

SECTION A – TO MAINTAIN CONFIDENTIALITY THIS PORTION OF THE FORM MUST BE COMPLETED BY THE REQUESTING MANAGER, PRIOR TO THE APPLICANT COMPLETING PAGE 2.

Clearance Requested	Type of Clearance	Check Off, as Required	Requesting Manager's Initials
	Standard Security Clearance (Criminal Records Check - basic level of security clearance for employees/contractors)	<input checked="" type="checkbox"/>	
	Financial Credit History (for positions with financial management authorities)	<input type="checkbox"/>	
	Driver's Records (for driver positions or to resolve driver safety concerns)	<input type="checkbox"/>	

Location	Business Unit Division	Exact (mailing) Location
	700 University Avenue (Corporate Functions)	
	Hydroelectric	
	Fossil	
	Other (Specify)	

Security Clearance Requested By:

I confirm that I have checked the applicant's: Proof of Identity (Birth Certificate, Driver's Licence or Other Official Photo Identification)

_____ Manager's Name (Print)

_____ Manager's Title (Print) / Phone No.

_____ Manager's Signature

SECTION B

Requested By:

For Security Office Use Only - Authorized By:

OPP Request No.	Name	Name	Security Status
	Title	Title	
	Phone No.	Phone No.	
	Fax No.	Fax No.	
	Date of Request (MMM/DD/YYYY)	Date of Request (MMM/DD/YYYY)	

Name of Applicant: (LAST, First) _____

Date of Birth: (MMM/DD/YYYY) _____

SECTION C – TO BE COMPLETED BY APPLICANT

Last Name		First Name (no abbreviations)		Middle Names (no initials)			
Maiden Name		Aliases (if any)			<input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth (MMM/DD/YYYY):		Driver's License No.		OPG Employee No. (if applicable)			
Place of Birth	City/Town/Village						
	Province/State			Country			
Legal Status in Canada	Canadian Birth Certificate Number (attach photocopy)			Canadian Citizenship Number (attach photocopy).			
	Landed Immigrant Number (attach photocopy)		Work Permit Number (attach photocopy)		OPG Employee Number		
Home Addresses for Past 5 Years – (beginning with the most recent; use extra sheet if needed) Please do not leave any gaps for the full five years. Include schooling and unemployment if applicable	Street Address		City/Province/State/Country		From (Month/Year)		To (Month/Year)
Home Postal Code (current)			Home Phone Number (current)				
Occupation	Job Title/Job Applying for			OPG Status: Check One			
				<input type="checkbox"/> Regular Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Student			
HR/OPG Contact	Name		Mailing Address/Location		Phone Number		
Have you ever been convicted of a criminal offence for which you have not been granted a pardon? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, provide details (charge(s), name of police force, city, province/state, country and date of conviction.			
Have you been previously granted a security clearance by OPG Corporate Security? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				If Yes, When? _____ Month Day Year			

Travel History For Past 5 Years – (beginning with most recent; use extra sheet if needed)	Foreign Country & Address Visited		Reason for Visit		From (Month/Year)		To (Month/Year)

OPG CONFIDENTIAL (When Completed)

SECTION D – Please Print in BLOCK CAPITAL LETTERS in black or blue ink only

Work Addresses for Past 5 Years – (beginning with the most recent; use extra sheet if needed) Please do not leave any gaps for the full five years. Include schooling and unemployment if applicable.	Employer Name		Address/City/Province/State/Country		From (Month/Year)		To (Month/Year)	
	Supervisor Name		Job Title		Supervisor Phone No.			
	Employer Name		Address/City/Province/State/Country		From (Month/Year)		To (Month/Year)	
	Supervisor Name		Job Title		Supervisor Phone No.			
	Employer Name		Address/City/Province/State/Country		From (Month/Year)		To (Month/Year)	
	Supervisor Name		Job Title		Supervisor Phone No.			
	Employer Name		Address/City/Province/State/Country		From (Month/Year)		To (Month/Year)	
	Supervisor Name		Job Title		Supervisor Phone No.			
	Employer Name		Address/City/Province/State/Country		From (Month/Year)		To (Month/Year)	
	Supervisor Name		Job Title		Supervisor Phone No.			
	Employer Name		Address/City/Province/State/Country		From (Month/Year)		To (Month/Year)	
	Supervisor Name		Job Title		Supervisor Phone No.			

Education/Qualifications (i.e. Trades Certificate) (Include the last school attended and last diploma or qualification earned)	Name of School		Address		From (Month/Year)		To (Month/Year)	
	Area of Study							
	Student/ID Number					Qualification Earned		

DECLARATION

I hereby consent to the disclosure and subsequent verification of information to OPG by the holder of the information which may include my date of birth, address, country of origin and/or immigrant status, employment history, criminal record conviction for which a pardon has not been granted, records of discharges which have not been removed from the CPIC system in accordance with the *Criminal Records Act*, and records of outstanding criminal charges of which the Ontario Provincial Police is aware, driving record, credit reliability, and/or loyalty to Canada. I understand and hereby authorize that the legal holders of such required information and/or records may release the records and/or information to Ontario Power Generation Corporate Security and that I hereby release and discharge the holders of the information and/or records from claims and demands for damages which may be sustained by myself with respect to OPG as a result of the disclosure of information by the holder to OPG.

(Signed)

Date (MMM/DD/YYYY)

The personal information in this form is being gathered and will be used to assess the named individual's suitability for access to sensitive information, assets, and facilities owned by or entrusted to OPG; or to perform duties for which a security clearance is required by Government Regulations or OPG policy. This information may be disclosed to law enforcement agencies or security agencies. The information will be protected as required by the *OPG Information Security Policy*. For further inquiries, contact the Security Clearance Office at (905) 839-6746, Ext. 4440 or Access 702-4440.

Name of Applicant:
(LAST, First) _____

Phone No.: _____

Date of Birth:
(MMM/DD/YYYY) _____

Email Address: _____