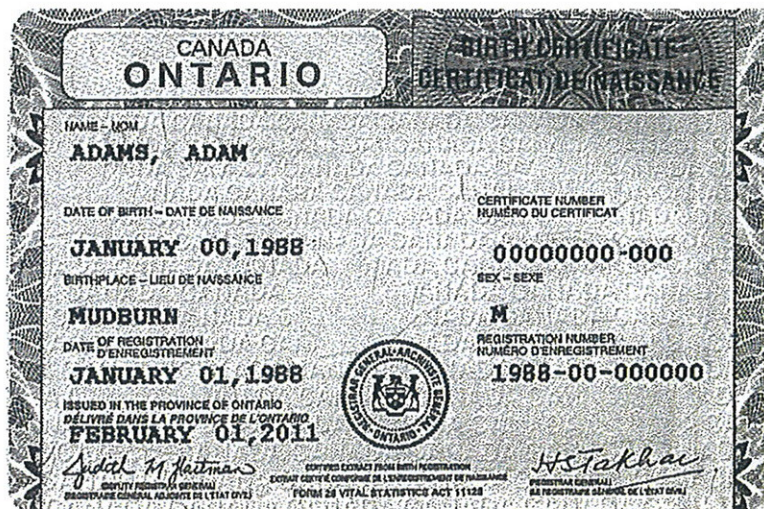
PHOTOCOPY OF ORIGINAL

Date: JAN 01 2011

Authorized by: JANE DOE

Signature: Jane Doe

Example of an acceptable scan / photocopy:



Examples of unacceptable scans / photocopies:

Problem: Scan is not legible.

Solution: Adjust the settings until the scan is legible. Otherwise, must apply for a new birth certificate.



Problem: Unable to decipher first letter on last name. ID is worn out.

Solution: Must apply for a new birth certificate.



Problem: Scan / photocopy is too dark and information on the card is illegible.

Solution: Adjust the settings to lighten the scan until all information is legible.



*Example identification shown here is does not contain any genuine personal confidential information.

SAMPLE



PERSONNEL SCREENING, CONSENT AND AUTHORIZATION FORM

OFFICE USE ONLY table with columns: 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.

LEAVE BLANK

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

Form A: New, Update, Upgrade, Transfer, Supplemental, Re-activation. Reliability Status: Level I (CONFIDENTIAL), Level II (SECRET), Level III (TOP SECRET).

PARTICULARS OF APPOINTMENT/ASSIGNMENT/CONTRACT

Form A: Indeterminate, Term, Contract, Industry, Other. Justification for security screening requirement. Position/Title/Group, Employee ID, Name and address of department, Name of official, Telephone number, Facsimile number.

B BIOGRAPHICAL INFORMATION (To be completed by the applicant)

Form B: Surname (Last name) DOE, Full given names JOHN WILLIAM, Family name at birth DOE. All other names used (i.e. Nickname) BILL. Sex Male, Date of birth 19870301, Country of birth CANADA. RESIDENCE (provide addresses for the last five years, starting with the most current) Home address.

5 yr

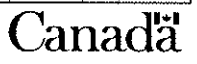
Form B: Address 1: Apartment number, Street number 123, Street name ANYWHERE ST, City TORONTO, Province or state ON, Postal code A1A 2B2, Country CANADA, Telephone number (416) 000-0000. Address 2: (blank).

→

Form B: 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)

Form B: Have you ever been convicted of a criminal offence for which you have not been granted a pardon? Yes No. Charge(s) D.U.I., Name of police force DURHAM REGIONAL POLICE, City OSHAWA, Province/State ON, Country CANADA, Date of conviction 20000101.





PERSONNEL SCREENING, CONSENT AND AUTHORIZATION FORM

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	J.D			()
2. <input checked="" type="checkbox"/> Criminal record check	J.D			()
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	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)

Security Clearance (if applicable)

Level I Level II Level III Not recommended

_____ Name and title

_____ Signature _____ Date (Y/M/D)

Comments

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



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.



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

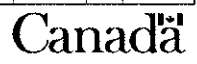
Position/Competition/Contract number	Title	Group/Level (Rank if applicable)	
Employee ID number/PRI/Rank and Service number (if applicable)	If term or contract, indicate duration period	From	To
Name and address of department / organization / agency BOILERMAKER LOCAL 128	Name of official PATTY BACHLAY	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
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 To present Y M
	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 ()
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





PERSONNEL SCREENING, CONSENT AND AUTHORIZATION FORM

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				()
2. <input checked="" type="checkbox"/> Criminal record check				()
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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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 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)

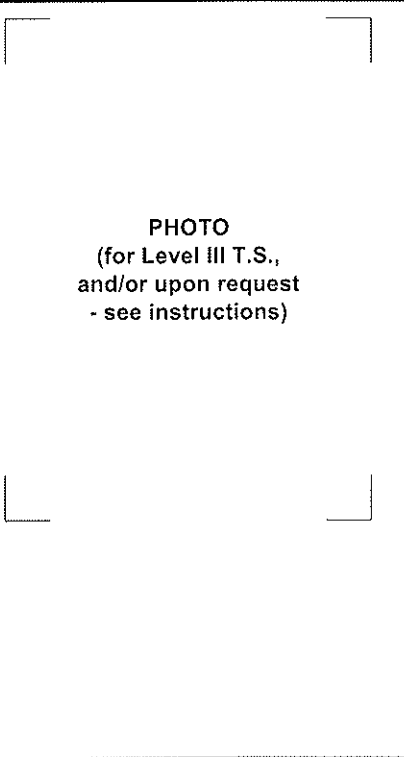
Security Clearance (if applicable)

Level I Level II Level III Not recommended

Name and title

Signature _____
Date (Y/M/D)

Comments





Ontario
Provincial
Police

Release and Discharge Relating to Consent to Disclosure of Criminal Record Information

Surname	Given name	Middle name(s)	Date of Birth (dd/mm/yy)	<input type="checkbox"/> Male
				<input type="checkbox"/> Female

Previous Surnames (eg. Former marriage, maiden)

Address (number, street, apt., lot, concession, township, rural route #, city, postal code)

Occupation

I hereby authorize the Ontario Provincial Police (the OPP) to release records of criminal convictions for which a pardon has not been granted, records of discharges which have not been removed from the CPIC system in accordance with the Criminal Records Act, and records of outstanding criminal charges of which the OPP is aware, to the person(s) listed below.

Name	RON MURRAY	Title	SECURITY IDENTIFICATION UNIT
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Department and Branch	NUCLEAR
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Name of Organization	BRUCE POWER	#177 TIE ROAD TIVERTON, ON N0G 2T0
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Release and Discharge

I hereby release and forever discharge Her Majesty the Queen in right of Ontario, the Commissioner of the Ontario Provincial Police and all members and employees of the OPP from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of information by the OPP to the above named organization.

I acknowledge that information so disclosed may be confirmed only by a comparison of the fingerprints on file to which the information relates and my fingerprints.

Signature

Date

Confidential

This record and the information contained therein, is being provided in confidence and shall not be disclosed to any person with the exception of the person(s) named above without the express written consent of the Commissioner of the OPP.

Based on a name check only, and having a birth date as provided above - a records check:

- fails to reveal any record relating to the above subject.
- indicates the following information may relate to the above subject.

Details cannot be certified as relating to the subject of inquiry, without a fingerprint comparison.



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 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 RD., 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 Male Female Date of birth _____ Country of birth _____ Date of entry into Canada if born outside Canada _____

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 To present
	City	Province or state	Postal code	Country	Telephone number

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

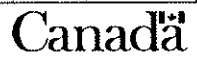
Have you previously completed a Government of Canada security screening form? Yes No If yes, give name of employer, level and year of screening. _____ Y

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? 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
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Province/State	Country	Date of conviction
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PERSONNEL SCREENING, CONSENT AND AUTHORIZATION FORM

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) 839-6746
2. <input checked="" type="checkbox"/> Criminal record check		Regina Atsaves		(905) 839-6746
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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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 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
Regina Atsaves, FLM Security Clearances	905-839-6746
Address	Facsimile number
889 Brock Rd., Pickering	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

Approved Reliability Status Not approved

Regina Atsaves, FLM Security Clearances

 Name and title

 Signature _____
 Date (Y/M/D)

Security Clearance (if applicable)

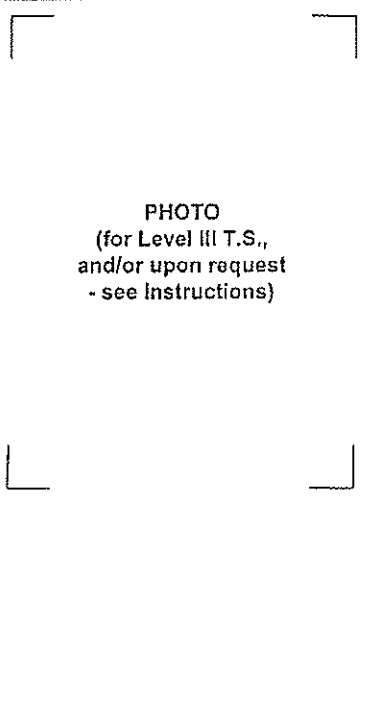
Level I Level II Level III Not recommended

Regina Atsaves, FLM Security Clearances

 Name and title

 Signature _____
 Date (Y/M/D)

Comments



Security Clearance Form Instructions

NOTE: For regular Bruce Power employees RENEWING their Site Access Clearance

Regular Bruce Power employees renewing their clearance are required to complete FORM TBS/SCT #330-60E Sections B to P with the exception of Sections E & M. Please attach a copy of your Birth Certificate or Canadian Citizenship Card and Drivers' License when returning documents to the Security Clearance Office.

Regular Bruce Power employees are not required to provide employment or education verification.

Please follow instructions contained below.

NOTE: For NEW Applicants applying for Site Access Clearance

All applicants, unless advised otherwise, will be cleared at a "Site Access Clearance" level. Government documents must not be altered (e.g., lines drawn through the section or written instructions such as "NOT REQUIRED"). Altered documents will not be accepted.

Incomplete or illegible forms will NOT be considered.

If space provided is not sufficient, print off an additional sheet and attach it to your application

Civic addresses only – No P.O. Box or Rural Route #

Instructions:

TYPE OR PRINT IN BLOCK LETTERS

Section A: Administrative Information – to be completed by Bruce Power supervisor/sponsor as follows:

- **Type:** Normally "New" unless required as a result of expired clearance
- **Level:** Normally "Other – Site Access" for standard clearance
- **Department/organization/agency:** Applicant department/Bruce Power
- **Employee ID Number:** Bruce Power employee number, if applicable
- **Organization number:** Not required

Section B: Biographical Information - to be completed by applicant

Section C: Security Screening – to be completed by applicant.

Section D: Marital Status/Common-Law Partnership

1. Includes current spouse and common-law partner.
 - If any person is deceased, date of death and last address while living are to be shown. Ensure that you provide the Maiden Name of your wife or common law partner. If separated, widowed or divorced please provide the specific dates in D1 (I), if less than five years, please provide the details requested (complete D2).
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.
3. All other questions to be answered as set forth.
4. Occupation
 - If your spouse or common law partner is a homemaker or unemployed or retired, indicate this on the form.

Security Clearance Form Instructions

Section E: Immediate Relatives – Leave Blank.

Section F: Criminal Convictions in and outside of Canada - to be completed by applicant

For site access clearance, it is the applicant's responsibility to provide Bruce Power with original copies of Criminal History checks for jurisdictions outside of Canada, where the applicant has lived or worked within the past five (5) years. For a level 2 clearance, it is within the past ten (10) years.

In order to meet regulatory requirements, the Security Clearance Section must be able to verify the authenticity of foreign Criminal History checks. **IF THIS REQUIREMENT IS NOT MET, THEN UNDER NO CIRCUMSTANCES WILL A CLEARANCE BE GRANTED.**

For Foreign Nationals from England, Scotland, Wales and Northern Ireland, please contact New Scotland Yards. The phone number in the UK is 020 7161 3500 or from abroad, call +44 20 7161 3500 or email www.met.police.uk/dataprotection

Anyone living or working in the United States will be required to provide a mandatory NCIC check conducted by the FBI. We will accept a safe check from Creative Services to bridge the process which may take several weeks to complete.

For all other Foreign Nationals contact **Stacey Killingsworth, Manager of Operations, Creative Services Inc., 64 Pratt Street, Mansfield, Ma 02048-1927. Phone number is 508-339-5451, ext. 222, or email: www.creativeservices.com**

ENSURE THAT YOU DISCLOSE ALL OF YOUR CRIMINAL HISTORY IN THIS SECTION. If you are unable to provide all criminal history, you are required to report to your local police service in your home jurisdiction to obtain a Criminal Record Name Check.

If you have a criminal history you must attend B22 Identification office to get fingerprinted. If you fail to do so your clearance will not be granted.

Section G: For completion by persons born outside Canada - to be completed by applicant

Section H: Residence - to be completed by applicant

For a Site Access Clearance, provide addresses and telephone numbers for the last **5 years only**. Ensure no gaps in time

For a Level 2 Clearance, you will be required to provide 10 years residential history.

- For rural area, include civic number or fire number and lot, concession and township number
- In order to verify your address, please provide a photocopy of your driver's licence or a current invoice (Hydro or Telephone) that contains your Name and Address.

Security Clearance Form Instructions

Section I: Employment/Education - to be completed by applicant

In accordance to the Government Security Policy (GSP), when applying for a Site Access Clearance, five years of employment history with no gaps must be provided. Employment history may consist of any or all of these elements to complete five years of history.

- Members of a trade union
- Employment
- Education
- Unemployment

Members of a Trade union may use Hall membership (initiation date) to reflect last 5 years employment history provided that:

- The Hall maintains same 5 year work history.
- The applicant supplies a Hiring Hall Local #, address, contact (BA names and phone #) on clearance form.
- Work history resides with Hall and is available upon request.
- Provide a signed letter (on Company letterhead) from your Current and Previous Employer(s) or Union Local to cover the previous five years of employment history stating your full given names, date of birth, and employment commencement date or initiation date.
- If you are unable to provide the required letters we will accept a photocopy of a "Record of Employment (ROE)" or T4 slips for the five years of employment history.
- If unemployed, please provide residential history for this period in Section I. Provide copies of T4Es or a copy of "My current claims report" from the Service Canada website to verify unemployment dates. If you are unemployed and not receiving UI benefits, then you will be required to provide a signed and dated letter providing pertinent details.

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

- Name of Company - give your business name; if not applicable, give your name;
- Please provide a copy of your Business registration number summary (if registered).

Ensure no gaps in time. Overlapping dates are acceptable.

If applying for a Level 2 Clearance, you must provide 10 years of employment history.

Section J: Foreign Employment – to be completed by applicant

Section K: Travel - to be completed by applicant

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

Section L: Foreign Assets – to be completed by applicant

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.

ALL THE PERTINENT INFORMATION REQUESTED MUST BE PROVIDED.

If your reference is a homemaker or unemployed or retired, please indicate this on the form.

Neighbourhood references are individuals who have known you for over six months preferably at your current address. If not, the individual must have been a neighbour during the past five years.

Security Clearance Form Instructions

Section N: Education - to be completed by applicant

Proof of education must be provided. If you are unable to provide Professional Qualifications then you will be required to provide a photocopy of your High School Diploma or certificates or degree. An "Official Transcript" will be necessary if you attended an educational institution full-time in the past 5 years or a letter from the School board stating your attendance (name of school and years attended). We will accept a letter from the ministry confirming that you are in an apprenticeship program.

Section O: Military Service - to be completed by applicant

If not covered in employment section. List last or current unit and dates of total service in the Armed Forces.

Section P: Certification - to be completed by applicant

Provide signature, date and contact telephone numbers.

Note:

Please provide a photocopy of your driver's license and a copy of one of the following documents: Canadian Birth Certificate, Valid Canadian Passport, Landed Immigration paperwork, Permanent Resident Card or Proof of Canadian Citizenship.

FAXED OR SCANNED COPIES OF THE COMPLETED DOCUMENTATION WILL NOT BE PROCESSED. Originals only.

Note: When completed, forward forms in a sealed envelope to:

**Bruce Power
Security Clearance Office - B22
177 Tie Road
P.O. Box 1540
Tiverton, Ontario N0G 2T0**

Please direct any questions to: Bnpdsecurityclearancesext4581@brucepower.com



OFFICE USE ONLY		
Reference number	Department number	File number

SECURITY CLEARANCE FORM

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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.

BLANK

A ADMINISTRATIVE INFORMATION (To be completed by Department/Agency/Organization)		
<input type="checkbox"/> New	<input type="checkbox"/> Upgrade	<input type="checkbox"/> Supplemental
<input type="checkbox"/> Update	<input type="checkbox"/> Transfer	<input type="checkbox"/> Re-activation
Department/Agency/Organization		Employee ID number/PRI/Rank 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 ON	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 type="checkbox"/> Yes <input checked="" 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/ABCL) 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 ON CANADA	
1 F) City, province or state, and country of birth BURLINGTON ON 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) 123 ANYWHERE ST TORONTO ON 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 ON CANADA		
2 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	

Needed if 5 yrs or less

NOT Required

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
1 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 DOE JOHN WILLIAM	Date of birth	Y	M	D
		1	9	8
		7	0	3
		0	1	0

E IMMEDIATE RELATIVES (continued)

NOTE: Do not use initials

NOT REQUIRED

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?		If yes, give details. (charge(s), name of police force, city, province/state, country and date of conviction)
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Charge(s)	Name of police force	City
D. U. I.	DURHAM REGIONAL POLICE	OSHAWA
Province/State	Country	Date of conviction
ON	CANADA	Y M D 2 0 0 0 0 1 0 1

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

1. Date of entry into Canada	Y M D	2. Present citizenship
3. If you are a naturalized Canadian, give the certificate number and date of issue	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
Certificate No. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of application 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: _____

Complete if born outside of Canada

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												

ONLY
5 YRS
REQUIRED

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.)

Apartment number	Street number	Street name	Civic number (if applicable)	From Y M	To Y M	present
1	123	ANYWHERE ST		2007	04	
City		Province or state	Postal code	Country	Telephone number	
TORONTO		ON	A1A 2B2	CANADA	(416) 000-0000	
2						
3						
4						
5						

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
------------------	------------	----------------	----------

NO GAPS
IN WORK
HISTORY

A) Name of employer - do not use initials (department/organization/agency, if applicable)
BOILERMAKER LOCAL (USE INITIATION/START DATE)

B) From Y M To Y M present
2010 02

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 CO ORDINATOR

G) Supervisor's telephone number
() HALL #

ONLY
NEED
5 YRS

A) Name of employer - do not use initials (department/organization/agency, if applicable)
UNEMPLOYED

B) From Y M To Y M
2009 08 2010 02

C) Job-site address (street number, street name, city, province or state and country)
123 ANYWHERE ST TORONTO ON CANADA

D) Job title/Description

E) Rank and service number (if applicable)

F) Supervisor's name in full

G) Supervisor's telephone number
(416) 000-0000

A) Name of employer - do not use initials (department/organization/agency, if applicable)
TIM HORTONS

B) From Y M To Y M
2008 06 2009 08

C) Job-site address (street number, street name, city, province or state and country)
1 UPTOWN DR TORONTO ON 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

A) Name of employer - do not use initials (department/organization/agency, if applicable)
EDUCATION (NAME OF SCHOOL)

B) From Y M To Y M
2005 09 2009 06

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 #

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
		0	2	2	0
		1	1	1	0
		1	0	2	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 ST TORONTO ON L3G 3T3	Telephone Number (416) 222-2222	
	Complete title and business address JANITOR 46 GUTTER ST TORONTO ON 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 ST NEWMARKET ON L7P 1V3	Telephone Number (905) 321-4321	
	Complete title and business address PASTOR 57 GREEN DR NEWMARKET ON 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 AVE NEWMARKET ON L79 2V5	Telephone Number (905) 222-1111	
	Complete title and business address BOILERMAKER 1035 SUTTON DR BURLINGTON ON 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 ST TORONTO ON A1A 2B2			Business Telephone Number () RETIRED

Need to know them for 3yrs or more

6months or more

N EDUCATION

1 Name of the last school or university you attended full time HUMBER COLLEGE	2 Student ID number (if known)	3 Location of institution TORONTO	4 Period of attendance
			From
			Y
			M
			To
			Y
			M
			2
			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	3. Telephone (Home)	3. Telephone (Business)
	Y	()	()
	M		
	D		

ALL INFORMATION SUPPLIED IS SUBJECT TO VERIFICATION BY INVESTIGATION

NO P.O. Box or RR#'s will be accepted

Need copy of Diploma Certificate transcript or



OFFICE USE ONLY		
Reference number	Department number	File number

SECURITY CLEARANCE FORM

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"/> Upgrade	<input type="checkbox"/> Supplemental
<input type="checkbox"/> Update	<input type="checkbox"/> Transfer	<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/PRI/Rank 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 changes (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?	If yes, give name of department/agency/organization, and the year and level of clearance.
<input type="checkbox"/> Yes <input type="checkbox"/> No	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)
D) Date of marriage/common-law partnership Y M D		C) Present citizenship of current spouse/common-law partner
E) City, province or state, and country of marriage/common-law partnership		
1 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	
1 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	Y	M	D
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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	City	
Province/State	Country	Date of conviction ▶	Y M D

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

1. Date of entry into Canada	Y M D	2. Present citizenship
3. If you are a naturalized Canadian, give the certificate number and date of issue	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
Certificate No. _____	Y M D	Date of application
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:	

Surname and full given names	Date of birth																		
	<table style="margin: auto; border: none;"> <tr> <td style="padding: 0 5px;">Y</td> <td style="padding: 0 5px;">M</td> <td style="padding: 0 5px;">D</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </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 Y M	To present
	City			Province or state	Postal code	Country
2	Apartment number	Street number	Street name	Civic number (if applicable)	From Y M	To Y M
	City			Province or state	Postal code	Country
3	Apartment number	Street number	Street name	Civic number (if applicable)	From Y M	To Y M
	City			Province or state	Postal code	Country
4	Apartment number	Street number	Street name	Civic number (if applicable)	From Y M	To Y M
	City			Province or state	Postal code	Country
5	Apartment number	Street number	Street name	Civic number (if applicable)	From Y M	To Y M
	City			Province or state	Postal code	Country

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 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 ()	
1			
2			
3			
4			

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	3 Telephone (Home)	3 Telephone (Business)
	Y M D	()	()

ALL INFORMATION SUPPLIED IS SUBJECT TO VERIFICATION BY INVESTIGATION

Surname	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	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		
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	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		
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	Date of birth	Y	M	D
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RESIDENCE (Additional Information)

6	Apartment number	Street Number	Street Name	Civic Number (if applicable)	From	To
	Y	M	Y	M	Telephone number	
City		Province or state	Postal code	Country		
7	Apartment number	Street Number	Street Name	Civic Number (if applicable)	From	To
	Y	M	Y	M	Telephone number	
City		Province or state	Postal code	Country		
8	Apartment number	Street Number	Street Name	Civic Number (if applicable)	From	To
	Y	M	Y	M	Telephone number	
City		Province or state	Postal code	Country		
9	Apartment number	Street Number	Street Name	Civic Number (if applicable)	From	To
	Y	M	Y	M	Telephone number	
City		Province or state	Postal code	Country		
10	Apartment number	Street Number	Street Name	Civic Number (if applicable)	From	To
	Y	M	Y	M	Telephone number	
City		Province or state	Postal code	Country		
11	Apartment number	Street Number	Street Name	Civic Number (if applicable)	From	To
	Y	M	Y	M	Telephone number	
City		Province or state	Postal code	Country		
12	Apartment number	Street Number	Street Name	Civic Number (if applicable)	From	To
	Y	M	Y	M	Telephone number	
City		Province or state	Postal code	Country		
13	Apartment number	Street Number	Street Name	Civic Number (if applicable)	From	To
	Y	M	Y	M	Telephone number	
City		Province or state	Postal code	Country		
14	Apartment number	Street Number	Street Name	Civic Number (if applicable)	From	To
	Y	M	Y	M	Telephone number	
City		Province or state	Postal code	Country		
15	Apartment number	Street Number	Street Name	Civic Number (if applicable)	From	To
	Y	M	Y	M	Telephone number	
City		Province or state	Postal code	Country		

ONLY IF REQUIRED

Surname	Date of Birth Y M D
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CRIMINAL CONVICTIONS IN AND OUTSIDE OF CANADA (Additional Information)

Charge(s)	Name of Police Force	City
Province/State	Country	Date of Conviction Y M D
Charge(s)	Name of Police Force	City
Province/State	Country	Date of Conviction Y M D
Charge(s)	Name of Police Force	City
Province/State	Country	Date of Conviction Y M D
Charge(s)	Name of Police Force	City
Province/State	Country	Date of Conviction Y M D
Charge(s)	Name of Police Force	City
Province/State	Country	Date of Conviction Y M D

ONLY IF REQUIRED

Surname	Date of birth Y M D
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CRIMINAL CONVICTIONS IN AND OUTSIDE OF CANADA (Additional Information)

Charge(s)	Name of Police Force	City
Province/State	Country	Date of Conviction Y M D
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Province/State	Country	Date of Conviction Y M D
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Province/State	Country	Date of Conviction Y M D
Charge(s)	Name of Police Force	City
Province/State	Country	Date of Conviction Y M D
Charge(s)	Name of Police Force	City
Province/State	Country	Date of Conviction Y M D