



# Abbotsford Police Department

2838 Justice Way, Abbotsford, BC V2T 3P5 Phone (604)859-5225 Fax (604)859-2527

## SECURITY CLEARANCE and PERSONAL HISTORY FORM

1. All information given in completing this form will be considered strictly confidential.
2. All information given is normally subject to verification by investigation.
3. Complete this form in block letters or typewriter.
4. Illegible or incomplete forms will not be considered.
5. If extra space is required, add a sheet of paper and number appropriately.
6. False statements or omissions may be considered an offence.

<b>CONFIDENTIAL</b>	
(To be completed by Police Officer)	
Department	_____
File No.	_____
PIN No.	_____

<b>1</b>	Provide personal information.			
	Surname    Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms./Miss <input type="radio"/> Rank _____	Given Names (in full)	Nickname(s)	Date of Birth  Year    Month    Day
	Address (in full)			Phone Number  (    )
	Indicate any changes of name other than marriage:    From _____    To: _____		S.I.N. _____	
	Date of change  Year    Month    Day	Location _____	Method (by what Authority) _____	
Indicate your City, Province and Country of birth _____				

<b>2</b>	If married, give maiden name of wife, or husband's name with date and place of marriage - state if common-law.				
	Surname    Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms./Miss <input type="radio"/> Rank _____	Given Names (in full)	Nickname(s)	Date of Birth  Year    Month    Day	
	Date of Marriage  Year    Month    Day	Location of Marriage _____	Place of Birth _____	Date arrived in Canada  Year    Month    Day	
	If divorced, separated or marriage annulled, give full names of former spouses with date and place of occurrence-include maiden name of former wife/wives.				
	Surname	Maiden Name	Given Names (in full)	Date of Birth  YY    MM    DD	Date of Marriage  Year    Month    Day
Surname	Maiden Name	Given Names (in full)	Date of Birth  YY    MM    DD	Date of Marriage  Year    Month    Day	Location of Marriage

<b>3</b>	For completion by persons born outside of Canada of other than Canadian parents.			
	Means of arrival to Canada -ship, aircraft, car, etc. (If by sea, give name of vessel)		Date of Entry  Year    Month    Day	Port of Entry _____
	Present Nationality	If British Subject, by  Birth <input type="radio"/> Naturalization <input type="radio"/>	If Naturalized Canadian, give Certificate No.	Date of Birth  Year    Month    Day
	Previous Nationality	Have you applied for Canadian Citizenship  Yes <input type="radio"/> No <input type="radio"/>	If not a Canadian citizen, give number, date of issue, issuing country, and date of expiration of last or present passport or certificate of Identity	

4	Give full names of immediate relatives over 12 years of age (husband, wife, sons, daughters, father, mother (maiden name), brothers, sisters, step and half blood relatives) and father-in-law, mother-in-law where applicable. If deceased, give date of death and last known address. Include maiden names for all married female relatives.						
	Surname (and maiden name)	Given Names (in full)		Relationship	Date of Birth <small>Year Month Day</small>	City & Country of Birth	
	Address (in full)		Phone Number ( )		Name & address of Employer (or retired)		
	Surname (and maiden name)	Given Names (in full)		Relationship	Date of Birth <small>Year Month Day</small>	City & Country of Birth	
	Address (in full)		Phone Number ( )		Name & address of Employer (or retired)		
	Surname (and maiden name)	Given Names (in full)		Relationship	Date of Birth <small>Year Month Day</small>	City & Country of Birth	
	Address (in full)		Phone Number ( )		Name & address of Employer (or retired)		
	Surname (and maiden name)	Given Names (in full)		Relationship	Date of Birth <small>Year Month Day</small>	City & Country of Birth	
	Address (in full)		Phone Number ( )		Name & address of Employer (or retired)		
	Surname (and maiden name)	Given Names (in full)		Relationship	Date of Birth <small>Year Month Day</small>	City & Country of Birth	
	Address (in full)		Phone Number ( )		Name & address of Employer (or retired)		
	Surname (and maiden name)	Given Names (in full)		Relationship	Date of Birth <small>Year Month Day</small>	City & Country of Birth	
	Address (in full)		Phone Number ( )		Name & address of Employer (or retired)		
	Surname (and maiden name)	Given Names (in full)		Relationship	Date of Birth <small>Year Month Day</small>	City & Country of Birth	
	Address (in full)		Phone Number ( )		Name & address of Employer (or retired)		
	Surname (and maiden name)	Given Names (in full)		Relationship	Date of Birth <small>Year Month Day</small>	City & Country of Birth	
	Address (in full)		Phone Number ( )		Name & address of Employer (or retired)		
	Surname (and maiden name)	Given Names (in full)		Relationship	Date of Birth <small>Year Month Day</small>	City & Country of Birth	
	Address (in full)		Phone Number ( )		Name & address of Employer (or retired)		
	Surname (and maiden name)	Given Names (in full)		Relationship	Date of Birth <small>Year Month Day</small>	City & Country of Birth	
Address (in full)		Phone Number ( )		Name & address of Employer (or retired)			
Surname (and maiden name)	Given Names (in full)		Relationship	Date of Birth <small>Year Month Day</small>	City & Country of Birth		
Address (in full)		Phone Number ( )		Name & address of Employer (or retired)			
Surname (and maiden name)	Given Names (in full)		Relationship	Date of Birth <small>Year Month Day</small>	City & Country of Birth		
Address (in full)		Phone Number ( )		Name & address of Employer (or retired)			

<b>5</b>	List all residence(s) during the past 10 years. Give present address first.					
	Street Address	Town or City and Province	From		To	
			Year	Month	Year	Month
			Year	Month	Year	Month
			Year	Month	Year	Month
			Year	Month	Year	Month
			Year	Month	Year	Month
			Year	Month	Year	Month
			Year	Month	Year	Month

<b>6</b>	Starting with your present employer, list your employer(s) for the last 10 years, including periods of unemployment, schooling, etc.					
	Full Name of Employer	Name of Immediate Supervisor	From	Month	To	Month
			Year		Year	
	Complete Address, City, Province, Postal Code			Phone Number		Occupation
				(      )		
	Full Name of Employer	Name of Immediate Supervisor	From	Month	To	Month
			Year		Year	
	Complete Address, City, Province, Postal Code			Phone Number		Occupation
				(      )		
	Full Name of Employer	Name of Immediate Supervisor	From	Month	To	Month
			Year		Year	
	Complete Address, City, Province, Postal Code			Phone Number		Occupation
				(      )		
	Full Name of Employer	Name of Immediate Supervisor	From	Month	To	Month
			Year		Year	
	Complete Address, City, Province, Postal Code			Phone Number		Occupation
				(      )		
	Full Name of Employer	Name of Immediate Supervisor	From	Month	To	Month
			Year		Year	
Complete Address, City, Province, Postal Code			Phone Number		Occupation	
			(      )			
Full Name of Employer	Name of Immediate Supervisor	From	Month	To	Month	
		Year		Year		
Complete Address, City, Province, Postal Code			Phone Number		Occupation	
			(      )			
Have you ever been dismissed or asked to resign from any position?      Yes <input type="radio"/> No <input type="radio"/>						
If yes, give particulars:						

<b>7</b>	Give name and dates of last School or University you attended full-time.					
	Name of Institution	Address of Institution	From Year	Month	To Year	Month

<b>8</b>	Provide the following information if you have served in the Armed Forces of any Country or State.					
	Country	Service	From Year	Month	To Year	Month
	Corps	Unit	Rank		Service Number	

<b>9</b>	List all Countries visited, purpose of travel and dates abroad.					
	Country	Purpose of Travel	From		To	
			Year	Month	Year	Month
			Year	Month	Year	Month
			Year	Month	Year	Month
			Year	Month	Year	Month
			Year	Month	Year	Month

<b>10</b>	Have you ever been charged with or convicted of criminal, traffic (except parking violations) or other offences:			Yes <input type="radio"/>	No <input type="radio"/>
	If yes, provide details including Court Martials.				
	Date	Place	Nature of Offence	Penalty	
	Date	Place	Nature of Offence	Penalty	
	Date	Place	Nature of Offence	Penalty	

<b>11</b>	List 3 character references, giving full names and addresses - excluding relatives, employees and persons outside of Canada.		
	Names (in full)	Address	Phone Number ( )
	Names (in full)	Address	Phone Number ( )
	Names (in full)	Address	Phone Number ( )

**I certify that my answers to these questions are complete, true, and correct to the best of my knowledge.**

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Signature of Applicant or Employee**