

PERSONNEL SCREENING CONSENT AND AUTHORIZATION FORM – TBS330-23 – Instructions/Definitions

*To be completed for all levels of security screening



Government of Canada / Gouvernement du Canada

PROTECTED (when completed)

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 _____

Security level required

Type of employment

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/PRV/Rank and Service number (if applicable)	If term or contract, indicate duration period	From
Name and address of department / organization / agency	Name of official	Telephone

Official = Hiring manager or the person that will verify Biographical info

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 _____ Country _____

RESIDENCE (provide addresses for the last five years, starting with the most current)

Home address

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

Residence = Addresses of the last 5 years, no breaks. Please use a separate sheet if space is not sufficient

Have you previously completed a Government of Canada security screening form? Yes No

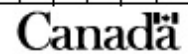
If yes, give name of employer, level and year of screening. _____ Y

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





PERSONNEL SCREENING, CONSENT AND AUTHORIZATION FORM

Sumname 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)

Table with 5 rows and 5 columns: Checks Required, Applicant's Initials, Name of official (print), Official's Initials, Official's Telephone number. Includes callout: Official = Hiring manager or the person that will verify Biographical info. Print name & original handwritten initials

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 by the provisions of the Privacy Act in institutions that are covered by the Privacy Act.

Reliability status = #1, 2 & 3
Level II (Secret) = #1, 2, 3 & 4
Level III (Top Secret) = #1, 2, 3 & 4
Applicant's original handwritten initials as consent for checks to be performed

I, the undersigned, do consent to the disclosure of my biographical information 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.

Signature | Date (Y/M/D) | Original wet signature

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

