



**YORK REGIONAL POLICE  
CONTRACTOR/SERVICE PROVIDERS & VOLUNTEERS  
SECURITY CLEARANCE FORM – INSTRUCTIONS**

**GENERAL**

- Please read and follow the instructions carefully.
- If clarification of information is required, a York Regional Police member may contact the applicant to obtain additional information in order to complete the security screening investigation.
- This form is to be completed electronically, or if not available, printing in block letter format in black ink.
- The original signed form must be submitted.
- All legal names, including maiden names, no initials, are to be included in full.
- Addresses are to include, where applicable, civic or township name and the lot and concession number.
- If information is not known or is unavailable, please indicate on the form and on a separate sheet of paper to explain the cause of the circumstance.
- All dates are to be entered in order of Day, Month, Year i.e. 01-Jan-70

**APPLICANT INFORMATION**

- Complete as requested.

**RESIDENCE HISTORY**

- Ensure current address is recorded first.
- The Postal Code is mandatory for the current address, and if known, for previous addresses.
- For rural area, include civic number or lot, concession and township number.

**PERSONS LIVING WITH THE APPLICANT**

- List all persons over the age of 16 living with you, including roommates, tenants and landlords.

**IMMEDIATE FAMILY (NOT LIVING WITH THE APPLICANT)**

- Immediate family includes the following:
  - All children over the age of 16 that live with you or your common-law spouse that you have a parental relationship with;
  - Your current spouse/common-law partner;
  - Mother and father (include “step” parents) and applicable maiden names;
  - Brothers and sisters over 16 years of age and their spouses/partners, if applicable; (Include “half”/”step” siblings)
  - In-laws, such as mother/father/brother/sister-in-law (and their spouses/partners);
  - Any deceased immediate relatives that fall into the categories listed above.

**CRIMINAL OFFENCES**

- Complete as requested.

**PREVIOUS APPLICATIONS**

- Complete as requested.

**DECLARATIONS**

- Read and sign as requested.



## CONFIDENTIAL PERSONAL HISTORY FORM CONTRACTOR/SERVICE PROVIDERS & VOLUNTEERS

Pursuant to Section 29(2) of the Municipal Freedom of Information and Protection of Privacy Act, you are hereby notified that personal information about you is being collected by York Regional Police in order to conduct a background check, which is necessary to the proper administration of the lawfully authorized activities of York Regional Police.

### NOTES ON COMPLETING THIS FORM:

- If not completing this form electronically, ensure to write legibly and complete in black ink.
- Use additional paper if space is insufficient, indicating the area that the additional information relates to.
- All questions must be answered and complete. i.e. dates of birth
- Applicants currently residing outside Canada shall provide: up-to-date Criminal Background Clearance Letter, Driver's License History Check, and name, address, and telephone number of their local police department.

A: ADMINISTRATIVE INFORMATION (To be completed by the authorized York Regional Police member requesting applicant's services)				
Requestor's Name:		Badge #:		
Rank/Job Title:		District/Bureau/Unit:		
PARTICULARS OF ASSIGNMENT/CONTRACT				
<input type="checkbox"/> Contractor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (Specify secondment, assignment, etc.)				
Where will the applicant be assigned?				
Security access required		Position		
<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High				
Is this a renewal application?		Requestor's Signature		
<input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Recurrent				
Copy of Driver's License attached?		Is form legible and complete?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
B: APPLICANT INFORMATION (To be completed by the applicant)				
Surname (last name):				
Full given names (no initials):			Family name at birth (maiden):	
All other legal names used including previous married names:				
Sex		Date of Birth (Day/Month/Year)		
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other				
Place of birth (city)		Province/State	Country	
Primary Phone Number:		Email address:		
Secondary Phone Number:				
Name Change (other than marriage)		From (Day/Month/Year)	To (Day/Month/Year)	
Are you a Canadian citizen?				
<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please specify:				
Do you possess a valid driver's license? <input type="checkbox"/> Yes (if yes, provide driver's license number below) <input type="checkbox"/> No				
Province of Issue	Class	License Number	Date of Issue (Day/Month/Year)	Date of Expiry (Day/Month/Year)

**Distribution:      Original: Background and Clearances Unit**

**C: RESIDENCE HISTORY**

List all previous address(es) for the past ten years, starting with current address.

The postal code is mandatory for the current address, and if known, for previous addresses.

For rural area, include civic number or lot, concession and township number.

Apt/Unit Number	Street Number	Street Name	From (Day/Month/Year)	To  PRESENT
City/Town		Province	Postal Code	Country

Apt/Unit Number	Street Number	Street Name	From (Day/Month/Year)	To (Day/Month/Year)
City/Town		Province	Postal Code	Country

Apt/Unit Number	Street Number	Street Name	From (Day/Month/Year)	To (Day/Month/Year)
City/Town		Province	Postal Code	Country

Apt/Unit Number	Street Number	Street Name	From (Day/Month/Year)	To (Day/Month/Year)
City/Town		Province	Postal Code	Country

Apt/Unit Number	Street Number	Street Name	From (Day/Month/Year)	To (Day/Month/Year)
City/Town		Province	Postal Code	Country

Apt/Unit Number	Street Number	Street Name	From (Day/Month/Year)	To (Day/Month/Year)
City/Town		Province	Postal Code	Country

**D: PERSONS LIVING WITH THE APPLICANT**List all persons over the age of 16 who live with you (includes roommates, tenants, landlords).

Full Name (no initials)		Relationship to Applicant	Date of Birth (Day/Month/Year) i.e. 01/Jan/2019	Current Full Address and Telephone Number
Last Name	First Name			
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

**E: IMMEDIATE FAMILY (NOT LIVING WITH THE APPLICANT)****DO NOT use initials.**

Immediate family members include:

- Your current spouse/common-law partner (if not already listed in Section D)
- All former spouse(s), common-law partner(s)
- Mother and father (includes "step" parents)
- Brothers and sisters over 16 years of age and their spouses, if applicable. Include "half"/"step" siblings
- Children over 16 years of age that you or your spouse or common-law partner have a parental relationship with
- In-laws, such as mother/father/brother/sister-in-law (and their spouses/common-law partners)
- Any deceased immediate relatives that fall into the categories listed above.

Full Name (no initials)		Relationship to Applicant	Date of Birth (Day/Month/Year i.e. 01/Jan/2019)	Current Full Address and Telephone Number
Last Name	First Name			
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

Distribution: Original: Background and Clearances Unit

**F: CRIMINAL OFFENCES**

Have you ever been the subject of a police investigation? No  Yes  If yes, provide details:

Have you ever been charged with a criminal offence? No  Yes  If yes, provide details:

Have you ever been convicted of an offence for which a pardon has not been received? No  Yes  If yes, provide details below:

Date of Conviction	Charge(s)	Location of Court	Sentence/Disposition

Are you presently charged with any criminal offence or subject to any bail conditions or Court Orders?  
No  Yes  If yes, provide details below:

Date of Alleged Offence	Alleged Charge(s)	Police Agency	Investigating Officer/Bail Conditions

Have you previously applied for a position with York Regional Police?		Yes <input type="checkbox"/> (If yes, provide details below) No <input type="checkbox"/>
<b>Position Applied For:</b>	<b>Date (Day/Month/Year):</b>	
Have you ever applied for a background check for contract/volunteer work for York Regional Police?		Yes <input type="checkbox"/> (If yes, provide details below) No <input type="checkbox"/>
<b>Position Applied For:</b>	<b>Date (Day/Month/Year):</b>	
Are you presently or in the past associated to any YRP personnel? i.e. spouse, former spouse, family, friend.		Yes <input type="checkbox"/> (If yes, provide details below) No <input type="checkbox"/>
<b>Full Name:</b>	<b>Badge Number:</b>	
<b>Position:</b>	<b>Relationship:</b>	

**H: DECLARATIONS**

I, the undersigned, hereby declare that the foregoing information is true and accurate.

I understand that a false statement will disqualify me from obtaining a valid security clearance and any document obtained and used fraudulently will make me liable to be charged and punished according to the Criminal Code and other laws of Canada.

I have been informed I have the right to decline the consent to the collection of my personal information for the purpose of a security clearance and I hereby consent to the York Regional Police conducting an investigation for that purpose.

I have informed and received permission/consent from any third party individual that I have listed on this York Regional Police Contractor/Service Provider/Volunteer Security Clearance Form.

I hereby authorize York Regional Police to notify my employer or organization, namely: \_\_\_\_\_ (name of current employer/organization) should a security clearance be granted.

I have also been advised that should I be charged or found guilty of any criminal offence, any security clearance provided by York Regional Police becomes void and I alone undertake to inform the employer or organization for which the security clearance was obtained and acted upon.

I further understand that should York Regional Police, in their sole discretion, decline to provide a security clearance that no information will be provided to the named employer or organization, beyond a confirmation that the investigation has been completed.

Applicant Signature:	Date:
Witness Signature:	Date:

**I: TO BE COMPLETED BY BACKGROUND & CLEARANCES UNIT**

APPROVED:  NOT APPROVED:

SIGNATURE:

DATE: