# **Security Screening Application and Consent Form**

This form is to be used to apply for a security screening status or clearance. Please read the following information carefully and complete only the sections required for the required type of status or clearance as indicated on page 4 of this application form.

#### Notice on collecting information and privacy

The Government of Canada uses this form to collect personal information so that it can conduct security screening verifications, inquiries and assessments. The personal information is collected:

- under the authority of subsection 7(1) of the Financial Administration Act
- in accordance with the Government of Canada's Policy on Government Security and Standard on Security Screening
- in accordance with the provisions of the Privacy Act

Personal information is protected under the provisions of the Privacy Act.

Security screening may also be necessary for individuals who are not employees of the Government of Canada and may require security screening when the Government of Canada determines that there is a need to share or provide access to sensitive or classified information, assets or facilities. Such access may be provided through arrangements such as, but not limited to, the following:

- contracts
- assignments
- information-sharing agreements
- volunteering

If you do not provide the necessary information, the security screening process will be cancelled. An incomplete form will not be processed and will be returned to you.

#### Modifying an existing status or clearance

The information collected may also be used to update, upgrade, transfer or review for cause your security status or security clearance. The information will be disclosed to the Royal Canadian Mounted Police (RCMP) and to the Canadian Security Intelligence Service (CSIS) as necessary so that, in accordance with the <u>Standard on Security Screening</u> and/or the mandated responsibilities of the RCMP and CSIS, security screening inquiries, verifications and assessments can be conducted.

#### Disclosure of other information

The information collected may also be disclosed to:

- other entities outside the Government of Canada, such as credit bureaus
- Government of Canada institutions (for example, when an individual temporarily or permanently transfers to a position in another Government of Canada institution)
- law enforcement agencies

The personal information collected for security screening is described in Standard Personal Information Bank (PIB) PSU 917 (Personnel Security Screening), which is used by most Government of Canada institutions. Personal information for Canadian industry personnel is described in Public Services and Procurement Canada (PSPC) PIB PWGSC PPU 015 (Industry Personnel Clearance and Reliability Records). The information collected and retained by CSIS for security screening is described in CSIS PPU 005 and SIS PPE 815.

#### Collection of additional information

The Government of Canada may need to collect additional personal information during the security screening process to conduct inquiries, verifications and assessments. Additional information may be collected:

- to resolve doubt
- when there is a lack of sufficient Canadian residency to verify identity or biographical information

Such additional personal information may be obtained from:

- you (the applicant)
- foreign governments
- non-government entities

The additional information may include, but not be limited to, the following:

- your facial image
- letters of reference or other evidence to validate time spent abroad
- · copies of academic credentials, professional designations and/or letters of reference
- information related to your identity, including your citizenship and criminal records (such as criminal record checks from foreign law enforcement organizations)

# Access to personal information under the Privacy Act

You may exercise your rights under the <u>Privacy Act</u> to access, correct or update your personal information. Consult <u>Information about programs and information holdings</u> (formerly known as Info Source) for:

- a detailed description of the personal information banks
- instructions on how to make a formal request for your personal information

#### Decisions about status or clearance

The information collected on this form and the results of the security screening process will be used to support one of the following decisions about your reliability status or security clearance:

- grant or maintain the status or clearance
- grant or maintain the status or clearance with a waiver
- deny the status or clearance
- · revoke the status or clearance



Protected B when completed

Surname Given name Date of birth (yyyy-mm-dd)

The decision will be recorded under "Record of decision" in section A of this form. For all applicants, except contractors, this decision will be made by the institution concerned. For contractors, the decision may be made by one of the following:

- · the institution concerned when it is the contracting authority
- PSPC, in consultation with the institution concerned, in either of the following circumstances:
  - when PSPC is the contracting authority
  - when PSPC is providing security screening services to Government of Canada institutions within the context of contracting

Institutions that are not part of the Government of Canada do not have the authority to grant, deny, revoke, suspend or downgrade for cause a Government of Canada security screening status or clearance.

#### Information provided must be complete, adequate and accurate

To make a security screening decision, the Government of Canada needs to have adequate and complete information. Therefore, you must:

- fully disclose the information and documentation requested in the security screening application and consent form
- · certify that the information and documentation are complete and accurate to the best of your knowledge and belief

The Government of Canada will take all reasonable measures to ensure that the personal information used for decision-making is as accurate, up to date and complete as possible. Such measures could involve one or more of the following:

- · collecting the information from you or validating it directly with you
- · using technology to identify errors and discrepancies
- collecting or validating the information indirectly, which may involve matching the personal information that you provided against authoritative records, including, but not limited to, the following:
  - o those that pertain to your birth, immigration status and citizenship
  - o your permits and licences
  - o your credit report and criminal record from a jurisdictional or public authority

#### Applicant's declaration of understanding

I understand that if I provide misleading and/or incomplete information, my security screening application may be denied or the security screening process may be cancelled.

I understand that if it is determined that I provided incorrect information or withheld information on this application form, my reliability status and/or security clearance may be denied or a review for cause of my reliability status and/or security clearance may be initiated. A denial or review for cause may result in:

- my not being considered for appointment to a position in the Government of Canada
- the termination of my employment
- · the termination of my contract
- other measures in accordance with relevant legislation, policies or arrangements

I understand that, in all cases, I must be officially granted the required type and level of security screening before I can be:

- assigned to a position
- assigned duties
- granted access to sensitive information, assets or facilities

#### I understand that:

- my security screening file will be retained for at least 2 years after my departure from the federal public service
- if my security screening is denied or revoked, my security screening file will be retained for at least 10 years after my departure from the federal public service

#### Applicant's declaration of consent

I affirm that:

- I have fully disclosed the information and documentation requested in this security screening application and consent form
- this form is complete, truthful and accurate to the best of my knowledge and belief

I consent to the use and disclosure of the personal information that has been collected in this form, and any additional information that may be collected during the security screening process, for the purposes of obtaining, revoking, updating, upgrading or reviewing for cause a reliability status and/or security clearance pursuant to the *Policy on Government Security* and the *Standard on Security Screening*.

In order to enable an assessment of my trustworthiness, my reliability, my loyalty to Canada and my reliability as it relates to my loyalty, with regard to any information and documentation provided by me in support of this security screening application, I consent to the use of this personal information by and its disclosure to:

- any authorized Government of Canada security screening official
- the RCMP, law enforcement agencies and police forces
- CSIS
- other entities, such as credit bureaus, that are internal or external to the Government of Canada

Without limiting the generality of the foregoing, my consent includes such personal information as my:

- name
- date of birth
- immigration and citizenship status in Canada
- residential history
- · employment history
- educational credentials or professional designations
- fingerprints and facial image for identification purposes (as applicable)

Information about my spouse and any former spouses, relatives, roommates and cohabitants may also be shared with the RCMP, CSIS, or other law enforcement agencies and police forces when necessary to assess my reliability, my loyalty to Canada and my reliability as it relates to my loyalty.

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For the purpose of the security screening process, including any update, upgrade or investigation related to my security screening, I authorize any and all persons or organizations, including public, non-public, para-public, private or governmental institutions that have information about me, to release such information to the Government of Canada upon request. Information may be collected from sources such as:

- a previous employer or identified referee
- educational institution(s) that I have attended
- professional organizations that I belong to
- credit reporting agencies

I further authorize law enforcement agencies or police forces to check and release to the Government of Canada or the RCMP any other information about me contained in any accessible records and databases under their control as described in the Standard on Security Screening. This information may include my:

- criminal history
- charges
- court orders

I understand that this consent also authorizes law enforcement agencies and/or police forces to release to the Government of Canada or the RCMP any information about me or my associations to enable an assessment of my trustworthiness and reliability. I therefore give the RCMP permission to release to the Government of Canada, in whole or in part, the information it has collected about me in relation to the security screening level that this position requires.

This consent also applies if I permanently separate as an employee of the Government of Canada and subsequently register as a supplier or private sector contractor with PSPC within the retention period identified in PIB PSU 917 (Personnel Security Screening).

This consent will remain valid for conducting verifications, inquiries, assessments and investigations, including any subsequent verifications that are required as part of an update, upgrade or review for cause, until one of the following applies:

- I no longer require reliability status, security clearance, site access status or site access clearance
- I am no longer an employee of the Government of Canada
- the arrangement that requires me to have access to sensitive information is no longer in effect
- · I revoke my consent to an authorized institutional security screening official using the appropriate electronic or written means

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	curity Screening Application and Consent Form name	Given name			te of birth (yyyy-mm-dd)		
					(3333 /		
	nsent and verification  1. Check the box to the left of the level of security status of the level instructions to the right of the level requested Contact your hiring manager if you are not sure of the level.	d. evel that you m	ust apply for.	1			
	Site access status Reliability status		or site access status: Check boxes 1 to 4 or Reliability status: Check boxes 1 to 5				
-	tonability status		the space to the right of those boxes, write	vour initials			
			omplete sections B to G of the form	your minute			
	Enhanced reliability status		neck boxes 1 to 8				
	Site access status with additional inquiries	• In	the space to the right of those boxes, write	your initials			
			omplete sections B to J of the form				
	Site access clearance Secret security clearance		or Site access clearance: Check boxes 1 to				
Ш,	Secret Security Clearance		or Secret security clearance: Check boxes 1 the space to the right of those boxes, write				
			omplete sections B to K of the form	your iriiliais			
	Enhanced reliability status with secret security clearance	neck boxes 1 to 9					
			in the space to the right of those period, mile your initials				
		Complete sections B to K of the form					
ΙП.	Top secret security clearance	_	neck boxes 1 to 5 and 9 to 11				
		<ul> <li>In the space to the right of those boxes, write your initials</li> <li>Complete sections B to N of the form</li> </ul>					
П	Enhanced reliability status with top secret security clearance		neck boxes 1 to 11				
_	, , ,	In the space to the right of those boxes, write your initials					
		Complete sections B to N of the form					
	Enhanced top secret security clearance	Check all boxes					
		In the space to the right of those boxes, write your initials  Complete positions P to N of the forms.					
Ь.	Site access clearance with additional inquiries		omplete sections B to N of the form	ot vour inctit	tutional official to confirm		
Ш,	one access clearance with additional inquines		If the boxes below have not been checked for you, contact your institutional official to confirm which boxes need to be checked. If the boxes have been checked by the institutional official:				
		write your initials in the space to the right of each checked box					
		• co	mplete sections B to N of the form				
	List of verifications, assessments and inquiries	Applicant's initials	I, the delegated ☐ hiring official or ☐ sec performed the following verifications.	curity official	, confirm that I have		
			Name	Initials	Telephone no.		
1	☐ Verification of identity and background						
2	☐ Verification of educational and professional credentials						
3	☐ Verifications of personal and professional references						
			I, the delegated security official, confirm the verifications, assessments and inquiries.	nat I have pe	erformed the following		
			Name	Initials	Telephone no.		

You may give your consent only if you have reached the age of 18. If you are under 18, your parent or guardian must give consent.

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☐ Law enforcement inquiry (criminal record check)

☐ Security questionnaire and/or security interview

☐ Financial inquiry (credit check)

☐ Law enforcement record check

☐ Open source inquiry

☐ Foreign assets

☐ Military service

☐ CSIS security assessment

 $\square$  Polygraph examinations

Applicant's name in block letters	Applicant's signature	Date (yyyy-mm-dd)
Parent's or guardian's name in block letters	Parent's or guardian's signature	Date (yyyy-mm-dd)

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					•						
[A] Administ	rative inform	ation									
The designated institutional official will complete this section.  [A1] Information about the appointment, assignment or contract											
[A1] Informat			nt, assignn					1		I	
☐ Indetermin	ate Te	erm	Reserve	s 🗆	] Contrac	t	☐ Assignment	☐ St	udent	☐ Casual	☐ Volunteer
☐ Information Specify	n-sharing agr	eement		☐ Other Specify			If this application is <b>not</b> for an indeterminate position or a position in the Canadian Army regular force or primary reserve, indicate the anticipated duration of the appointment, contract or assignment.  From (yyyy-mm-dd)  To (yyyy-mm-dd)				
Position, com	petition or	Title							Group le	evel or rank	Employee ID,
contract no.									J. 34, 15		personal record identifier (PRI) or service no.
Hiring official	or company s	ecurity official	's name		Work to	elephon	e no.	Work 6	email		
[A2] For secu	urity office u	se only: The i	nstitutional	official who	has dele	egated a	authority to render a	a security	/ screening d	ecision must co	omplete this section.
Reference no	•	oo omy. me i		ent or orga			ratherity to remade t	a oooani	File no.	oolololi muot oo	implete and oddaen.
□ New	☐ Update		Upgra	nde		☐ Tra	nefer		Supplem	nental	Reactivation
□ INCW	Last screen	ed	Last scre				creened		Last screen		Last screened
	(yyyy-mm-d		(yyyy-mn				mm-dd)		(yyyy-mm-d		(yyyy-mm-dd)
	(,,,,,	-/	())))			())))			())))	/	()))) 44)
[A3] Record	of decision:	The institution	al official w	no has dele	enated au	thority t	o render a security	screenii	na decision m	ust complete th	nis section
					0		required level of se			idot dompiete ti	iis section.
☐ Reliability	status		☐ Enha	hanced reliability status				☐ Site acc	cess status		
☐ Secret se	curity clearar	ice	☐ Enha	anced reliability status with secret security clearance					☐ Site acc	cess status with	n additional inquiries
☐ Top secre	et security cle	arance		anced reliability status with top secret security				☐ Site access clearance			
			☐ Enha	nanced top secret security clearance				☐ Site acc	cess clearance	with additional inquiries	
Name and ti	tle of security	official	_	•							'
ivaine and i	nie or security	Onicial									
Signature										Date	
							are required when with additional inqu		y screening is	s granted with v	waiver, denied, revoked,
or administrati	ivery carrocile	a or when site	. 400033 316	ido or olea	141100 13 6	jrantea	with additional inqu	anico.			

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☐ Yes ☐ No					
Do you hold multiple citizenships?	If yes, list the country or countries	s that have granted you citiz	enship.		
☐ Yes ☐ No					
[B4] For applicants born outside of Canada	a				
Date of entry into Canada (yyyy-mm-dd)	Are you a naturalized Canadian citizen?	If yes, provide the following	na:		
	☐ Yes ☐ No	Certificate no.	Date of issue (yyyy-mm-dd)		
			,		
If you are not naturalized, have you applied	If yes, indicate whether you have:	<u> </u>			
for Canadian citizenship?	☐ Permanent resident status ☐ Refugee	☐ Permanent resident status ☐ Refugee status ☐ A certificate or registration of birth abroad			
☐ Yes ☐ No	If applicable, attach a copy of your permane form.	ent resident status, landed do	ocumentation or refugee status to this		
	If you were born abroad but have Canadian parents, attach a copy of your certificate or registration of birth abroad to this form.				
If you are not naturalized and you have not applied for Canadian citizenship, what is your status in Canada?					
☐ Work permit ☐ Study permit ☐ Prote	nit ☐ Protected person status ☐ Visitor Visa ☐ Other:				
Attach copies of the documents that support your status declaration to this form.					

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Security Screen	ing Application	on and Con	sent Form				Protected B when complete
Surname				Given name			Date of birth (yyyy-mm-do
35] Have you pr	eviously applie	ed for or rec	eived a security s	screening?			
dave you <b>previou</b> tatus and/or clea a Government a foreign gover an internationa	rance with: of Canada instit nment	tution	body, the year, a		y screening that wa		overnment or the international ost recent application. screening
Have you ever be- tatus and/or sect a Government a foreign gover an internationa	en <b>granted</b> a re urity clearance b of Canada instit	by: tution	body, the year, a	e name of the Goverr ind the level of your m ign government or int	ost recently granted		overnment or the international screening
las your security evoked or cance a Government a foreign gover an internationa	elled by: of Canada instit nment	tution	body, the year, a	e name of the Goverr ind an explanation. ign government or int			overnment or the international
lave you ever be tatus or security a Government a foreign gover an internationa	y clearance by: of Canada instit nment Il body (such as	tution	body, the year, a	e name of the Goverr ind an explanation. ign government or int		stitution, the foreign g	overnment or the international
C] Residence							
For reliability sta addresses where For secret securi with top secret s inquiries, list all (	itus, enhanced you have lived i ity clearance, e ecurity clearan including tempo	reliability st in the last 5 y enhanced rel nce, enhance orary) address	atus, site access ears, beginning w iability status wit ed top secret sec ses where you hav additional sheet an	ith your current addre  h secret security cle	ss status with add ss. arance, top secret access clearance a rears, beginning wit	security clearance	
City or town		Province	or equivalent	Country	Postal o	code or equivalent	Telephone no.
Address Unit no.	Street no.	Street nar	me			Dates From (yyyy-mm-	dd) To(yyyy-mm-dd)
City or town		Province	or equivalent	Country	Postal o	code or equivalent	Telephone no.
Address Unit no.	Street no.	Street nar	me			Dates From (yyyy-mm-	dd) To (yyyy-mm-dd)
City or town		Province	or equivalent	Country	Postal o	code or equivalent	Telephone no.
<ul><li>any per</li><li>any per</li></ul>	d all residences riods of time out riods of time wh	tside of Cana en you had n	ida io associated addr	ess city or town, country	so that your explan	nation can be properly	y understood.

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<sup>\*</sup> NATO stands for North Atlantic Treaty Organization.

Security Screening Application and Consent Form	otected B when completed	
Surname	Given name	Date of birth (yyyy-mm-dd)

[D] I	Professional backgr	round					
Alla	<ul> <li>periods of self</li> <li>consultation fo</li> <li>periods of milit</li> <li>security intellig</li> <li>temporary assi</li> <li>any employme</li> </ul>		ign government aw enforcement internships is took place concurrer		ation within or outside Cana	ada, including:	
in th	e last <b>5 years</b> , or <b>fro</b>	om your 16th birthday,	beginning with your	current empl	loyer or school.	<b>tional inquiries</b> , list your em	
with inqu	top secret security uiries, list your emplo	y clearance, enhanced byment and education in	top secret security the last 10 years, o	y clearance, s or from your	site access clearance ar 16th birthday, beginning	security clearance, enhanc nd site access clearance wi with your current employer o	ith additional
If the	e space provided is in Employment status	nsufficient, attach an add	ditional sheet and pi	ovide all the	requested information.	Dates	
	☐ Employed	☐ Self-employed	☐ Student ☐	Retired	☐ Unemployed	From (yyyy-mm-dd)	To present
	Name of current em	nployer or educational in	stitution	Job title or	or field of study		Group, level, rank or service no. (if applicable)
	Describe the nature	e of your employment.					
						T	
	Work email(s)					Work telephone no.	
	,	ork site or educational ins Street name		City or town	Provinc	ce or equivalent Cour	ntry
1	Supervisor's informa Name	ation			Title		
	Work email					Work telephone no.	
		nt involve working with a				)	
	this position?	d or asked to resign fron	m If yes, provide a	a brief explan	ation.		
	Yes						
	this supervisor we professional referen	ment be jeopardized if ere to be contacted for a nce? \textsquare \text{No}		a brief descrip	ption of why your employn	nent may be jeopardized.	
			L ze your employment	t, provide an a	alternative contact, prefera	ably one who is at a supervis	sory level.
	Work email					Work telephone no.	

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Sec	urity Scr	eening Ar	oplication and Conse	ent Form				Pr	rotected B when complet
Surr	name	_	<del></del>		Gi	iven name	<del></del>		Date of birth (yyyy-mm-
					$\perp$				
	Fmnlovn	nent status			—			Dates	
	Emp		☐ Self-employed	☐ Student		] Retired	☐ Unemployed	From (yyyy-mm-dd)	To (yyyy-mm-dd)
	Name of o	employer o	or educational institutior	n		Job title or f	field of study		Group, level, rank or service no. (if applicable)
	Describe	the nature	of your employment.						
	Work ema	ail(s)						Work telephone no.	
	Address of Street n		rk site or educational ins Street name	stitution	(	City or town	Prov	vince or equivalent C	Country
2	Superviso Name	sor's informa	ation				Title		
	Work er	mail						Work telephone no.	
	Did this ε	employmen	nt involve working with a	a foreign govern	ment	firm or agend	cy?	No	
		u dismissed	d or asked to resign fror			brief explanat			
	should no	any reason vot be contact	why <b>this supervisor</b> acted for a professional		ide a	brief descripti	on of why we should	not contact this supervisor t	for a reference.
	reference	☐ Yes	<del></del>						
	If this sup Name	pervisor sho	ould not be contacted for	or a reference, p	rovid		ve contact, preferably Title	one who is or was at a sup	pervisory level.
	Work er	mail						Work telephone no.	
					—				
E F	Personal r	references							
All a			lete this section. Please ou for 3 years or longer		refere	ences in Cana	da who:		
	• are	not your rel	elatives						
Pofe			scribe your activities out		har				
Keie	Surname		about all aspects of yo	Given name(		cter.		Relationship	How long has this person known you?
-	Daytime	telephone n	no. Ever	ning telephone no	10.	Per	sonal email(s)		
	<u> </u>	*							
	t s	Unit no.	Street no.	Street name					
1	<b>Current</b> address	City or to	wn	Province	e or e	equivalent	Country		Postal code or equivalen
, T	ment ral nown)		employer or educationar)	al institution (if re	etired	, name of last	t Job title or field o	of study	
	rrent employmory or educational titution (if knov	Work tele	ephone no.	Work email					
	Current employment or educational institution (if known)	Address of Street n	of work site or educatio no. Street name	onal institution		City or to	own f	Province or equivalent	Country

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	name	eening Application and Const		en name				ate of birth (yyyy-mm-dd
-	IGING			JII 11015			-	ato 51 2 (333)
	Surname		Given name(s)			Relationship		How long has this person known you?
	Daytime t	telephone no. Ever	ning telephone no.	Persona	al email(s)			
	int SS	Unit no. Street no.	Street name					
2	Current	City or town	Province or equ		Country	у	Po	ostal code or equivalent
	yment nal nown)	Name of employer or education employer)	al institution (if retired, r	name of last	Job title or field	of study		
	emplo lucatio on (if k	Work telephone no.	Work email					
	Name of employer or educational institution (if retired, name of last employer)  Work telephone no.  Work email  Address of work site or educational institution  Street no. Street name  City or town  Provin					Province or equivalent	Co	untry
		al credentials and professional must complete this section.	designations					
[F1]	Education	nal credentials						
If ye	,	ducational credentials?	_	If the space pro	ovided is insuffici	ent, attach an additional	sheet aı	nd provide all the
	Name of educational institution attended  Student ID no. (if known)  When did you attend?  From (yyyy-mm-dd)  To (yyyy-mm-dd)					To (yyyy-mm-dd)		
1	What type	e of credential did you receive? (e	∍.g., certification, bachel	lor's or master's	degree)			
	Address of Street n	of institution name	(	City or town	Provi	nce or equivalent	Cou	untry
	Name of	educational institution attended		Student I	D no. (if known)	When did you atter From (yyyy-mm-c		To (yyyy-mm-dd)
2	What type	e of credential did you receive? (ε	∍.g., certification, bachel	lor's or master's	degree)			
	Address of institution Street name City or town Province or equivalent Country						ıntry	
[F2]	Profession	onal designations						
If ye	es, provide t	ny professional designations? the details below and attach a corequested information.	☐ Yes ☐ No ppy of your professional o	designation(s).	If the space prov	rided is insufficient, attacl	h an add	ditional sheet and
	Name of	institution that granted the design	ıation					tration ID no. licable)
1	Type of d	designation (e.g., chartered accou	ntant, lawyer, certified h	numan resource	s professional, e	ngineer)		he designation was d (yyyy-mm-dd)
	Address of	of institution		City or town	Provi	nce or equivalent	Cou	ıntrv

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Sec	curity Screening Application and	P	Protected B when completed		
Sur	name	Given nam		Date of birth (yyyy-mm-dd)	
	Name of institution that granted the		Registration ID no. f applicable)		
2	Type of designation (e.g., chartered		Date the designation was ranted (yyyy-mm-dd)		
	Address of institution Street name	City or t	own Province or e	quivalent	Country
	<ul> <li>any conviction and criminal conviction</li> </ul>	Provide information on:     nada for any offence under an act of Forviction outside Canada for any act the iction under an act of Parliament			
		nal offence in Canada or outside Cana	da for which you have not been o	granted a record su	spension or pardon?
If ye	es, provide the details below. If the sp	pace provided is insufficient, attach an	additional sheet and provide all t	he requested inform	nation.
	Criminal record details		Name of law enforcement a	authority	
1	Place of conviction City or town	Province or equivalent	Country	-	Pate of conviction yyyy-mm-dd)
	Criminal record details		Name of law enforcement a	authority	
2	Place of conviction City or town	Province or equivalent	Country		Pate of conviction yyyy-mm-dd)
	tification of sections B to G (for ap	oplicants of reliability status or site	access status): To certify the inf	ormation that you h	nave provided, sign and date
I he	reby certify that the information that	have provided in this document is true	and correct to the best of my kn	nowledge.	
Sigr	nature		<u> </u>		Oate (yyyy-mm-dd)

# Note

You must present the originals of any copies that you have attached to your application to a security official.

If you are applying for reliability status or site access status, you have finished filling out the form.

Continue to the next sections only if you are applying for one of the following:

- enhanced reliability status
- site access status with additional inquiries
- secret security clearance
- enhanced reliability status with secret security clearance
- top secret security clearance
- enhanced reliability status with top secret security clearance
- enhanced top secret security clearance
- site access clearance
- site access clearance with additional inquiries

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Security Screening Application and Consent Form	Pro	otectea B wnen completea
Surname	Given name	Date of birth (yyyy-mm-dd)
Surname	Given name	Date of birth (yyyy-r

[H] Proactive notification
This section is to be completed by applicants for:     enhanced reliability status     site access status with additional inquiries     secret security clearance     enhanced reliability status with secret security clearance     top secret security clearance     enhanced reliability status with top secret security clearance     enhanced top secret security clearance     enhanced top secret security clearance     site access clearance     site access clearance with additional inquiries
Legal or judicial prohibition
Are you currently under any legally issued prohibition that obliges you to abstain from specific actions or restricts you from possessing specific items?  Yes No If yes, provide details:
Examples may include:

This section is to be completed by applicants for:
site access status with additional inquiries secret security clearance enhanced reliability status with secret security clearance enhanced reliability status with top secret security clearance enhanced reliability status with top secret security clearance enhanced top secret security clearance site access clearance site access clearance with additional inquiries  What is your current relationship status? Married Common-law partnership Widowed Separated Divorced Single  If you are single, were you previously married or in a common-law relationship? Yes No If applicable, provide the date of your separation or divorce or the date of your spouse's death. (yyyy-mm-dd)  If it has been less than 10 years since your separation or divorce or since your spouse died, provide your previous spouse or common-law partner's information in section 12 below.  [I1] Current spouse or common-law partner Your spouse or common-law partner is a person who is: not an immediate relative as defined in section K of this form in a conjugal relationship with you Your spouse or common-law partner may be:
secret security clearance     enhanced reliability status with secret security clearance     top secret security clearance     enhanced reliability status with top secret security clearance     enhanced top secret security clearance     enhanced top secret security clearance     site access clearance     site access clearance     site access clearance with additional inquiries  What is your current relationship status?    Married   Common-law partnership   Widowed   Separated   Divorced   Single  If you are single, were you previously married or in a common-law relationship?   Yes   No  If applicable, provide the date of your separation or divorce or the date of your spouse's death. (yyyy-mm-dd)  If it has been less than 10 years since your separation or divorce or since your spouse died, provide your previous spouse or common-law partner's information in section 12 below.  [I1] Current spouse or common-law partner  Your spouse or common-law partner is a person who is:     not an immediate relative as defined in section K of this form     in a conjugal relationship with you  Your spouse or common-law partner may be:
enhanced reliability status with secret security clearance     top secret security clearance     enhanced reliability status with top secret security clearance     enhanced top secret security clearance     enhanced top secret security clearance     site access clearance     site access clearance with additional inquiries  What is your current relationship status?     Married
top secret security clearance enhanced reliability status with top secret security clearance enhanced top secret security clearance site access clearance site access clearance with additional inquiries  What is your current relationship status? Married Common-law partnership Widowed Separated Divorced Single  If you are single, were you previously married or in a common-law relationship? Yes No  If applicable, provide the date of your separation or divorce or the date of your spouse's death. (yyyy-mm-dd)  If it has been less than 10 years since your separation or divorce or since your spouse died, provide your previous spouse or common-law partner's information in section 12 below.  In Current spouse or common-law partner  Your spouse or common-law partner is a person who is:  not an immediate relative as defined in section K of this form in a conjugal relationship with you  Your spouse or common-law partner may be:
<ul> <li>enhanced reliability status with top secret security clearance</li> <li>enhanced top secret security clearance</li> <li>site access clearance</li> <li>site access clearance with additional inquiries</li> </ul> What is your current relationship status? <ul> <li>Married</li> <li>Common-law partnership</li> <li>Widowed</li> <li>Separated</li> <li>Divorced</li> <li>Single</li> </ul> If you are single, were you previously married or in a common-law relationship? <ul> <li>Yes</li> <li>No</li> </ul> If applicable, provide the date of your separation or divorce or the date of your spouse's death. (yyyy-mm-dd) If it has been less than 10 years since your separation or divorce or since your spouse died, provide your previous spouse or common-law partner's information in section 12 below. [I1] Current spouse or common-law partner Your spouse or common-law partner is a person who is: <ul> <li>not an immediate relative as defined in section K of this form</li> <li>in a conjugal relationship with you</li> </ul> Your spouse or common-law partner may be:
<ul> <li>enhanced top secret security clearance</li> <li>site access clearance</li> <li>site access clearance with additional inquiries</li> </ul> What is your current relationship status? <ul> <li>Married</li> <li>Common-law partnership</li> <li>Widowed</li> <li>Separated</li> <li>Divorced</li> <li>Single</li> </ul> If you are single, were you previously married or in a common-law relationship? <ul> <li>Yes</li> <li>No</li> </ul> If applicable, provide the date of your separation or divorce or the date of your spouse's death. (yyyy-mm-dd) If it has been less than 10 years since your separation or divorce or since your spouse died, provide your previous spouse or common-law partner's information in section I2 below. [I1] Current spouse or common-law partner Your spouse or common-law partner is a person who is: <ul> <li>not an immediate relative as defined in section K of this form</li> <li>in a conjugal relationship with you</li> </ul> Your spouse or common-law partner may be:
site access clearance site access clearance with additional inquiries  What is your current relationship status? Married Common-law partnership Widowed Separated Divorced Single  If you are single, were you previously married or in a common-law relationship? Yes No  If applicable, provide the date of your separation or divorce or the date of your spouse's death. (yyyy-mm-dd)  If it has been less than 10 years since your separation or divorce or since your spouse died, provide your previous spouse or common-law partner's information in section I2 below.  In current spouse or common-law partner  Your spouse or common-law partner is a person who is:  not an immediate relative as defined in section K of this form  in a conjugal relationship with you  Your spouse or common-law partner may be:
Site access clearance with additional inquiries  What is your current relationship status?     Married    Common-law partnership    Widowed    Separated    Divorced    Single  If you are single, were you previously married or in a common-law relationship?    Yes    No  If applicable, provide the date of your separation or divorce or the date of your spouse's death. (yyyy-mm-dd)  If it has been less than 10 years since your separation or divorce or since your spouse died, provide your previous spouse or common-law partner's information in section I2 below.  I[1] Current spouse or common-law partner  Your spouse or common-law partner is a person who is:
What is your current relationship status?  Married Common-law partnership Widowed Separated Divorced Single  If you are single, were you previously married or in a common-law relationship? Yes No  If applicable, provide the date of your separation or divorce or the date of your spouse's death. (yyyy-mm-dd)  If it has been less than 10 years since your separation or divorce or since your spouse died, provide your previous spouse or common-law partner's information in section I2 below.  In current spouse or common-law partner  Your spouse or common-law partner is a person who is:  not an immediate relative as defined in section K of this form  in a conjugal relationship with you  Your spouse or common-law partner may be:
Married   Common-law partnership   Widowed   Separated   Divorced   Single    If you are single, were you previously married or in a common-law relationship?   Yes   No    If applicable, provide the date of your separation or divorce or the date of your spouse's death. (yyyy-mm-dd)    If it has been less than 10 years since your separation or divorce or since your spouse died, provide your previous spouse or common-law partner's information in section I2 below.  [I1] Current spouse or common-law partner    Your spouse or common-law partner is a person who is:  ■ not an immediate relative as defined in section K of this form  ■ in a conjugal relationship with you  Your spouse or common-law partner may be:
If applicable, provide the date of your separation or divorce or the date of your spouse's death. (yyyy-mm-dd)  If it has been less than 10 years since your separation or divorce or since your spouse died, provide your previous spouse or common-law partner's information in section I2 below.  [I1] Current spouse or common-law partner  Your spouse or common-law partner is a person who is:  • not an immediate relative as defined in section K of this form  • in a conjugal relationship with you  Your spouse or common-law partner may be:
If it has been less than 10 years since your separation or divorce or since your spouse died, provide your previous spouse or common-law partner's information in section I2 below.  [I1] Current spouse or common-law partner  Your spouse or common-law partner is a person who is:  • not an immediate relative as defined in section K of this form  • in a conjugal relationship with you  Your spouse or common-law partner may be:
information in section I2 below.  [I1] Current spouse or common-law partner  Your spouse or common-law partner is a person who is:  • not an immediate relative as defined in section K of this form • in a conjugal relationship with you  Your spouse or common-law partner may be:
information in section I2 below.  [I1] Current spouse or common-law partner  Your spouse or common-law partner is a person who is:  • not an immediate relative as defined in section K of this form • in a conjugal relationship with you  Your spouse or common-law partner may be:
Your spouse or common-law partner is a person who is:  onot an immediate relative as defined in section K of this form onit in a conjugal relationship with you  Your spouse or common-law partner may be:
<ul> <li>cohabiting with you or not</li> <li>of any gender</li> </ul>
The duration of the relationship is not taken into account.
Surname Given name(s)  Surname at birth (if different from current surname)  Gender  Female  Male  Other
Place of birth Date of birth (yyyy-mm-dd) List all current citizenships
City or town Province or equivalent Country
Date of marriage or Place of marriage or common-law partnership
common-law partnership (yyyy-mm-dd) City or town Province or equivalent Country

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Security	Screening Application	n and Conse	nt Form				Protect	ted B when completed	
Surname	•			Given name			Da	te of birth (yyyy-mm-dd	
	Unit and Other at and	04	-4						
	Unit no. Street no	o. Stre	eet name						
Current address									
dr	City or town	Province	or equivalent	Count	ry	Pos	stal code or equivalent		
ad	•			·		•		·	
ınt	D			<b>-</b>		Б			
ırı	Dates at this address From (yyyy-mm-dd) To		Telephone no.		Personal email				
วี	r rom (yyyy-mm-aa)	present							
		process							
+	Name of employer or ed	lucational inst	itution (if retire	ed, name of last	Job title or fie	ld of study			
len l	employer)								
yn na n									
plo atic	Work telephone no.		Work email						
uca titu									
Current employment or educational institution	Address of work site or	oducational in	ctitution						
or i		t name	Sutution	City or town		Province or equivalent	Coun	ıtrv	
Cu	0001.110.			only or to m			004	,	
1101 F									
	er spouse or common la ner spouse or common-lay		nereon who:						
Tour Ioili	is not an immediate rela			of this form					
•	was in a conjugal relation			or triis form					
	, ,								
•	ner spouse or common-law have been cohabiting w		·						
	be of any gender	itii you oi not							
The durat	ion of the relationship is r	not taken into	account.						
Surname			ven name(s)		Surnam	e at birth (if different fror	n current)	Gender	
			` ,			`	,	☐ Female	
								☐ Male	
Place of b	- lubla				Data of his	the (10000 mane alal)	I 1:-4 -11	Other	
City or t		ince or equiva	alent Co	untry	Date of bil	th (yyyy-mm-dd)	List all cui	rent citizenships	
Oity or t	5WII 110V	moc or equive	alone oo	uniti y					
	arriage or common-law			mon-law partnership Province or equiva		- <b>4</b>		paration or divorce or	
partnersh		City or town			alent Cou	ent Country		ur spouse's death	
(yyyy-mm	-uu)							(yyyy-mm-dd)	
	Unit no. Street no	. Stre	et name						
S									
address own)	City or town		Drovingo	or oquivalent	Count	m.,	Do	atal aada ar aguiyalant	
addre lown)	City or town		Province	or equivalent	Couri	ıy	PO	stal code or equivalent	
nt a									
Current a	Dates at this address			Telephone no.		Personal email			
ιnο	From (yyyy-mm-dd)	То							
•		present							
	Name of employer or ed	lucational inet	itution (if retire	ed name of last	Job title or fie	ld of study			
Current employment or educational institution (if known)	employer)	asational mist	(II TOUTE	o, name or last	JOD HILL OF THE	ia oi olaay			
al ow	. , ,								
k o v			T						
n pol	Work telephone no.		Work email						
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ent r ec	Address of work site or	educational in	stitution						
urr o sti	Street no. Stree	t name		City or town		Province or equivalent	Coun	itry	
ပ .⊑									
	not know any or all of the	information	augeted in thi	e section and you as-	not obtain this !-	formation ovalain who			
ii you ao	not know any or all of the	iiiioiiiialion fe	questea in thi	is section and you cann	เบเ บมเสเท เทเร Ir	normanon, explain why.			

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Security Screening Application and Consent Form	Protected B when completed		
Surname	Given name	Date of birth (yyyy-mm-dd)	

[J] Roommates or cohabitants  This section is to be completed by applicants for:  enhanced reliability status site access status with additional inquiries secret security clearance enhanced reliability status with secret security clearance enhanced reliability status with secret security clearance enhanced reliability status with top secret security clearance enhanced reliability status with top secret security clearance enhanced top secret security clearance site access clearance site access clearance esite access clearance over 18 years of age currently living at the same address as you in a non-conjugal relationship, including relatives and non-relatives not a former spouse or common-law partner listed in section 12  Ensure that you provide the legal names of all roommates and cohabitants. If you are a student living in residence, list only the person(s) with whom you share a dorn room or apartment.								
•		commates or cohabitants details below. If the spac	•	☐ Yes ☐ No sufficient, attach an a	additional sh	eet and provide all the	e requested infor	rmation.
	Surnam	е		Given name(s)			Surname at bi	rth (if different from current)
	1 ( 3 / ) /			his address yyy-mm-dd) To present		Date of birth (	l yyyy-mm-dd)	List all current citizenships
	Place of birth City or town			Province or equi	Province or equivalent			
	Daytime	telephone no.	Evening telephone no. Persona			l email(s)		
1	er or tution	Name of employer or e employer)	ducational institution (if retired, nar		e of last	Job title or field of s	tudy	
	emplo	Work telephone no.	W	ork email				
	Current employer or educational institution	Address of work site or educational institution Street no. Street name		(	City or town		nce or equivalen	·
	If you do not know any or all of the information requested in this section and you cannot obtain this information, explain why.							

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Seci	Security Screening Application and Consent Form Protected B when completed							
	Surname			Given name			Date of birth (yyyy-mm-dd)	
	Surnam	ne	Give	en name(s)		Surname at bi	rth (if different from current)	
	Relationship (e.g., nanny, friend, boarder)  Place of birth City or town		Dates at this address From (yyyy-mm-dd)	To present	Date of birth (	yyyy-mm-dd)	List all current citizenships	
			Province or equivalent		,	Country		
	Daytime	e telephone no.	Evening telephone no	o. Personal	email(s)			
2	Name of employer or educational instead of employer)		educational institution (if	retired, name of last	Job title or field of s	study		
	emplo nal inst	Work telephone no.	Work ema	il	-			
	Current	employer)  Work telephone no.  Work email  Address of work site or educational institution Street no.  Street name		City or town	Provi	nce or equivaler	nt Country	
	If you do	o not know any or all of t	he information requested	d in this section and you	cannot obtain this info	ormation, explair	n why.	

Certification of sections B to J (for applicants of enhanced reliability status or site access status with additional inquiries): To certify the information that you have provided, sign and date as indicated.			
I hereby certify that the information that I have provided in this document is true and correct to the best of my knowledge.			
Signature	Date (yyyy-mm-dd)		

## Note

You must present the **originals** of any copies that you have attached to your application to a security official.

If you are applying for enhanced reliability status or site access status with additional inquiries, you have finished filling out the form.

Continue to the next sections only if you are applying for one of the following:

- secret security clearance
- enhanced reliability status with secret security clearance
- top secret security clearance
- enhanced reliability status with top secret security clearance
- enhanced top secret security clearance
- site access clearance
- site access clearance with additional inquiries

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Surname	Given name	Date of birth (yyyy-mm-dd)

# [K] Immediate relatives

This section is to be completed by applicants for:

- secret security clearance
- enhanced reliability status with secret security clearance
- top secret security clearance
- enhanced reliability status with top secret security clearance
- enhanced top secret security clearance
- site access clearance
- site access clearance with additional inquiries

Your immediate relatives include:

- all children 18 years of age and older with whom you and your spouse or common law partner have a parental relationship
- your father, mother and siblings
- your current spouse or common law partner's father and mother
- any step" and half relatives that are considered in the above categories

If any person is deceased, include their date of death and last known address. Ensure that you provide the legal names of all immediate relatives. Do not use initials.

If you have declared an immediate relative in the Roommates or cohabitants" section on page 14, there is no need to repeat their information in this section.

	Surname Relationship		Given name(s)  Date of birth (yyyy-mm-dd)		sted information.  Surname at birth (if different from current)		
Relation					List all cur	rent citizenships	Date of death (yyyy-mm-dd)
Place o City o	of birth or town		Provi	nce or equivalent		Country	
	Unit no. Street no	o. S	treet name				
Current address	City or town		Province	e or equivalent	Countr	у	Postal code or equivalent
Curren	Dates at this address From (yyyy-mm-dd)	To present		Telephone no.		Personal email	
/er or itution	Name of employer or employer)	educational in	stitution (if re	tired, name of last	Job title or fie	eld of study	
employ al inst	Work telephone no.		Work email				
Current employer or educational institution	Address of work site of Street no. Street	er educational et name	institution	City or town		Province or equivalent	Country
If you d	o not know any or all of	the informatio	n requested i	in this section and you	cannot obtain t	his information, explain w	rhy.

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Protected B when completed

Date of birth (yyyy-mm-dd)

	Surnam	е	Given name(s)		Surname at birth (if different from current)			
	Relationship		Date of bi	Date of birth (yyyy-mm-dd)		rent citizenships	Date of death (yyyy-mm-dd)	
	Place of City or		Provi	nce or equivalent	1	Country		
	6	Unit no. Street no. S	treet name					
	Current address	City or town	Province	Province or equivalent		у	Postal code or equivalent	
2	Currer	Dates at this address From (yyyy-mm-dd) To present		Telephone no.		Personal email		
	yer or titution	Name of employer or educational ir employer)	nstitution (if re	etired, name of last	Job title or fie	eld of study		
	emplo nal ins	Work telephone no.	Work email					
	Current employer or educational institution	Address of work site or educational Street no. Street name	institution	City or town		Province or equivalent	Country	
	If you do	o not know any or all of the information	n requested	in this section and you	cannot obtain t	his information, explain w	/hy.	
	Surname		Giver	Given name(s)		Surname at birth (if different from currer		
	Relation		Date of bi	rth (yyyy-mm-dd)	List all cur	rent citizenships	Date of death (yyyy-mm-dd)	
	Place of City or		Provi	Province or equivalent		Country		
	s	Unit no. Street no. Street name						
	Current address	City or town	Province	e or equivalent	Count	у	Postal code or equivalent	
		Dates at this address From (yyyy-mm-dd) To present		Telephone no.		Personal email		
3	er or itution	Name of employer or educational ir employer)	nstitution (if re	ion (if retired, name of last		eld of study		
	employ nal inst	Work telephone no.	Work email	email				
	Current employer or educational institution	Address of work site or educational Street no. Street name	institution	City or town		Province or equivalent	Country	
	If you do	o not know any or all of the information	n requested	in this section and you	cannot obtain t	his information, explain w	⁄hy.	

Given name

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Secu	rity Scr	eening Application and Consent	Form			Protected B when completed	
Surn			Given na	me		Date of birth (yyyy-mm-do	
	Surname Relationship		Given name(s)  Date of birth (yyyy-mm-dd)		Surname at birth (if different from current)		
					List all current citizenships	Date of death (yyyy-mm-dd)	
	Place of City of		Province or equiv	/alent	Country		
	Current address	Unit no. Street no. S	Street name  Province or equivalent		Country	Postal code or equivalent	
4		Dates at this address From (yyyy-mm-dd) To present	Telephone	e no.	Personal email		
	rer or itution	Name of employer or educational in employer)	nstitution (if retired, name	of last Jo	b title or field of study		
	emplo) nal inst	Work telephone no.	Work email				
	Current employer or educational institution	Address of work site or educationa Street no. Street name		ity or town	Province or equivalent	Country	

Certification of sections B to K (for applicants of secret security clearance, site access clearance or enhanced reliability status with secret security clearance): To certify the information that you have provided, sign and date as indicated.				
I hereby certify that the information that I have provided in this document is true and correct to the best of my knowledge.				
Signature	Date (yyyy-mm-dd)			

If you do not know any or all of the information requested in this section and you cannot obtain this information, explain why.

# Note

You must present the **originals** of any copies that you have attached to your application to a security official.

If you are applying for secret security clearance, site access clearance or enhanced reliability status with secret security clearance, you have finished filling out the form.

Continue to the next sections only if you are applying for one of the following:

- top secret security clearance
- enhanced reliability status with top secret security clearance
- enhanced top secret security clearance
- site access clearance with additional inquiries

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- enhanced top secret security clearance
- site access clearance with additional inquiries

If yes, list the relevant countries.

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Security Screening Application and Consent Form	Pro	Protected B when completed		
Surname	Given name	Date of birth (yyyy-mm-dd)		

Certification of sections B to N (for applicants of top secret security clearance, enhanced reliability status with top secret security clearance, enhanced top secret security clearance or site access clearance with additional inquiries): To certify the information that you have provided, sign and date as indicated.	
I hereby certify that the information that I have provided in this document is true and correct to the best of my knowledge.	
Signature	Date (yyyy-mm-dd)

# Note

You must present the **originals** of any copies that you have attached to your application to a security official.

End of form

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