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Enhanced Security Questionnaire

Applicants who require an Enhanced Security Screening as part of their employment with ESDC must complete this questionnaire. Applicants must provide sufficient background information to answer all of the questions below.

The Personnel Security Unit may also request the completion of this questionnaire in other circumstances.

A. APPLICANT INFORMATION AND CONTACT

Surname: [] Given Name(s): []
 Surname at Birth: [] Nickname: []
 Date of Birth: [] Home Phone Number: []

MARITAL STATUS INFORMATION

Current relationship status: []
 Current spouse/common-law or divorced, separated or widowed information if less than 5 years:
 Surname(s): [] Given Name(s): []
 Surname at birth (if different from current): []
 Partnership, divorced, separated or widowed date: []
 Date of birth: [] Gender: []

B. COLLECTION OF INFORMATION AND PRIVACY

The information you provide is collected by authority of subsection 7(1) of the *Financial Administration Act*, the *Government Security Policy (GSP)* and the *Standard on Security Screening* to provide security screening assessment of an individual's reliability and/or loyalty to Canada in order to obtain the enhanced security level.

Participation in the Security Questionnaire is voluntary. Refusal to provide personal information may result in the denial of the enhanced security level and may warrant a review for cause of your current security status or clearance, if applicable. A denial or review for cause may disqualify you from consideration for appointment to a position, the termination of your employment/contract or other measures in accordance with relevant legislation, policies or arrangements.

The information you provide may be shared with the Royal Canadian Mounted Police (RCMP) and/or the Canadian Security Intelligence Service (CSIS) for the purpose of conducting the requisite checks and/or investigation in accordance with the GSP as well as for evaluation purposes.

Your personal information is administered in accordance with subsection 7(1) of the *Financial Administration Act*, the *Privacy Act*, the *Department of Employment and Social Development Act*, and other applicable laws. You have the right to the protection of, access to, and correction of your personal information, which is described in *Personal Information Bank PSU 917 (Personnel Security Screening)*. Instructions for obtaining this information are outlined in the government publication entitled *Info Source*, which is available at the following web site address: www.infosource.gc.ca. *Info Source* may also be accessed on-line at any Service Canada Centre.

You have the right to file a complaint with the Privacy Commissioner of Canada regarding the institution's handling of your personal information at: www.priv.gc.ca



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C. QUESTIONNAIRE

FINANCE

1. Do you currently have, or have you ever had, significant financial difficulties? Yes No

If yes, how did you address the situation and did you seek financial counselling?
Please provide details.

[Text input area for question 1]

2. Do you currently have any outstanding loans from relatives and/or friends? Yes No

If yes, to whom and what are the amounts and conditions of the loan.

[Text input area for question 2]

3. Do you gamble (online gambling, casino, tournaments, etc)? Yes No

If yes, how would you describe your normal level of gambling?

- <1 time/month
- 1-3 times/month
- 1-2 times/week
- 3-6 times/week
- Daily

Please explain the circumstances

[Text input area for question 3]

Have you ever experienced financial problems due to gambling? Yes No

If yes, have you received counselling or treatment to address this situation?
Please provide details and date of treatment.

[Text input area for question 3]



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4.a Do you have multiple citizenships? Yes No

If yes, please provide all your citizenships.

4.b Do you financially support friends and/or family outside of Canada? Yes No

If yes, please provide details.

INVOLVEMENT WITH ILLEGAL DRUGS

5. Are you currently taking any prescription medication that could affect your judgement, your diligence or your decision-making? Yes No

If yes, please explain for what reason.

Can this medication cause side effects? Yes No

If yes, please provide details.



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6. Do you consume illicit drugs? Yes No

If yes, what type(s) of illicit (illegal) drugs and what is the frequency of use for each?

<1 time/month 1-3 times/month 1-2 times/week 3-6 times/week Daily

How would you describe your normal level of drug consumption?

<1 time/month 1-3 times/month 1-2 times/week 3-6 times/week Daily

Have you ever received counselling or treatment because of your use of drugs? Yes No

If yes, please provide details and date of treatment.

ALCOHOL USE

7. How would you describe your normal level of alcohol consumption?

<1 time/month 1-3 times/month 1-2 times/week 3-6 times/week Daily

In what circumstances do you consume alcohol?

Have you ever received counselling or treatment because of your use of alcohol? Yes No

If yes, please provide details and date of treatment.

ASSOCIATIONS

8. Are you involved in any activities that pose an actual or potential conflict of interest with the Department? Yes No

If yes, please provide details.

9. Have you ever been involved and/or participated and/or affiliated in any criminal or illegal activity or organization (even though it may have gone undetected) that could be used as a source of blackmail against you? Yes No

If yes, please provide details.



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USE OF COMPUTERS & TECHNOLOGY

10. Have you ever used the Internet to commit identity theft, false pretense, hack into any computer system, child pornography, gambling, spamming or harassment? Yes No

If yes, please provide details.

11. How do you qualify your knowledge of computers and technology in general?

- Beginner
 Intermediate
 Advanced
 Expert

ONLINE PRESENCE

12.a Do you have any accounts/profiles on any of the social networking sites such as: Yes No

- | | | | | |
|-------------------------------------|------------------------------------|-----------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Instagram | <input type="checkbox"/> Twitter | <input type="checkbox"/> LinkedIn | <input type="checkbox"/> YouTube |
| <input type="checkbox"/> Tumblr | <input type="checkbox"/> Flickr | <input type="checkbox"/> MySpace | <input type="checkbox"/> Bebo | <input type="checkbox"/> Friendster |
| <input type="checkbox"/> Hi5 | <input type="checkbox"/> Orkut | <input type="checkbox"/> Perfspot | <input type="checkbox"/> Zorpia | <input type="checkbox"/> Netlog |
| <input type="checkbox"/> Blockchain | <input type="checkbox"/> 4chan | <input type="checkbox"/> 8chan | <input type="checkbox"/> Tik Tok | |

Other, please specify:

12.b Please provide all of your email addresses (personal + professional) and all usernames for the above-mentioned accounts.



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13. If we perform a search on you on the Internet, what can we expect to find?

14. Which websites do you most frequently access? What is the purpose?

15. Are you a member of any association or groups on the internet? Yes No

If yes, please provide details.

16. Do you blog? Yes No

If yes, please provide the addresses and topics you are writing about.

LOYALTY TO CANADA

17. Have you ever made a financial contribution to a foreign organization? Yes No

If yes, please provide details.

18. Do you have or have you ever had any foreign financial businesses, partnerships foreign bank accounts, or other foreign financial interests? Yes No

If yes, please provide details.



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19. Do you have any close friends or family members belonging to groups, which reasonably could be considered radical and/or extreme and/or criminals? Yes No

If yes, what is your view on that?

RE

20. Have you ever been dismissed from a job or warned/reprimanded for wrongdoing? (theft, fraud, assault, uttering threats, etc.) Yes No

If yes, please provide details.

21. Have you ever received a verbal or written warning regarding absenteeism? Yes No

If yes, please explain.

22. Do you suffer from significant amounts of stress for either personal or professional reasons? Yes No

If yes, please explain.

23. From a physical or mental health perspective, is there anything affecting your judgement, which could cause the unauthorized access or disclosure of information by you whether intentionally or unintentionally? Yes No

If yes, please explain.



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24. Other than what is included in this questionnaire, are there any issues involving you, or anyone close to you, that you would like to disclose which you consider to be an actual or potential cause for security concern? Yes No

If yes, please explain.

25. To your knowledge, have you ever had a security status/clearance or access authorization denied, suspended, or revoked or been debarred from the government employment and/or facility? Yes No

If yes, with which Department and under what circumstances?

PLEASE INSERT ADDITIONAL INFORMATION YOU WOULD LIKE TO SHARE IN THIS SECTION



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D. APPLICANT'S DECLARATION OF UNDERSTANDING

I have read and understood the information pertaining to the requirements and purpose of the enhanced security questionnaire.

I understand that if it is determined that I provided incorrect information or withheld information from this application form, my enhanced security screening application may be denied, or may warrant a review for cause of my current security status/clearance, which may result in:

- my disqualification from consideration for appointment to a position;
- the termination of my contract;
- the termination of my employment;
- other measures in accordance with relevant legislation, policies or arrangements.

E. APPLICANT'S DECLARATION OF CONSENT

I affirm that:

- I have fully disclosed the information and documentation requested in this enhanced security questionnaire;
- This form is complete, truthful and accurate to the best of my knowledge and belief.

I consent to the use and disclosure of the personal information collected through this questionnaire and any additional information that may be collected during the security screening process, (for the purposes of obtaining, revoking, updating, upgrading, or reviewing for cause a security screening pursuant to the [Policy on Government Security](#) and the [Standard on Security Screening](#)).

Signature of applicant¹

Date

¹Signature + Date

To safeguard against fraudulent forms, they must be **signed in BLUE** and the applicant must include **the date** of the signature.

Scanning tips to submit a proper questionnaire

A colour scan in good resolution (300 dpi and up) OR taking a **close well-lit snapshot of the form with your smartphone camera** will help ensure your form is accepted.