



SECURITY CLEARANCE FORM

OFFICE USE ONLY		
Reference number	Department number	File number

The Privacy Act Statement

The information on this form is required for the purpose of providing a security assessment. It is collected under the authority of subsection 7(1) of the *Financial Administration Act* and the Government Security Policy (GSP) of the Government of Canada and is protected by the provisions of the *Privacy Act* in institutions that are covered by the *Privacy Act*. Its collection is mandatory. A refusal to provide information will lead to a review of whether the person is eligible to hold the position or perform the contract that is associated with this Personnel Screening Request. The information collected by the government institution may be disclosed to the Royal Canadian Mounted Police (RCMP) and the Canadian Security Intelligence Service (CSIS), which conduct the requisite checks and/or investigation in accordance with the GSP and to entities outside the federal government (e.g. credit bureaus). It is used to support decisions on individuals working or applying to work through appointment, assignment or contract, transfers or promotions. It may also be used in the context of updating, or reviewing for cause, the reliability status, security clearance or site access, all of which may lead to a re-assessment of the applicable type of security screening. Information collected by the government institution, and information gathered from the requisite checks and/or investigation, may be used to support decisions, which may lead to discipline and/or termination of employment or contractual agreements. The personal information collected is described in Standard PIB PSU 917 (Personnel Security Screening) which is used by all government agencies, except the Department of National Defence PIB DND/PPE 834 (Personnel Security Investigation File), RCMP PIB CMP PPU 065 (Security/Reliability Screening Records), CSIS PIB SIS PPE 815 (Employee Security), and PWGSC PIB PWGSC PPU 015 (Personnel Clearance and Reliability Records) used for Canadian Industry Personnel. Personal information related to security assessments is also described in the CSIS PIB SIS PPU 005 (Security Assessments/Advice).

Please typewrite or print in block letters.

NOTE: Level I and II must complete sections A to J inclusive and P.  
Level III must complete all sections.

A ADMINISTRATIVE INFORMATION (To be completed by Department/Agency/Organization)		
<input type="checkbox"/> New	<input type="checkbox"/> Upgrade	<input type="checkbox"/> Supplemental
<input type="checkbox"/> Update	<input type="checkbox"/> Transfer	<input type="checkbox"/> Re-activation
Level		<input type="checkbox"/> I (CONFIDENTIAL) <input type="checkbox"/> III (TOP SECRET)
		<input type="checkbox"/> II (SECRET) <input type="checkbox"/> other _____
Department/Agency/Organization	Employee ID number/PRI/Rank and Service number (if applicable)	Organization number

B BIOGRAPHICAL INFORMATION (To be completed by the applicant)		
1. Surname (Last name) <b>Ward</b>	2. Full given names (no initials) underline or circle usual name used <b><u>Jonathan</u> David</b>	3. Family name at birth <b>Ward</b>
4. All other names used (i.e. Nickname) <b>Jon</b>	5. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	6. Date of birth Y M D <b>1 9 8 4 0 8 3 0</b>
7. Place of birth (city) <b>Toronto</b>	Province/State <b>ON</b>	Country <b>Canada</b>
8. Name change (other than marriage) <b>n/a</b>	From	To
9. Place of change (city, province or state, and country)		10. Method (authority)

C SECURITY SCREENING	
1. Have you previously completed a Government of Canada security screening form? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give name of department/agency/organization, and the year and level of clearance. <b>National Research Council Canada</b> Y <b>2 0 0 9</b>

D MARITAL STATUS/COMMON-LAW PARTNERSHIP		
Current status <input type="checkbox"/> Married <input type="checkbox"/> Common-Law Partnership <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Single		
1 A) CURRENT SPOUSE/COMMON-LAW PARTNER: Surname, given names B) Maiden Name (if applicable) C) Present citizenship of current spouse/common-law partner		
D) Date of marriage/common-law partnership Y M D E) City, province or state, and country of marriage/common-law partnership		
F) City, province or state, and country of birth G) Date of birth Y M D		
H) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country) I) If separated, widowed or divorced, specify date Y M D		
J) Name and address of employer (job title)		
2 A) PREVIOUS SPOUSE/COMMON-LAW PARTNER: Surname, given names (cover only the past five years) B) Present citizenship of former spouse/common-law partner		
C) Date of marriage/common-law partnership Y M D D) City, province or state, and country of marriage/common-law partnership		
E) Date of divorce/separation/deceased Y M D F) City, province or state, and country of divorce		
G) Country of Birth (if known) H) Date of birth Y M D		

E IMMEDIATE RELATIVES (including those living outside Canada) (see instructions)	
NOTE: Do not use initials	
1 A) Full name (surname and all given names, including maiden name) <b>Lynne Patrice Ward</b>	
B) Relationship <b>Mother</b>	
C) City, province or state, and country of birth <b>Halifax, Yorkshire, England</b>	
D) Date of birth Y M D <b>1 9 5 2 1 1 0 2</b>	
E) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country) <b>43 Caledon Mountain Dr, Belfountain, Ontario, Canada</b>	
F) Date of death (if applicable) Y M D	
G) Name and address of employer <b>Retired; previously Peel District School Board, 5650 Hurontario</b>	
H) Job title <b>Principal</b>	



PROTECTED (When completed)

Surname and full given names	Date of birth											
Ward, Jonathan David	<div><div>Y</div><div>M</div><div>D</div><div>1</div><div>9</div><div>8</div><div>4</div><div>0</div><div>8</div><div>3</div><div>0</div></div>											

E		IMMEDIATE RELATIVES (continued)												
NOTE: Do not use initials														
2	A) Full name (surname and all given names, including maiden name) David Joel Ward								B) Relationship Father					
	C) City, province or state, and country of birth Thunder Bay, Ontario, Canada								D) Date of birth					
	E) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country) 501-4326 Michener Dr, Red Deer, AB, Canada								F) Date of death (if applicable)					
	G) Name and address of employer Red Deer College, 100 College Boulevard, Red Deer, AB, Canada								H) Job title President and CEO					
3	A) Full name (surname and all given names, including maiden name) Veronica Lynne Ward								B) Relationship Sister					
	C) City, province or state, and country of birth Oakville, Ontario, Canada								D) Date of birth					
	E) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country) 1413-755 Copperpond Blvd SE, Calgary, AB, Canada								F) Date of death (if applicable)					
	G) Name and address of employer Hotel Blackfoot, 5940 Blackfoot Trail SE, Calgary, AB, Canada								H) Job title Social Media Manager					
4	A) Full name (surname and all given names, including maiden name) n/a								B) Relationship					
	C) City, province or state, and country of birth								D) Date of birth					
	E) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country)								F) Date of death (if applicable)					
	G) Name and address of employer								H) Job title					
5	A) Full name (surname and all given names, including maiden name) n/a								B) Relationship					
	C) City, province or state, and country of birth								D) Date of birth					
	E) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country)								F) Date of death (if applicable)					
	G) Name and address of employer								H) Job title					
6	A) Full name (surname and all given names, including maiden name) n/a								B) Relationship					
	C) City, province or state, and country of birth								D) Date of birth					
	E) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country)								F) Date of death (if applicable)					
	G) Name and address of employer								H) Job title					
7	A) Full name (surname and all given names, including maiden name) n/a								B) Relationship					
	C) City, province or state, and country of birth								D) Date of birth					
	E) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country)								F) Date of death (if applicable)					
	G) Name and address of employer								H) Job title					

F														CRIMINAL CONVICTIONS IN AND OUTSIDE OF CANADA (see instructions)											
Have you ever been convicted of a criminal offence for which you have not been granted a pardon?														If yes, give details. (charge(s), name of police force, city, province/state, country and date of conviction)											
<div><div>Yes</div><div>No</div></div>																									
Charge(s)						Name of police force						City													
Province/State						Country						Date of conviction													

G														FOR COMPLETION BY PERSONS BORN OUTSIDE CANADA OR BORN IN CANADA HOLDING DUAL CITIZENSHIP (see instructions)											
1. Date of entry into Canada														2. Present citizenship											
3. If you are a naturalized Canadian, give the certificate number and date of issue														4. If you are not naturalized, have you applied for Canadian citizenship? Please provide copy of Immigrant Visa or Record of Landing documentation											
5. Do you maintain citizenship of a country other than Canada? If yes, please provide the name of the country and explain why.														6. Have you used a passport other than a Canadian one? If yes, explain why.											



Surname and full given names <b>Ward, Jonathan David</b>						Date of birth Y M D 1   9   8   4   0   8   3   0					
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**H RESIDENCE (there should be no gaps)**

List addresses where you have lived during the last 10 years, starting with the most current. (Rural address to include lot and civic number.)

1	Apartment number	Street number	Street name		Civic number (if applicable)	From Y M	To present
	2	499	McLeod St			2   0   1   1   1   0	
	City		Province or state	Postal code	Country	Telephone number	
	Ottawa		ON	K1R 5P9	Canada	( 613 ) 867-3856	
2	Apartment number	Street number	Street name		Civic number (if applicable)	From Y M	To Y M
	912	429	Somerset St West			2   0   1   0   0   9	2   0   1   1   1   0
	City		Province or state	Postal code	Country	Telephone number	
	Ottawa		ON	K2P 2P5	Canada	( 613 ) 897-0537	
3	Apartment number	Street number	Street name		Civic number (if applicable)	From Y M	To Y M
	1110	200	Besserer St			2   0   0   9   0   5	2   0   1   0   0   9
	City		Province or state	Postal code	Country	Telephone number	
	Ottawa		ON	K1N 5Y3	Canada	( 613 ) 897-0537	
4	Apartment number	Street number	Street name		Civic number (if applicable)	From Y M	To Y M
		43	Caledon Mountain Dr			2   0   0   8   0   4	2   0   0   9   0   5
	City		Province or state	Postal code	Country	Telephone number	
	Belfountain		ON	L7K 0G1	Canada	( 519 ) 927-0016	
5	Apartment number	Street number	Street name		Civic number (if applicable)	From Y M	To Y M
	905	199	Kent St			2   0   0   6   0   8	2   0   0   8   0   4
	City		Province or state	Postal code	Country	Telephone number	
	Ottawa		ON	K2P 2M4	Canada	( ) can't recall	

**I EMPLOYMENT (last 10 years) (see instructions for self-employed and consultants) (there should be no gaps)**

Would your employment be jeopardized if your current supervisor, below, is contacted? ☐ Yes ☒ No

If yes, provide the name of an alternate employment contact and telephone number.

Were you dismissed or asked to resign from any position(s) as listed below? ☐ Yes ☒ No

If yes, give name of employer, supervisor, and date.

Name of employer		Supervisor		Position title		Date Y M	
1	A) Name of employer - do not use initials (department/organization/agency, if applicable)			B) From	Y M	To	present
	Canadian Intellectual Property Office			2   0   1   3   0   1			
	C) Job-site address (street number, street name, city, province or state and country)						
	50 Victoria St, Gatineau, QC, Canada						
	D) Job title/Description			E) Rank and service number (if applicable)			
	Head, Digital Strategy			IS-5			
	F) Supervisor's name in full			G) Supervisor's telephone number			
	Naomi Sterling			( 819 ) 994-4776			
2	A) Name of employer - do not use initials (department/organization/agency, if applicable)			B) From	Y M	To	Y M
	Canadian Intellectual Property Office			2   0   1   2   0   5		2   0   1   3   0   1	
	C) Job-site address (street number, street name, city, province or state and country)						
	50 Victoria St, Gatineau, QC, Canada						
	D) Job title/Description			E) Rank and service number (if applicable)			
	A/Head, Electronic Communications			IS-5			
	F) Supervisor's name in full			G) Supervisor's telephone number			
	Josée Simard			( 819 ) 994-6634			
3	A) Name of employer - do not use initials (department/organization/agency, if applicable)			B) From	Y M	To	Y M
	National Research Council Canada			2   0   1   1   1   0		2   0   1   2   0   5	
	C) Job-site address (street number, street name, city, province or state and country)						
	1200 Montreal Rd, Ottawa, ON, Canada						
	D) Job title/Description			E) Rank and service number (if applicable)			
	Media Relations Officer			IS-4			
	F) Supervisor's name in full			G) Supervisor's telephone number			
	Charles Drouin			( 613 ) 990-1572			
4	A) Name of employer - do not use initials (department/organization/agency, if applicable)			B) From	Y M	To	Y M
	National Research Council Canada			2   0   0   9   0   5		2   0   1   1   1   0	
	C) Job-site address (street number, street name, city, province or state and country)						
	1200 Montreal Rd, Ottawa, ON, Canada						
	D) Job title/Description			E) Rank and service number (if applicable)			
	Communications Officer			IS-4			
	F) Supervisor's name in full			G) Supervisor's telephone number			
	Kevin Jonasson			( 613 ) 675-0391			



Surname and full given names	Date of birth
Ward, Jonathan David	Y M D 1 9 8 4 0 8 3 0

<b>J FOREIGN EMPLOYMENT</b>	
1. Are you now or have you <u>ever</u> been employed by or acted as a consultant for a foreign government, firm, or agency?	If yes, give details (country, organization, nature of work and dates) Include military (cadets), law enforcement and security intelligence employment
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	After gradutating university in 2008, I travelled to Sydney, Australia for 7 months. I worked odd service and contract jobs and stayed in short-term housing (hostels & with friends).

SECTIONS "K" TO "O" MUST ALSO BE COMPLETED FOR LEVEL III ONLY

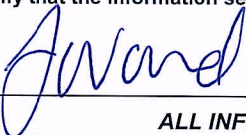
<b>K TRAVEL</b>					
List countries visited within the last five years for personal travel and/or non-Government business, other than Canada, the USA and Mexico.					
Country	Purpose	From		To	
		Y	M	Y	M
Iceland	Family vacation	2 0 1 4	0 4	2 0 1 4	0 4
France	Vacation with friends	2 0 1 4	0 3	2 0 1 4	0 3
The Netherlands	Vacation with friends	2 0 1 3	0 6	2 0 1 3	0 6
Australia	Vacation with girlfriend	2 0 1 3	0 2	2 0 1 3	0 3

<b>L FOREIGN ASSETS</b>	
Do you have any business, financial or personal assets outside Canada?	If yes, list the relevant countries (exclude stocks and mutual funds purchased in Canada)
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<b>M CHARACTER REFERENCES IN CANADA (see instructions)</b>			
List three character references (non-family members) and one neighbourhood reference			
1	Name in full (no initials)	Relationship	Period known
	Kimberly Marie Lochhead	Ex-girlfriend	2010-present
	Complete home address	Telephone Number	
	13 Marjory Ave, Toronto, ON, M4M 2Y2	( 647 ) 454-9404	
	Complete title and business address	Business Telephone Number	
	Writer, Free the Children, 233 Carlton St, Toronto, ON, M5A 2L2, Canada	( 416 ) 964-8942	
2	Name in full (no initials)	Relationship	Period known
	Ian Ford	Friend	1994-present
	Complete home address	Telephone Number	
	1720-360 Pearl St, Burlington, ON, L7R 1E1, Canada	( 289 ) 230-0474	
	Complete title and business address	Business Telephone Number	
	Unemployed, prior Genius at Apple Store, 50 Rideau St, Ottawa, ON, K1N 9J7	( 613 ) 688-5575	
3	Name in full (no initials)	Relationship	Period known
	Erin Mitchell	Friend	2003-present
	Complete home address	Telephone Number	
	55 Drainie Dr, Kanata, ON, K2L 3J7, Canada	( 613 ) 808-4843	
	Complete title and business address	Business Telephone Number	
	Server, Royal Oak Pub, 180 Kent St, Ottawa, ON, K1P 5P3, Canada	( 613 ) 422-8269	
Neighbourhood reference (see instructions)			
	Name in full (no initials)	Telephone Number	
	James Robinson	( 613 ) 237-5304	
	Complete home address	Business Telephone Number	
	1-499 McLeod St, Ottawa, ON, K1R 5P9, Canada	( 613 ) 321-4678	

<b>N EDUCATION</b>			
1. Name of the last school or university you attended full time	2. Student ID number (if known)	3. Location of institution	4. Period of attendance
Carleton University	100611767	Ottawa, ON, Canada	From Y M To Y M 2 0 0 3 0 9 2 0 0 8 0 4
5. Field of study (Diploma or degree obtained)			
Bachelor of Journalism (honours), Economics minor			

<b>O MILITARY SERVICE</b>			
Military service in the Canadian Armed Forces: Regular, Reserves and Sea, Army and Air Cadets (from the period since your 16th birthday).			
1. Name and last location	2. Rank and Service no.	3. Period of service	
		From Y M To Y M	

<b>P CERTIFICATION</b>			
I hereby certify that the information set out by me in this document is true and correct to the best of my knowledge and belief.			
1. Signature	2. Date	3. Telephone (Home)	3. Telephone (Business)
	Y M D 2 0 1 4 1 0 2 0	( 613 ) 867-3856	( 819 ) 934-3600