

POLICE CONSENT TO DISCLOSURE OF PERSONAL INFORMATION FOR EMPLOYMENT PURPOSES

(PLEASE PRINT LEGIBLY) (ALL APPLICABLE BOXES MUST BE COMPLETED IN FULL BY THE APPLICANT AND MUST BE LEGIBLE)

Surname (Provide previous name(s) prior to application if applicable)		First Name		Second Name	
Maiden Name or Other Surnames Used (if applicable):			Place of Birth (If other than Canada, please also note date of entry to Canada):		
Date of Birth (YY-MM-DD) - -	Sex	Phone #	Driver's Licence Number		

Number	Street	Apt/Unit	City/Province/Country	Postal Code
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Provide previous addresses if you did not reside at the above address for more than five years

Number	Street	Apt/Unit	City/Province/Country	Postal Code
Number	Street	Apt/Unit	City/Province/Country	Postal Code

Note: Information is Collected and Disclosed According to section 42 of the Freedom of Information and Protection of Privacy Act, 29(1) & 32 of the Municipal Freedom of Information and Protection of Privacy Act and the Personal Information and Electronic Documents Act, if applicable.

<p>SEARCH AUTHORIZATION: I HEREBY CONSENT TO THE SEARCH OF:</p> <p>A. Criminal Record (Adult) - for Employment purposes</p> <p>I understand that a search of the RCMP National Repository of Criminal Records will be conducted based on the name(s) and date of birth as provided by me.</p> <p>RELEASE AUTHORIZATION AND WAIVER Authorization to Release Clearance Report or Any Police Information</p> <p>I certify that the information set out by me in this application is true and correct to the best of my ability. I consent to the release of a Criminal Record or any Criminal Information to 2230081 Ontario Inc.</p>	<p>I hereby release and forever discharge all members and employees of the processing Police Service from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of information by the processing Police Service to 2230081 Ontario Inc.</p> <p>Signed this _____ day of _____, 20_____</p> <p align="center">X <hr style="border: 1px solid black;"/> (Signature of Applicant)</p>
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Note: The presence of information does not necessarily mean the applicant will be disqualified from the position by the organization.

EMPLOYMENT ORGANIZATION REQUESTING SEARCH	
<p>_____</p> <p>X _____</p> <p>Signature of Representative Witnessing Applicant?</p>	<p>_____</p> <p>Type of ID Viewed (Please follow the Instructions below)</p>

IMPORTANT - PLEASE NOTE:

An applicant **MUST** provide two pieces of identification, one of which **MUST** be government-issued and include the applicant's name, date of birth, signature and photo of the applicant. Copies of the identification documents **MUST** be attached and sent in with the signed Consent Form. Photocopies of the identification **MUST BE CERTIFIED BY THE WITNESS** who will confirm that the Applicant signing is the individual on the government-issued photo identification by comparing the signature on the government-issued identification to the signature on the Consent Form. **Note: Health Cards (issued by Canadian Province or territory) and Social Insurance Number's (SIN) are NOT acceptable for identification purposes.**