

Friends and Associates Suitability Screening (Applicants)

In addition to the character references listed on the form **TBS / SCT 330-60 or 2281**, we require that you submit the names of five of your closest associates (friends with whom you socialize regularly, and are not people who you see only in the workplace). **None of your associates or references should be related to each other, nor to you**. Please list below, giving complete names, addresses (including the name of the city), and telephone numbers at home and at work.

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Applicant's Surname	Applicant's Given Names	Gender	Applicant ID
		\bigcirc M \bigcirc F	
Friend / Associate 1			
Surname	Given Names	Gender	Date of Birth (yyyy-mm-dd)
Guillaine	Over realities	OM OF	Date of Billin (yyyy-nini-dd)
Address			Telephone No.
Employer			
Employer's Address			Employer's Telephone No.
Employer's Address			Employer o Telephone No.
Friend / Associate 2			
Surname	Given Names	Gender	Date of Birth (yyyy-mm-dd)
		\bigcirc M \bigcirc F	
Address			Telephone No.
Employer			
Employer's Address			Employer's Telephone No.
Friend / Associate 3			
Surname	Given Names	Gender	Date of Birth (yyyy-mm-dd)
		\bigcirc M \bigcirc F	
Address			Telephone No.
Employer			
			le .
Employer's Address			Employer's Telephone No.
Friend / Associate 4			
	Others Names	0	Data of Birth (commonwealth)
Surname	Given Names	Gender M F	Date of Birth (yyyy-mm-dd)
Address			Telephone No.
Address			relephone No.
Employer			l
Employer's Address			Employer's Telephone No.
Friend / Associate 5			
Surname	Given Names	Gender	Date of Birth (yyyy-mm-dd)
Surname	Oiverrivanies	M OF	Date of Birtin (yyyy-niini-dd)
Address			Telephone No.
Employer			
Carrie a venda Andria a a			Employer's Telephone No.
Employer's Address			Employer's releptione No.
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