

(Middle Name)

I hereby declare that I ☐ do / ☐ do not currently face charges under the Criminal Code of Canada or the *Controlled Drugs and Substances Act*, or any statute listed in the Supplementary Code issued by the Ministry to which I am applying.

Have you previously undergone Security Screening for employment purposes by the Government of Alberta?

Yes:	Date of previous security screening: <input type="text"/> <input type="text"/> <input type="text"/> Conducted by which Ministry: <input type="text"/>
<input type="checkbox"/> Level 1	I hereby declare that I <input type="checkbox"/> have / <input type="checkbox"/> have not been convicted of an offence under the Criminal Code of Canada or the <i>Controlled Drugs and Substances Act</i> since my previous security screening.
<input type="checkbox"/> Level 2	I hereby authorize _____ to review the results of my previous security screening. (ministry)
<input type="checkbox"/> No	I hereby authorize _____ to conduct and release the results of a security screening as identified below. (ministry)
	I understand I have options for obtaining and forwarding my own Criminal Records Check and for accessing and reviewing my own information pertaining to the Financial Management Risk Indicator Screening as identified below.

Security Screening to be conducted:

LEVEL 1 – CRIMINAL RECORDS CHECK:

- (Criminal Records Check)

Ministry to initiate and receive the results of Criminal Records Check
(candidate to complete and sign Police Information Check Authorization)

initial

OR

Applicant to secure Criminal Records Check
and forward to Ministry

Initial

LEVEL 2 – ENHANCED SECURITY SCREENING:

- (Criminal Records Check)

Ministry to initiate and receive the results of Criminal Records Check
(candidate to complete and sign Police Information Check Authorization)

initial

OR

Applicant to secure Criminal Records Check
and forward to Ministry

Initial

- Financial Management Risk Indicator Screening

Joint review of Credit Bureau Report by applicant and
Government of Alberta Security Screening Coordinator

initial

OR

Initial independent review of Credit Bureau Report by applicant and subsequent review by Government of Alberta Security Screening Coordinator

initia

These results are to be used only for the purpose of addressing the screening criteria as established in Security Screening Directive as a requirement for the position for which I am being considered. The information from the screening will be provided only to the following who is charged with responsibility of reviewing it only for the purpose of this appointment:

HR Representative Name	Ministry Name	Phone #
		Fax #

The collection and management of the personal information is authorized by, and in accordance with the *Freedom of Information and Protection of Privacy Act*. Questions regarding the management of this information can be directed to the identified HR representative.

Applicant Signature

Date _____

Witness Signature

Date _____

Witness Name _____

Send completed form to: *Security Screening Co-ordinator, Security Services, Solicitor General, 11th Floor, Legislature Annex, 9718 – 107 Street, Edmonton, AB T5K 1E4.*

Please charge to:	Ministry Name:				Business Unit:	
	Amount	Account	Fund	Dept ID/Org		Program
	\$					