

Government of Canada Gouvernement du Canada

## PERSONNEL SCREENING, CONSENT AND AUTHORIZATION FORM

			-	
OFFICE USE ONLY				
Department/Organization number	File number			
		OFFICE USE ONLY  Department/Organization number File number	5.1.1.0 <u>-</u> 5.0- 5.11 <u>-</u>	

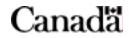
NOTE: For *Privacy Act* Statement refer to Section C of this form and for completion instructions refer to attached instructions. Please typewrite or print in block letters.

Α	ADMINISTR	RATIVE INFORM	IATION (To b	e compl	eted by the /	Authoriz	ed De	partmen	tal/Agency	y/Orga	nization	al Offici	al)			
	New	Up	odate	ı	Upgrade			Transfer			Supple	ementa	l		Re-activ	ation
The	requested leve	el of reliability/secu	rity check(s)													
	Reliability S	Status	Level I (CONFID	ENTIAL)	Level	II (SECRE	≣T)	Level	III (TOP SE	CRET)						
	Other															
PAF	RTICULARS	OF APPOINTM	ENT/ASSIGNI	MENT/C	ONTRACT											
	Indetermina	ate Ter	m	Contract	Ir	ndustry		Other (spe	cify secondr	ment, a	ssignment,	etc.)				
Just	fication for sec	curity screening rec	uirement													
Posi	tion/Competition	on/Contract numbe	r		Title									Group/	Level(Rank if	applicable
Emp	lovee ID numb	per/PRI/Rank and S	Service number							Fro	m Y			То		
(if ap	plicable)				If term or con duration perio	od	cate	<b>•</b>			•	М	D	Y	′ M	D
Nam	e and address	s of department / or	ganization / age	ncy	Name of office	cial				Tel	ephone nur	mber		Facsim	nile number	
В	BIOGRAPH	IICAL INFORMA	TION (To be	complet	ed by the ap	plicant)										
Surr	ame (Last nar	me)		Full give	en names (no ir	nitials) und	derline o	or circle us	ual name us	sed	Fami	ly name a	at birth			
All o	ther names us	sed (i.e. Nickname)		Sex		Date of bi	irth		(	Countr	y of birth				y into Canada	if born
					lale emale	Y	′	М	D				out	side Car Y	nada M	D
curre	ent)	vide addresses for t	·		with the most	Daytime	telepho	ne numbe	,	E-m	nail address	3				
	Apartment number	Street number	Street name	,					Civic number				From		То	
1	number								(п аррпсаы	iie)		Y	,	M	prese	ent
	City			Province	or state	Postal o	code		Country			Teleph	one nun	nber		
	Apartment number	Street number	Street name						Civic number			Y	From	М	To Y	M
2						T									,	101
	City			Province	or state	Postal o	code		Country			Teleph	one nun	nber		
		ly completed a nada security scree	ening form?	Ye	s No	1	f yes, g	ive name o	f employer, I	level a	nd year of s	creening				Υ
CRI	MINAL CON	IVICTIONS IN A	ND OUTSIDE	OF CAN	IADA (see in	structio	ns)(A	dditional	space ava	ailalbl	e on Pag	e 4)				
	e you ever been a pa	en convicted of a crirdon?		r which yo	u have not				etails. (charg date of convi		ame of pol	ice force,	city, pro	ovince/st	ate,	
Cha	rge(s)				of police force							ity				
	<b>U</b> - 1-7				,							,				
Prov	ince/State			Country	,					Dat	e of convic	tion ►		Y	М	D

Gouvernement du Canada

## PERSONNEL SCREENING, CONSENT AND AUTHORIZATION FORM

Surname			Date of birth	Y	M D
C CONSENT AND VERIFICATION (To be completed by the applic	ant and author	orized Departmental/Agend	cy/Organizational (	Official)	
Information (See instructions)	Applicant's initials	Name of official (print)	Official's initials	Official's Telep	hone number
Date of birth, address, education, professional qualifications, employment history, personal character references					
2. Criminal record check					
Credit check (financial assessment, including credit records check)					
4. Loyalty (security assessment only)					
5. Other (specify, see instructions)					
The Privacy Act Statement The information on this form is required for the purpose of providing security so Canada and is protected by the provisions of the Privacy Act in institutions which a review of whether the person is eligible to hold the position or perform the cont employee banks PSE 909 for security clearances, PSE 921 for reliability screeni and the RCMP which uses CMP PPU 065. Information related to security assess.  This consent form will become invalid when the applicant no longer requires	andatory. A refusal to ening Request. The introduction of National Def	provide information nformation is stor ence which uses	on will lead to a red in standard		
NOTE: Unless cancelled in writing by the applicant to the authorized so	ecurity official,	this consent form shall be	valid for conducting	the specified of	hecks and/or
investigation, including subsequent updating requirements of the Governme  I, the undersigned, do consent to the disclosure of the preceding informati	•	•	vernment of Canada.	the use of my p	hotograph for
identification purposes and the release of a copy of Section C of this form if	required.		,	,,	, , , , , , , , , , , , , , , , , , ,
Signature  REVIEW (To be completed by the authorized Departmental/Ag		Date (Y/M/D) ational Official responsible	e for ensuring the	completion of	sections
A, B and C) Name and title		Telephone number		·	
Address		Facsimile number	<b>⊣</b> !		
APPROVAL (To be completed by authorized Departmental/Age only)					ľ
Shiry)	ency/Organiza	ational Security Official			'
I, the undersigned, as the authorized security official, do hereby approve the					<b>'</b>
I, the undersigned, as the authorized security official, do hereby approve the				PHOTO	,
			(for I and/or	PHOTO Level III T.S., upon reques instructions)	st
Reliability Status			(for I and/or	Level III T.S., upon reques	st
Reliability Status  Approved Reliability Status  Not approved  Name and title	following level	of screening.	(for I and/or	Level III T.S., upon reques	st
Reliability Status  Approved Reliability Status  Not approved  Name and title  Signature	following level		(for I and/or	Level III T.S., upon reques	st
Reliability Status  Approved Reliability Status  Not approved  Name and title  Signature  Security Clearance (if applicable)	following level	of screening.  Date (Y/M/D)	(for I and/or	Level III T.S., upon reques	st
Reliability Status  Approved Reliability Status  Not approved  Name and title  Signature  Security Clearance (if applicable)	following level	of screening.  Date (Y/M/D)	(for I and/or	Level III T.S., upon reques	st
Reliability Status  Approved Reliability Status  Not approved  Name and title  Signature  Security Clearance (if applicable)  Level I Level II Level III	ot recommended	of screening.  Date (Y/M/D)	(for I and/or	Level III T.S., upon reques	st



## INSTRUCTIONS FOR PERSONNEL SCREENING CONSENT AND AUTHORIZATION FORM TBS/SCT 330-23E (Rev. 2002/07)

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, Norhwest 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.



# RESIDENCE (Additional Information)

3	Apartment number	Street Number	Street Name		Civic Numb er (if applicable)	Y M	Y M
3	City		Province or state	Postal code	Country	Telephone number	<u> </u>
	Apartment number	Street Number	Street Name		Civic Numb er (if applicable)	Y M	Y M
4	City		Province or state	Postal code	Country	Telephone number	
5	Apartment number	Street Number	Street Name		Civic Numb er (if applicable)	From Y M	Y M
	City	_ <b> </b>	Province or state	Postal code	Country	Telephone number	L
6	Apartment number	Street Number	Street Name		Civic Numb er (if applicable)	From Y M	Y M
	City		Province or state	Postal code	Country	Telephone number	I

CRIMINAL CONVICTIONS IN AND OUTSIDE OF CANADA (Additional Information)										
Charge(s)	Name of Police Force		City							
		T D + + + + + + + + + + + + + + + + + +								
Province/State	Country	Date of Conviction ▶		Υ	M	D				
Charge (a)	Name of Police Force		City							
Charge(s)	Name of Police Force		City							
Province/State	Country	Date of Conviction ▶								
				Υ	М	D				
Charge(s)	Name of Police Force		City							
Province/State	Country	Date of Conviction ▶	I							
				Υ	М	D				
Charge(s)	Name of Police Force		City							
Province/State	Country	Date of Conviction ▶		Υ	M	D				
Charge(s)	Name of Police Force		City							
Charge(s)	Name of Folice Force		City							
Province/State	Country	Date of Conviction ▶								
				Υ	M	D				
		ı								