Notice and Guidelines

IMPORTANT NOTICE

To obtain a security accreditation, you and your company (if external supplier) must be investigated to verify that you meet the SPVM's security and integrity criteria.

If any information is missing, or if any field is illegible or incomplete, the documents will be returned to you and the investigation will be suspended.

In this form, the use of the masculine pronoun is used only to lighten the text.

GENERAL INSTRUCTIONS

- **Please fill out the form on a computer.** If it is impossible, please write in block and legible letters.
- Complete the fields and answer all questions accurately, completely and honestly.
- The "Validate form" button at the end of the form verifies that the mandatory fields are correctly completed and, if necessary, displays the list of incomplete fields.
- **Provide the following documents**:
  - A copy of your passport or birth certificate (not necessary for police officers and civilians who are active in the SPVM).
  - If you were not born in Canada, please attach a photocopy of an official document proving your immigration status (include a photocopy of the back of the document - not necessary for police officers and civilians who are active in the SPVM).
  - A legible colour photocopy of your driver's licence (image mode, 100%). If a driver's licence is not available, include a photocopy of another piece of photo identification.
  - If you are not a resident of Canada, please attach a certificate of good conduct or a criminal background check, issued within the last 12 months by the authorities of your place of residence.
- The completed form and requested documents must be emailed to sspo.controleur@spvm.qc.ca.
- You must be available for telephone interviews with an interviewer.
- If necessary, you may direct any questions related to this form to: sspo.controleur@spvm.qc.ca.

PAGES 3 AND 4

FAMILY AND IN-LAWS

The categories of persons meeting this criteria are:

- All persons living at YOUR address, including a spouse or intimate partner, roommate(s), children (yours and/or those of your spouse or intimate partner), other.
- Your family: children, father, mother, brothers, sisters, half-brothers, half-sisters, and their respective spouses/intimate partners, including the deceased. Please include any step-siblings.
- The family of your spouse or intimate partner (in-laws), even if they don't live with you: father, mother, brothers, sisters including their significant others. Please include the deceased.
- Your intimate partner, even if he/she does not live with you.
- The father or mother of your children (if different from your current spouse or intimate partner).
- Your ex-spouse or ex-intimate partner, if the separation was dated less than two years ago.

Addresses: make sure to enter complete addresses, including the postal code.

Child: indicate children only 12 years of age and older.

Deceased: you must mention this information and use the "address" field to enter this status and the date of death. You must also enter their date of birth in the appropriate field.

Persons living abroad must also be mentioned.

PREVIOUS ADDRESSES: Please enter your addresses from the last five (5) years, as well as those of your second home(s) or other properties, if you or your spouse/partner own them. Specify whether you are a tenant or a landlord.

PAGE 5

ASSOCIATES / FRIENDS (write the names of 3 people)

- Someone you consider to be a friend, with whom you have a friendly relationship and who has known you well on a personal level, for at least 5 years.

  We exceptionally accept work colleagues, provided they meet the criteria mentioned above.

SPVM

SECURITY INVESTIGATION
Authorization and consent

PERSON UNDER INVESTIGATION		
LAST NAME (INCLUDE YOUR BADGE NUMBER IF YOU ARE A POLICE OFFICER)		
FIRST NAME		
DATE OF BIRTH (yyyy-mm-dd)		
ADDRESS (NUMBER / STREET)	CITY	ZIP CODE

COMPANY (SERVICE PROVIDER) (If you are an employee or future employee of *la Ville de Montréal, write Ville de Montréal)*	
NAME OF THE COMPANY	
ENTERPRISE REGISTRATION NUMBER (ERN) WITH THE REGISTRAIRE DES ENTREPRISES DU QUÉBEC	
ADDRESS (NUMBER / STREET)	
CITY	ZIP CODE

For the purposes of the security accreditation investigation, I consent to the SPVM in checking my criminal history, and other privileged information in all databases accessible to law enforcement.

In addition, as president, vice-president, member of the board of directors, majority shareholder, partner or any other officiate of the company (service provider) identified above, I authorize and grant consent to the SPVM to conduct background checks and verify any other pertinent information related to this company.

I also authorize the SPVM to verify or use the following information for the purposes of an administrative investigation and to communicate it, if necessary, to any person, public or private body, or any other police force whose assistance may be necessary to validate or complete it. Furthermore, I authorize any person, public or private body, or any other police force to communicate to the SPVM any personal information concerning me or related to the service provider company identified above, which they deem useful to transmit, to complete my security and integrity investigation as well as that of the company (service provider) identified above. I agree that this information will include the following topics:

- employment records with my current and former employers (performance evaluation form, professional skills and achievements, etc.) including any disciplinary or ethical records with a professional order or any other organization;
- records relating to service in the military or police, including complaints, disciplinary petitions and results;
- medical, psychological or psychiatric information;
- financial information, and that of the business (service provider) identified above, including any verification with a credit bureau, Revenu Québec, Revenue Canada or the municipality of my principal and secondary residence;
- information from the Canada Border Services Agency (CBSA) and Citizenship and Immigration Canada (CIC);
- verification of my driving record;
- verification of character and professional references;
- any other information deemed relevant to my security and integrity investigation, or related to the company (service provider) identified above.

Moreover, I consent to the *Service de police de la Ville de Montréal* in exercising the right to communicate any information concerning me, or related to the company (service provider) identified above, requested by the Office of the Inspector General of the *Ville de Montréal* if such information is necessary for the application of the *Act respecting the Inspector General of Ville de Montréal*.

Finally, I authorize the SPVM to disclose any information concerning me to the *Bureau des enquêtes indépendants* (BEI) as part of the administrative inquiry. Consequently, I authorize the BEI to communicate to the SPVM any information concerning myself, if applicable.

I waive any recourse, claim or complaint against the SPVM and the *Ville de Montréal*, their officers, agents, and employees, as well as any person or organization that will cooperate with them, in regards to the collection or communication of some or all of this information. This waiver is also valid with respect to the content revealed from this security clearance investigation.

This consent is valid for a period of three (3) years from the date of signature.

SIGNATURE OF CANDIDATE

DATE (yyyy-mm-dd)

PROTECTION OF PERSONAL INFORMATION
The personal information provided in this form is protected under the provisions of the *Act respecting Access to documents held by public bodies and the Protection of personal information*.

PERSON SUBJECTED TO SECURITY CLEARANCE

LAST NAME (INCLUDE YOUR BADGE NUMBER IF YOU ARE A POLICE OFFICER)				FIRST NAME
GENDER	DATE OF BIRTH (yyyy-mm-dd)	SOCIAL INSURANCE NUMBER	DRIVER'S LICENCE NUMBER	PERSONAL EMAIL

CURRENT ADDRESS (NUMBER / STREET / APARTMENT / CITY / PROVINCE / ZIP CODE)	PHONE (main)	TELEPHONE (secondary)	TELEPHONE (work)
	Choisir	Choisir	Choisir

CIVIL STATUS
☐ SINGLE ☐ COMMON-LAW PARTNER ☐ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWER

COMPANY (INDICATE THE NAME AND ENTERPRISE NUMBER OF YOUR COMPANY IF YOU HAVE ONE)

INFORMATION ABOUT YOUR FAMILY AND IN-LAWS
SEE THE "GUIDELINES AND NOTICES" DOCUMENT FOR A DESCRIPTION OF THE INDIVIDUALS WHO MUST BE INCLUDED IN THIS LIST.

LAST NAME	FIRST NAME	ADDRESS (NUMBER / STREET / APARTMENT / CITY / PROVINCE / ZIP CODE)	GENDER	RELATION	DATE OF BIRTH (yyyy-mm-dd)	PHONE NUMBER
						Choisir
						Choisir
						Choisir
						Choisir
						Choisir
						Choisir
						Choisir
						Choisir
						Choisir
						Choisir
						Choisir
						Choisir
						Choisir
						Choisir

INDICATE BELOW ALL THE ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST FIVE (5) YEARS INCLUDING SECONDARY RESIDENCES OR OTHER PROPERTIES LOCATED IN QUEBEC AND ELSEWHERE IN THE WORLD.

(FROM) YEAR / MONTH	(TO) YEAR / MONTH	ADDRESS (NUMBER / STREET / APARTMENT / CITY / PROVINCE / COUNTRY / POSTAL CODE)	OWNER / TENANT
		CURRENT ADDRESS	Choisir
			Choisir
			Choisir
			Choisir
			Choisir

PERSON SUBJECTED TO SECURITY CLEARANCE

LAST NAME (INCLUDE YOUR BADGE NUMBER IF YOU ARE A POLICE OFFICER)	FIRST NAME

INFORMATION ABOUT YOUR FAMILY AND IN-LAWS

SEE THE "NOTICE AND GUIDELINES" DOCUMENT FOR A DESCRIPTION OF THE INDIVIDUALS WHO MUST BE INCLUDED IN THIS LIST.

LAST NAME	FIRST NAME	ADDRESS (NUMBER / STREET / APARTMENT / CITY / PROVINCE / ZIP CODE)	GENDER	RELATION	DATE OF BIRTH (yyyy-mm-dd)	PHONE NUMBER
						Choisir
						Choisir
						Choisir
						Choisir
						Choisir
						Choisir
						Choisir
						Choisir
						Choisir
						Choisir
						Choisir
						Choisir
						Choisir
						Choisir
						Choisir
						Choisir
						Choisir
						Choisir
						Choisir
						Choisir
						Choisir
						Choisir
						Choisir

PLACE OF BIRTH		
CITY	PROVINCE	COUNTRY

STATUS	
☐ CANADIAN CITIZENSHIP SINCE (yyyy-mm-dd)	☐ PERMANENT RESIDENT SINCE (yyyy-mm-dd)
☐ OTHER SINCE (yyyy-mm-dd)	EXPLAIN

COMPANY / FRIENDS (write the names of 3 people)

SEE THE "NOTICE AND GUIDELINES" DOCUMENT FOR A DESCRIPTION OF THE INDIVIDUALS WHO MUST BE INCLUDED IN THIS LIST.

1	LAST NAME / FIRST NAME			DATE OF BIRTH (yyyy-mm-dd)
	FULL ADDRESS			
	OCCUPATION	MAIN PHONE Choisir	SECONDARY PHONE Choisir	
	EMAIL	RELATIONSHIP	KNOWN SINCE:	
2	LAST NAME / FIRST NAME			DATE OF BIRTH (yyyy-mm-dd)
	FULL ADDRESS			
	OCCUPATION	MAIN PHONE Choisir	OCCUPATION Choisir	
	EMAIL	RELATIONSHIP	KNOWN SINCE:	
3	LAST NAME / FIRST NAME			DATE OF BIRTH (yyyy-mm-dd)
	FULL ADDRESS			
	OCCUPATION	MAIN PHONE Choisir	OCCUPATION Choisir	
	EMAIL	RELATIONSHIP	KNOWN SINCE:	

POLICE INVESTIGATION

HAVE YOU EVER BEEN THE SUBJECT OF A POLICE INVESTIGATION OR A PRE-EMPLOYMENT INVESTIGATION BY ANOTHER POLICE FORCE?
☐ NO ☐ YES IF YES, SPECIFY EACH CASE:

NATURE OF THE INVESTIGATION	YEAR	PROVINCE	POLICE FORCE INVOLVED	COUNTRY	RESULT
NATURE OF THE INVESTIGATION	YEAR	PROVINCE	POLICE FORCE INVOLVED	COUNTRY	RESULT
NATURE OF THE INVESTIGATION	YEAR	PROVINCE	POLICE FORCE INVOLVED	COUNTRY	RESULT
NATURE OF THE INVESTIGATION	YEAR	PROVINCE	POLICE FORCE INVOLVED	COUNTRY	RESULT
NATURE OF THE INVESTIGATION	YEAR	PROVINCE	POLICE FORCE INVOLVED	COUNTRY	RESULT

CRIMINAL RECORD

HAVE YOU EVER BEEN CONVICTED OR PLEADED GUILTY FOLLOWING THE COMMISSION OF A CRIMINAL OFFENCE?

☐ NO ☐ YES IF YES, SPECIFY EACH CASE:

NATURE OF THE OFFENCE	YEAR	PROVINCE	JUDICIAL DISTRICT	COUNTRY	SENTENCE
NATURE OF THE OFFENCE	YEAR	PROVINCE	JUDICIAL DISTRICT	COUNTRY	SENTENCE
NATURE OF THE OFFENCE	YEAR	PROVINCE	JUDICIAL DISTRICT	COUNTRY	SENTENCE

PLEASE INDICATE ALL LOCATIONS WHERE YOU HAVE WORKED IN THE PAST 5 YEARS AND PROVIDE EMPLOYER DETAILS, STARTING WITH YOUR CURRENT EMPLOYER. PLEASE PROVIDE THE INFORMATION ON AN ADDITIONAL PAGE, SHOULD MORE SPACE BE REQUIRED.

CURRENT EMPLOYER	
COMPANY NAME	PHONE NUMBER
COMPANY ADDRESS	
PROFESSION	DATE OF START OF EMPLOYMENT (yyyy-mm-dd)
NAME OF IMMEDIATE SUPERVISOR / POSITION HELD	TELEPHONE NUMBER OF SUPERVISOR

PREVIOUS EMPLOYER (FROM MOST RECENT)		
COMPANY NAME		PHONE NUMBER
COMPANY ADDRESS	PROFESSION	
REASON FOR DEPARTURE	DATE OF START OF EMPLOYMENT (yy-mm-dd)	DATE OF TERMINATION OF EMPLOYMENT (yy-mm-dd))
NAME OF IMMEDIATE SUPERVISOR / POSITION HELD		TELEPHONE NUMBER OF SUPERVISOR

PREVIOUS EMPLOYER		
COMPANY NAME		PHONE NUMBER
COMPANY ADDRESS	PROFESSION	
REASON FOR DEPARTURE	DATE OF START OF EMPLOYMENT (yy-mm-dd)	DATE OF TERMINATION OF EMPLOYMENT (yy-mm-dd))
NAME OF IMMEDIATE SUPERVISOR / POSITION HELD		TELEPHONE NUMBER OF SUPERVISOR

PREVIOUS EMPLOYER		
COMPANY NAME		PHONE NUMBER
COMPANY ADDRESS	PROFESSION	
REASON FOR DEPARTURE	DATE OF START OF EMPLOYMENT (yy-mm-dd)	DATE OF TERMINATION OF EMPLOYMENT (yy-mm-dd))
NAME OF IMMEDIATE SUPERVISOR / POSITION HELD		TELEPHONE NUMBER OF SUPERVISOR

PREVIOUS EMPLOYER		
COMPANY NAME		PHONE NUMBER
COMPANY ADDRESS	PROFESSION	
REASON FOR DEPARTURE	DATE OF START OF EMPLOYMENT (yy-mm-dd)	DATE OF TERMINATION OF EMPLOYMENT (yy-mm-dd))
NAME OF IMMEDIATE SUPERVISOR / POSITION HELD		TELEPHONE NUMBER OF SUPERVISOR

☐ **I DECLARE THAT THE ANSWERS AND INFORMATION STATED ON THIS FORM ARE ACCURATE. I AUTHORIZE ANY PERSON INTERVIEWED AS PART OF THIS INVESTIGATION TO PROVIDE THE SPVM WITH TRUTHFUL INFORMATION REGARDING MY CONDUCT, WORK ETHIC AND ANY OTHER INFORMATION DEEMED USEFUL.**

☐ **I AGREE THAT SENDING THE FORM THROUGH MY PERSONAL OR PROFESSIONAL EMAIL IS CONSIDERED PROOF OF SIGNATURE.**

DATE (YYYY-MM-DD)

SPVM

SECURITY INVESTIGATION
PRIVACY AGREEMENT

THE FIRST BOX (FOR POINT #7 AS WELL) IS FOR VILLE DE MONTRÉAL EMPLOYEES ONLY.
IN ALL OTHER CASES, THE 2ND BOX MUST BE CHECKED.

I, the undersigned _____
(LAST NAME AND FIRST NAME)

☐ I am employed by *Ville de Montréal* and as such, I am called upon to occupy a position where I will most likely be exposed to highly sensitive personal, confidential and strategic information.

☐ I am employed by the company _____ and as such, I have been (or will be) designated to provide services to *Ville de Montréal* or to the *Service de police de la Ville de Montréal (SPVM).*

1. I understand that the information learned in the course of my duties is strictly confidential, privileged and protected;

2. I pledge, limitlessly, to keep confidential, not to communicate, not to disclose, nor to reveal or allow to be communicated, disclosed, revealed in any way whatsoever, to anyone, any information or document, whatever the medium, which will be disclosed to me or of which I become aware in the exercise or in the performance of my duties, unless compelled to do so by a court, by law, for the purpose of a police investigation or unless a senior officer of the SPVM authorizes me to do so in writing;

3. I pledge, limitlessly, not to use such information or documents for purposes other than those sought in the course of my duties (or in connection with the request for services required by Ville de Montréal or the SPVM);

4. I commit to ensure the confidentiality of all information collected, used, communicated, retained or destroyed, regardless of its medium, given its nature, sensitivity and purpose of use;

5. I commit to protect all documents sent to me, both written and digital, not to make any copies of them either partially or wholly, and to give them in their entirety to *Ville de Montréal* or the SPVM when they are requested by one of its representatives, or when I cease to occupy the position requiring me to sign this confidentiality agreement;

6. I understand that this Privacy Agreement applies before, during and after the period of my employment.

7. ☐ Finally, as an employee of the *Ville de Montréal*, I understand that my failure to comply in whole or in part with this confidentiality agreement may result in disciplinary consequences and may face civil, penal or criminal liability.

   ☐ Finally, as an employee of the company _____, I understand that my failure to comply in whole or in part with this confidentiality agreement may result in civil, penal or criminal liability on my behalf, as well as that of the company I represent whilst performing my duties.

☐ **I AGREE THAT SENDING THE FORM THROUGH MY PERSONAL OR PROFESSIONAL EMAIL IS CONSIDERED PROOF OF SIGNATURE.**

_____
DATE (yyyy-mm-dd)

Validate the form

Montréal