



**SPCA**  
Nova Scotia

Nova Scotia SPCA  
P.O. BOX 38073 STN Burnside  
Dartmouth NS, B3B 1X2

## Security Screening Questionnaire

### 1. Applicant Information

LAST NAME	FIRST NAME	MIDDLE NAME	PREFERRED FIRST NAME	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
MAIDEN / OTHER NAMES USED				
<input type="text"/>				
FULL ADDRESS				
<input type="text"/>				
CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
PLACE OF BIRTH (INCLUDE CITY/ COUNTRY BORN)				
<input type="text"/>				
DATE OF BIRTH	SEX:	PREFERRED GENDER		
<input type="text"/>	<input type="radio"/> Female	<input type="text"/>		
	<input type="radio"/> Male			
	<input type="radio"/> Other			
MARITAL STATUS:				
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law / Domestic Partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced				
SURNAME / MAIDEN NAME / OTHER NAMES USED		FIRST NAME?	MIDDLE NAME?	DATE OF BIRTH?
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>



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**YOU MUST PROVIDE A PHOTOCOPY OF ONE OF THE FOLLOWING DOCUMENTS:**

DRIVER'S LICENCE

PASSPORT

CITIZENSHIP

**HAVE YOU APPLIED FOR EMPLOYMENT/CONTRACT WORK/VOLUNTEER WORK WITHIN ANY LAW ENFORCEMENT AGENCY IN THE PAST?**

YES

NO

**POSITION APPLIED FOR:**

**DIVISION / SECTION/ LOCATION:**



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## Authorization for Release of Information:

I, , the undersigned, hereby authorize any person, employer, organization, or physician to provide any information, opinion, reports, records, documents or copies thereof in any form, which may be requested in connection with my application for access to CEIS and CISNS databases during the course of employment with the Nova Scotia Society for the Prevention of Cruelty to Animals.

I consent to the collection, use, disclosure, transmittal, and examination of all information compiled by the Nova Scotia Society for the Prevention of Cruelty to Animals.

Personal information about me that is obtained during the process may be disclosed to any law enforcement agency for the purpose for which it was obtained or for any other reason.

I agree to waive any right of action against any person or organization providing information or opinions in compliance with this authorization.

I hereby acknowledge and declare the terms of this authorization for release of information are fully understood by me.

<b>SIGNATURES</b>	SIGNATURE OF APPLICANT: <input type="text"/>	DATE: <input type="text"/>
	NAME OF WITNESS: <input type="text"/>	SIGNATURE OF WITNESS: <input type="text"/>
<b>NOTE: The Witness must be 18 years or older</b>		



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Applicants must list all names, relationship, sex, date of birth, address and phone number of the applicant's immediate relatives AND of the immediate relatives of the current and/or former spouse, domestic partner, common-law, or significant other. Attach additional sheets if required. Follow suggested format:

- Immediate relatives include parents, guardians, children, stepchildren, adopted children, brothers, sisters, step-brothers/sisters, adopted brothers/sisters, who are age 12 or over. This includes individuals who are alive or deceased.
- Immediate relatives DO NOT include your brother/sister's spouse, domestic partner, common-law, or significant other or children.

<b>1</b>					
SURNAME / MAIDEN NAME / OTHER NAMES	FIRST NAME	MIDDLE NAME	COMMON NAME USED	DATE OF BIRTH	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER
<b>2.</b>					
SURNAME / MAIDEN NAME / OTHER NAMES	FIRST NAME	MIDDLE NAME	COMMON NAME USED	DATE OF BIRTH	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER
<b>3.</b>					
SURNAME / MAIDEN NAME / OTHER NAMES	FIRST NAME	MIDDLE NAME	COMMON NAME USED	DATE OF BIRTH	
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER

**Nova Scotia Society for the Prevention of Cruelty**

Registered Charity Number: 134 704 741 RR0001

P: (902) 835-4798      Cruelty Toll Free: (888) 703-7722      [www.spcans.ca](http://www.spcans.ca)



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4.					
SURNAME / MAIDEN NAME / OTHER NAMES		FIRST NAME	MIDDLE NAME	COMMON NAME USED	DATE OF BIRTH
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.					
SURNAME / MAIDEN NAME / OTHER NAMES		FIRST NAME	MIDDLE NAME	COMMON NAME USED	DATE OF BIRTH
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.					
SURNAME / MAIDEN NAME / OTHER NAMES		FIRST NAME	MIDDLE NAME	COMMON NAME USED	DATE OF BIRTH
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RELATIONSHIP	ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\*Please request another page if more space is needed

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## 2. Alcohol/Drugs

Within the last 5 years have you used, or experimented with illegal drugs?  Yes  No

Drug	Date of last use	Frequency of use	Average amount used
HASH/ HASH OIL	<input type="text"/>	<input type="text"/>	<input type="text"/>
COCAINE	<input type="text"/>	<input type="text"/>	<input type="text"/>
CRACK	<input type="text"/>	<input type="text"/>	<input type="text"/>
HEROIN	<input type="text"/>	<input type="text"/>	<input type="text"/>
MUSHROOMS	<input type="text"/>	<input type="text"/>	<input type="text"/>
ACID/ LASD	<input type="text"/>	<input type="text"/>	<input type="text"/>
METHAMPHETAMINE	<input type="text"/>	<input type="text"/>	<input type="text"/>
ECSTASY	<input type="text"/>	<input type="text"/>	<input type="text"/>
STEROIDS	<input type="text"/>	<input type="text"/>	<input type="text"/>
INHALANTS (GLUE/ GASOLINE)	<input type="text"/>	<input type="text"/>	<input type="text"/>
MESCALINE	<input type="text"/>	<input type="text"/>	<input type="text"/>
CRYSTAL METH	<input type="text"/>	<input type="text"/>	<input type="text"/>
OTHER (SPECIFY) <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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Within the last 10 years have you had contact with the police as a result of being under the influence of alcohol, cannabis, and/or illegal drugs?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>YES</b> , please complete details	
<div style="border: 1px solid black; height: 150px;"></div>	

Within the last 10 years have you consumed alcohol or cannabis or used illegal prescription drugs during working or on call hours?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>YES</b> , please complete details	
<div style="border: 1px solid black; height: 180px;"></div>	



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**Driving:**

Within the past 5 years have you applied for a driver's license and been denied?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>YES</b> , please complete details	
<div style="border: 1px solid black; height: 60px;"></div>	

Within the last 5 years has your drivers license been revoked, suspended, or placed on probationary status?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>YES</b> , please complete details including whether you drove during this period	
<div style="border: 1px solid black; height: 60px;"></div>	

Within the last 5 years, to the best of your recollection, have you been charged with any traffic offences?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>YES</b> , please complete details on the details of the charge to the best of your knowledge:	
<div style="border: 1px solid black; height: 60px;"></div>	





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**Work and School:**

Within 5 years have you been fired or asked to resign from a job?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>YES</b> , please provide details: <input type="text"/>	

Within the last 5 years have you been formally disciplined or documented for inappropriate behavior at work?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>YES</b> , please provide details: <input type="text"/>	

Within the last 5 years have you been suspended, expelled, or formally reprimanded by a secondary or post-secondary institution?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>YES</b> , please explain circumstances and outcomes. Please list the institution: <input type="text"/>	

Have you ever knowingly misused or wrongfully disclosed private or confidential information?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>YES</b> , please provide details: <input type="text"/>	



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Have you ever discriminated against someone at work because of their race, colour of skin, sexual orientation, or religion?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>YES</b> , please provide details:	
<input type="text"/>	

### Associations and Relationships

Are you or have you ever been associated with any gang, criminal group, terrorist group, militant group, or other extremist organization that engages in, or may be associated with unlawful activities?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>YES</b> , please provide details:	
<input type="text"/>	

Are you aware of any of your family members or friends that are involved in any criminal activity, drug use, or associated with any gang, criminal group, terrorist group, militant group, or other extremist organization that engages in, or may be associated with unlawful activities?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>YES</b> , please provide details:	
<input type="text"/>	



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### Social Media

Please provide all social media accounts and usernames:

Platform:	Username:
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

### Finances

Within the last 5 years has a collection agency been assigned to your outstanding debts?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>YES</b> , please provide details: <input type="text"/>	

Withing the last 7 years have your wages been garnished?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>YES</b> , please provide details: <input type="text"/>	



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Within the last 7 years have you declared bankruptcy?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>YES</b> , please provide details: <input type="text"/>	

Do you have any debts you will not be able to pay back?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>YES</b> , please provide details: <input type="text"/>	

### Unlawful Conduct

Within the last 10 years have you been investigated, detained, or arrested, or charged by the police or any law enforcement agency or had your information recorded by the police in relation to an investigation?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>YES</b> , please provide details: <input type="text"/>	

Have you ever engaged in any illegal activity using an electronic device and/ or the internet (eg. Hacking, harassment, theft of copyrighted material)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>YES</b> , please provide details: <input type="text"/>	



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While an adult (over the age of 17) have you been physically violent towards another person, child or adult?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>YES</b> , please provide details and indicate if the violence involve physical contact or use of a weapon: <input type="text"/>	

Have you ever had a search warrant, peace bond, restraining order, or protection order served on you?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>YES</b> , please provide details: <input type="text"/>	



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### **Applicant Declaration and Consent**

I, the undersigned, do hereby consent to the disclosure of the personal information collected in the Pre-employment questionnaire to the Society for the Protection of Cruelty to Animals (SPCA) for the purpose of assessing my suitability, reliability, and security as it relates to employment with the SPCA.

I recognize that the SPCA is collecting my personal information solely for the purpose noted above and in accordance with the provisions of Section 8(1) of the privacy Act of Canada. Any questions about the collection and use of information can be directed to the Privacy Officer of the SPCA or senior management of the Enforcement team.

I certify, to the best of my knowledge, that the information I have provided is the Pre-Employment Security Screening Questionnaire is complete, honest, and accurate. I understand the SPCA is a Provincial Law Enforcement Agency and a partner agency to the Criminal Intelligence Service of Nova Scotia and as such any false statements or omission of facts herein may disqualify me from consideration or result in my subsequent termination for cause if I am employed.

Further, in accordance with Section 88(4) and 88(5) of the Police Act of Nova Scotia, any conduct disclosed or detected during the selection process or at any time during the course of employment, whether on duty or not, that may discredit the SPCA, Department of Agriculture, Department of Justice, or bring the administration of justice into disrepute shall be cause for termination from employment selection or employment, whichever the case may be.

Applicant Signature:

Date: