



**CALGARY  
POLICE  
SERVICE**

# EMPLOYMENT APPLICATION

PD 30 (R2009-07)

**MAIL COMPLETED  
APPLICATION TO:**

**CALGARY POLICE SERVICE  
RECRUITING UNIT # 814  
5111 – 47<sup>th</sup> Street, NE  
Calgary, Alberta T3J 3R2**

For more information about opportunities with the  
Calgary Police Service, please see our website:  
<http://join.calgarypolice.ca>  
Toll Free: 1-866-CPS-HIRE  
Office Location: 5111 – 47<sup>th</sup> Street, NE  
Calgary, Alberta

1. An essential component in the selection process of the Calgary Police Service is a background investigation. Information gathered will be used to assess the suitability of the Applicant for a police career. There will be a security check on the Applicant and members of their family.
2. All questions must be answered. If a question is not applicable, mark *N/A*. Attach a note explaining the reason any question is left blank.
3. All information supplied is subject to verification by investigation. False statements can disqualify or result in dismissal if employed.
4. Complete this form in your own printing, in ink. Neatness and legibility are of the utmost importance.
5. If extra space is required, attach additional pages to this application. Follow the suggested format.
6. Postal codes must be supplied for each address given.
7. No information received from inquiries concerning information in this application will be released to the applicant.

**All of the items below must be submitted with your application:**

- |  |   |
|--|---|
| <input type="checkbox"/> Completed Vision Report Form  | <input type="checkbox"/> Proof of Social Insurance Number   |
| <input type="checkbox"/> Completed Hearing Report Form   | <input type="checkbox"/> Copy of High School Diploma or Transcripts<br><i>(Proof of Completion of Grade 12 or Equivalent)</i> |
| <input type="checkbox"/> Completed Personal Disclosure Form  | <input type="checkbox"/> Copy of Post-Secondary Certificates or Transcripts<br><i>(if applicable)</i>                         |
| <input type="checkbox"/> Driving Record Abstract – last three years<br><i>(Out of Province Applicants must supply their Provincial Equivalent)</i> | <input type="checkbox"/> Pardon <i>(if applicable)</i>  |
| <input type="checkbox"/> Copy of Photo Identification <i>(as per page 8)</i>   |   |
| <input type="checkbox"/> Copy of Birth Certificate and/or Canadian Citizenship or Legal Permanent Resident documentation                           |   |

|   |          |                                |                                |                                    |             |
|---|----------|--------------------------------|--------------------------------|------------------------------------|-------------|
| LAST NAME   |          | GIVEN NAME                     |                                | MIDDLE NAME                        |             |
| FULL ADDRESS  |          |                                | CITY                           | PROVINCE                           | POSTAL CODE |
| EMAIL ADDRESS   |          | TELEPHONE NO. (RES.)<br>[    ] | TELEPHONE NO. (BUS.)<br>[    ] | TELEPHONE NO. (OTHER)<br>[    ]    |             |
| <b>Other than the name(s) listed above, please list any name change(s), or name(s) you may have used in the past.</b> |          |                                |                                |                                    |             |
| NAME CHANGE FROM:   |          | NAME CHANGE TO:                |                                | DATE OF CHANGE<br>YYYY    MM    DD |             |
| <b>DRIVER'S LICENCE</b>   | PROVINCE | CLASS(ES)                      | LICENCE NUMBER                 | DATE OF ISSUE<br>YYYY    MM    DD  |             |

Personal information on this Employment Application is being collected under the authority of the Freedom of Information & Protection of Privacy Act (FOIPP) Section 33(c). It will be used to determine your suitability, eligibility or qualifications for employment. Questions about the use or collection of this information should be directed to the FOIP Program Administrator.

The Human Resources Unit is constantly reviewing recruiting initiatives across Canada. To assist us with our future planning, please indicate how you learned about this employment opportunity:

- Career Fair     Newspaper     Radio/T.V.     College Posting     Police Officer     Other \_\_\_\_\_

## EDUCATION AND TRAINING

*Proof of education is required prior to engagement.  
(Certified Transcripts may be requested)*

|  |  |   |  |  |  |  |  |  |  |
|--|--|---|--|--|--|--|--|--|--|
| <b>HIGH SCHOOL</b>                                   |  | <i>Circle highest grade completed</i>   |  | NAME OF SCHOOL   |  | LOCATION   |  | <input type="checkbox"/> HIGH SCHOOL DIPLOMA<br><input type="checkbox"/> EQUIVALENCY DIPLOMA |  |
| 10   |  | 11  |  | 12   |  | 13   |  |  |  |
| <b>COLLEGE, BUSINESS SCHOOL, OR TECHNICAL SCHOOL</b> |  |   |  | NAME OF SCHOOL   |  | LOCATION   |  |  |  |
| PROGRAM OR COURSE                                    |  |   |  |  |  | START DATE<br>YYYY MM                                    |  | FINISH DATE<br>YYYY MM   |  |
| LENGTH OF COURSE                                     |  | GRADE POINT AVERAGE   |  | CERTIFICATE, DIPLOMA, OR LICENCE AWARDED? <i>(IF NOT – PLEASE PROVIDE DETAILS)</i> |  |  |  |  |  |
|  |  |   |  |  |  | <input type="checkbox"/> YES <input type="checkbox"/> NO |  |  |  |
| <b>COLLEGE, BUSINESS SCHOOL, OR TECHNICAL SCHOOL</b> |  |   |  | NAME OF SCHOOL   |  | LOCATION   |  |  |  |
| PROGRAM OR COURSE                                    |  |   |  |  |  | START DATE<br>YYYY MM                                    |  | FINISH DATE<br>YYYY MM   |  |
| LENGTH OF COURSE                                     |  | GRADE POINT AVERAGE   |  | CERTIFICATE, DIPLOMA, OR LICENCE AWARDED? <i>(IF NOT – PLEASE PROVIDE DETAILS)</i> |  |  |  |  |  |
|  |  |   |  |  |  | <input type="checkbox"/> YES <input type="checkbox"/> NO |  |  |  |
| <b>UNIVERSITY</b>                                    |  | NAME OF SCHOOL  |  | LOCATION   |  |  |  |  |  |
| PROGRAM OR COURSE                                    |  |   |  |  |  | START DATE<br>YYYY MM                                    |  | FINISH DATE<br>YYYY MM   |  |
| MAJOR/MINOR  |  |   |  |  |  |  |  |  |  |
| LENGTH OF COURSE                                     |  | GRADE POINT AVERAGE   |  | CERTIFICATE, DIPLOMA, OR DEGREE AWARDED? <i>(IF NOT – PLEASE PROVIDE DETAILS)</i>  |  |  |  |  |  |
|  |  |   |  |  |  | <input type="checkbox"/> YES <input type="checkbox"/> NO |  |  |  |
| <b>UNIVERSITY</b>                                    |  | NAME OF SCHOOL  |  | LOCATION   |  |  |  |  |  |
| PROGRAM OR COURSE                                    |  |   |  |  |  | START DATE<br>YYYY MM                                    |  | FINISH DATE<br>YYYY MM   |  |
| MAJOR/MINOR  |  |   |  |  |  |  |  |  |  |
| LENGTH OF COURSE                                     |  | GRADE POINT AVERAGE   |  | CERTIFICATE, DIPLOMA, OR DEGREE AWARDED? <i>(IF NOT – PLEASE PROVIDE DETAILS)</i>  |  |  |  |  |  |
|  |  |   |  |  |  | <input type="checkbox"/> YES <input type="checkbox"/> NO |  |  |  |
| <b>UNIVERSITY</b>                                    |  | NAME OF SCHOOL  |  | LOCATION   |  |  |  |  |  |
| PROGRAM OR COURSE                                    |  |   |  |  |  | START DATE<br>YYYY MM                                    |  | FINISH DATE<br>YYYY MM   |  |
| MAJOR/MINOR  |  |   |  |  |  |  |  |  |  |
| LENGTH OF COURSE                                     |  | GRADE POINT AVERAGE   |  | CERTIFICATE, DIPLOMA, OR DEGREE AWARDED? <i>(IF NOT – PLEASE PROVIDE DETAILS)</i>  |  |  |  |  |  |
|  |  |   |  |  |  | <input type="checkbox"/> YES <input type="checkbox"/> NO |  |  |  |
| <b>I. Q. A. S.</b>                                   |  | <i>(International Qualifications Assessment Standards – Certificate - If applicable)<br/>For International applicants only – Please state the highest level education achieved.</i> |  |  |  |  |  |  |  |
|  |  | NAME OF SCHOOL  |  | LOCATION   |  |  |  |  |  |
| PROGRAM OR COURSE                                    |  |   |  |  |  | START DATE<br>YYYY MM                                    |  | FINISH DATE<br>YYYY MM   |  |
| MAJOR/MINOR  |  |   |  |  |  |  |  |  |  |
| LENGTH OF COURSE                                     |  | GRADE POINT AVERAGE   |  | CERTIFICATE, DIPLOMA, OR DEGREE AWARDED? <i>(IF NOT – PLEASE PROVIDE DETAILS)</i>  |  |  |  |  |  |
|  |  |   |  |  |  | <input type="checkbox"/> YES <input type="checkbox"/> NO |  |  |  |
| LANGUAGES SPOKEN                                     |  |   |  |  |  |  |  |  |  |
| LANGUAGES WRITTEN                                    |  |   |  |  |  |  |  |  |  |

ADDITIONAL EDUCATION INCLUDING COURSES, WORKSHOPS, AND SEMINARS. (ATTACH AN ADDITIONAL PAPER IF NECESSARY)

ADDITIONAL COMPUTER SKILLS, TRAINING, COURSES, ETC ... (ATTACH AN ADDITIONAL PAPER IF NECESSARY)

HAVE YOU EVER WRITTEN THE ACT (ALBERTA COMMUNICATION TEST), THE CAAT (CANADIAN ADULT ACHIEVEMENT TEST), OR THE WCT (WRITTEN COMMUNICATION TEST)?  YES  NO

(If YES - Where & When)

HAVE YOU EVER WRITTEN THE APCAT (ALBERTA POLICE APPLICANT COGNITIVE ABILITY TEST)?  YES  NO

(If YES - Where & When)

HAVE YOU EVER APPLIED FOR A POSITION WITH THIS OR ANY OTHER POLICE AGENCY?  YES  NO

(If YES - List Where & When Below. Include previous applications to the Calgary Police Service)

LIST ALL APPLICATIONS TO THIS OR ANY OTHER POLICE AGENCIES

| POLICE AGENCY | APPLICATION DATE |    |    | STATUS (describe reason for non-selection) |
|---------------|------------------|----|----|--|
|               | YYYY             | MM | DD |  |
|               |                  |    |    |  |
|               |                  |    |    |  |
|               |                  |    |    |  |
|               |                  |    |    |  |
|               |                  |    |    |  |
|               |                  |    |    |  |
|               |                  |    |    |  |
|               |                  |    |    |  |

HAVE YOU EVER TAKEN A POLYGRAPH OR COMPUTER VOICE STRESS ANALYSIS EXAMINATION?  YES  NO

AGENCY WHERE POLYGRAPH OR COMPUTER VOICE STRESS ANALYSIS EXAMINATION WAS COMPLETED

YYYY MM DD

REASON FOR POLYGRAPH OR COMPUTER VOICE STRESS ANALYSIS EXAMINATION

HAVE YOU EVER BEEN FINGERPRINTED?  YES  NO

REASON FOR FINGERPRINTING

# EMPLOYMENT HISTORY

*Begin with your most recent employer and continue in reverse time order.  
Provide history for the last ten (10) years.  
Provide an explanation for all gaps in employment.*

|                              |                          |                 |  |                            |
|------------------------------|--------------------------|-----------------|--|----------------------------|
| <b>MOST RECENT</b>           |                          | EMPLOYER'S NAME |  | TELEPHONE NUMBER<br>[    ] |
| EMPLOYER'S ADDRESS           |                          |                 |  | POSTAL CODE                |
| NAME OF IMMEDIATE SUPERVISOR |                          |                 |  | TELEPHONE NUMBER<br>[    ] |
| START DATE<br>YYYY   MM      | FINISH DATE<br>YYYY   MM | POSITION HELD   |  |                            |
| DUTIES/RESPONSIBILITIES      |                          |                 |  |                            |
|                              |                          |                 |  |                            |
| REASON FOR LEAVING           |                          |                 |  |                            |
|                              |                          |                 |  |                            |
| <b>2nd</b>                   |                          | EMPLOYER'S NAME |  | TELEPHONE NUMBER<br>[    ] |
| EMPLOYER'S ADDRESS           |                          |                 |  | POSTAL CODE                |
| NAME OF IMMEDIATE SUPERVISOR |                          |                 |  | TELEPHONE NUMBER<br>[    ] |
| START DATE<br>YYYY   MM      | FINISH DATE<br>YYYY   MM | POSITION HELD   |  |                            |
| DUTIES/RESPONSIBILITIES      |                          |                 |  |                            |
|                              |                          |                 |  |                            |
| REASON FOR LEAVING           |                          |                 |  |                            |
|                              |                          |                 |  |                            |
| <b>3rd</b>                   |                          | EMPLOYER'S NAME |  | TELEPHONE NUMBER<br>[    ] |
| EMPLOYER'S ADDRESS           |                          |                 |  | POSTAL CODE                |
| NAME OF IMMEDIATE SUPERVISOR |                          |                 |  | TELEPHONE NUMBER<br>[    ] |
| START DATE<br>YYYY   MM      | FINISH DATE<br>YYYY   MM | POSITION HELD   |  |                            |
| DUTIES/RESPONSIBILITIES      |                          |                 |  |                            |
|                              |                          |                 |  |                            |
| REASON FOR LEAVING           |                          |                 |  |                            |
|                              |                          |                 |  |                            |



**REFERENCES**

*Please list five (5) adults, not related to you and not current / previous employers, whom we may contact as references to provide competent judgment of your personal character, temperament, and work habits.*

|                               |                               |             |             |              |             |
|-------------------------------|-------------------------------|-------------|-------------|--------------|-------------|
| SURNAME                       |                               | GIVEN NAMES |             | RELATIONSHIP |             |
| FULL ADDRESS                  |                               |             | POSTAL CODE | EMAIL        |             |
| TELEPHONE NO. (RES.)<br>[   ] | TELEPHONE NO. (BUS.)<br>[   ] | OCCUPATION  |             |              | YEARS KNOWN |

|                               |                               |             |             |              |             |
|-------------------------------|-------------------------------|-------------|-------------|--------------|-------------|
| SURNAME                       |                               | GIVEN NAMES |             | RELATIONSHIP |             |
| FULL ADDRESS                  |                               |             | POSTAL CODE | EMAIL        |             |
| TELEPHONE NO. (RES.)<br>[   ] | TELEPHONE NO. (BUS.)<br>[   ] | OCCUPATION  |             |              | YEARS KNOWN |

|                               |                               |             |             |              |             |
|-------------------------------|-------------------------------|-------------|-------------|--------------|-------------|
| SURNAME                       |                               | GIVEN NAMES |             | RELATIONSHIP |             |
| FULL ADDRESS                  |                               |             | POSTAL CODE | EMAIL        |             |
| TELEPHONE NO. (RES.)<br>[   ] | TELEPHONE NO. (BUS.)<br>[   ] | OCCUPATION  |             |              | YEARS KNOWN |

|                               |                               |             |             |              |             |
|-------------------------------|-------------------------------|-------------|-------------|--------------|-------------|
| SURNAME                       |                               | GIVEN NAMES |             | RELATIONSHIP |             |
| FULL ADDRESS                  |                               |             | POSTAL CODE | EMAIL        |             |
| TELEPHONE NO. (RES.)<br>[   ] | TELEPHONE NO. (BUS.)<br>[   ] | OCCUPATION  |             |              | YEARS KNOWN |

|                               |                               |             |             |              |             |
|-------------------------------|-------------------------------|-------------|-------------|--------------|-------------|
| SURNAME                       |                               | GIVEN NAMES |             | RELATIONSHIP |             |
| FULL ADDRESS                  |                               |             | POSTAL CODE | EMAIL        |             |
| TELEPHONE NO. (RES.)<br>[   ] | TELEPHONE NO. (BUS.)<br>[   ] | OCCUPATION  |             |              | YEARS KNOWN |

**CREDIT HISTORY***Please complete the following information.*

|                                       |  |          |                     |           |                               |                       |  |  |      |    |    |
|---------------------------------------|--|----------|---------------------|-----------|-------------------------------|-----------------------|--|--|------|----|----|
| <b>NAME</b>                           |  |          |                     |           |                               |                       |  |  |      |    |    |
| <b>MAIDEN NAME / OTHER NAMES USED</b> |  |          |                     |           |                               |                       |  |  |      |    |    |
| DATE OF BIRTH<br>YYYY   MM   DD       |  |          | EMPLOYER'S NAME     |           |                               |                       |  |  |      |    |    |
| CURRENT ADDRESS                       |  |          |                     |           | <b>FROM</b><br>YYYY   MM   DD |                       |  | <b>TO</b><br>YYYY   MM   DD            |      |    |    |
| CITY                                  |  |          | PROVINCE            |           | COUNTRY                       |                       |  | POSTAL CODE                            |      |    |    |
| PREVIOUS ADDRESS                      |  |          |                     |           | <b>FROM</b><br>YYYY   MM   DD |                       |  | <b>TO</b><br>YYYY   MM   DD            |      |    |    |
| CITY                                  |  |          | PROVINCE            |           | COUNTRY                       |                       |  | POSTAL CODE                            |      |    |    |
| PREVIOUS ADDRESS                      |  |          |                     |           | <b>FROM</b><br>YYYY   MM   DD |                       |  | <b>TO</b><br>YYYY   MM   DD            |      |    |    |
| CITY                                  |  |          | PROVINCE            |           | COUNTRY                       |                       |  | POSTAL CODE                            |      |    |    |
| PREVIOUS ADDRESS                      |  |          |                     |           | <b>FROM</b><br>YYYY   MM   DD |                       |  | <b>TO</b><br>YYYY   MM   DD            |      |    |    |
| CITY                                  |  |          | PROVINCE            |           | COUNTRY                       |                       |  | POSTAL CODE                            |      |    |    |
| PREVIOUS ADDRESS                      |  |          |                     |           | <b>FROM</b><br>YYYY   MM   DD |                       |  | <b>TO</b><br>YYYY   MM   DD            |      |    |    |
| CITY                                  |  |          | PROVINCE            |           | COUNTRY                       |                       |  | POSTAL CODE                            |      |    |    |
| <b>DRIVER'S LICENCE</b>               |  | PROVINCE |                     | CLASS(ES) |                               | LICENCE NUMBER        |  | <b>DATE OF ISSUE</b><br>YYYY   MM   DD |      |    |    |
| <b>CREDIT CARDS</b>                   |  | TYPE     | ISSUING INSTITUTION |           |                               | CURRENT BALANCE OWING |  | <b>EXPIRATION DATE</b><br>YYYY   MM    |      |    |    |
| 2                                     |  | TYPE     | ISSUING INSTITUTION |           |                               | CURRENT BALANCE OWING |  | <b>EXPIRATION DATE</b><br>YYYY   MM    |      |    |    |
| 3                                     |  | TYPE     | ISSUING INSTITUTION |           |                               | CURRENT BALANCE OWING |  | <b>EXPIRATION DATE</b><br>YYYY   MM    |      |    |    |
| 4                                     |  | TYPE     | ISSUING INSTITUTION |           |                               | CURRENT BALANCE OWING |  | <b>EXPIRATION DATE</b><br>YYYY   MM    |      |    |    |
| <b>OFFICE USE ONLY</b>                |  |          |                     |           |                               |                       |  |  |      |    |    |
| <b>FILE MANAGER</b>                   |  |          |                     |           |                               |                       |  |  |      |    |    |
| DATE SENT (Fax)                       |  |          | YYYY                | MM        | DD                            | DATE RECEIVED (Fax)   |  |  | YYYY | MM | DD |

# SECURITY CLEARANCE DECLARATION

**FILE  
MANAGER**
**OFFICE USE ONLY**

This section contains detailed information regarding you, your family, and associates.

This information is required to determine your eligibility for employment.

THIS INFORMATION WILL BE HELD IN STRICTEST CONFIDENCE.

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

|   |    |    |   |                           |  |  |             |              |                      |                           |    |  |    |                  |      |    |    |
|---|----|----|---|---------------------------|--|--|-------------|--------------|----------------------|---------------------------|----|--|----|------------------|------|----|----|
| LAST NAME   |    |    | FIRST NAME  |                           |  | MIDDLE NAME                                  |             |              | PREFERRED FIRST NAME |                           |    |  |    |                  |      |    |    |
| MAIDEN / OTHER NAMES USED   |    |    |   |                           |  |  |             |              |                      |                           |    |  |    |                  |      |    |    |
| FULL ADDRESS  |    |    |   | CITY                      |  | PROVINCE                                     |             | POSTAL CODE  |                      | TELEPHONE NUMBER<br>[   ] |    |  |    |                  |      |    |    |
| DATE OF BIRTH   |    |    | SEX   |                           |  | PLACE OF BIRTH (INCLUDE CITY / COUNTRY BORN) |             |              |                      |                           |    |  |    |                  |      |    |    |
| YYYY  | MM | DD | <input type="checkbox"/> Male <input type="checkbox"/> Female |                           |  |  |             |              |                      |                           |    |  |    |                  |      |    |    |
| MARITAL STATUS  |    |    |   |                           |  |  |             |              |                      |                           |    |  |    |                  |      |    |    |
| <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law / Domestic Partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced  |    |    |   |                           |  |  |             |              |                      |                           |    |  |    |                  |      |    |    |
| If you checked married, common-law or domestic partner, please give full name and date of birth of your partner.  |    |    |   |                           |  |  |             |              |                      |                           |    |  |    |                  |      |    |    |
| SURNAME / MAIDEN NAME / OTHER NAMES USED  |    |    |   | FIRST NAME                |  |  | MIDDLE NAME |              |                      | DATE OF BIRTH             |    |  |    |                  |      |    |    |
|   |    |    |   |                           |  |  |             |              |                      | YYYY                      | MM | DD   |    |                  |      |    |    |
| THE APPLICANT MUST PROVIDE A PHOTOCOPY OF ONE OF THE FOLLOWING DOCUMENTS:   |    |    |   |                           |  |  |             |              |                      |                           |    |  |    |                  |      |    |    |
| <input type="checkbox"/> DRIVER'S LICENCE <input type="checkbox"/> PASSPORT <input type="checkbox"/> CITIZENSHIP  |    |    |   |                           |  |  |             |              |                      |                           |    |  |    |                  |      |    |    |
| HAVE YOU APPLIED FOR EMPLOYMENT/CONTRACT WORK/VOLUNTEER WORK WITH ANY POLICE SERVICE IN THE PAST?   |    |    |   |                           |  |  |             |              |                      |                           |    |  |    |                  |      |    |    |
| <input type="checkbox"/> YES <input type="checkbox"/> NO  |    |    |   |                           |  |  |             |              |                      |                           |    |  |    |                  |      |    |    |
| POSITION APPLIED FOR  |    |    |   |                           |  | DIVISION / SECTION                           |             |              |                      |                           |    |  |    |                  |      |    |    |
| <b>IN CHRONOLOGICAL ORDER, <i>CURRENT ADDRESS FIRST</i>, PLEASE PROVIDE THE ADDRESSES OF EVERY LOCATION WHERE YOU HAVE LIVED IN THE LAST TEN (10) YEARS, AND THE NAMES OF PERSONS WHOM LIVED WITH YOU. PLEASE ESTIMATE THE AGE IF THE EXACT DATE(S) OF BIRTH CANNOT BE OBTAINED. USE NEXT PAGE OR ATTACH ADDITIONAL SHEETS IF REQUIRED.</b> |    |    |   |                           |  |  |             |              |                      |                           |    |  |    |                  |      |    |    |
| ADDRESS   |    |    | CITY  |                           |  | PROVINCE                                     |             |              | POSTAL CODE          |                           |    | FROM   |    |                  | TO   |    |    |
|   |    |    |   |                           |  |  |             |              |                      |                           |    | YYYY   | MM | DD               | YYYY | MM | DD |
| NAME OF PERSON(S) WHO SHARE ADDRESS WITH YOU  |    |    |   | TELEPHONE NUMBER<br>[   ] |  |  |             | RELATIONSHIP |                      |                           |    | SEX  |    | DATE OF BIRTH    |      |    |    |
|   |    |    |   |                           |  |  |             |              |                      |                           |    | <input type="checkbox"/> Male<br><input type="checkbox"/> Female |    | YYYY    MM    DD |      |    |    |
| NAME OF PERSON(S) WHO SHARE ADDRESS WITH YOU  |    |    |   | TELEPHONE NUMBER<br>[   ] |  |  |             | RELATIONSHIP |                      |                           |    | SEX  |    | DATE OF BIRTH    |      |    |    |
|   |    |    |   |                           |  |  |             |              |                      |                           |    | <input type="checkbox"/> Male<br><input type="checkbox"/> Female |    | YYYY    MM    DD |      |    |    |
| NAME OF PERSON(S) WHO SHARE ADDRESS WITH YOU  |    |    |   | TELEPHONE NUMBER<br>[   ] |  |  |             | RELATIONSHIP |                      |                           |    | SEX  |    | DATE OF BIRTH    |      |    |    |
|   |    |    |   |                           |  |  |             |              |                      |                           |    | <input type="checkbox"/> Male<br><input type="checkbox"/> Female |    | YYYY    MM    DD |      |    |    |
| NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU   |    |    |   | TELEPHONE NUMBER<br>[   ] |  |  |             | RELATIONSHIP |                      |                           |    | SEX  |    | DATE OF BIRTH    |      |    |    |
|   |    |    |   |                           |  |  |             |              |                      |                           |    | <input type="checkbox"/> Male<br><input type="checkbox"/> Female |    | YYYY    MM    DD |      |    |    |



## SECURITY CLEARANCE DECLARATION (Continued)

*Attach an additional sheet(s) if required – following the suggested format.*

|   |      |          |                            |              |     |   |                                     |     |     |
|---|------|----------|----------------------------|--------------|-----|---|-------------------------------------|-----|-----|
| ADDRESS                                       | CITY | PROVINCE | POSTAL CODE                | FROM<br>YYYY | M M | D D   | TO<br>YYYY                          | M M | D D |
| NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU |      |          | TELEPHONE NUMBER<br>[    ] | RELATIONSHIP |     | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | DATE OF BIRTH<br>YYYY    M M    D D |     |     |
|   |      |          | TELEPHONE NUMBER<br>[    ] | RELATIONSHIP |     | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | DATE OF BIRTH<br>YYYY    M M    D D |     |     |
|   |      |          | TELEPHONE NUMBER<br>[    ] | RELATIONSHIP |     | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | DATE OF BIRTH<br>YYYY    M M    D D |     |     |
| ADDRESS                                       | CITY | PROVINCE | POSTAL CODE                | FROM<br>YYYY | M M | D D   | TO<br>YYYY                          | M M | D D |
| NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU |      |          | TELEPHONE NUMBER<br>[    ] | RELATIONSHIP |     | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | DATE OF BIRTH<br>YYYY    M M    D D |     |     |
|   |      |          | TELEPHONE NUMBER<br>[    ] | RELATIONSHIP |     | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | DATE OF BIRTH<br>YYYY    M M    D D |     |     |
|   |      |          | TELEPHONE NUMBER<br>[    ] | RELATIONSHIP |     | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | DATE OF BIRTH<br>YYYY    M M    D D |     |     |
| ADDRESS                                       | CITY | PROVINCE | POSTAL CODE                | FROM<br>YYYY | M M | D D   | TO<br>YYYY                          | M M | D D |
| NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU |      |          | TELEPHONE NUMBER<br>[    ] | RELATIONSHIP |     | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | DATE OF BIRTH<br>YYYY    M M    D D |     |     |
|   |      |          | TELEPHONE NUMBER<br>[    ] | RELATIONSHIP |     | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | DATE OF BIRTH<br>YYYY    M M    D D |     |     |
|   |      |          | TELEPHONE NUMBER<br>[    ] | RELATIONSHIP |     | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | DATE OF BIRTH<br>YYYY    M M    D D |     |     |
| ADDRESS                                       | CITY | PROVINCE | POSTAL CODE                | FROM<br>YYYY | M M | D D   | TO<br>YYYY                          | M M | D D |
| NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU |      |          | TELEPHONE NUMBER<br>[    ] | RELATIONSHIP |     | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | DATE OF BIRTH<br>YYYY    M M    D D |     |     |
|   |      |          | TELEPHONE NUMBER<br>[    ] | RELATIONSHIP |     | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | DATE OF BIRTH<br>YYYY    M M    D D |     |     |
|   |      |          | TELEPHONE NUMBER<br>[    ] | RELATIONSHIP |     | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | DATE OF BIRTH<br>YYYY    M M    D D |     |     |

**SECURITY CLEARANCE DECLARATION  
(Continued)**

*Attach an additional sheet(s) if required – following the suggested format.*

|   |      |          |                            |              |    |   |                                   |    |    |
|---|------|----------|----------------------------|--------------|----|---|-----------------------------------|----|----|
| ADDRESS                                       | CITY | PROVINCE | POSTAL CODE                | FROM<br>YYYY | MM | DD  | TO<br>YYYY                        | MM | DD |
| NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU |      |          | TELEPHONE NUMBER<br>[    ] | RELATIONSHIP |    | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | DATE OF BIRTH<br>YYYY    MM    DD |    |    |
|   |      |          | TELEPHONE NUMBER<br>[    ] | RELATIONSHIP |    | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | DATE OF BIRTH<br>YYYY    MM    DD |    |    |
|   |      |          | TELEPHONE NUMBER<br>[    ] | RELATIONSHIP |    | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | DATE OF BIRTH<br>YYYY    MM    DD |    |    |
| ADDRESS                                       | CITY | PROVINCE | POSTAL CODE                | FROM<br>YYYY | MM | DD  | TO<br>YYYY                        | MM | DD |
| NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU |      |          | TELEPHONE NUMBER<br>[    ] | RELATIONSHIP |    | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | DATE OF BIRTH<br>YYYY    MM    DD |    |    |
|   |      |          | TELEPHONE NUMBER<br>[    ] | RELATIONSHIP |    | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | DATE OF BIRTH<br>YYYY    MM    DD |    |    |
|   |      |          | TELEPHONE NUMBER<br>[    ] | RELATIONSHIP |    | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | DATE OF BIRTH<br>YYYY    MM    DD |    |    |
| ADDRESS                                       | CITY | PROVINCE | POSTAL CODE                | FROM<br>YYYY | MM | DD  | TO<br>YYYY                        | MM | DD |
| NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU |      |          | TELEPHONE NUMBER<br>[    ] | RELATIONSHIP |    | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | DATE OF BIRTH<br>YYYY    MM    DD |    |    |
|   |      |          | TELEPHONE NUMBER<br>[    ] | RELATIONSHIP |    | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | DATE OF BIRTH<br>YYYY    MM    DD |    |    |
|   |      |          | TELEPHONE NUMBER<br>[    ] | RELATIONSHIP |    | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | DATE OF BIRTH<br>YYYY    MM    DD |    |    |
| ADDRESS                                       | CITY | PROVINCE | POSTAL CODE                | FROM<br>YYYY | MM | DD  | TO<br>YYYY                        | MM | DD |
| NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU |      |          | TELEPHONE NUMBER<br>[    ] | RELATIONSHIP |    | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | DATE OF BIRTH<br>YYYY    MM    DD |    |    |
|   |      |          | TELEPHONE NUMBER<br>[    ] | RELATIONSHIP |    | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | DATE OF BIRTH<br>YYYY    MM    DD |    |    |
|   |      |          | TELEPHONE NUMBER<br>[    ] | RELATIONSHIP |    | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | DATE OF BIRTH<br>YYYY    MM    DD |    |    |
| ADDRESS                                       | CITY | PROVINCE | POSTAL CODE                | FROM<br>YYYY | MM | DD  | TO<br>YYYY                        | MM | DD |
| NAME OF PERSON(S) WHO SHARED ADDRESS WITH YOU |      |          | TELEPHONE NUMBER<br>[    ] | RELATIONSHIP |    | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | DATE OF BIRTH<br>YYYY    MM    DD |    |    |
|   |      |          | TELEPHONE NUMBER<br>[    ] | RELATIONSHIP |    | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | DATE OF BIRTH<br>YYYY    MM    DD |    |    |
|   |      |          | TELEPHONE NUMBER<br>[    ] | RELATIONSHIP |    | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | DATE OF BIRTH<br>YYYY    MM    DD |    |    |

## SECURITY CLEARANCE DECLARATION (Continued)

### FAMILY MEMBERS

*Attach an additional sheet(s) if required – following the suggested format.*

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.

- **Immediate relatives include parents, step-parents, guardians, current and/or former spouse, domestic partner, common-law, or significant other, as well as, 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.**

|  |   |         |      |            |          |             |  |                           |  |                                 |  |
|--|---|---------|------|------------|----------|-------------|--|---------------------------|--|---------------------------------|--|
| SURNAME / MAIDEN NAME / OTHER NAMES USED |   |         |      | FIRST NAME |          | MIDDLE NAME |  | COMMON NAME USED          |  | DATE OF BIRTH<br>YYYY   MM   DD |  |
| RELATIONSHIP                             | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | ADDRESS | CITY |            | PROVINCE | POSTAL CODE |  | TELEPHONE NUMBER<br>[   ] |  |                                 |  |
| SURNAME / MAIDEN NAME / OTHER NAMES USED |   |         |      | FIRST NAME |          | MIDDLE NAME |  | COMMON NAME USED          |  | DATE OF BIRTH<br>YYYY   MM   DD |  |
| RELATIONSHIP                             | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | ADDRESS | CITY |            | PROVINCE | POSTAL CODE |  | TELEPHONE NUMBER<br>[   ] |  |                                 |  |
| SURNAME / MAIDEN NAME / OTHER NAMES USED |   |         |      | FIRST NAME |          | MIDDLE NAME |  | COMMON NAME USED          |  | DATE OF BIRTH<br>YYYY   MM   DD |  |
| RELATIONSHIP                             | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | ADDRESS | CITY |            | PROVINCE | POSTAL CODE |  | TELEPHONE NUMBER<br>[   ] |  |                                 |  |
| SURNAME / MAIDEN NAME / OTHER NAMES USED |   |         |      | FIRST NAME |          | MIDDLE NAME |  | COMMON NAME USED          |  | DATE OF BIRTH<br>YYYY   MM   DD |  |
| RELATIONSHIP                             | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | ADDRESS | CITY |            | PROVINCE | POSTAL CODE |  | TELEPHONE NUMBER<br>[   ] |  |                                 |  |
| SURNAME / MAIDEN NAME / OTHER NAMES USED |   |         |      | FIRST NAME |          | MIDDLE NAME |  | COMMON NAME USED          |  | DATE OF BIRTH<br>YYYY   MM   DD |  |
| RELATIONSHIP                             | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | ADDRESS | CITY |            | PROVINCE | POSTAL CODE |  | TELEPHONE NUMBER<br>[   ] |  |                                 |  |
| SURNAME / MAIDEN NAME / OTHER NAMES USED |   |         |      | FIRST NAME |          | MIDDLE NAME |  | COMMON NAME USED          |  | DATE OF BIRTH<br>YYYY   MM   DD |  |
| RELATIONSHIP                             | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | ADDRESS | CITY |            | PROVINCE | POSTAL CODE |  | TELEPHONE NUMBER<br>[   ] |  |                                 |  |
| SURNAME / MAIDEN NAME / OTHER NAMES USED |   |         |      | FIRST NAME |          | MIDDLE NAME |  | COMMON NAME USED          |  | DATE OF BIRTH<br>YYYY   MM   DD |  |
| RELATIONSHIP                             | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | ADDRESS | CITY |            | PROVINCE | POSTAL CODE |  | TELEPHONE NUMBER<br>[   ] |  |                                 |  |
| SURNAME / MAIDEN NAME / OTHER NAMES USED |   |         |      | FIRST NAME |          | MIDDLE NAME |  | COMMON NAME USED          |  | DATE OF BIRTH<br>YYYY   MM   DD |  |
| RELATIONSHIP                             | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | ADDRESS | CITY |            | PROVINCE | POSTAL CODE |  | TELEPHONE NUMBER<br>[   ] |  |                                 |  |
| SURNAME / MAIDEN NAME / OTHER NAMES USED |   |         |      | FIRST NAME |          | MIDDLE NAME |  | COMMON NAME USED          |  | DATE OF BIRTH<br>YYYY   MM   DD |  |
| RELATIONSHIP                             | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | ADDRESS | CITY |            | PROVINCE | POSTAL CODE |  | TELEPHONE NUMBER<br>[   ] |  |                                 |  |
| SURNAME / MAIDEN NAME / OTHER NAMES USED |   |         |      | FIRST NAME |          | MIDDLE NAME |  | COMMON NAME USED          |  | DATE OF BIRTH<br>YYYY   MM   DD |  |
| RELATIONSHIP                             | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | ADDRESS | CITY |            | PROVINCE | POSTAL CODE |  | TELEPHONE NUMBER<br>[   ] |  |                                 |  |
| SURNAME / MAIDEN NAME / OTHER NAMES USED |   |         |      | FIRST NAME |          | MIDDLE NAME |  | COMMON NAME USED          |  | DATE OF BIRTH<br>YYYY   MM   DD |  |
| RELATIONSHIP                             | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | ADDRESS | CITY |            | PROVINCE | POSTAL CODE |  | TELEPHONE NUMBER<br>[   ] |  |                                 |  |

**FAMILY MEMBERS****SECURITY CLEARANCE DECLARATION  
(Continued)***Attach an additional sheet(s) if required – following the suggested format.*

|  |   |            |             |                  |             |                                 |  |
|--|---|------------|-------------|------------------|-------------|---------------------------------|--|
| SURNAME / MAIDEN NAME / OTHER NAMES USED |   | FIRST NAME | MIDDLE NAME | COMMON NAME USED |             | DATE OF BIRTH<br>YYYY   MM   DD |  |
| RELATIONSHIP                             | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | ADDRESS    | CITY        | PROVINCE         | POSTAL CODE | TELEPHONE NUMBER<br>[ ]         |  |
| SURNAME / MAIDEN NAME / OTHER NAMES USED |   | FIRST NAME | MIDDLE NAME | COMMON NAME USED |             | DATE OF BIRTH<br>YYYY   MM   DD |  |
| RELATIONSHIP                             | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | ADDRESS    | CITY        | PROVINCE         | POSTAL CODE | TELEPHONE NUMBER<br>[ ]         |  |
| SURNAME / MAIDEN NAME / OTHER NAMES USED |   | FIRST NAME | MIDDLE NAME | COMMON NAME USED |             | DATE OF BIRTH<br>YYYY   MM   DD |  |
| RELATIONSHIP                             | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | ADDRESS    | CITY        | PROVINCE         | POSTAL CODE | TELEPHONE NUMBER<br>[ ]         |  |
| SURNAME / MAIDEN NAME / OTHER NAMES USED |   | FIRST NAME | MIDDLE NAME | COMMON NAME USED |             | DATE OF BIRTH<br>YYYY   MM   DD |  |
| RELATIONSHIP                             | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | ADDRESS    | CITY        | PROVINCE         | POSTAL CODE | TELEPHONE NUMBER<br>[ ]         |  |
| SURNAME / MAIDEN NAME / OTHER NAMES USED |   | FIRST NAME | MIDDLE NAME | COMMON NAME USED |             | DATE OF BIRTH<br>YYYY   MM   DD |  |
| RELATIONSHIP                             | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | ADDRESS    | CITY        | PROVINCE         | POSTAL CODE | TELEPHONE NUMBER<br>[ ]         |  |
| SURNAME / MAIDEN NAME / OTHER NAMES USED |   | FIRST NAME | MIDDLE NAME | COMMON NAME USED |             | DATE OF BIRTH<br>YYYY   MM   DD |  |
| RELATIONSHIP                             | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | ADDRESS    | CITY        | PROVINCE         | POSTAL CODE | TELEPHONE NUMBER<br>[ ]         |  |
| SURNAME / MAIDEN NAME / OTHER NAMES USED |   | FIRST NAME | MIDDLE NAME | COMMON NAME USED |             | DATE OF BIRTH<br>YYYY   MM   DD |  |
| RELATIONSHIP                             | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | ADDRESS    | CITY        | PROVINCE         | POSTAL CODE | TELEPHONE NUMBER<br>[ ]         |  |
| SURNAME / MAIDEN NAME / OTHER NAMES USED |   | FIRST NAME | MIDDLE NAME | COMMON NAME USED |             | DATE OF BIRTH<br>YYYY   MM   DD |  |
| RELATIONSHIP                             | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | ADDRESS    | CITY        | PROVINCE         | POSTAL CODE | TELEPHONE NUMBER<br>[ ]         |  |
| SURNAME / MAIDEN NAME / OTHER NAMES USED |   | FIRST NAME | MIDDLE NAME | COMMON NAME USED |             | DATE OF BIRTH<br>YYYY   MM   DD |  |
| RELATIONSHIP                             | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | ADDRESS    | CITY        | PROVINCE         | POSTAL CODE | TELEPHONE NUMBER<br>[ ]         |  |
| SURNAME / MAIDEN NAME / OTHER NAMES USED |   | FIRST NAME | MIDDLE NAME | COMMON NAME USED |             | DATE OF BIRTH<br>YYYY   MM   DD |  |
| RELATIONSHIP                             | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | ADDRESS    | CITY        | PROVINCE         | POSTAL CODE | TELEPHONE NUMBER<br>[ ]         |  |
| SURNAME / MAIDEN NAME / OTHER NAMES USED |   | FIRST NAME | MIDDLE NAME | COMMON NAME USED |             | DATE OF BIRTH<br>YYYY   MM   DD |  |
| RELATIONSHIP                             | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | ADDRESS    | CITY        | PROVINCE         | POSTAL CODE | TELEPHONE NUMBER<br>[ ]         |  |
| SURNAME / MAIDEN NAME / OTHER NAMES USED |   | FIRST NAME | MIDDLE NAME | COMMON NAME USED |             | DATE OF BIRTH<br>YYYY   MM   DD |  |
| RELATIONSHIP                             | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | ADDRESS    | CITY        | PROVINCE         | POSTAL CODE | TELEPHONE NUMBER<br>[ ]         |  |
| SURNAME / MAIDEN NAME / OTHER NAMES USED |   | FIRST NAME | MIDDLE NAME | COMMON NAME USED |             | DATE OF BIRTH<br>YYYY   MM   DD |  |
| RELATIONSHIP                             | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | ADDRESS    | CITY        | PROVINCE         | POSTAL CODE | TELEPHONE NUMBER<br>[ ]         |  |

**SECURITY CLEARANCE DECLARATION**  
(Continued)

*Attach an additional sheet(s) if required – following the suggested format.*

|   |   |
|---|---|
| 1. Have you ever been convicted of any criminal offence in <b>Canada</b> or <b>in any other country</b> for which a pardon, or the equivalent, of a pardon was or was not granted? (Attach Pardon Document)   | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| 2. Are you now, or have you ever been investigated, arrested, or charged in <b>Canada</b> or <b>in any other country</b> for an offence of any kind? <b>If yes</b> – explain on separate sheet.   | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| 3. Have you ever been found guilty of an offence in <b>Canada</b> or <b>in any other country</b> when you were under the age of 18? <b>If yes</b> – explain on separate sheet.  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| 4. Are you associated with any companies, or businesses, not listed on your application?<br><input type="checkbox"/> Owner <input type="checkbox"/> Director <input type="checkbox"/> Controlling Share Holder <input type="checkbox"/> Other _____ | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| 5. Are you a member of any clubs or organizations?<br><b>If yes</b> – explain which _____   | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| 6. If you answered yes to the previous question, do you hold a position in that club or organization?<br><input type="checkbox"/> President <input type="checkbox"/> Chair <input type="checkbox"/> Director <input type="checkbox"/> Other _____   | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| 7. In the past 10 years, have you been involved in any lawsuits or civil actions? <b>If yes</b> – explain on separate sheet.  | <input type="checkbox"/> YES<br><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.**

**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 recognize that an employee of the Calgary Police is in a position of trust within the community and I hereby consent to the Calgary Police Service performing a VS (Vulnerable Sector) 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 further consent, if requested, to attend the Identification Section of the Calgary Police Service for fingerprint confirmation. I further 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.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME OF WITNESS

\_\_\_\_\_  
WITNESS SIGNATURE



## ALBERTA POLICE RECRUIT SELECTION STANDARDS AUTHORIZATION FOR RELEASE OF INFORMATION

|                          |          |             |               |    |    |
|--------------------------|----------|-------------|---------------|----|----|
| <b>NAME OF APPLICANT</b> | SURNAME  | GIVEN NAMES | INITIAL       |    |    |
| ADDRESS OF APPLICANT     |          |             |               |    |    |
| CITY                     | PROVINCE | POSTAL CODE | DATE OF BIRTH |    |    |
|                          |          |             | YYYY          | MM | DD |

I, \_\_\_\_\_, the undersigned, hereby authorize any person, employer, organization, or physician to provide any information, opinion, reports, records, documents or copies thereof in any form, which may be requested in connection with my application for employment with the Calgary Police Service and any subsequent training.

Personal information about me will be used to assess my qualifications and suitability in relation to my application as a police officer as well as research purposes. 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 the selection process, or any subsequent training and employment, 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 the terms of this authorization for release of information are fully understood by me.

|  |                         |  |       |    |    |
|--|-------------------------|--|-------|----|----|
| <b>SIGNATURES</b>                                  | SIGNATURE OF APPLICANT: |  | DATE: |    |    |
|  |                         |  | YYYY  | MM | DD |
| NAME OF WITNESS:                                   | SIGNATURE OF WITNESS:   |  | DATE: |    |    |
|  |                         |  | YYYY  | MM | DD |
| <b>NOTE: The Witness must be 18 years or older</b> |                         |  |       |    |    |