

Personnel security clearance questionnaire

PERSONNEL SECURITY CLEARANCE QUESTIONNAIRE
QUESTIONNAIRE POUR L'OBTENTION DE L'AUTORISATION DE SÉCURITÉ

The information on this form is used to determine if you are eligible for a security clearance. It is not a guarantee of clearance. The information on this form is used to determine if you are eligible for a security clearance. It is not a guarantee of clearance.

1. PERSONAL INFORMATION

Full Name: **Dhillon, Lisa Suroj** Date of Birth: **01/01/1980** Sex: **F**

Current Address: **1000 - 10th Ave S.W. #1000** City: **Calgary** Province: **AB** Postal Code: **T2C 1P5**

Previous Addresses: **1000 - 10th Ave S.W. #1000** City: **Calgary** Province: **AB** Postal Code: **T2C 1P5**

Current Employer: **Government of Alberta** Position: **Senior Analyst**

Previous Employers: **Government of Alberta** Position: **Senior Analyst**

2. EDUCATION

Level: **High School** Institution: **Calgary High School** Graduation Year: **1998**

Level: **University** Institution: **University of Alberta** Graduation Year: **2002**

Level: **Postgraduate** Institution: **University of Alberta** Graduation Year: **2004**

3. EMPLOYMENT HISTORY

Employer: **Government of Alberta** Position: **Senior Analyst** Start Date: **01/01/2000** End Date: **01/01/2005**

Employer: **Government of Alberta** Position: **Senior Analyst** Start Date: **01/01/2005** End Date: **01/01/2010**

Employer: **Government of Alberta** Position: **Senior Analyst** Start Date: **01/01/2010** End Date: **01/01/2015**

Employer: **Government of Alberta** Position: **Senior Analyst** Start Date: **01/01/2015** End Date: **01/01/2020**

4. SECURITY CLEARANCE HISTORY

Clearance Level: **Secret** Issued By: **Government of Alberta** Expiry Date: **01/01/2020**

Clearance Level: **Secret** Issued By: **Government of Alberta** Expiry Date: **01/01/2020**

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Clearance Level: **Secret** Issued By: **Government of Alberta** Expiry Date: **01/01/2020**

5. REFERENCES

Reference Name: **Lisa Suroj Dhillon** Relationship: **Wife** Contact Info: **1000 - 10th Ave S.W. #1000**

Reference Name: **Robert V.C. Dhillon** Relationship: **Spouse** Contact Info: **1000 - 10th Ave S.W. #1000**

Reference Name: **Robert V.C. Dhillon** Relationship: **Spouse** Contact Info: **1000 - 10th Ave S.W. #1000**

Reference Name: **Robert V.C. Dhillon** Relationship: **Spouse** Contact Info: **1000 - 10th Ave S.W. #1000**

6. DECLARATION

I declare that the information provided on this form is true and correct to the best of my knowledge.

7. SIGNATURE

Applicant Signature: **Lisa Suroj Dhillon** Date: **01/01/2020**

Witness Signature: **Robert V.C. Dhillon** Date: **01/01/2020**

Official Signature: **Robert V.C. Dhillon** Date: **01/01/2020**

IDENTIFIER

2020_01_002_048

ARTIST

Dhillon, Lisa Suroj; Dhillon, Jaswant Waur; Dosanjh, Narinder Singh; Dosanjh, Gurden Waur; Dhillon, Onwar Waur; Kaur, Pergas; Gill, Wuldip Singh; Brahm, Baljit Waur