

**OSAP 300.01.4 ANNEX B APPENDIX 1- TEACHER SELECTION**

**TEACHER CONTRACT AND BENEFITS  
 LOSA – ASSIGNMENT – CRIMINAL BACKGROUND CHECK REQUIREMENTS  
 (EXAMPLE)**

**PERSONNEL SCREENING REQUEST AND AUTHORIZATION**

Department no
<b>OFFICE USE ONLY</b>
File number

- SEE REVERSE FOR PRIVACY ACT STATEMENT AND COMPLETION INSTRUCTIONS.
- PLEASE TYPEWRITE OR PRINT IN BLOCK LETTERS

<input type="checkbox"/> NEW <input type="checkbox"/> UPGRADE <input type="checkbox"/> UPDATE	The requested level of reliability / security check is: <input type="checkbox"/> BASIC RELIABILITY CHECK <input type="checkbox"/> ENHANCED RELIABILITY CHECK	<input type="checkbox"/> LEVEL I (CONFIDENTIAL) <input type="checkbox"/> LEVEL II (SECRET)	<input type="checkbox"/> LEVEL III (TOP SECRET) <input type="checkbox"/> OTHER _____
---	--	---	---

**PART A TO BE COMPLETED BY THE INDIVIDUAL**

Surname		Full given names (no initials) <u>underline usual name used</u>	
Family name at birth		All other names used	
Date of birth Y   M   D	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone number HOME: ( ) WORK: ( ) EXT: ( )	
Home address		City	Province   Postal code

**PART B PARTICULARS OF APPOINTMENT / ASSIGNMENT / CONTRACT**

Originator's name and address		Telephone ( )	Facsimile ( )
<input type="checkbox"/> Indeterminate → <input type="checkbox"/> Term → <input type="checkbox"/> Contract →	Position / Competition / Contract number / Title From: _____ To: _____ From: _____ To: _____	Group / Level _____ <input type="checkbox"/> Other (specify) _____	

**PART C SCREENING ASSESSMENT AND CONSENT**

NOTE: Unless cancelled in writing by the applicant, this consent form shall be valid for conducting the specified checks including subsequent updating requirements of the Government Security Policy.

I, the undersigned, do hereby consent to the disclosure of the following information and its subsequent verification.

\_\_\_\_\_  
 Individual's signature Date

	Information	Y	Z		Information	Y	Z
1	Date of birth			6	Criminal record check		
2	Address			7	Credit check		
3	Education / Professional qualifications			8	Reliability		
4	Employment history			9	Loyalty (security assessment only)		
5	References / Personal character			10	Other (specify, see instructions)		

I, the undersigned, as the authorized official, do hereby certify that the above information has been verified. The requested level of Basic/Enhance Reliability is granted.

\_\_\_\_\_  
 Signature Y | M | D

Name and title of authorized official	Office address	Telephone ( )	Facsimile ( )
---------------------------------------	----------------	------------------	------------------

## Personnel Screening Request and Authorization Form Instructions

1. Please complete section **A**

2. Please **sign** section **C** and initial information boxes **Y 1 to 9**

3. Additional information required:

a.) Place of birth

City	Province	Country

b.) your home addresses covering the last 10 yrs .(if different from the form)

From (Month & yr)	To (Month & yr)	Address	City	Postal code

4. Name and date of birth of children remaining in Canada (if applicable)

Name	Date of Birth