



Royal Canadian Mounted Police
Gendarmerie royale du Canada

RETURN BIDS TO:
RETOURNER LES SOUMISSIONS A:
Bid Receiving/Réception des soumissions

RCMP MAIL SERVICES UNIT
 BID RECEIVING - Room #A1E431
 14200 Green Timbers Way
 Surrey, B.C. V3T 6P3

Facsimile Number for Amendments
Only: 778-290-6110

AMMENDMENT #1 TO INVITATION TO TENDER-APPEL D'OFFRES

Tender to: Royal Canadian Mounted Police
 We hereby offer to sell to Her Majesty the Queen in right of Canada, in accordance with the terms and conditions set out herein, referred to herein or attached hereto, the goods, services and construction listed herein and on any attached sheets at the price(s) set out therefor.

Soumission aux: Gendarmerie royale du Canada
 Nous offrons par la présente de vendre à Sa Majesté I Reine du chef du Canada, aux conditions énoncées ou incluses par référence dans la présente et aux annexes ci-jointes, les biens, services et construction énumérés ici sur toute feuille ci-annexée, au(x) prix indiqué(s).

Comments - Commentaries

Vendor/Firm Name and Address
Raison sociale et adresse du fournisseur/de l'entrepreneur

Facsimile No. - No de télécopieur:

Telephone No. - no de téléphone:

Issuing Office - Bureau de distribution
 Royal Canadian Mounted Police (RCMP)
 14200 Green Timbers Way
 Surrey, B.C. V3T 6P3

Title-Sujet INVITATION TO TENDER - Major Works - Construction of new RCMP Detachment facility in 100 Mile House, B.C.	
Solicitation No. - No. de l'invitation M2989-3-0017	Date: September 19, 2013
Client Reference No. - No. De Référence du Client	
GETS Reference No. - No. de Référence de SEAG PW-13-00496912	
Solicitation Closes -L'invitation prend fin at - à 2:00 P:M. Time Zone: PDT on - le October 28, 2013	
F.O.B. - F.A.B. DESTINATION	
Address Enquiries to: - Adresser toutes questions à: Hedy Sawatzky, Reg Sr Procurement Officer, hedy.sawatzky@rcmp-grc.gc.ca	
Telephone No. - No de téléphone 778-290-2779	Fax No. - N° de FAX: 778-290-6110
Destination of Goods, Services, and Construction: Destinations des biens, services et construction: Royal Canadian Mounted Police (RCMP) #841 and #851 Alder Venue 100 Mile House, B.C.	
This document contains a PERSONNEL SECURITY Clearance requirement.	
Delivery Required - Livraison exigée:	Delivery Offered - Livraison proposée
Name and title of person authorized to sign on behalf of Vendor/Firm Nom et titre de la personne autorisée à signer au nom du fournisseur/de l'entrepreneur	
----- CONTRACTOR'S SIGNATURE	----- DATED



ADDENDUM #1 TO INVITATION TO TENDER

The purpose of this Amendment #1 is to add ADDENDUM #1 dated September 19, 2013, Document = 35 pages inclusive.

1. GENERAL

- .1 This addendum forms part of the Contract Documents and amends the original Drawings and Specifications dated 2012/03/05.
- .2 Ensure that all parties submitting bids are aware of all items included in this Addendum.

2. ARCHITECTURAL

2.1 SPECIFICATIONS

- .1 Reference: Specification Index
 - .1 Add Appendix C as listed below.
- Appendix C - Security Requirements34 pages

End of Addendum #1

Appendix C - RCMP Clearance Requirements (Law Enforcement Checks)

- .1 *The Contractor's Site Superintendent(s)* shall have at a minimum, the requisite Facility Access Level 3 (FA3) clearance. Upon contract award, the Contractor shall prepare and submit the following attached requisite forms and documents for a FA3 clearance, for each Contractor Site-Superintendent:
 - a.) Contractor/Consultant Information Sheet
 - b.) TBS 330-23e – Personnel Screening, Consent and Authorization Form
 - c.) TBS 330-23e – Residence (Additional Information) – if applicable
 - d.) TBS 330-60e – Security Clearance Form

In addition, Contractor's Site Superintendent(s) must include with their completed requisite forms, the following documents:

- e.) Valid government issued photo identification: photocopy of front and back of document (photo must be clear), certified to be a true copy by their supervisor or colleague. Examples of government issued photo identification include Driver's License, Passport.
 - f.) Birth certificate: photocopy of front and back of document, certified to be a true copy by their supervisor or colleague.
 - g.) Canadian Citizenship (if applicable): photocopy of front and back of document, certified to be a true copy by their supervisor or colleague.
 - h.) Two sets of digital fingerprints (Contractor cost): Fingerprints must be obtained from a Corp of Commissionaires office or a police agency, using Form No. C216C (contractors cost).
- .2 *All Other Contractors/Sub-Contractors after interim completion of the project*: all personnel engaged in the execution of the work on the interior or exterior of an RCMP occupied building shall have at a minimum, the requisite RCMP Facility Access Level 2, with escort (FA2) clearance. At a minimum of four months prior to interim completion of the project, the Contractor shall prepare and submit the following attached requisite forms and documents for an FA2 clearance, for each Contractor employee and sub-contractor employee to be engaged in the work on the interior of an occupied and/or unoccupied building after interim completion of the project:
 - a.) Contractor/Consultant Information Sheet
 - b.) TBS 330-23e – Personnel Screening, Consent and Authorization Form
 - c.) TBS 330-23e – Residence (Additional Information) – if applicable
 - d.) Valid government issued photo identification: photocopy of front and back of document (photo must be clear), certified to be a true copy by their supervisor or colleague. Examples of government issued photo identification include Driver's License, Passport.
 - e.) Birth certificate: photocopy of front and back of document, certified to be a true copy by their supervisor or colleague. If applicant cannot obtain a copy of their Birth Certificate, please provide other government issued photo identification (Health Care Card, Passport, Treaty card).
 - .3 To eliminate delays in the clearance process, all clearance forms/documents completed by the Contractor's employees **MUST be reviewed by the Contractor to ensure that all requested information has been provided, prior to submitting documents to the RCMP.** Incomplete forms will be returned to the Contractor.

- .4 The Contractor should batch the fully completed submissions and allow for a minimum twenty (20) working days processing time in the project schedule for the review to occur (from the date the “fully completed” documents are received by the RCMP). The inability to submit the fully completed requisite forms and documents will not be reason for an extension to the project schedule or additional compensation.
- .5 After interim completion of the project, the Contractor’s employees and sub-contractor employees shall only mobilize in the interior or exterior of an occupied building, once the requisite RCMP FA2 (with escort) clearance has been granted. The Contractor’s employees and sub-contractor employees must be escorted at all times by an RCMP representative.



**RCMP National Project Delivery Office, Regina
Contractor/Consultant Information Sheet**



Page 1 of 2

PLEASE PRINT LEGIBLY / ALL INFORMATION MUST BE PROVIDED

General Contractor only: Upon completion of forms, please forward original documents to:

RCMP – Hedy SAWATZKY, Regional Senior Procurement Officer

NOTE: SUB-CONTRACTORS ARE TO CONTACT THE GENERAL CONTRACTOR FOR INSTRUCTIONS AND/OR QUESTIONS REGARDING COMPLETION OF FORMS – NOT THE RCMP

CONTRACTORS/CONSULTANTS MUST PROVIDE THE FOLLOWING INFORMATION:	
1. Your Complete Legal Name: <i>(First/Middle or "no Middle Name" / Last Name)</i>	
2. Name of Company That You Work For:	
3. Company Telephone Number:	
4. Project That You Are Working On: <i>(Name of Project/Building/City/Province)</i>	Construction of the 100 Mile House Detachment SRCL No. 2012-11111601
5. Access Period (Start & End Dates): <i>(If exact dates unknown, estimate start & end dates)</i>	

CONTRACTORS / CONSULTANTS - PLEASE NOTE THE FOLLOWING:

Should an RCMP Access tag/card be issued to you, please note the following;

- 1) You are the sole user of the access tag and it must be visibly worn while working on the site.
- 2) The access tag is non-transferrable / cannot be used while working on projects other than the RCMP projects it was issued for.
- 3) The access tag must be returned to the RCMP issuing office or site foreman (if approved) at the end of each day.
- 4) No access to areas that you have not been cleared will be allowed and if found in these areas your clearance will be revoked and you will be removed from the site.

Employee Signature	Signed On Date
--------------------	----------------

EMPLOYER TO REVIEW (not employee applicant of this form), COMPLETE AND SIGN:

In order to comply with Federal Government and RCMP policies and guidelines, in relation to the collection of personal information, the employer requesting the security checks must be satisfied that he/she can confirm the identity of the applicant.

The employer MUST ("employer" is your supervisor or a colleague of the company that you are employed by):

- 1) Request that their employees attend in person and provided two pieces of Identification.
- 2) ID MUST include full date of birth and name of the individual ie, Driver's Licence - Birth Certificate, Passport, Firearms Licence. (One piece of ID must include the photograph and if using the Drivers Licence copy both the photo portion as well as the signature portion.)
- 3) If the employee has changed his/her name, ID MUST be provided with both the current as well as past names.

Type of ID: 1) _____ Number _____
 2) _____ Number _____

Employers Name: _____
 (First Name and Last Name)

Employers Signature: _____

Date of signature: _____

Facilities Access Level 2, with escort (FA2) clearance Applicants:

Documents noted in the box below must be provided with your FA2 clearance application.

Facilities Access Level 2 (with escort) Clearance Forms to be completed:

1. Contractor/ Consultant Information Sheet
2. Form TBS 330-23E
3. Form TBS 330-23E Residence_Additional Info (if applicable)

CONTRACTORS/CONSULTANTS MUST PROVIDE PHOTOCOPIES OF:	
I HAVE ATTACHED THE FOLLOWING DOCUMENTS TO THE ABOVE NOTED FORMS:	YES / NO
1. Driver's License (a clear copy of both the front and back of the document on the same page, certified to be a true copy by their supervisor or colleague). <i>Note:</i> If you do not have a Driver's License, please provide other government issued photo identification (passport, treaty card). Note: the photo must be clear.	
2. Birth Certificate (a clear copy of both the front and back of the document on one page, certified to be a true copy by their supervisor or colleague). <i>Note:</i> If you do not have a Birth Certificate, please provide other government issued identification (ie. Health Care Card, passport, treaty card).	

RCMP Facilities Access Level 3 (FA3) clearance Applicant
(SITE SUPERINTENDENTS) Only:

Documents noted in the box below must be provided with your FA3 clearance application

FA3 Clearance Forms to be completed for RRS clearances:

1. Contractor/ Consultant Information Sheet
2. Form TBS 330-23E
3. Form TBS 330-23E Residence_Additional Info (if applicable)
4. Form TBS 330-60E

CONTRACTORS/CONSULTANTS MUST PROVIDE PHOTOCOPIES OF:	
I HAVE ATTACHED THE FOLLOWING DOCUMENTS TO THE ABOVE NOTED FORMS:	YES / NO
1. Driver's License (a clear copy of both the front and back of the document on the same page, certified to be a true copy by their supervisor or colleague). <i>Note:</i> If you do not have a Driver's License, please provide other government issued photo identification (passport, treaty card). Note: the photo must be clear.	
2. Birth Certificate (a clear copy of both the front and back of the document on one page, certified to be a true copy by their supervisor or colleague). DOCUMENT MUST BE PROVIDED FOR FA3 CLEARANCES – NO ALTERNATE DOCUMENTS.	
3. Canadian Citizenship (if applicable) (a clear copy of both the front and back of the document on one page, certified to be a true copy by their supervisor or colleague).	
4. Two sets of Fingerprints ("Digital" style) – must be obtained from a Corp of Commissionaires office or a police agency, using Form C216C.	



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) _____ 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 Y | | M | | D | | Country of birth _____ Date of entry into Canada if born outside Canada Y | | M | | D | |

RESIDENCE (provide addresses for the last five years, starting with the most current)
 Home address _____ Daytime telephone number () _____ E-mail address _____

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

Have you previously completed a Government of Canada security screening form? 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
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

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 type="checkbox"/> Date of birth, address, education, professional qualifications, employment history, personal character references				()
2. <input type="checkbox"/> Criminal record check				()
3. <input type="checkbox"/> Credit check (financial assessment, including credit records check)				()
4. <input type="checkbox"/> Loyalty (security assessment only)				()
5. <input type="checkbox"/> Other (Law Enforcement Records Checks)				()

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 615 (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 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)

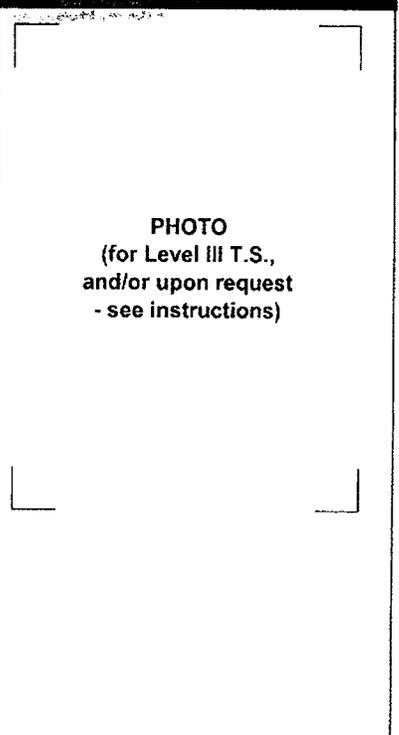
Security Clearance (if applicable)

Level I Level II Level III Not recommended

 Name and title

 Signature _____
 Date (Y/M/D)

Comments





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.

Surname	Date of birth
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RESIDENCE (Additional Information)

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

**ADDITIONAL INSTRUCTIONS FOR COMPLETION OF
GOVERNMENT OF CANADA PERSONNEL SCREENING, CONSENT AND
AUTHORIZATION FORM (Form No. TBS 330-23E)**

NOTE:

All information requested on TBS 330-23E MUST be provided (do not leave any “blanks”, provide partial information, and do not use any abbreviations - ie. CA for Canada).

Failure to provide requested information will result in forms being returned to applicants.

Page 1 of Form:

Section A. Administrative Information: Do not complete (completed by the RCMP).

Section B. Biographical Info.: To be completed by applicant:

1. **Surname:** Your Last Name that you currently use – ie. “Smith”
2. **Full Given Names (no initials):**
 - a. Your First Name and Middle Name (s) ie. “Cameron John”
**If you do not have a middle name, state “no middle name” on the form.
**Circle or underline your usual name used (whether you go by your first name or middle name).
3. **Family Name at Birth:** Your Last Name when you were born - ie. “Smith” (do not include “Same”)
4. **All other names used:** Abbreviation(s) of name(s) used (ie. “Dave”/David, “Charlie”/Charles) or nicknames.
5. **Sex:** Place “x” in box beside male or female.
6. **Date of Birth:** provide the Year, Month and Day you were born ie. 2012-01-01 (must provide all in this format)
7. **Country of Birth:** - the Country that you were born in ie. Canada (no abbreviations such as “CA”)
8. **Date of entry into Canada if born outside Canada:** - ie. 2012-01-01 (Year, Month, Day format)
9. **Daytime telephone number:** Your telephone number that the RCMP can reach you at in the daytime, including your area code.
10. **E-mail address:** Your e-mail address at work, or if you do not have one at work, your home e-mail address.
11. **Residence(s):** provide addresses where you have permanently or temporarily resided for the last **five years**, starting with the most current home address. Must be consecutive dates – no breaks in time periods.
**Do not fill in address in grey/shaded area beside “Home address”; fill in current address in the boxes under “Home address”.
 - a. **Apartment Number** - fill in if you have one; if you do not live in an apartment, leave blank.
 - b. **Street Number** – your house number ie. “421”
 - c. **Street Name** – ie. “Smith Street/George Avenue; or “4th Street” if no name (no abbreviations)
If you do not have a street address or you live on a farm/acreage, please provide your legal land descriptions (ie. SW-30-23-45-W4th) – **NO POST OFFICE BOX NUMBERS.

**ADDITIONAL INSTRUCTIONS FOR COMPLETION OF
GOVERNMENT OF CANADA PERSONNEL SCREENING, CONSENT AND
AUTHORIZATION FORM (Form No. TBS 330-23E)**

- d. From – the year and month that you moved to your current / previous residence(s);
**If you cannot recall the month, please state above the M – “unknown”
- e. To – “Present” or the year and month that you moved/vacated your previous residences (not current residence).
- f. City – the name of the city or town that you currently and previously resided in.
- g. Province or State – the name of the province or state that you currently and previously resided in (no abbreviations ie. “AB” or “SK”).
- h. Postal Code – your current and previous postal codes.
- i. Country – the name of the country that you currently and previously resided in (no abbreviations).
- j. Telephone Number – your current and previous home telephone numbers, including area code.
- Note: i. If you do not have enough space on the attached form to list all addresses for the last five years, please use the attached form titled “TBS 330-23E Residence Additional Info”.
ii. You must include your “Surname” and Date of Birth at the top of the page as requested.
****NO POST OFFICE BOX NUMBERS;**
****DATES MUST BE CONSECUTIVE–NO BREAKS IN TIME PERIODS (as stated in 11.)**
12. Have you previously completed a Government of Canada security screening form?:
a. “No” or
b. “Yes” – if “Yes”, please provide details. If you cannot recall some or all of the details (ie. year of screening, state “cannot recall”).
13. Criminal Convictions:
a. “No” OR
b. “Yes” - if “Yes”, please provide details. If you cannot recall some or all of the details (ie. date of conviction, state “cannot recall”).

Page 2 of Form:

Top of Page 2: To be completed by applicant:

1. Surname (your last name) followed by a comma – ie. Smith,
2. Full given names – your first name and then your middle name
**If you do not have a middle name, state “no middle name” on the form.
**Circle or underline your usual name used (ie. whether you go by your first name or middle name).
3. Date of birth - provide – Year, Month, Day ie. 2012-01-01 (must provide all in this format / no blanks)

Section C. Consent and Verification: To be completed by applicant:

1. a.) Place a “Checkmark” in Boxes 1. to 5; *then:*
b.) Initial under “Applicant’s Initials” column – **numbers 1. to 5. (you must initial all boxes-1 to 5).**
2. Read the Privacy Act Statement and sign above “Signature” and “Date (Y/M/D)”

Section D. Review: do not complete (completed by RCMP)

Section E. Approval: do not complete (completed by RCMP)

NOTE: RCMP FACILITIES ACCESS LEVEL 2 CLEARANCE – Photographs ARE NOT required.
RCMP “RELIABILITY STATUS CLEARANCES” – Photographs ARE required.

Updated July 22, 2013

SAMPLE OF COMPLETED Document

1 of 3



Government of Canada / Gouvernement du Canada

PROTECTED (when completed)

PERSONNEL SCREENING, CONSENT AND AUTHORIZATION FORM

Reference number	Department/Organization number	File number
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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 Department/Agency/Organization Official)			
<input type="checkbox"/> New	<input type="checkbox"/> Update	<input type="checkbox"/> Upgrade	<input type="checkbox"/> Transfer
<input type="checkbox"/> Supplemental	<input type="checkbox"/> Re-activation		
The requested level of reliability/security check(s)			
<input type="checkbox"/> Reliability Status	<input type="checkbox"/> Level I (CONFIDENTIAL)	<input type="checkbox"/> Level II (SECRET)	<input type="checkbox"/> Level III (TOP SECRET)
<input type="checkbox"/> Other _____			
PARTICULARS OF APPOINTMENT/ASSIGNMENT/CONTRACT			
<input type="checkbox"/> Indefinite	<input type="checkbox"/> Term	<input type="checkbox"/> Contract	<input type="checkbox"/> Industry
<input type="checkbox"/> Other (specify secondment, assignment, etc.) _____			
Justification for security screening requirement			
Position/Competence/Contract number	Title	Group/Level (Rank if applicable)	
Employee ID number/PRU/Rank and Service number (if applicable)	If term or contract, indicate duration period	From	To
Name and address of department / organization / agency	Name of official	Telephone number	Facsimile number
B BIOGRAPHICAL INFORMATION (To be completed by the applicant)			
Surname (Last name)	Full given names (no initials) underline or circle usual name used	Family name at birth	
SMITH	<u>John</u> (nomiddle name)	SMITH	
All other names used (i.e. Nickname)	Sex	Date of birth	Country of birth
Johnny	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	19/6/01 12/7	CANADA
RESIDENCE (provide addresses for the last five years, starting with the most current)	Daytime telephone number	E-mail address	
Home address	(306) 201-1433	JSmith@telus.net	
1 Apartment number	Street number	Street name	Civic number (if applicable)
	1257	Cooper Avenue	
From	To	Telephone number	
20/1/00	present	(780) 261-1493	
2 Apartment number	Street number	Street name	Civic number (if applicable)
		12-13-57-W2	
From	To	Telephone number	
2/0/09	03/20/10	(780) 234-2102	
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. CORRECTIONAL SERVICES CANADA 20/0/11			
CRIMINAL CONVICTIONS IN AND OUTSIDE OF CANADA (see instructions)			
Have you ever been convicted of a criminal offence for which you have not been granted a pardon? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, give details. (charge(s), name of police force, city, province/state, country and date of conviction)	
Charge(s)	Name of police force	City	
DRIVING UNDER THE INFLUENCE OF ALCOHOL	EDMONTON POLICE SERVICE	EDMONTON	
Province/State	Country	Date of conviction	
ALBERTA	CANADA	2/0/01 01/2/01	

Surname **SMITH, John (no middle name)** Date of birth **1960-01-27** PROTECTED A (When completed)

RESIDENCE (Additional Information)

Apartment number	Street Number	Street Name	Civic Number or (if applicable)	From Y M	To Y M
3		1-87-18-W4		2007 01	2009 03
City SASKATOON		Province or state SASKATCHEWAN	Postal code S0G3C0	Country CANADA	
Telephone number (306) 231-7192					
4	20	HILL AVENUE		2004 01	2007 01
City CALGARY		Province or state ALBERTA	Postal code T0G3C0	Country CANADA	
Telephone number (403) 239-7186					
5					
City		Province or state	Postal code	Country	
Telephone number					
6					
City		Province or state	Postal code	Country	
Telephone number					
7					
City		Province or state	Postal code	Country	
Telephone number					
8					
City		Province or state	Postal code	Country	
Telephone number					
9					
City		Province or state	Postal code	Country	
Telephone number					
10					
City		Province or state	Postal code	Country	
Telephone number					
11					
City		Province or state	Postal code	Country	
Telephone number					
12					
City		Province or state	Postal code	Country	
Telephone number					
13					
City		Province or state	Postal code	Country	
Telephone number					



Government of Canada

Gouvernement du Canada

**PERSONNEL SCREENING,
CONSENT AND AUTHORIZATION FORM**

PROTECTED (when completed)

Surname and full given names: SMITH, John (nomiddle name) Date of birth: 11 9 61 01 12 7

C COMPLETE AND VALID AUTHORITY to be completed by the applicable and authorized Departmental/Agency/Organizational Official only

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	JS			()
2. <input checked="" type="checkbox"/> Criminal record check	JS			()
3. <input checked="" type="checkbox"/> Credit check (financial assessment, including credit records check)	JS			()
4. <input checked="" type="checkbox"/> Loyalty (security assessment only)	JS			()
5. <input checked="" type="checkbox"/> Other (Law Enforcement Records Checks)	JS			()

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 017 (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 006 (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 is 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.

John Smith Signature Date (Y/M/D) 2011-12-01

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: _____
 Signature: _____ Date (Y/M/D): _____

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. -> attached "Residence (Additional Information) Form."

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. Hereafter sign the separate attached sheet of paper.
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 N.F.L.D., 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". - Box 1-5

- The official who carried out the verification of the information will print their name, insert their initials and telephone number in the required space (RCMP Employee only)
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.

ENSURE ATTACHED "ADDITIONAL INSTRUCTIONS" ARE REVIEWED/FOLLOWED (more detailed information on how to complete TBS 330-23E)



OFFICE USE ONLY

Reference number	Department number	File number
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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"/> III (TOP SECRET)
		<input type="checkbox"/> II (SECRET) <input type="checkbox"/> other _____
Department/Agency/Organization	Employee ID number/PR/IRank and Service number (if applicable)	Organization number

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

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

D MARITAL STATUS/COMMON-LAW PARTNERSHIP	
Current status <input type="checkbox"/> Married <input type="checkbox"/> Common-Law Partnership <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single	
1	
A) CURRENT SPOUSE/COMMON-LAW PARTNER: Surname, given names	B) Maiden Name (if applicable)
C) Present citizenship of current spouse/common-law partner	
D) Date of marriage/common-law partnership Y M D	E) City, province or state, and country of marriage/common-law partnership
F) City, province or state, and country of birth	
G) Date of birth Y M D	
H) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country)	
I) If separated, widowed or divorced, specify date Y M D	
J) Name and address of employer (job title)	
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	

E IMMEDIATE RELATIVES (including those living outside Canada) (see instructions)	
NOTE: Do not use initials	
1	
A) Full name (surname and all given names, including maiden name)	B) Relationship
C) City, province or state, and country of birth	D) Date of birth Y M D
E) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country)	F) Date of death (if applicable) Y M D
G) Name and address of employer	H) Job title

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

E IMMEDIATE RELATIVES (continued)									
NOTE: Do not use initials									
2	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; padding: 2px;">A) Full name (surname and all given names, including maiden name)</td> <td style="width:40%; padding: 2px;">B) Relationship</td> </tr> <tr> <td style="padding: 2px;">C) City, province or state, and country of birth</td> <td style="padding: 2px;">D) Date of birth</td> </tr> <tr> <td style="padding: 2px;">E) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country)</td> <td style="padding: 2px;">F) Date of death (if applicable)</td> </tr> <tr> <td style="padding: 2px;">G) Name and address of employer</td> <td style="padding: 2px;">H) Job title</td> </tr> </table>	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
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C) City, province or state, and country of birth	D) Date of birth								
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C) City, province or state, and country of birth	D) Date of birth								
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G) Name and address of employer	H) Job title								

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

G FOR COMPLETION BY PERSONS BORN OUTSIDE CANADA OR BORN IN CANADA HOLDING DUAL CITIZENSHIP (see instructions)													
1. Date of entry into Canada <table style="margin: auto;"> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">M</td> <td style="text-align: center;">D</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				2. Present citizenship						
Y	M	D											
3. If you are a naturalized Canadian, give the certificate number and date of issue Certificate No. _____ <table style="margin: auto;"> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">M</td> <td style="text-align: center;">D</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				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 Date of application <table style="margin: auto;"> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">M</td> <td style="text-align: center;">D</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											
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: _____												

Surname and full given names	Date of birth															
	<table style="margin: auto;"> <tr> <td style="border: none;">Y</td> <td style="border: none;">M</td> <td style="border: none;">D</td> </tr> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> </table>	Y	M	D												
Y	M	D														

H RESIDENCE (there should be no gaps)

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

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

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

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

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

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

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

Name of employer	Supervisor	Position title	Date
			Y M

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



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

General:

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

Detailed Instructions:

SECTION A

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

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

- Complete as requested.

SECTION C

- Complete as requested.

SECTION D

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

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

SECTION E

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

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

SECTION F

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

SECTION G

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

SECTION H

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

SECTION I

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

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

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

SECTION J

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

SECTION K

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

SECTION L

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

SECTION M

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

SECTION N

- Complete as requested.

SECTION O

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

SECTION P

- Complete as requested.

SUPPLEMENTAL INFORMATION REQUIREMENTS

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

For all Security Clearances

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

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

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

CYCLICAL UPDATE REQUIREMENTS

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

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

INSTRUCTIONS FOR COMPLETION OF GOVERNMENT OF CANADA SECURITY CLEARANCE FORM (Form No. TBS 330-60E)

Listed below are instructions for completion of the TBS 330-60E. In addition to reviewing the notes below, please review the "Government of Canada Instructions For Completion of Security Clearance Form".

NOTE:

1. All information requested on Form TBS 330-60E **MUST** be provided (ie. **do not leave any "blanks"**).
2. Failure to provide **ALL** requested information will result in forms being returned to the General Contractor or General Consultant (as per contract specifications).
3. **PLEASE NOTE: NO ABBREVIATIONS ARE TO BE USED ON THIS FORM** (ie. "CA" for Canada, "SK" for Saskatchewan, "AB" for Alberta etc.)

Page 1 of Form:

Section A. Administrative Info.: do not complete (to be completed by RCMP)

Section B. Biographical Info.: To be completed by applicant:

1. Surname: Your Last Name that you currently use – ie. "Smith"
2. Full given names: (no initials):
 - a. Your First Name and Middle Name (s) ie. "Cameron John"
 - **If you do not have a middle name, state "no middle name" on the form.
 - **Circle or underline your usual name used (whether you go by your first name or middle name).
3. Family Name at birth: Your Last Name when you were born - ie. "Smith" (do not include "Same")
4. All other names used: Abbreviation(s) of name(s) used (ie. "Dave"/David, "Charlie"/Charles) or nicknames.
5. Sex: Place "x" in box beside male or female
6. Date of Birth: provide the Year, Month and Day you were born ie. 2012-01-01 (must provide all in this format)
7. a.) Place of Birth: the city or town or village that you were born in.
 b.) Province/State: the province or state that you were born in (no abbreviations)
 c.) Country: the country that you were born in (no abbreviations)
8. Name Change (other than marriage): your former surname and/or first, middle name(s) and the "From" and "To" dates of your name change (2012-01 (Month) – 01 (Day) format).
9. Place of change: City, province or state and country where your name was changed.
10. Method: Authority that authorized your name change ie. Alberta Vital Statistics

Section C. Security Screening: To be completed by applicant

1. Have you previously completed a Government of Canada security screening form?:
 - a. "No" or
 - b. "Yes" – if "Yes", please provide details. If you cannot recall some or all of the details (ie. year of screening, state "cannot recall").

**INSTRUCTIONS FOR COMPLETION OF
GOVERNMENT OF CANADA SECURITY CLEARANCE FORM
(Form No. TBS 330-60E)**

Section D. Marital Status/Common-Law Partnership: To be completed by applicant:

- Current Status: current marital status – check off applicable box.
1. Current Spouse or common-law partner:
 - a. Surname, First and Middle Name (use format : ie. SMITH, Judy Carol)
 - **Circle usual first name used;
 - **If no middle name, state “no middle name” on the form.
 - b. Maiden Name; if no maiden name, state “none”.
 - c. Present Citizenship of current spouse/common-law partner ie. “Canadian”
 - d. Date of marriage/common-law partnership: Year-Month-Day format (ie. 2012-01-01)
 - e. City, province or state, and country of marriage/common-law partnership (ie. Regina, Saskatchewan, Canada) – no abbreviations.
 - f. City, province or state, and country of birth: of your spouse/common-law partner (ie. Regina, Saskatchewan, Canada) – no abbreviations.
 - g. Date of Birth: of your spouse/common-law partner – Year-Month-Day format
 - h. Present Address: Apartment number, street number, street name, city, province or state, and country (Do not abbreviate province and country)
 - If address is not a street address, you must provide a legal land description for rural addresses (ie. SW-12-13-33-W1), followed by RM/County/Town (ie. RM of Sherwood, County of Smith, Lumsden etc, followed by Province and Country (no abbreviations).
 - **Do not provide any Post Office Box No’s** – need physical address of residence / not where your mail is forwarded to (PO Box no.).
 - i. If separated, widowed or divorced, specify date: Year-Month-Day format (ie. 2012-01-01)
 - j. Name and address of employer (job title): Include the following:
 - Name of Company that your spouse is employed by – ie. “Smith’s Plumbing
 - Complete Street Address or Legal Land Description of Company that your spouse is employed by – ie. 245 – 7 Street, Regina, Saskatchewan, Canada (do not abbreviate province and country)
 - **Do not provide any Post Office Box No’s** – need physical address of residence / not where your mail is forwarded to (PO Box no.).
 - Job Title of your spouse (ie. Financial Officer).
 2. Previous Spouse/Common-Law Partner:
 - If no previous spouse/common-law partner, state “None”; if previous spouse/common-law partner:
 - a. Surname, First and Middle Name (use format: ie. SMITH, Judy Carol)
 - **Circle usual first name used;
 - **If no middle name, state “no middle name” on the form.
 - b. Present Citizenship of Former Spouse/Common-law partner: ie. “Canadian”
 - c. Date of marriage/common-law partnership: Year-Month-Day format (ie. 2012-01-01)
 - d. City, province or state, and country of marriage/common-law partnership: (ie. Regina, Saskatchewan, Canada) – no abbreviations.

**INSTRUCTIONS FOR COMPLETION OF
GOVERNMENT OF CANADA SECURITY CLEARANCE FORM
(Form No. TBS 330-60E)**

- e. Date of divorce/separation/deceased: Year-Month-Day format
- f. City, province or state, and country of divorce: (ie. Regina, Saskatchewan, Canada) – no abbreviations.
- g. Country of Birth (if known): of your former spouse/common-law partner – Year-Month-Day format
- h. Date of Birth: of your former spouse/common-law partner – Year-Month-Day

Section E. Immediate Relatives: To be completed by applicant (Page 1 & continued on Page 2)

Note: Immediate Relatives include the Applicants:

- Mother and Father and Step-mother / Step-father (if applicable)
 - Brothers and Sisters and Step Brother(s) and Step Sister(s) (if applicable)-*ONLY THOSE 18 YEARS AND OVER*
 - Mother-in-law and Father-in-law and Step-Mother-in-law / Step-Father-in-law (if applicable)
If a person is deceased, date of death and the last address while living are to be shown.
- a. Full Name: (Surname, First and Middle Name, including Maiden Name in brackets):
 - Circle usual first name used;
 - If no middle name, state “no middle name” on the form.
 - b. Relationship: ie. son or daughter (if they are over 18 years of age), mother, father, brother, sister, mother-in-law or father-in-law.
 - c. City, Province or State, and Country of Birth: of your immediate relative – ie. Regina, Saskatchewan, Canada (do not abbreviate province and country).
 - d. Date of Birth: of your relative Year-Month-Day format
 - e. Present address: where your relative currently resides as follows:
 - Apartment number, street number, street name, city, province or state, and country (Do not abbreviate province and country)
 - If address is not a street address, you must provide a legal land description for rural addresses (ie. SW-12-13-33-W1).
 - **Do not provide any Post Office Box No’s** – need physical address of residence / not where your mail is forwarded to (PO Box no.).
 - f. Date of death (if applicable): Year-Month-Day format
 - g. Name and address of employer: Include the following information:
 - Name of Company that your relative is employed by – ie. “Smith’s Plumbing”
 - Complete Street Address or Legal Land Description of Company that your spouse is employed by – ie. 245 – 7 Street, Regina, Saskatchewan, Canada (do not abbreviate province and country)
 - **Do not provide any Post Office Box No’s** – need physical address of residence / not where your mail is forwarded to (PO Box no.)
 - h. Job Title: of your immediate relative (ie. Financial Officer)

**INSTRUCTIONS FOR COMPLETION OF
GOVERNMENT OF CANADA SECURITY CLEARANCE FORM
(Form No. TBS 330-60E)**

Page 2 of Form:

Top of Page: Surname, and full given names (First and Middle Names) – use this format.

Section F. Criminal Convictions In And Outside Canada: To be completed by applicant

- “No” OR
- “Yes” - if “Yes”, please provide details. If you cannot recall some or all of the details (ie. date of conviction, state “cannot recall”).

Section G. For Completion By Persons Born Outside Canada etc.: To be completed by applicant

- Only complete as requested if born outside of Canada OR born in Canada Holding Dual Citizenship.

Page 3 of Form:

Top of Page: Surname, and full given names (First and Middle Names) – use this format.

Section H. Residence (no gaps in date) : To be completed by applicant

- Include last TEN years of residences, starting with your current home address. If you do not have enough spaces to list residences from the past ten years on the attached form, photocopy this page and list additional residences (include your Surname, Full Given Names and Date of Birth at the top of each additional page).
 1. a. Apartment number, b. street number, c. street name, c. city, d. province or state, and e. country (Do not abbreviate province and country)
 - If address is not a street address, you must provide a legal land description for rural addresses (ie. SW-12-13-33-W1).
 - **Do not provide any Post Office Box No’s** – need physical address of residence / not where your mail is forwarded to (PO Box no.)
 2. From and To dates that you resided at each residence (Year and Month format); ****no gaps in dates****
****DATES MUST BE CONSECUTIVE–NO BREAKS IN TIME PERIODS as stated above.**

Section I. Employment: To be completed by applicant (Page 3 & continued on Page 4)

- Include last TEN years of employment, starting with your current employer. If you do not have enough spaces to list employment from the past ten years on the attached form, photocopy this page and list additional employers (include your Surname, Full Given Names and Date of Birth at the top of each additional page).
 1. Would your employment be jeopardized if your current supervisor, below, is contacted?: Check off applicable box – “Yes” or “No”.
 - If Yes, provide the name of an alternate employment contact and telephone number including:
 - a. First Name and Surname of Contact Person
 - b. Company Name that Contact Person is employed for
 - c. Telephone number including area code.

**INSTRUCTIONS FOR COMPLETION OF
GOVERNMENT OF CANADA SECURITY CLEARANCE FORM
(Form No. TBS 330-60E)**

2. Were you dismissed or asked to resign from any position(s) as listed below?: Check off applicable box – “Yes” or “No”.
- If Yes, give the name of employer, supervisor, and date:
 - a. Name of Employer: The Company Name
 - b. Supervisor: The person’s first name and surname
 - c. Position Title: Supervisor’s Title
 - d. Date: Year and Month Format – the date that you were dismissed/asked to resign.
3. Employment History (for the past 10 years):
- a. Name of Employer: The company name of your employer
 - b. From: The Year and Month that you started working for the specified employer & To: “present” or the date that you stopped working for the specified employer.
 - c. Job-Site Address: Street Number, Street Name, City, Province or state, and Country (no abbreviations for City, Province and/or Country) – **NO POST OFFICE BOX NO.’S, POSTAL CODES OR ABBREVIATIONS.**
 - d. Job Title/Description: Your Job Title or Description ie. “Consultant”
 - e. Rank and Service number (if applicable): if not applicable state “none”
 - f. Supervisor’s name in Full: First Name and Surname Name of Supervisor
 - g. Supervisor’s Telephone Number: Include area code in brackets.
- NOTE: there cannot be any gaps in dates; if you were unemployed for a short duration, include “unemployed” along with the “From and To” dates on the attached form – 10 years must be included on the form, even if you were “unemployed” or a “student”.**

Page 4 of Form:

Top of Page: Surname, and full given names (First and Middle Names) – use this format.

Section J. Foreign Employment: To be completed by applicant

1. Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency?: Check of a box: “Yes” or “No”.
2. If yes, give details: Country, organization, nature of work and dates); include military (cadets), law enforcement and security intelligence employment.

Section K. Travel: To be completed by applicant (you must complete for an RRS clearance)

1. If you have not visited within the last five years for personal travel and/or non-Government business, other than Canada, the USA and Mexico, state “None”.
2. If you have, include: Country, Purpose of Travel and “From” and “To” dates (year and month format).

**INSTRUCTIONS FOR COMPLETION OF
GOVERNMENT OF CANADA SECURITY CLEARANCE FORM
(Form No. TBS 330-60E)**

Section L. Foreign Assets: To be completed by applicant (you must complete for an RRS clearance)

1. "No" OR
2. "Yes" - if "Yes", please list the relevant countries (exclude stocks and mutual funds purchased in Canada).

Section M. Character References In Canada: To be completed by applicant (you must complete for an RRS clearance)

- List three character references (non-family members) and one neighborhood reference.
1. Name in full (no initials): First Name and Last Name of Individual
 2. Relationship: ie. Friend, Coworker
 3. Period Known: Since (Year) ie. "Since 1975"
 4. Complete Home Address – a. Apartment Number, b. House Number, c. Street number or name d. City, Province or State, Country OR Legal Land Description if in a rural area (ie. SW-30-23-45-W4th) - **NO POST OFFICE BOX NO.'S OR POSTAL CODES OR ABBREVIATIONS.**
 5. Telephone Number: Home Telephone Number (area code in brackets)
 6. Complete Title and Business Address:
 - a. Your Reference's Title at Work (ie. Consultant)
 - b. Your Reference's Employer/Company Name (ie. Smith Architects)
 - c. Your Reference's Business Address (Number, Street No. or Name, City, Province or State, and Country) or Legal Land Description if in a rural area (**NO POST OFFICE BOX NO.'S OR POSTAL CODES, NO ABBREVIATIONS**).
 7. Telephone Number: Your Reference's Business Telephone number or Cell Number (include area code).
 - NOTE: Please place an asterisk (*) beside one of the above noted "daytime" telephone numbers of each reference listed, as reference checks will likely be completed during daytime hours.
 - NOTE: Please ensure that all of your references are at the telephone numbers that you have provided; failure to provide up to date telephone numbers will result in processing delays.

Section N. Education: To be completed by applicant (you must complete for an RRS clearance)

1. Name of the last school or university you attended "full time": ie. Smith Composite High School or York University.
2. Student ID Number: if unknown, state "unknown"
3. Location of institution: City, Province or State and Country (no abbreviations)
4. Period of Attendance: From and To Dates that you attended this institution (Year and Month format)
5. Field of Study: Diploma or degree obtained OR state "Did not obtain Diploma or degree".

**INSTRUCTIONS FOR COMPLETION OF
GOVERNMENT OF CANADA SECURITY CLEARANCE FORM
(Form No. TBS 330-60E)**

Section O. Military Service: To be completed by applicant (you must complete for an RRS clearance)

1. Name and Last Location:
2. Rank and Service No.:
3. Period of Service: From and To Dates that you served (Year and Month format)
 - If no Military Service - include "None".

Section P. Certification: To be completed by applicant

1. Signature: Sign your name
2. Date: Today's Date (Year, Month and Day format)
3. Telephone No.: Home (include area code)
4. Telephone No.: Business (include area code)

****Please ensure that you also review "Government of Canada – Instructions For Completion of Security Clearance Form TBS 330-60E (Rev. 2006-02).**

Updated July 18, 2013



Reference number	Department number	File number
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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"/> III (TOP SECRET)
		<input type="checkbox"/> II (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) SMITH	2. Full given names (no initials) underline or circle usual name used (JOHN) (no middle name)	3. Family name at birth SMITH
4. All other names used (i.e. Nickname) Johnny	5. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	6. Date of birth Y M D 11/9/60 01/27
7. Place of birth (city) EDMONTON	Province/State ALBERTA	Country CANADA
8. Name change (other than marriage) NONE	From -	To -
9. Place of change (city, province or state, and country) -	10. Method (authority)	

C SECURITY SCREENING	
1. Have you previously completed a Government of Canada security screening form? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give name of department/agency/organization, and the year and level of clearance. CORRECTIONAL SERVICES CANADA RELIABILITY STATUS CLEARANCE (RRS) 2011

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 SMITH, (JOANNE) JANE	B) Maiden Name (if applicable) JONES
C) Present citizenship of current spouse/common-law partner CANADIAN	
D) Date of marriage/common-law partnership Y M D 11/9/81 08/01	E) City, province or state, and country of marriage/common-law partnership EDMONTON, ALBERTA, CANADA
F) City, province or state, and country of birth CALGARY, ALBERTA, CANADA	
G) Date of birth Y M D 11/9/60 02/01	
H) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country) 1257 Cooper Avenue, Peace River, Alberta, Canada	I) If separated, widowed or divorced, specify date Y M D
J) Name and address of employer (job title) PEACE RIVER Health Region, 123-2 Avenue, Peace River, Alberta, Canada (NURSE)	
A) PREVIOUS SPOUSE/COMMON-LAW PARTNER: Surname, given names (cover only the past five years) NONE	
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) SMITH, (JERALD) GEORGE	B) Relationship FATHER
C) City, province or state, and country of birth EDMONTON, ALBERTA, CANADA	D) Date of birth Y M D 11/9/40 20/01
E) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country) 235-7 Street, Peace River, Alberta, Canada	F) Date of death (if applicable) Y M D 2011 00/60 12
G) Name and address of employer None - Deceased	H) Job title None - DECEASED

Surname and full given names SMITH, John (nomiddle name)	Date of birth Y M D 11 9 16 10 01 27
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E IMMEDIATE RELATIVES (continued)									
NOTE: Do not use initials									
2	<table border="1"> <tr> <td>A) Full name (surname and all given names, including maiden name) SMITH, (GAIL) (nomiddle name)</td> <td>B) Relationship MOTHER</td> </tr> <tr> <td>C) City, province or state, and country of birth EDMONTON, ALBERTA, CANADA</td> <td>D) Date of birth Y M D 11 9 41 10 16 01</td> </tr> <tr> <td>E) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country) 235-7 Street, Peace River, Alberta, Canada</td> <td>F) Date of death (if applicable) Y M D </td> </tr> <tr> <td>G) Name and address of employer Safeway Canada, 213-7 Street, Peace River, Alberta, Canada</td> <td>H) Job title Cashier</td> </tr> </table>	A) Full name (surname and all given names, including maiden name) SMITH, (GAIL) (nomiddle name)	B) Relationship MOTHER	C) City, province or state, and country of birth EDMONTON, ALBERTA, CANADA	D) Date of birth Y M D 11 9 41 10 16 01	E) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country) 235-7 Street, Peace River, Alberta, Canada	F) Date of death (if applicable) Y M D 	G) Name and address of employer Safeway Canada, 213-7 Street, Peace River, Alberta, Canada	H) Job title Cashier
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G) Name and address of employer	H) Job title 								

F CRIMINAL CONVICTIONS IN AND OUTSIDE OF CANADA (see instructions)	
Have you ever been convicted of a criminal offence for which you have not been granted a pardon? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give details. (charge(s), name of police force, city, province/state, country and date of conviction)
Charge(s) DRIVING UNDER THE INFLUENCE OF ALCOHOL	Name of police force EDMONTON POLICE SERVICE
Province/State ALBERTA	City EDMONTON
Country CANADA	Date of conviction Y M D 20 10 11 02 01

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 <input type="checkbox"/> Yes <input type="checkbox"/> No
3. If you are a naturalized Canadian, give the certificate number and date of issue Certificate No. _____ Y M D 	4. If you are not naturalized, have you applied for Canadian citizenship? Please provide copy of Immigrant Visa or Record of Landing documentation <input type="checkbox"/> Yes <input type="checkbox"/> No 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: _____

Surname and full given names
SMITH, John (nomiddle name)

Date of birth **19^Y60^M01^D27**

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	To
1	1257	COOPER AVENUE		20110011	present
City		Province or state	Postal code	Country	Telephone number
PEACE RIVER		ALBERTA	T632X9	CANADA	(780)261-1493
2		12-13-57-W2		201090320110011	
City		Province or state	Postal code	Country	Telephone number
GRAND CACHE		ALBERTA	T0G7X3	CANADA	(780)234-2102
3		1-87-18-W4		20107012009013	
City		Province or state	Postal code	Country	Telephone number
SASKATOON		SASKATCHEWAN	S0G3C0	CANADA	(306)231-7192
4	20	HILL AVENUE		20104011200701	
City		Province or state	Postal code	Country	Telephone number
CALGARY		ALBERTA	T0G3C0	CANADA	(403)239-7186
5	can't recall	unknown- can't recall		19990920104011	
City		Province or state	Postal code	Country	Telephone number
Calgary		ALBERTA	T0G3C0	Canada	("cannot recall")

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

1	A) Name of employer - do not use initials (department/organization/agency, if applicable)	B) From	To
	ABC WELDING INCORPORATED	20110011	present
	C) Job-site address (street number, street name, city, province or state and country)		
	243-7 STREET, PEACE RIVER, ALBERTA, CANADA		
	D) Job title/Description	E) Rank and service number (if applicable)	
	WELDER	NONE	
	F) Supervisor's name in full	G) Supervisor's telephone number (cell)	
	GERALD MILLION	(780)299-1257	
2	A) Name of employer - do not use initials (department/organization/agency, if applicable)	B) From	To
	JIM'S WELDING	201090310	20110011
	C) Job-site address (street number, street name, city, province or state and country)		
	637-8 AVENUE, PEACE RIVER, ALBERTA, CANADA		
	D) Job title/Description	E) Rank and service number (if applicable)	
	WELDER	NONE	
	F) Supervisor's name in full	G) Supervisor's telephone number (cell)	
	KEVIN HARRIS	(780)891-7624	
3	A) Name of employer - do not use initials (department/organization/agency, if applicable)	B) From	To
	UNEMPLOYED	20107011	201090310
	C) Job-site address (street number, street name, city, province or state and country)		
	D) Job title/Description	E) Rank and service number (if applicable)	
	F) Supervisor's name in full	G) Supervisor's telephone number	
		()	
4	A) Name of employer - do not use initials (department/organization/agency, if applicable)	B) From	To
	KARI'S WELDING	20104011	20107011
	C) Job-site address (street number, street name, city, province or state and country)		
	SW-19-12-24-W4, REDDEER, ALBERTA, CANADA		
	D) Job title/Description	E) Rank and service number (if applicable)	
	WELDER	NONE	
	F) Supervisor's name in full	G) Supervisor's telephone number	
	CORY KARI	(780)863-2149	

Surname and full given names **SMITH, John (no middle name)** Date of birth **11/9/61 01/12/7**

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 present Y M
1					
City		Province or state	Postal code	Country	Telephone number ()
2					
City		Province or state	Postal code	Country	Telephone number ()
3					
City		Province or state	Postal code	Country	Telephone number ()
4					
City		Province or state	Postal code	Country	Telephone number ()
5					
City		Province or state	Postal code	Country	Telephone number ()

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

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

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

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

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

Name of employer	Supervisor	Position title	Date Y M
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A) Name of employer - do not use initials (department/organization/agency, if applicable) **STUDENT** B) From **11/9/99** To **01/2004**

C) Job-site address (street number, street name, city, province or state and country)

5 D) Job title/Description E) Rank and service number (if applicable)
F) Supervisor's name in full G) Supervisor's telephone number ()

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)

2 D) Job title/Description E) Rank and service number (if applicable)
F) Supervisor's name in full G) Supervisor's telephone number ()

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)

3 D) Job title/Description E) Rank and service number (if applicable)
F) Supervisor's name in full G) Supervisor's telephone number ()

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)

4 D) Job title/Description E) Rank and service number (if applicable)
F) Supervisor's name in full G) Supervisor's telephone number ()

Surname and full given names
SMITH, JOHN (no middle name)

Date of birth **11 9 1960** | **01** | **12** | **7**

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
"NONE"					

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	
	Allan Nikum	FRIEND	4 years
	5W-12-6-2-W4, MANNING, ALBERTA, CANADA	(780) 236-1921	
	WELDER ABC WELDING, 243-7 Street, Peace River, Alberta, CANADA	(780) 236-0012 *	
2	Name in full (no initials)	Relationship	Period known
	Complete home address	Telephone Number (cell)	
	Complete title and business address	Business Telephone Number	
	CORY Timothy	COLLEAGUE	6 years
	17 ANGLE STREET, ORANGE, ALBERTA, CANADA	(780) 892-1343 *	
	WELDER ABC Welding, 19-3 Avenue, Manning, Alberta, Canada	(780) 892-1691	
3	Name in full (no initials)	Relationship	Period known
	Complete home address	Telephone Number (cell)	
	Complete title and business address	Business Telephone Number	
	Dennis James	FRIEND	9 years
	123-2 Avenue, MANNING, ALBERTA, CANADA	(780) 777-1992 *	
	CONSULTANT PEACE FINANCIAL, 2-3 Street, Manning, Alberta, Canada	(780) 823-1111	
Neighbourhood reference (see instructions)			
	Name in full (no initials)	Telephone Number	
	BRIAN ANDERS	(780) 236-1111 *	
	Complete home address	Business Telephone Number	
	1253 COOPER STREET, PEACE RIVER, ALBERTA, CANADA	() NONE	

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
NAIT	UNKNOWN	EDMONTON, ALBERTA CANADA	From 11 9 1978 09 To 11 9 19 06
5. Field of study (Diploma or degree obtained)			
WELDING CERTIFICATE			

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
NONE		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 **John Smith** | 2. Date **20 11 11** | **12 01** | 3. Telephone (Home) **(780) 261-1493** | 3. Telephone (Business) **(780) 299-1111**



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

General:

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

Detailed Instructions:

SECTION A

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

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

- Complete as requested.

SECTION C

- Complete as requested.

SECTION D

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

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

SECTION E

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

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

SECTION F

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

SECTION G

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

SECTION H

- As set forth, ensuring current address is recorded first.
- The Postal code is mandatory for the current address, and if known, for previous addresses.
- For rural area, include civic number or lot, concession and township number. → SW-3-12-24-N4 u

SECTION I

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

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

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

SECTION J

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

SECTION K

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

SECTION L

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

SECTION M

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

SECTION N

- Complete as requested.

SECTION O

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

SECTION P

- Complete as requested.

SUPPLEMENTAL INFORMATION REQUIREMENTS

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

For all Security Clearances

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

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

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

CYCLICAL UPDATE REQUIREMENTS

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

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

Please ensure you review "Additional instruction" sheet for Form TBS 380-23E