



**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	Name of official	Telephone number ()	Facsimile number ()

B BIOGRAPHICAL INFORMATION (To be completed by the applicant)

Surname (Last name) Ward	Full given names (no initials) underline or circle usual name used <u>Jonathan David</u>	Family name at birth Ward
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All other names used (i.e. Nickname) Jon	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth Y M D 1 9 8 4 0 8 3 0	Country of birth Canada	Date of entry into Canada if born outside Canada Y M D
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RESIDENCE (provide addresses for the last five years, starting with the most current) Home address 499 McLeod St Ottawa ON K1R5P9	Daytime telephone number (613) 867-3856	E-mail address jonathan.ward2@ic.gc.ca
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1	Apartment number 2	Street number 499	Street name McLeod St	Civic number (if applicable)	From Y M 2 0 1 1 1 0	To present
	City Ottawa	Province or state ON	Postal code K1R 5P9	Country Canada	Telephone number (613) 867-3856	

2	Apartment number 912	Street number 429	Street name Somerset St West	Civic number (if applicable)	From Y M 2 0 1 0 0 9	To Y M 2 0 1 1 1 0
	City Ottawa	Province or state ON	Postal code K2P 2P5	Country Canada	Telephone number (613) 897-0537	

Have you previously completed a Government of Canada security screening form? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give name of employer, level and year of screening. National Research Council Canada	Y 2 0 0 9
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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 checked="" type="checkbox"/> No	If yes, give details. (charge(s), name of police force, city, province/state, country and date of conviction) ▼
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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

Ward, Jonathan David

Date of birth

Y M D
1 9 8 4 0 8 3 0**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	JW			()
2. <input checked="" type="checkbox"/> Criminal record check	JW			()
3. <input checked="" type="checkbox"/> Credit check (financial assessment, including credit records check)	JW			()
4. <input checked="" type="checkbox"/> Loyalty (security assessment only)	JW			
5. <input checked="" type="checkbox"/> Other (specify, see instructions)	JW			()

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

2014/10/20

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

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