



GOVERNMENT OF BERMUDA
SECURITY VETTING REQUEST FORM

*This form is to be completed by all BERMUDIAN and NON-BERMUDIAN applicants and consultants.
(PLEASE PRINT)*

Post applied for: _____

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 together with the contact name and telephone number of the Designated Recruitment Manager to the:

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