

Enhanced Background Security Clearance Police Staff (Civilian) Employees



4455 Clarence Taylor Crescent · Delta · BC V4K 3E1 · Phone: 604.946.4411

deltapolice.ca

This document requests detailed information regarding you, your family and associates. This information is required to determine your eligibility for employment with the Delta Police Department. In the event of employment or approval to volunteer, this information will be used for the purposes of personnel administration.

I, the undersigned, hereby authorize the Delta Police Department to collect from any person, employer, physician, the Insurance Corporation of British Columbia, or any other person or organization, to whom a signed duplicate, photocopy or fax of this document is provided, to furnish any information, opinions, reports, records, documents or copies thereof in any form which may be requested by the Delta Police Department pertaining to my application for employment or volunteering.

I understand that personal information, including, but is not limited to academic records, employment history, including disciplinary and attendance records, medical, physical, finance, character and criminal record data, from sources other than myself, may be collected by the Delta Police Department through the security clearance process and I consent to that collection.

I agree to waive any right of action against any person or institution providing information or opinions in compliance with this authorization. I further agree to absolutely release, discharge and absolve the Delta Police Department, the City of Delta, and their employees, from all claims, losses or damages including indirect or inconsequential, occasioned by me during, or as a result of any investigation for employment, access or volunteering purposes.

Consent to Vulnerable Sector Records Search:

I understand that Employees with the Department are in positions of trust, specific to vulnerable members of the public. As a result, I hereby consent to the Delta Police Department performing a Vulnerable Sector Search of my name in the National Repository for Criminal Records, in order to determine whether I have ever been pardoned for a sex offence. I further consent, if requested, to provide my fingerprints, if required to confirm my identity.

Dated this _____ day of _____, 20_____.

Printed name of Applicant

Applicant Signature

Printed Name of witness (18 yrs +)

Witness Signature

** please note that without a witness signature this consent form is invalid and will be returned as incomplete **

PERSONAL DETAILS

Please print legibly or type. Ensure that all sections are completed. Continue on separate sheet if necessary.

Last Name		First Legal Name		Middle Name
Other/maiden names used				
Address				
City or Town	Province	Postal Code	Contact Number ()	
Email Address		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		Place of Birth (City/Country)
Date of Birth – (Y-M-D)		SIN#		

IMMEDIATE RELATIVES

Spouse/Partner

Current Separated Divorced

(this includes dating/relationship if current)

Name (include legal name and other/maiden names used)	Date of Birth – (Y-M-D)	Contact Number ()
Address (if different than your own)	Occupation	
Employer/City, Province	Work Contact Number ()	

Dependent(s)

If no dependents, please check here:

Name	Date of Birth – (Y-M-D)
Address (if different than your own)	
Name	Date of Birth – (Y-M-D)
Address (if different than your own)	
Name	Date of Birth – (Y-M-D)
Address (if different than your own)	

Parents and Siblings

Name	Date of Birth – (Y-M-D)	Relationship
Address		Contact Number ()
Name	Date of Birth – (Y-M-D)	Relationship
Address		Contact Number ()
Name	Date of Birth – (Y-M-D)	Relationship
Address		Contact Number ()
Name	Date of Birth – (Y-M-D)	Relationship
Address		Contact Number ()
Name	Date of Birth – (Y-M-D)	Relationship
Address		Contact Number ()

RESIDENCES

In chronological order, most recent first, indicate every place you have resided in the last 5 years, including outside of Canada.

From – (Y-M-D)	To – (Y-M-D)	Address
From – (Y-M-D)	To – (Y-M-D)	Address
From – (Y-M-D)	To – (Y-M-D)	Address
From – (Y-M-D)	To – (Y-M-D)	Address
From – (Y-M-D)	To – (Y-M-D)	Address
From – (Y-M-D)	To – (Y-M-D)	Address

ONLINE PRESENCE & SOCIAL MEDIA INFORMATION

To the best of your knowledge/memory, please provide a list of all current and past email addresses, mobile and home phone numbers you are using or have used in the past (not including those on the page 2 of this document).

Additional current email address(es):
Additional current mobile/home number(s):
Past email address(es):
Past mobile/home number(s):

Please list any online aliases below (i.e. social media handles, gaming usernames, online presence etc)

Facebook: _____

Instagram: _____

Twitter: _____

SnapChat: _____

TikTok: _____

Tumblr: _____

Reddit: _____

YouTube: _____

Other (please specify): _____

Other (please specify): _____

Other (please specify): _____

Other (please specify): _____

PLEASE ATTACH COPIES OF ALL THE FOLLOWING DOCUMENTS TO YOUR COMPLETED FORM:

- Proof of Canadian Citizenship/Status.** This can be one of the following:
 - Canadian Birth Certificate
 - Canadian Passport
 - Canadian Citizenship Card
 - Permanent Resident Card
- Social Insurance Number.** This can be one of the following:
 - SIN Card
 - Letter from Service Canada confirming SIN in lieu of card
 - T4 slip with your name/address/SIN
- Driver's License**

If you have questions about the contents or information contained in this package, please contact Human Resources at hr@deltapolice.ca