

DND Personal Data Verification

Applicant Name:	E-mail Address:
Primary Phone Number:	Secondary Phone Number:

To ensure accuracy you must either fill this form electronically, or print in clear CAPITAL letters.

All sections of this form must be completed in their entirety.

It is the responsibility of the Department of National Defence to screen all potential employees to determine their suitability and reliability. The Canadian Forces or their agents may contact the references that you provide, as well as other individuals who may be suggested to check on your background, personal and professional relationships, as well as your work ethic. The reference checks, conducted through phone calls, are methods of confirming that you can be expected to be reliable and trustworthy in the performance of your duties and in the protection of the assets and interests of the Department of National Defence and its personnel.

Complete the enclosed forms and be sure to include all the necessary information. The information obtained from your previous employers, references and educational institutions is an important part of the process. It is imperative that you provide detailed and accurate information.

Here a checklist that can help you when you are completing the reliability screening forms:

- ☐ Contact your references first to ask for permission to use them and make sure they are aware that they will be contacted by either the Department of National Defence or their agents.
- ☐ Do not list anyone you do NOT want called.
- ☐ Check the phone numbers for your references. Ensure they are valid and that your references can be easily reached. Ensure to request both a daytime and evening phone number, at which they can be contacted. Your references will be contacted shortly after your forms are submitted.
- ☐ Selecting your References:

Your references must have **known you for at least five (5) continuous years** (or to age 16, whichever comes first). It is advisable to choose references who can provide information about you from a variety of different perspectives. These people must be able to tell the interviewer about your personal character.

- **Professional References:** These persons are former supervisors, managers or your direct report to.
 - **Educational References:** These persons are former or current teachers, professors or coaches who will attest to how quickly you learn and how diligent you are/ were as a student.
 - **Personal References:** These persons can be a minister, clergyman, priest, coach, doctor, dentist etc.
- ☐ Copies of identification must be included with your completed forms. Ensure that the copies you provide are clear and readable.
 - ☐ Enclose a copy of your latest educational diploma and certificates, as some schools require this information for verification purposes.
 - ☐ Please include a copy of your resume (if you have one).
 - ☐ Please include the phone numbers of all your employers (main phone# or HR dept) that you have listed on your resume.

Biographical Information

The **Department of National Defence** or its agents will conduct background inquiries in connection with your application for employment with the **Department of National Defence**.

Personal Identification information:

The following information will be used for identification (ID) purposes allowing for accurate background and reliability checks. The **Department of National Defence** and their agents will hold all personal identification information confidential and will only release information to third parties as necessary for the completion of background checks and security clearance reports.

Surname (last name):	Full given names (no initials):	Name commonly used:
All other names used (i.e. Nicknames):		Family name at birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth: (yyyy/mm/dd)	Place of birth:

Have you resided in Canada continuously during the past five (5) years?

☐ Yes ☐ No

Address History

Provide address history for the past five (5) years, starting with the most current – do NOT leave gaps (use additional paper if required).

1	Apt #:	Street #:	Street name:	Civic number: (if applicable)	From: (yyyy/mm/dd)	To: Present
	City:		Province / State:	Postal Code:	Country:	
2	Apt #:	Street #:	Street name:	Civic number: (if applicable)	From: (yyyy/mm/dd)	To: (yyyy/mm/dd)
	City:		Province / State:	Postal Code:	Country:	
3	Apt #:	Street #:	Street name:	Civic number: (if applicable)	From: (yyyy/mm/dd)	To: (yyyy/mm/dd)
	City:		Province / State:	Postal Code:	Country:	

Academic Training

Verification of your previous and / or current education will be made. List your education history, starting with the highest level achieved.

	Diploma / Degree	Year	Institution
1			
2			
3			
4			

Employment History

Provide employment history for the past five (5) years. Work history verifications will be made regarding your current and / or past employment. These verifications will include some or all of the following components relating to your employment experience :job description, dates of employment, position(s) held, rate of pay, subjective or objective opinions of my job performance, reputation and character, reasons for departure of past employment and/or eligibility for rehiring).

1	Name of company:	Position you held:	Name of contact:	Contacts telephone #:	Contacts e-mail address:
	Start date: (yyyy/mm/dd)	End date: (yyyy/mm/dd)	Reason for leaving:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Name of company:	Position you held:	Name of contact:	Contacts telephone #:	Contacts e-mail address:
	Start date: (yyyy/mm/dd)	End date: (yyyy/mm/dd)	Reason for leaving:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Name of company:	Position you held:	Name of contact:	Contacts telephone #:	Contacts e-mail address:
	Start date: (yyyy/mm/dd)	End date: (yyyy/mm/dd)	Reason for leaving:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Name of company:	Position you held:	Name of contact:	Contacts telephone #:	Contacts e-mail address:
	Start date: (yyyy/mm/dd)	End date: (yyyy/mm/dd)	Reason for leaving:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Professional References

Provide the following information for four (4) references whom we can contact. Reference checks will be made and some of all of the following information will be confirmed: your honesty, reliability and maturity; your performance under stress; your ability to get along with supervisors and co-workers; your personal strengths and weaknesses.

1	Name of Reference:	Company / Institution:	Title / Position:	Daytime telephone #:	Evening telephone #:
	How long known?	Relationship to applicant:		References e-mail address:	
2	Name of Reference:	Company / Institution:	Title / Position:	Daytime telephone #:	Evening telephone #:
	How long known?	Relationship to applicant:		References e-mail address:	
3	Name of Reference:	Company / Institution:	Title / Position:	Daytime telephone #:	Evening telephone #:
	How long known?	Relationship to applicant:		References e-mail address:	
4	Name of Reference:	Company / Institution:	Title / Position:	Daytime telephone #:	Evening telephone #:
	How long known?	Relationship to applicant:		References e-mail address:	