

SECURITY CLEARANCE FORM – TBS330-60 Instructions/Definitions



Government of Canada / Gouvernement du Canada

PROTECTED (When completed)

OFFICE USE ONLY		
Reference number	Department number	File number

SECURITY CLEARANCE FORM

The Privacy Act Statement

The information on this form is required for the purpose of providing a security assessment. It is the Government Security Policy (GSP) of the Government of Canada and is protected by the provisions of the Privacy Act in institutions that are covered by the Privacy Act. Collection of this information is mandatory. A refusal to provide information will lead to a review of whether the person is eligible to hold the position or perform the contract that is associated with this Personnel Screening Request. The information collected by the government institution may be disclosed to the Security Intelligence Review Board (SIRB), which conduct the requisite checks and/or investigation in accordance with the provisions of the Access to Information Act and the Privacy Act. Information collected by the support decisions on individuals working or applying to work through appointment, assignment or contract, or information that may be used to determine the reliability status, security clearance or site access, all of which may lead to a re-assessment of the applicable type of security screening. Information collected by the government institution, and information gathered from the requisite checks and/or investigation, may be used to support decisions, which may lead to discipline and/or termination of employment or contractual agreements. The personal information collected is described in Standard PIB PSU 917 (Personnel Security Screening) which is used by all government agencies, except the Department of National Defence PIB DND/PPE 834 (Personnel Security Investigation File), RCMP PIB CMP PPU 065 (Security/Reliability Screening Records), CSIS PIB SIS PPE 815 (Employee Security), and PWGSC PIB PWGSC PPU 015 (Personnel Clearance and Reliability Records) used for Canadian Industry Personnel. Personal information related to security assessments is also described in the CSIS PIB SIS PPU 005 (Security Assessments/Advice).

Secret clearance: Fully complete sections A to J and sign in section P

Top secret clearance: Fully complete sections A to P

Please typewrite or print in block letters.

NOTE: Level I and II must complete sections A to J inclusive and P. Level III must complete all sections.

A ADMINISTRATIVE INFORMATION (To be completed by Department/Agency/Organization)		
<input type="checkbox"/> New	<input type="checkbox"/> Upgrade	<input type="checkbox"/> Supplemental
<input type="checkbox"/> Update	<input type="checkbox"/> Transfer	<input type="checkbox"/> Re-activation
Level		<input type="checkbox"/> I (CONFIDENTIAL) <input type="checkbox"/> III (TOP SECRET)
		<input type="checkbox"/> II (SECRET) <input type="checkbox"/> other _____
Department/Agency/Organization	Employee ID number/PRI/Rank and Service number (if applicable)	Organization number

To be completed by the hiring manager

B BIOGRAPHICAL INFORMATION (To be completed by the applicant)		
1. Surname (Last name)	2. Full given names (no initials) underline or circle usual name used	3. Family name at birth
4. All other names used (i.e. Nickname)	5. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	6. Date of birth Y M D
7. Place of birth (city)	Province/State	Country
8. Name change (other than marriage)	From	To
9. Place of change (city, province or state, and country)	10. Method (authority)	

C SECURITY SCREENING	
1. Have you previously completed a Government of Canada security screening form? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give name of department/agency/organization, and the year and level of clearance. Y

D MARITAL STATUS/Common-Law Partnership		
Current status <input type="checkbox"/> Married <input type="checkbox"/> Common-Law Partnership <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single		
A) CURRENT SPOUSE/Common-Law Partner: Surname, given names		B) Maiden Name (if applicable)
D) Date of marriage/common-law partnership Y M D		C) Present citizenship of current spouse
E) City, province or state, and country of marriage/common-law partnership		F) City, province or state, and country of birth
G) Date of birth Y M D		H) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country)
I) If separated, widowed or divorced, specify date Y M D		J) Name and address of employer (job title)
A) PREVIOUS SPOUSE/Common-Law Partner: Surname, given names (cover only the past five years)		B) Present citizenship of former spouse/common-law partner
C) Date of marriage/common-law partnership Y M D		D) City, province or state, and country of marriage/common-law partnership
E) Date of divorce/separation/deceased Y M D		F) City, province or state, and country of divorce
G) Country of Birth (if known)		H) Date of birth Y M D

Common-law Partnership = cohabiting in a conjugal relationship for at least 1 year
#2 = include previous spouse/common-law of last 5 years

E IMMEDIATE RELATIVES (including those living outside Canada) (see instructions)	
NOTE: Do not use initials	
A) Full name (surname and all given names, including maiden name)	B) Relationship
C) City, province or state, and country of birth	D) Date of birth Y M D
E) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country)	F) Date of death (if applicable) Y M D
G) Name and address of employer	H) Job title

Please include: Children (18 yrs or older) Father Mother Brothers Sisters including "half" & "step" relatives Father-in-law Mother-in-law



Surname and full given names	Date of birth	Y	M	D

E IMMEDIATE RELATIVES (continued)

NOTE: Do not use initials

2	A) Full name (surname and all given names, including maiden name)	B) Relationship
	C) City, province or state, and country of birth	D) Date of birth Y M D
	E) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country)	F) Date of death (if applicable) Y M D
	G) Name and address of employer	H) Job title
3	A) Full name (surname and all given names, including maiden name)	B) Relationship
	C) City, province or state, and country of birth	D) Date of birth Y M D
	E) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country)	F) Date of death (if applicable) Y M D
	G) Name and address of employer	H) Job title
4	A) Full name (surname and all given names, including maiden name)	B) Relationship
	C) City, province or state, and country of birth	D) Date of birth Y M D
	E) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country)	F) Date of death (if applicable) Y M D
	G) Name and address of employer	H) Job title
5	A) Full name (surname and all given names, including maiden name)	B) Relationship
	C) City, province or state, and country of birth	D) Date of birth Y M D
	E) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country)	F) Date of death (if applicable) Y M D
	G) Name and address of employer	H) Job title
6	A) Full name (surname and all given names, including maiden name)	B) Relationship
	C) City, province or state, and country of birth	D) Date of birth Y M D
	E) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country)	F) Date of death (if applicable) Y M D
	G) Name and address of employer	H) Job title
7	A) Full name (surname and all given names, including maiden name)	B) Relationship
	C) City, province or state, and country of birth	D) Date of birth Y M D
	E) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country)	F) Date of death (if applicable) Y M D
	G) Name and address of employer	H) Job title

Include deceased relatives = Full name, relationship, place of birth, date of birth & date of death

Please complete all fields. If information is unavailable, indicate "Unknown" and provide an explanation.

If space allotted is insufficient please use a blank page of the form as many times as required

F 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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
Province/State	City
Country	Date of conviction Y M D

G FOR COMPLETION BY PERSONS BORN OUTSIDE CANADA OR BORN IN CANADA HOLDING DUAL CITIZENSHIP (see instructions)

1. Date of entry into Canada Y M D	2. Present citizenship
3. If you are a naturalized Canadian, give the certificate number and date of issue Certificate No. _____ Y M D	4. If you are not naturalized, have you applied for Canadian citizenship? Please provide copy of Immigrant Visa or Record of Landing documentation <input type="checkbox"/> Yes <input type="checkbox"/> No Date of application Y M D
5. Do you maintain citizenship of a country other than Canada? If yes, please provide the name of the country and explain why. <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes) Name of Country: _____ Explain: _____	6. Have you used a passport other than a Canadian one? If yes, explain why. <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes) Explain: _____

Individuals who have entered Canada less than 10 years ago for secret/top secret clearance, please refer to [these instructions](#).

Surname and full given names	Date of birth						
	<table style="margin: auto;"> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">M</td> <td style="text-align: center;">D</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table>	Y	M	D			
Y	M	D					

H RESIDENCE (there should be no gaps)

List addresses where you have lived during the last 10 years, starting with the most current. (Rural address to include lot and

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

› Last 10 years of addresses, **no breaks**

› Current telephone number is mandatory

› Include residences outside of Canada if applicable

Individuals who have **lived outside of Canada** for 6 consecutive months within the last 10 years, please refer to [these instructions](#).

If space allotted is insufficient please use a blank page of the form as many times as required

I EMPLOYMENT (last 10 years) (see instructions for self-employed and consultants) (there should be no gaps)

Would your employment be jeopardized if your current supervisor, below, is contacted? Yes No

If yes, provide the name of an alternate employment contact and telephone number.

Were you dismissed or asked to resign from any position(s) as listed below? Yes No

If yes, give name of employer, supervisor, and date.

Name of employer	Supervisor	Position title																									
<table style="width:100%;"> <tr> <td style="width:55%;">A) Name of employer - do not use initials (department/organization/agency, if applicable)</td> <td style="width:10%;">B) From</td> <td style="width:15%;">Y M</td> <td style="width:10%;">To</td> <td style="width:10%;">Y M</td> <td style="width:10%;">present</td> </tr> <tr> <td colspan="6">C) Job-site address (street number, street name, city, province or state and country)</td> </tr> <tr> <td colspan="3">D) Job title/Description</td> <td colspan="3">E) Rank and service number (if applicable)</td> </tr> <tr> <td colspan="4">F) Supervisor's name in full</td> <td colspan="2">G) Supervisor's telephone number ()</td> </tr> </table>				A) Name of employer - do not use initials (department/organization/agency, if applicable)	B) From	Y M	To	Y M	present	C) Job-site address (street number, street name, city, province or state and country)						D) Job title/Description			E) Rank and service number (if applicable)			F) Supervisor's name in full				G) Supervisor's telephone number ()	
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› Last 10 years of employment, **no breaks**

› Include time at school

› Include periods of unemployment

› Include employment outside of Canada

If space allotted is insufficient please use a blank page of the form as many times as required

Surname and full given names	Date of birth	Y	M	D
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J FOREIGN EMPLOYMENT

1. Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency? Yes No

If yes, give details (country, organization, nature of work and dates) Include military (or intelligence employment)

Don't forget to answer this question!

SECTIONS "K" TO "O" MUST ALSO BE COMPLETED FOR LEVEL III ONLY

K TRAVEL

List countries visited within the last five years for personal travel and/or non-Government business, other than Canada, the USA and Mexico

Country	Purpose	From		To	
		Y	M	Y	M

Top Secret Clearance only

L FOREIGN ASSETS

Do you have any business, financial or personal assets outside Canada? Yes No

If yes, list the relevant countries (exclude stocks and mutual funds purchased in Canada)

M CHARACTER REFERENCES IN CANADA (see instructions)

List three character references (non-family members) and one neighbourhood reference

	Name in full (no initials)	Relationship	Period known
1	Complete home address		Telephone Number ()
	Complete title and business address		Business Telephone Number ()
2	Complete home address		Telephone Number ()
	Complete title and business address		Business Telephone Number ()
3	Complete home address		Telephone Number ()
	Complete title and business address		Business Telephone Number ()
Neighbourhood reference (see instructions)			
	Name in full (no initials)		Telephone Number ()
	Complete home address		Business Telephone Number ()

N EDUCATION

1. Name of the last school or university you attended full time	2. Student ID number (if known)	3. Location of institution	4. Period of attendance
			From Y M To Y M
5. Field of study (Diploma or degree obtained)			

O MILITARY SERVICE

Military service in the Canadian Armed Forces: Regular, Reserves and Sea, Army and Air Cadets (from the period since your 16th birthday).

1. Name and last location	2. Rank and Service no.	3. Period of service
		From Y M To Y M

P CERTIFICATION

I hereby certify that the information set out by me in this document is true and correct to the best of my knowledge and belief.

1. Signature	2. Date	3. Telephone (Home)	3. Telep
	Y M D	()	()

Original wet signature