



SECURITY CLEARANCE DECLARATION

PD 1252 (R2006-07)

DATE SENT: YYYY-MM-DD	DATE RECEIVED: YYYY-MM-DD
DATE REVIEWED: YYYY-MM-DD	FILE MANAGER/CONSULTANT:
COMMENTS:	
OFFICE USE ONLY	

This document requests detailed information regarding you, your family and associates. This information is required to determine your eligibility for employment with the Calgary Police Service and is collected in accordance with Section 33(c) of the *Freedom of Information and Protection of Privacy Act*. In the event of employment, this information will be used for the purposes of personnel administration.

STATEMENT OF CONSENT:

I hereby consent that any and all information pertaining to a Criminal Record registered in my name with National Repository for Criminal Records in Canada may be provided to authorized persons at the Calgary Police Service. I recognize that an employee of the Calgary Police Service is in a position of trust within the community and I hereby consent to the Calgary Police Service performing a Vulnerable Sector (VS) search of my name in the National Repository for Criminal Records. I understand that a VS search is a search that will check for pardoned sex offences. I further consent, if requested, to attend the Identification Section of the Calgary Police Service for fingerprint confirmation. I further agree to absolutely release, discharge, and absolve the Calgary Police Service, The City of Calgary, and its employees from all claims, losses, or damages including indirect or consequential, occasioned by me during, or as a result of any investigation for a Criminal Record.

Dated this _____ day of _____, 20____

PRINTED NAME OF APPLICANT	APPLICANT SIGNATURE
PRINTED NAME OF WITNESS Witness must be 18 years or older.	WITNESS SIGNATURE

Please print legibly or type. Ensure that all sections are completed. Additional sheets should follow suggested format.

SURNAME		FIRST NAME		MIDDLE NAME		PREFERRED FIRST NAME		
MAIDEN NAME/ OTHER NAMES USED								
CURRENT ADDRESS				CITY		PROVINCE	POSTAL CODE	AREA CODE AND PHONE NUMBER
DATE OF BIRTH - YYYY / MM / DD		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		PLACE OF BIRTH (INCLUDE CITY / COUNTRY OF BIRTH)				
MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> COMMON-LAW <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> DOMESTIC PARTNER								
IF YOU HAVE CHECKED MARRIED, COMMON-LAW OR DOMESTIC PARTNER, GIVE FULL NAME AND DATE OF BIRTH OF THAT PERSON								
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME		MIDDLE NAME		DATE OF BIRTH - YYYY / MM / DD		
YOU MUST PROVIDE AN ORIGINAL OF ONE OF THE FOLLOWING DOCUMENTS: <input type="checkbox"/> DRIVER'S LICENCE <input type="checkbox"/> PASSPORT <input type="checkbox"/> CITIZENSHIP				YOU MUST PROVIDE AN ORIGINAL OF ONE OF THE FOLLOWING DOCUMENTS: <input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> SOCIAL INSURANCE <input type="checkbox"/> HEALTH CARE				
REASON FOR SECURITY DECLARATION: <input type="checkbox"/> RECRUIT / EMPLOYMENT <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> STUDENT <input type="checkbox"/> OTHER (Specify): _____								
HAVE YOU APPLIED FOR EMPLOYMENT/CONTRACT WORK/VOLUNTEER WORK WITH THE CALGARY POLICE SERVICE IN THE PAST? <input type="checkbox"/> YES <input type="checkbox"/> NO								
POSITION APPLIED FOR				DIVISION/SECTION				

SECURITY CLEARANCE DECLARATION (continued)

In chronological order, most recent first, indicate every place you have resided in the last 10 years and names of all persons who shared address with you. Use next page or additional sheet if required. Please ensure that you sign and date all additional sheets.

ADDRESS	CITY	PROVINCE	POSTAL CODE	FROM - YYYY / MM / DD	TO - YYYY / MM / DD
NAME OF PERSON WHO SHARED ADDRESS WITH YOU		PHONE NUMBER () -		RELATIONSHIP	DATE OF BIRTH - YYYY / MM / DD
NAME OF PERSON WHO SHARED ADDRESS WITH YOU		PHONE NUMBER () -		RELATIONSHIP	DATE OF BIRTH - YYYY / MM / DD
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SECURITY CLEARANCE DECLARATION (continued)

ADDRESS	CITY	PROVINCE	POSTAL CODE	FROM - YYYY / MM / DD	TO - YYYY / MM / DD
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SECURITY CLEARANCE DECLARATION (continued) IMMEDIATE RELATIVES

Applicants must list all names, relationship, sex, date of birth, address and phone number of the applicant's immediate relatives AND of the immediate relatives of the current and/or former spouse, domestic partner, common-law, or significant other. Attach additional sheet if required. Follow suggested format. Please ensure that you sign and date all additional sheets.

- Immediate relatives include parents, guardians, children, stepchildren, adopted children, brothers, sisters, step-brothers/sisters, adopted brothers/sisters, who are age 12 or over. This includes individuals who are alive or deceased.
- Immediate relatives DO NOT include your brother/sister's spouse, domestic partner, common-law, or significant other or children.

SURNAME		FIRST NAME		MIDDLE NAME		COMMON NAME USED	
MAIDEN NAME/ OTHER NAMES USED		RELATIONSHIP		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF BIRTH - YYYY / MM / DD	
ADDRESS		CITY		PROVINCE	POSTAL CODE	AREA CODE AND PHONE NUMBER () -	
SURNAME		FIRST NAME		MIDDLE NAME		COMMON NAME USED	
MAIDEN NAME/ OTHER NAMES USED		RELATIONSHIP		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF BIRTH - YYYY / MM / DD	
ADDRESS		CITY		PROVINCE	POSTAL CODE	AREA CODE AND PHONE NUMBER () -	
SURNAME		FIRST NAME		MIDDLE NAME		COMMON NAME USED	
MAIDEN NAME/ OTHER NAMES USED		RELATIONSHIP		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF BIRTH - YYYY / MM / DD	
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SURNAME		FIRST NAME		MIDDLE NAME		COMMON NAME USED	
MAIDEN NAME/ OTHER NAMES USED		RELATIONSHIP		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF BIRTH - YYYY / MM / DD	
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MAIDEN NAME/ OTHER NAMES USED		RELATIONSHIP		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF BIRTH - YYYY / MM / DD	
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SECURITY CLEARANCE DECLARATION (continued)

<p>1. Have you ever been <u>convicted</u> of any criminal offence in Canada or in any other country?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>2. Have you ever been <u>granted</u> or <u>denied</u> a pardon or the equivalent of a pardon? (Attach Pardon Documentation).</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>3. Are you currently, or have you ever been, <u>investigated</u> for an offence of any kind in Canada or in any other country?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>4. Have you ever been <u>arrested</u> for an offence of any kind in Canada or in any other country?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>5. Are you currently, or have you ever been, <u>charged</u> for an offence of any kind in Canada or in any other country?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>6. Have you ever been found guilty of any criminal offence in Canada or in any other country when you were under the age of 18?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>7. Have you ever been sentenced to Extra Judicial Sanctions/Alternative Measures for any kind of offence in Canada or in any other country when you were under the age of 18?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>8. Are you <u>associated</u> with any companies or businesses not listed on your application?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>9. Are you a <u>member</u> of any clubs or organizations? Do you hold a <u>position</u> there?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>10. In the past ten years have you been <u>involved</u> in any legal suits?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

If you have answered "YES" to any of the above questions, attach an additional sheet providing complete details regarding the specific incident, including what occurred, when, where, and why. If pardoned, attach Pardon documentation.



CALGARY POLICE SERVICE AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, the undersigned, hereby authorize any person, employer, organization or physician to provide any information, opinion, reports, records, documents or copies thereof in any form which may be requested in connection with my application for employment with the Calgary Police Service and any subsequent training.

Personal information about me will be used to assess my qualifications and suitability in relation to my application for employment at the Calgary Police Service as well as for research purposes. In the event of employment, this information will be used for the purposes of personnel administration. I consent to the collection, use, disclosure, transmittal and examination of all information compiled by the Calgary Police Service.

Personal information about me that is obtained during the selection process, or any subsequent training and employment, may be disclosed to any law enforcement agency for the purpose for which it was obtained or for any other reason.

I agree to waive any right of action against any person or organization providing information or opinions in compliance with this authorization.

I hereby acknowledge and declare that the terms of this authorization for release of information are fully understood by me.

Dated this _____ day of _____, 20__.

PRINTED NAME OF APPLICANT

APPLICANT SIGNATURE

PRINTED NAME OF WITNESS
Witness must be 18 years or older.

WITNESS

SIGNATURE