



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: _____

Department: _____

Miss Ms Mr. Mrs. Dr. (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: _____

TO BE COMPLETED BY THE HEAD OF DEPARTMENT OR DESIGNATED RECRUITMENT MANAGER

Please indicate level of vetting required:

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

Select one of the following methods you wish to receive the security vetting results:

- Official letter to be mailed
- Official letter to be collected
- Results to be emailed

Contact name: _____

Department: _____

Address: _____

Telephone number: _____ Email address: _____

Delivery method for completed form:

- Scanned and emailed to vetting@bps.bm, or
- Mailed to : Government Security Officer (or Officer-in-Charge)
National Intelligence Division
Bermuda Police Service

Contact number for Vetting Coordinator: 441-299-1921