

WINNIPEG POLICE SERVICE SECURITY CLEARANCE CHECK SERVICES – DIVISION 30

NAME, TELEPHONE NUMBER AND BUSINESS ADDRESS OF EMPLOYER:	NAME & PHONE NUMBER OF CITY CONTACT PERSON IN CHARGE OF THE PROJECT REQUIRING THE SECURITY CLEARANCE CHECKS
NATURE & LOCATION OF WORK BEING DONE FOR WINNIPEG POLICE SERVICE:	
WARNING: ANY FALSE OR INCOMPLETE INFORMATION MAY RESULT IN REJECTION OF THIS APPLICATION INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED	
EMPLOYEE INFORMATION	
LAST NAME:	GIVEN NAMES:
BIRTH NAME OR OTHER NAME(S) USED: (if different from above)	
☐ MALE ☐ FEMALE DATE OF BIRTH:	BIRTH PLACE:
ADDRESS:	M D CITY: PROVINCE:
POSTAL CODE: RESIDENT	<u> </u>
AUTHORIZATION	
I, hereby consent to the Winnipeg Police Service collecting my personal information from any public body, person, employer, or government institution for the purpose of conducting a security check in connection with my contract or association with the Winnipeg Police Service. This authorization, including a copy or facsimile thereof, is my consent to any public body, person, employer or government institution to release true copies of any records containing my personal information to the Winnipeg Police Service. (Security clearance checks expire after a period of one year).	
Signature of Witness	Signature of Applicant
WINNIPEG POLICE SERVICE - FOR OFFICE USE ONLY This personal information will be collected pursuant to The Freedom of Information and Protection of Privacy Act C.C.S.M.cF175 (title, name, phone # of person who) can answer questions about the collection of this information.	
RESULT OF CHECK:	Date
NO POLICE RECORD OF CRIMINAL CONVICTIONS WAS ASSOCIATED TO ANY SUBJECT WITH THE SAME NAME AND DATE OF BIRTH.	
AN OUTSTANDING CRIMINAL CHARGE AWAITING COURT DISPOSITION WAS ASSOCIATED TO A SUBJECT WITH THE SAME NAME AND DATE OF BIRTH.	
A POLICE RECORD OF CRIMINAL CONVICTIONS WAS ASSOCIATED TO A SUBJECT WITH THE SAME NAME AND DATE OF BIRTH.	
PROCESSED BY:	
Clerk WPS#	 Date