GOVERNMENT OF BERMUDA

SECURITY VETTING REQUEST FORM

This form is to be completed by all BERMUDIAN and NON-BERMUDIAN applicants <u>and</u> consultants. (PLEASE PRINT)

Post applied for: _____

Department: _____

Mr. ☐ **Mrs.** ☐ **Miss** ☐ ***(please check appropriate title)***

Full name: _____
Last Name First Name Middle Name(s)

Name at birth: _____
Last Name First Name Middle Name(s)

If applicable, date of name change: _____
DD/MM/YY

Place and Date of birth: _____
City State Country DD/MM/YY

Nationality at birth: _____ **Present nationality:** _____

Social Insurance/Security Number: _____

Passport Number: _____

Present home address:

_____

_____

_____

_____

_____

Present telephone number: _____

Home addresses over the past ten (10) years, including dates:

_____ _____

_____ _____

_____ _____

_____ _____

Present Employer:

Name: _____

Address: _____

_____

Employers during the past ten (10) years, including dates:

_____ _____

_____ _____

_____ _____

_____ _____

Details of any criminal investigations/convictions, including dates:

_____ _____

_____ _____

_____ _____

_____ _____

For applicants who currently reside overseas, have you ever resided in or visited Bermuda: Yes ☐ No ☐
If yes, please give details of relevant dates and address:

_____ _____

_____ _____

_____ _____

_____ _____

Signature of applicant/consultant: _____ **Date:** _____

NOTE TO DEPARTMENT HEAD:

Please indicate level of vetting required:

- ☐ **Basic: criminal record check**
- ☐ **Enhanced: more detailed check**

Please send the completed form to:

Government Security Officer (or Officer-in-Charge)
National Intelligence Division
Bermuda Police Service