



SECURITY CLEARANCE DETAIL



SECURITY CLEARANCE CHECK

Check appropriate Security Clearance Classification:

- Employment
- Chauffeur
- Travel / Work Visa or Permit
- Other (personal, lawyer, etc.)
- Immigration (letter only)
- Personal Service Bylaw

DO NOT complete this form for the following classifications:

U.S. Waiver Locksmith Immigration (prints & letters) Criminal Pardon

Phone Security Clearance Detail at 421-2801 for an appointment for fingerprinting for these classifications.

Last Name / Family Name	First Name in Full	Middle Name in Full	Date of Birth	Sex
			Year	Month
			Day	
Maiden Name or Any Other Last Names EVER Used		Aliases		Place of Birth
Street Address	City or Town	Postal Code	Province	
Driver's Licence Number / Issuing Province		Home Phone (Inc. Area Code)	Work Phone (Inc. Area Code)	

Previous Addresses (if any) within the last 5 years (City / Province Only)

MUST BE COMPLETED	Verification of Applicant's Identification (by a Representative of Requesting Agency or Security Clearance Detail staff ONLY)		
	Name	Signature	Phone Number
	Check Identification Provided: <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Alberta Health Care <input type="checkbox"/> Passport <input type="checkbox"/> Other:		
	Agency Requesting Security Clearance	Department	Phone Number
	Contact Name within Agency (if different from Verifier above)		Fax Number
Description of the Paid Position			

VULNERABLE SECTOR	<p>This Area Related to Positions Working with *Children or **Vulnerable Persons – Read and Complete if Applicable</p> <p>This area is to be used by a person applying for a position with a person or organization responsible for the well-being of one or more *children or **vulnerable persons, if the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the <i>Criminal Records Act</i> and has been pardoned.</p> <p>*Children, as defined by the <i>Criminal Records Act</i> means persons who are less than 18 years of age.</p> <p>**Vulnerable persons, as defined by the <i>Criminal Records Act</i> means persons who, because of their age, a disability, or other circumstances, whether temporary or permanent, are in a position of dependence on others or are otherwise at a greater risk than the general population of being harmed by persons in a position of authority or trust relative to them.</p>	
	<p>Details of the Children or Vulnerable Persons (age, disability, or circumstances of dependency)</p>	
	<p>I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to determine if I have been convicted of, and been granted a pardon for any of the sexual offences that are listed in the schedule to the <i>Criminal Records Act</i>.</p> <p>I understand that, as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the <i>Criminal Records Act</i> in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Solicitor General of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.</p>	
<p>_____ Signature of Applicant Consenting to Vulnerable Sector Search</p> <p>_____ Date</p>		<p style="text-align: center;">FOR POLICE USE ONLY</p> <p>Vulnerable Sector Included <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">OFFICIAL'S SIGNATURE</p>

WAIVER IN RESPECT TO EMPLOYEE SECURITY CLEARANCES

I _____ of _____
(First; Middle; Last Name) (Street Address, City, and Zip)

_____ in the State of _____, hereby consent to the Edmonton Police Service conducting fingerprint identification for:

1. Criminal records and/or convictions of any kind which relate to me;
2. Warrants of any kind which relate to me;
3. Police files, from any law enforcement agency, Canadian or otherwise, which relate to me; and
4. Pardons of any kind pursuant to the *Criminal Records Act*, which relate to me.
5. Absolute and / or conditional discharges of any kind which relate to me;
6. Alternative measures and / or adult diversion involvement of any kind which relate to me.

I also hereby consent that any information that is obtained by the foregoing search processes will be released to Bison Security Group, at the discretion of the member in charge of the Criminal History Unit of the Edmonton Police Service. I also request that the fingerprints provided be destroyed.

I further agree that I remise, release and forever discharge the Edmonton Police Service, the Chief of Police of the Edmonton Police Service, the Edmonton Police Commission, and their administrators, successors, assigns, agents, officers, servants and employees and

_____ (*Company Applying to*), and their administrators, successors, assigns, agents, officers, servants and employees from any and all manner of actions, suits, debts, dues, general damages, special damages, pecuniary damages, costs, interests, claims and demands of every nature and kind at law or in equity under any statute, including but not limited to direct or consequential loss, occasioned by me or my legal representatives, heirs, assigns or agents, arising or in any way related to the security clearance process described above.

Before signing this Waiver in Respect to Employee Security Clearances, I have fully informed myself of its content and meaning and understand its content and meaning.

DATE: _____ DATE OF BIRTH: _____

SIN: _____ DRIVER LICENSE #: _____

SEX: _____ TELEPHONE NO.: _____

PREVIOUS ADDRESS: _____

MAIDEN NAME: _____ Other names used/Alias: _____

SIGNATURE OF RELEASOR: _____

WITNESS: _____

The personal information on this form will be collected and shared for the purposes outlined in Sections 37 to 41 of the Freedom of Information and Protection of Privacy (FOIP) Act, and for other legal requirements where they are consistent with the FOIP Act. If you have any questions regarding the collection of information, contact the Security Clearance Detail, Edmonton Police Service, 9620 – 103 A Avenue, Edmonton, Alberta, T5H 0H7.