



CALGARY POLICE SERVICE

ENHANCED SECURITY CLEARANCE DECLARATION

This document requests detailed information regarding you, your family and associates. This information is required to conduct a Calgary Police Service Enhanced Security Clearance, and is collected in accordance with Section 33(c) of the Freedom of Information and Protection of Privacy Act.

STATEMENT OF CONSENT:

I hereby consent that any and all information pertaining to a Criminal Record registered in my name with the National Repository for Criminal Records in Canada may be provided to authorized persons at the Calgary Police Service. I hereby consent to the Calgary Police Service performing a Vulnerable Sector (VS) search of my name in the National Repository for Criminal Records. I understand that a VS search is a search that will check for pardoned sex offences. I consent, if requested, to attend the Identification Section of the Calgary Police Service for fingerprint confirmation. I agree to absolutely release, discharge, and absolve the Calgary Police Service, The City of Calgary, and its employees from all claims, losses, or damages including indirect or consequential, occasioned by me during, or as a result of any investigation for a Criminal Record or otherwise in relation to this Enhanced Security Clearance.

Dated this _____ day of _____, 20____

PRINTED NAME OF APPLICANT

APPLICANT SIGNATURE

PRINTED NAME OF WITNESS
Witness must be 18 years or older.

WITNESS SIGNATURE

Please print legibly or type. Ensure that all sections are completed. Additional sheets should follow suggested format.

SURNAME:		FIRST NAME		MIDDLE NAME		PREFERRED FIRST NAME	
MAIDEN NAME AND OTHER NAMES USED:			EMAIL ADDRESS:			CELL PHONE:	
CURRENT ADDRESS			CITY	PROVINCE	POSTAL CODE	RESIDENCE PHONE () -	
DATE OF BIRTH - YYYY / MM / DD		GENDER: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		PLACE OF BIRTH (INCLUDE CITY / COUNTRY OF BIRTH)			
MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> COMMON-LAW <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> DOMESTIC PARTNER							
IF YOU HAVE CHECKED MARRIED, COMMON-LAW OR DOMESTIC PARTNER, GIVE FULL NAME AND DATE OF BIRTH OF THAT PERSON IN THE NEXT LINE							
SURNAME / MAIDEN NAME / OTHER NAMES USED			FIRST NAME		MIDDLE NAME		DATE OF BIRTH - YYYY / MM / DD
YOU MUST PROVIDE A PHOTOCOPY OF ONE OF THE FOLLOWING DOCUMENTS: <input type="checkbox"/> DRIVER'S LICENCE <input type="checkbox"/> PASSPORT <input type="checkbox"/> CITIZENSHIP				YOU MUST PROVIDE A PHOTOCOPY OF ONE OF THE FOLLOWING DOCUMENTS: <input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> SOCIAL INSURANCE <input type="checkbox"/> HEALTH CARE			
REASON FOR SECURITY DECLARATION: <input type="checkbox"/> RECRUIT / EMPLOYMENT <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> STUDENT <input type="checkbox"/> OTHER (Specify): _____							

ENHANCED SECURITY CLEARANCE DECLARATION

In chronological order, most recent first, indicate every place you have resided in the last 10 years and names of all persons who shared address with you. Use next page or additional sheet if required.

ADDRESS	CITY	PROVINCE	POSTAL CODE	FROM - YYYY / MM / DD	TO - YYYY / MM / DD
NAME OF PERSON WHO SHARED ADDRESS WITH YOU		PHONE NUMBER () -		RELATIONSHIP	DATE OF BIRTH - YYYY / MM / DD
NAME OF PERSON WHO SHARED ADDRESS WITH YOU		PHONE NUMBER () -		RELATIONSHIP	DATE OF BIRTH - YYYY / MM / DD
NAME OF PERSON WHO SHARED ADDRESS WITH YOU		PHONE NUMBER () -		RELATIONSHIP	DATE OF BIRTH - YYYY / MM / DD
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ENHANCED SECURITY CLEARANCE DECLARATION

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ENHANCED SECURITY CLEARANCE DECLARATION

IMMEDIATE RELATIVES

Applicants must list all names, relationship, sex, date of birth, address and phone number of the applicant's immediate relatives AND of the immediate relatives of the current and/or former spouse, domestic partner, common-law, or significant other. Attach additional sheet if required. Follow suggested format.

- Immediate relatives include parents, guardians, children, stepchildren, adopted children, brothers, sisters, step-brothers/sisters, adopted brothers/sisters, who are age 12 or over. This includes individuals who are alive or deceased.
Immediate relatives DO NOT include your brother/sister's spouse, domestic partner, common-law, or significant other or children.

Form with 10 rows for listing relatives. Each row contains fields for Surname, First Name, Middle Name, Common Name Used, Maiden Name/Other Names Used, Relationship, Sex (Male/Female), Date of Birth (YYYY/MM/DD), Address, City, Province, Postal Code, Area Code and Phone Number.

ENHANCED SECURITY CLEARANCE DECLARATION

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<p>1. Are you currently, or have you ever been, <u>investigated</u> for an offence of any kind in Canada or in any other country?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>2. Have you ever been <u>arrested</u> for an offence of any kind in Canada or in any other country?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>3. Are you currently, or have you ever been, <u>charged</u> for an offence of any kind in Canada or in any other country?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>4. Have you ever been <u>convicted</u> of any criminal offence in Canada or in any other country?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>5. Have you ever been <u>granted</u> or <u>denied</u> a pardon or the equivalent of a pardon? (Attach Pardon Documentation).</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>6. Have you ever been found guilty of any criminal offence in Canada or in any other country when you were under the age of 18?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>7. Have you ever been sentenced to Extra Judicial Sanctions/Alternative Measures for any kind of offence in Canada or in any other country when you were under the age of 18?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>8. Are you <u>associated</u> with any companies or businesses?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>9. Are you a <u>member</u> of any clubs or organizations? Do you hold a <u>position</u> there?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>10. In the past ten years have you been <u>involved</u> in any legal suits?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

If you have answered "YES" to any of the above questions, attach an additional sheet providing complete details regarding the specific incident, including what occurred, when, where, and why. If pardoned, attach Pardon documentation.



**CALGARY POLICE SERVICE
AUTHORIZATION FOR RELEASE
OF INFORMATION**

I, _____, the undersigned, hereby authorize any person, employer, or organization to provide any information, opinion, reports, records, documents or copies thereof in any form which may be requested in connection with my application for a Calgary Police Service Enhanced Security Clearance.

Personal information about me will be used to assess my qualifications and suitability in relation to my application for a Calgary Police Service Enhanced Security Clearance. I consent to the collection, use, disclosure, transmittal and examination of all information compiled by the Calgary Police Service.

Personal information about me that is obtained during Calgary Police Service Enhanced Security Clearance process may be disclosed to any law enforcement agency for the purpose for which it was obtained or for any other reason.

I agree to waive any right of action against any person or organization providing information or opinions in compliance with this authorization.

I hereby acknowledge and declare that I fully understand the terms of this authorization for release of information.

Dated this _____ day of _____, 20__.

PRINTED NAME OF APPLICANT

APPLICANT SIGNATURE

PRINTED NAME OF WITNESS
Witness must be 18 years or older.

WITNESS SIGNATURE