



ANNAPOLIS ROYAL POLICE SERVICE

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SECURITY CLEARANCE QUESTIONNAIRE

PLEASE ANSWER EACH QUESTION COMPLETELY AND TO THE BEST OF YOUR ABILITY.

Note: Certain fields throughout the application are formatted to auto-expand, vertically, if necessary. Continue entering text into the field and it will expand, if capable.

APPLICANT INFORMATION

Applicant Surname	Applicant Given Names	Date of Birth (YY-MMM-DD)	Date (YY-MMM-DD)
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NOTICES

Notice Regarding the Collection and Use of Personal Information

The information is collected, protected and managed under the authority of the *Freedom of Information and Protection of Privacy Act*

The **Annapolis Royal Police Service (ARPS)** will maintain custody and control of this information, and this information may be disclosed pursuant to the *Freedom of Information and Protection of Privacy Act*. Under this Act, individuals have the right to access any record in the custody or under the control of a public body, including a record containing personal information about the applicant subject to certain exceptions under this Act.

Notice Regarding Personal and Sensitive Information

Honesty, integrity and lifestyle are areas of a person's life that are closely scrutinized when considering Applicants for the position of Police Constable and Security Clearances. It is important for you to know that the information collected in this Security Clearance Questionnaire (SCQ) and during a background investigation may be extremely personal and sensitive.

Information supplied in this document will be considered in the context of the competition for employment as a Police Constable and if applicable, any future employment or volunteer positions with the ARPS.

Notice Regarding Non-Disclosure and Deceit

The SCQ pertains to your lifestyle and integrity. As the Applicant, you must complete the SCQ for the purpose of employment with the ARPS. It is expected that you will answer all of these questions accurately, completely and honestly. Do not falsify, misrepresent, lie, leave out or intentionally withhold any relevant information. The SCQ cannot possibly cover every integrity issue, if you are not sure whether the information is relevant or not, we encourage you to err on the side of caution and disclose the information.

Please be advised that dishonesty of any type and/or non-disclosure concerning questions in this document, or during any other stage of the recruitment process, will result in disqualifying you from this and any future competitions, or will result in your dismissal if you are employed with the ARPS.

Notice Regarding Pre-Employment Polygraph Interview and Examination

Should you continue in the recruitment process, your answers will be verified by a variety of means including a detailed background investigation and a Pre-Employment Polygraph Interview and Examination. The Pre-Employment Polygraph is used to assist in determining suitability and reliability, and to contribute to the security screening assessment of a ARPS Police Constable Applicant. In this SCQ, you will be asked to make statements about your life. Based on those statements, the polygraph examiner will ask you a series of questions to determine if you have been completely and totally truthful. The polygraph examination could involve any question and/or integrity area within the SCQ.

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Notice Regarding Participating in Prior Serious Criminal Offences and Risk To Safety Of Others

The ARPS strongly discourages any Applicant from applying to be a Police Constable or completing the SCQ or attending the Suitability Interview if you ever have participated in a serious criminal offence.

Examples of serious criminal offences include, but are not limited to:

Examples of serious criminal offences include, but are not limited to:

- Murder and manslaughter;
- Sexual assault;
- Child pornography: (accessing, possession, distribution, or the making of);
- Sexual exploitation, violence, abuse or neglect towards children and/or vulnerable adults;
- Any crime involving children;
- Terrorist activities;
- Arson resulting in loss of life or substantial damage;
- Forcible confinement;
- Robbery;
- Participation with any organized criminal group;
- Benefiting from the trafficking, importing, unlawful manufacturing or unlawful cultivating of illegal drugs; and
- Crime committed with a facial covering and/or a weapon.

You are also advised that such disclosures could lead to incident reports being entered into police databases, which could impact future employment or volunteering opportunities, or other activities that require security screening (e.g. employment with schools, banks, etc.). Such disclosures could also lead to an investigation, arrest, charges, criminal prosecution, conviction, and, ultimately, the imposition of a sentence.

Automatic Disqualifying Behaviours

To apply as a Police Constable, you must not have:

- Any matters pending or before a criminal court;
- Been convicted of a criminal offence for which you have not received a pardon/records suspension;
- Participated – whether you have been arrested and/or charged or not – in any serious criminal behaviour or activity;
- Participated in any criminal behaviour or activity – whether you have been arrested and/or charged or not – within at least three (3) years of the date of application including, but are not limited to, non-medical drug/steroids use, theft, prostitution, solicitation for the purpose of prostitution, assault, and impaired driving;
- Been dishonourably discharged or dismissed, including released for misconduct, from another police, military, or law enforcement organization; and
- Any pending and/or current personal bankruptcies or consumer proposals.

During the application process, you must not:

- Participate in any criminal behavior or activity – whether you have been arrested and/or charged or not – in Canada or abroad; and
- Cheat on any portion of the ARPS application process, including the written exam and using counter-measures during the polygraph examination.

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DECLARATION, ACKNOWLEDGEMENT AND CONSENT

If you have any questions concerning what you have read in the preceding pages, please contact the ARPS to clarify before proceeding any further.

Each of the following declarations must be initialled by you, and forms part of the completed SCQ.

Declaration	Applicant Initials
I, the undersigned, have read and understand the information and notices on pages 1 and 2 of this SCQ.	
I complete this SCQ voluntarily, based on my desire to pursue a career as a ARPS Police Constable.	
I declare that I will provide, in this SCQ, information that is up-to-date, accurate, complete, and honest, to the best of my knowledge and belief.	
I understand that I may amend my answers to any questions in this SCQ at any time prior to the scheduled date of a Polygraph Examination by contacting the ARPS, if required.	
I understand that I do not have to disclose any information in this SCQ that relates to a crime where I was a victim.	
I understand that the information provided in this SCQ may affect my possibilities for any other employment with, or at, the ARPS and/or, where applicable, may affect my current employment with, or work at, the ARPS.	
I understand that if I admit to having committed one or a number of serious criminal offences in this SCQ or during the Recruit Intake Interviews or Polygraph Examination, actions could be taken which could lead to me being arrested, charged, and convicted of a criminal offence and the imposition of a sentence.	
I understand that if, in light of the answers provided in this SCQ, I am deemed to pose a serious risk to the safety of others, actions could be taken which could also lead to an investigation, arrest, charges, criminal prosecution, conviction and, ultimately, imposition of a sentence.	
I understand that if, during the application process, I participate in any criminal behaviour or activity and/or are apprehended, detained or arrested by any peace officer, that I must immediately notify the ARPS.	
I consent to my personal information being collected, used, and disclosed for the purposes identified on pages 1 and 2 of this SCQ.	
I consent to my personal information being used for security screening purposes.	
I have read, and understand, the Automatic Disqualifying Behaviours outlined on page 2 and confirm that none of these apply to me.	

Name of Applicant (Print)

Signature of Applicant

Date (YYYY-MM-DD)

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INSTRUCTIONS FOR COMPLETING THE SECURITY CLEARANCE QUESTIONNAIRE

Please follow the instructions below carefully.

1. You must complete this SCQ if you are applying to be a ARPS Police Constable. Other persons are not permitted to complete this form on your behalf.
2. You must complete this SCQ electronically, hand written answers will not be accepted.
3. All questions must be answered. Incomplete questionnaires will not be processed. If a question is not applicable use "N/A" in the appropriate space.
4. Provide detailed answers for each question. Wherever possible, provide circumstances, locations, dates (including month and year), and why and how the event/incident took place, as applicable. You are under no obligation to provide information about third parties (e.g. individuals other than yourself).
5. Date format should follow YY-MMM [10-JUN].
6. Answers provided must indicate whether any of the incidents or situations you disclose have occurred in Canada or abroad.
7. Unless otherwise instructed, list items in chronological order beginning with the most recent. Leave no gaps in dates.
8. Complete the section titled "Prior Peace Officer Service" if you have prior Peace Officer service (Police, Military Police, Customs, Immigration, Sheriffs, Corrections, Special Constables, Auxiliary Constables, Security, Security Guard, Armoured or Cell Block Guards, Coast Guards, and Fisheries and Oceans Officers, Community Safety Officers).
9. Once completed by you and received by the ARPS, this SCQ will be held in strictest confidence and handled by the ARPS at the security level of "Protected B".
10. Once the completed SCQ is received by the ARPS, it will be reviewed. The ARPS may contact you to seek additional information or to clarify your answers.

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GENERAL

1. Have you ever taken a pre-employment polygraph or criminal polygraph test? ☐ YES ☐ NO

If yes, please provide further details including the circumstances, reason, dates and name of polygraph examiner (if known).

2. What are your thoughts about the value of the polygraph exam with respect to the application process?

3. Have you ever been subject to any of the following by any police officer and/or peace officer?

Checked	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ticketed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Detained	<input type="checkbox"/> Yes <input type="checkbox"/> No
Driven Home	<input type="checkbox"/> Yes <input type="checkbox"/> No	Questioned	<input type="checkbox"/> Yes <input type="checkbox"/> No	Arrested	<input type="checkbox"/> Yes <input type="checkbox"/> No
Apprehended	Yes <input type="checkbox"/> No				

If you answered yes to any of the above, please provide details [when, where & circumstances].

4. Have you ever been charged or convicted of a criminal offence? ☐ YES ☐ NO

If yes, please provide details [when, where & circumstances].

5. Prior to 18 years of age, were you ever checked, questioned, apprehended, and/or arrested by the police or charged with a criminal offence? ☐ YES ☐ NO

If yes, please provide details [when, where & circumstances].

EDUCATION

1. Have you ever cheated on an exam (including any police application exam)? ☐ YES ☐ NO

If yes, please provide details [when, where & circumstances].

2. Have you ever plagiarized an essay or any school work? ☐ YES ☐ NO

Note: Plagiarism is defined as stealing and passing off the ideas or words of another person as one's own without crediting the source.

If yes, please provide details [when, where & circumstances].

3. Have you ever been placed on academic probation, suspended, formally reprimanded or asked to withdraw by an educational institution? ☐ YES ☐ NO

If yes, please provide details [when, where & circumstances].

DRIVING HISTORY

1. Have you ever had your driver's license revoked, suspended, placed on probationary status or received a letter about too many violation tickets? ☐ YES ☐ NO

If yes, please provide details [when, where & circumstances].



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2. Have you ever driven while under suspension, prohibition, or without a license? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Have you ever been refused automobile insurance or have had it cancelled or suspended? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you ever been at fault in any motor vehicle accidents? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Have you ever failed to remain at the scene of an accident - no matter how minor the damage? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Have you ever operated a motor vehicle or vessel (includes all-terrain, motorcycle, snowmobile, boat, etc.) under the influence of alcohol and/or drugs? <i>If yes, please provide details [when, where & circumstances] & what drug did you use?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Within the last 5 years, have you ever operated a motor vehicle or vessel (includes all-terrain, motorcycle, snowmobile, boat, etc.) in an unsafe manner including excessive speed? <u>Note:</u> Excessive speed is defined as driving at a speed greater than 40 km/h over the speed limit. <i>If yes, please provide details [when, where & circumstances]?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Within the last 5 years, have you ever operated a motor vehicle or vessel (includes all-terrain, motorcycle, snowmobile, boat, etc.) in a distracted manner or while using a hand-held electronic device? <u>Note:</u> Use is defined as holding, operating, communicating, sending/receiving messages or email or watching the screen of a hand-held electronic communication device but does not include hands-free communication. <i>If yes, please provide details [when, where & circumstances]?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Do you currently have any outstanding fines? (traffic, parking violations, etc.) <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYMENT HISTORY	
1. Have you held any employment or volunteer work that you have not disclosed? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO



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2. Have you ever held employment under another name? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Have you ever been disciplined (e.g. verbal reprimand, written reprimand, suspended) and/or documented for any improper behaviour at work or at a volunteer position? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you ever had your employment or a volunteer position terminated, or have you been fired, dismissed, or been asked to resign from a job for any reason? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Have you ever been involved in a workplace conflict that required human resource section staff and/or a supervisor's involvement? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Have you ever been the subject of complaint or respondent of a workplace harassment complaint? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Has anyone ever accused you of a workplace harassment complaint? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Have you worked while on employment insurance or welfare and not reported your full earnings? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Have you ever booked off sick from work when you have not been sick? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Have you ever kept, removed, duplicated, accessed without authorization and/or deleted any information, in any format, that you were under a legal, professional, work or moral obligation to safeguard? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Have you ever disclosed confidential work information with someone who was unauthorized to have and/or access that information? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO



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12. Have you ever been accused of dishonesty at work or lied to a supervisor about a job related matter? (including volunteer positions) ☐ YES ☐ NO

If yes, please provide details [when, where & circumstances].

HEALTH

1. Do you have any physical or mental health disorders that you have not already disclosed in the ARPS application? ☐ YES ☐ NO

If yes, please provide details.

2. Are you currently taking or supposed to be taking any medication that you have not already disclosed in the ARPS application? ☐ YES ☐ NO

If yes, please provide details.

3. Have you ever deliberately concealed any medical problems you have, have had or may have had? ☐ YES ☐ NO

If yes, please provide details.

DRUG AND ALCOHOL USE AND HISTORY

Have you ever used, thought you were using, attempted to use or experimented with any form of illegal drug, or controlled drug or substance such as but not limited to the following: ("use" includes sniffed, snorted, smoked, ingested, inhaled, injected and/or transdermal application)

Drug/Substance	Yes / No	# of Times	When (YY-MMM)
Cocaine, Crack	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Ecstasy (MDMA, Molly)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Hash, Hash Oil	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Heroin, Opium	<input type="checkbox"/> YES <input type="checkbox"/> NO		
LSD/Acid	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Crystal Meth, Methamphetamine	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Magic Mushrooms (Psilocybin)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
PCP	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Speed	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Designer Drugs	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Steroids, Performance Enhancing Drugs (PEDS)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
GHB, Rohypnol, Roofies, or Other Date Rape Drugs	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Fentanyl	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Ketamine	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Khat	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Mescaline (Peyote)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Oxycodone	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Spice	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Bath Salts	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Dextromethorphan (DXM)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Other:	<input type="checkbox"/> YES <input type="checkbox"/> NO		



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1. Have you ever used, misused and/or abused any other substances that you may not have believed to be controlled and/or regulated substances (e.g. solvents, inhalants, gasoline, glue, propane)? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. When did you last use an illegal drug? <i>What were the circumstances [when, where] & what type of drug(s) did you use?</i>	<input type="checkbox"/> N/A
3. Have you ever purchased illegal drugs? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you ever sold illegal drugs? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Have you ever grown, manufactured, imported, delivered and/or transported illegal drugs? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Do you know anyone who has ever sold, grown, manufactured, imported, or transported illegal drugs? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Have you ever possessed, held, or stored any illegal drugs or controlled substances? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Have you ever given anyone any drugs (legal and/or illegal) or controlled substances without their knowledge or by threat? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Have you ever remained at a party or gathering where illegal drugs, narcotics or controlled substances were being used? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. When is the last time you have remained in the presence of others when they were using illegal drugs in your presence? <i>Please provide details [when, where & circumstances].</i>	<input type="checkbox"/> N/A



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11. Have you ever allowed someone to use illegal drugs at your residence or in your vehicle? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Have you ever used or sold steroids and or performance enhancing drugs? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
13. Have you ever misused prescription drugs? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
14. Have you ever misused non-prescription drugs? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
15. Have you ever worked while under the influence of drugs or alcohol? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
16. Have you ever purchased alcohol with a fake id, purchased alcohol for minors or given alcohol to minors? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
17. Have you ever been charged for an offence involving the consumption, transportation, or distribution of alcohol? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
18. Have ever been asked to leave (ejected, kicked out) from a licensed liquor establishment (e.g. bar, pub, nightclub, restaurant)? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
VIOLENCE	
1. Have you ever stalked (repeatedly followed, communicated with, or watched) any person against their wishes or without their knowledge, including online/virtually? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Have you ever harassed (physically or verbally) any person, including online/virtually? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO



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3. Have you ever threatened or intimidated anyone over the internet or by using any other electronic method of communication (including texting)? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you ever engaged in any act of violence (e.g. slapping, kicking, pushing, punching, restraining, abducting) against a member of your family or household or with anyone that you are or were in a relationship with? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Have you ever engaged in any act of violence (e.g. slapping, kicking, pushing, punching, restraining, abducting) against a person (including children)? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Have you ever engaged in cruelty to any animal that resulted in harm, injury or death? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Have you ever contributed in any way to the death of another person? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
WEAPONS	
1. Have you ever used a firearm, knife, club, weapon or any object (e.g. tools), physical force, threat, or intimidation in order to steal or take property from another person? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Have you ever unlawfully possessed any unregistered firearm or illegal weapon (e.g. explosive, firearm, short-barrelled firearm, armour piercing ammunition, silencer, knife, brass knuckles, or chemical dispensing device)? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Have you ever unlawfully carried or concealed a firearm, knife, club, or any other weapons? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you ever been refused a firearm permit or had a permit revoked? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Do you currently possess any firearms? <i>If yes, please provide details [description of firearm(s), how many].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO



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SEX OFFENCES

1. Have you ever had sex with someone against their will, without their knowledge, or without their consent (including with a person unable to give permission due to a medical condition, mental health issue, under the influence of alcohol or drugs, sleeping, or any other reason)? ☐ YES ☐ NO

If yes, please provide details [when, where & circumstances].

2. Have you ever engaged in any incestuous act (e.g. sexual intercourse with another person, knowing that the other person is by blood relationship: your parent; child; brother; half-brother; sister; half-sister; grandparent; or grandchild)? ☐ YES ☐ NO

If yes, please provide details [when, where & circumstances].

3. Have you ever accessed, viewed, possessed, downloaded, uploaded, distributed, or engaged in the making of any child pornography? ☐ YES ☐ NO

If yes, please provide details [when, where & circumstances].

4. Have you ever had sexual contact with a child or underage person or anyone purported to be a child or underage person, including any online/virtual contact? ☐ YES ☐ NO

If yes, please provide details [when, where & circumstances].

5. Have you ever exposed your genital organs or committed an indecent act in public? ☐ YES ☐ NO

If yes, please provide details [when, where & circumstances].

6. Have you ever participated in any manner, in any type of commercial sexual activity or exchange of sexual acts for money including online/virtual contact (e.g. prostitution, escort services, massage parlours, lap dances, internet sex chat rooms)? ☐ YES ☐ NO

If yes, please provide details [when, where & circumstances].

7. Have you ever traveled outside Canada for the purpose of engaging in sexual activity with a minor (e.g. sexual tourism)? ☐ YES ☐ NO

If yes, please provide details [when, where & circumstances].

8. Have you ever communicated with a minor to persuade and/or lure them into pursuing activities of a sexual nature, including online/virtual contact? ☐ YES ☐ NO

If yes, please provide details [when, where & circumstances].



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2. Have you ever been a member of, affiliated with, or financed a group or organization that advocates hate, violence, racism, terrorism, illegal activities, or the overthrowing of a government or belonged to an online group that supports any such group or organization? ☐ YES ☐ NO

If yes, please provide details [when, where & circumstances].

3. Do you currently associate with, or have you in the past associated with, individuals or groups who are engaged in criminal activity? ☐ YES ☐ NO

If yes, please provide details [when, where & circumstances].

4. Have you ever visited a "clubhouse", residence, or other places used by a gang or persons involved in criminal activity? ☐ YES ☐ NO

If yes, please provide details [when, where & circumstances].

THEFT OR FRAUD

1. Have you ever illegally entered a building, vehicle, or house in order to take cash, property, or merchandise; or with the intent of committing any other criminal act? ☐ YES ☐ NO

If yes, please provide details [when, where & circumstances].

2. Have you ever engaged in fraud (wrongful or criminal deception intended to result in financial or personal gain) either by written or electronic means (documents, contracts, false claims, money, credit cards, cheques, workers compensation, employment insurance, insurance fraud, etc.)? ☐ YES ☐ NO

If yes, please provide details [when, where & circumstances].

3. Have you ever told a lie or misrepresented of any act, while under oath, or on a sworn or notarized document? ☐ YES ☐ NO

If yes, please provide details [when, where & circumstances].

4. Have you ever bribed or attempted to bribe anyone? ☐ YES ☐ NO

If yes, please provide details [when, where & circumstances].

5. Have you ever filed an inaccurate tax return? (did not declare all income, padded expenses, etc.) ☐ YES ☐ NO

If yes, please provide details [when, where & circumstances].

6. Have you ever stolen anything? ☐ YES ☐ NO

If yes, please provide details [when, where & circumstances including whether or not you still have the property].



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7. Have you ever committed a theft from any of your employers? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Have you ever knowingly purchased or possessed stolen property? <i>If yes, please provide details [when, where & circumstances including whether or not you still have the property].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Have you ever knowingly had possession of anything obtained through the commission of any offence? <i>If yes, please provide details [when, where & circumstances including whether or not you still have the property].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Have you ever reproduced, obtained, shared, sold, uploaded or downloaded pirated copyrighted materials (e.g. music, movies, files, books, education text books) without permission from the copyright holder and/or without paying? <u>Note:</u> Pirated is defined as the unauthorized reproduction or use of copyrighted materials. <i>If yes, please provide details [when, where & circumstances]?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER CRIMINAL OFFENCES (INVOLVEMENT WITH LAW ENFORCEMENT OR JUDICIAL SYSTEM)	
1. Have you ever lied and/or filed a false report (written or verbal) to a peace officer or other government official (e.g. police officer, Canada border services officer, U.S. customs and immigration, conservation officer, Canada revenue agency)? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Have you ever impersonated, or misrepresented yourself to a peace officer or other governmental official (e.g. police officer, Canada border services officer, U.S. customs and immigration, conservation officer, Canada revenue agency)? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Have you ever been interviewed, questioned or contacted as a witness, complainant, suspect or accused, or have you been investigated by any law enforcement agency? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you ever engaged in obstructing, evading, resisting or interfering with any peace officer engaged in an investigation, making an arrest or detention of any person, including yourself? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Are you now, or have you ever been, involved in any civil or criminal litigation (including lawsuits)? <i>If yes, please provide details [when, where & circumstances including whether or not you still have the property].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO



Applicant Surname:

Security Clearance Questionnaire

OTHER ACTIVITY

1. Have you ever accessed, or attempted to gain access to the darkweb or have you ever accessed or attempted to gain access to, a terrorist website, chat room or other material? ☐ YES ☐ NO

Note: The darkweb is defined as the part of the world wide web that is only accessible by means of special software, allowing users and website operators to remain anonymous or untraceable.

If yes, please provide details [when, where & circumstances].

2. Were you ever present when a serious crime was being committed (being victim of the crime does not apply)? ☐ YES ☐ NO

If yes, please provide details [when, where & circumstances].

3. Have you ever participated in any type of smuggling (e.g. humans, cigarettes, drugs, weapons, prohibited products from other countries)? ☐ YES ☐ NO

If yes, please provide details [when, where & circumstances].

4. Have you ever been subjected to, or do you feel you might have engaged in, any activities for which you could be subjected to blackmail, or coercion? ☐ YES ☐ NO

If yes, please provide details [when, where & circumstances].

5. Have you participated in intentionally damaging someone else's property? ☐ YES ☐ NO

If yes, please provide details [when, where & circumstances].

6. Have you ever falsified, exaggerated, or lied about an insurance claim of any kind? ☐ YES ☐ NO

If yes, please provide details [when, where & circumstances].

PRIOR PEACE OFFICER SERVICE

Complete The Following Only If You Have Prior Peace Officer Service

A peace officer includes the following:

Police, military police, customs, immigration, sheriffs, corrections, special constables, auxiliary constables, security, security guard, armoured or cell block guards, coast guards, and fisheries and oceans officers, Community Safety Officers.

1. Do you have prior peace officer services? ☐ YES ☐ NO

Note: If you do not have prior peace officer service, proceed to the next section - **CONCLUSION**.

If yes, please provide details [when, where & circumstances].

2. Have you ever used illegal drugs, or controlled substances, while on or off duty? ☐ YES ☐ NO

If yes, please provide details [when, where & circumstances].



Applicant Surname:

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3. Have you ever done anything, or witnessed a fellow co-worker do anything, other than actions authorized as part of your duties, that you do not want people to know about or that were illegal? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you ever contravened workforce policy (e.g. mishandled evidence/exhibits, accepted a kickback, permitted unauthorized people in cars and/or buildings, falsified reports, and accessed systems without authorizations) during your duties for personal use and/or benefit? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Have you ever used or been investigated for using unnecessary force on any person? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Have you ever used your position as a peace officer to obtain preferential treatment, and/or any benefit that you would not have received if you were not a peace officer? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Have you ever disclosed confidential work information to someone who was unauthorized to have and/or access that information? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Are you currently the subject of an internal or external investigation? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Have you ever been formally investigated for any situations while working or volunteering in a peace officer environment? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
CONCLUSION	
1. Have you participated in any unlawful acts that you have not already disclosed to us? <i>If yes, please provide details [when, where & circumstances].</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Are you aware of any reasons that may disqualify you as a potential police constable? <i>If yes, please provide details.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO



Applicant Surname:

Security Clearance Questionnaire

3. A background check is part of the selection process. It involves a detailed and thorough investigation of your history. ☐ YES ☐ NO

Is there any information you wish to add or disclose that you feel the ARPS should be aware of at this time?

If yes, please provide details [when, where & circumstances].

[END OF QUESTIONNAIRE]