

## CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

### Name Based Canadian Criminal Record Verification

To ensure accuracy, you must **PRINT** in clear **CAPITAL** letters and complete this form in its entirety.

**(Please Print) (To be completed by applicant)**

Surname (Provide previous name(s) prior to application if applicable)		Given Name		Middle Name	
Maiden Name, aliases, nicknames 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)    -    -	Gender <b>M</b> <b>F</b>	Phone #	Driver's Licence Number		

**Current Address**

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 29(1) & 32 of the MFIPPA**

The presence of information does not necessarily mean the applicant will be disqualified from the position by the organization.

I certify that the information in this Disclosure for Personal Information is true and correct to the best of my ability.

**I certify that the information in this Disclosure for Personal Information is true and correct to the best of my ability.**

Have you been convicted of a criminal offence for which a pardon has not been granted?  Yes  No

Have you been granted a conditional discharge within the past three (3) years?  Yes  No

Have you been granted an absolute discharge within the past year?  Yes  No

**If you have answered YES to any of the above questions, please provide details on ALL convictions (attach additional pages if required)**

Offence	Date of Sentence (Year/Month/Day)	Location	Penalty

I hereby consent and authorize a Canadian Police Department to search for and disclose on my behalf to Corporate Inquiry who is requesting the criminal history check the fact that records may exist on me and are registered on the CPIC database. I acknowledge that such records may include information relating to criminal convictions under *Federal Legislation* for which a pardon has not been granted and conditional and absolute discharges which have not been removed from the CPIC database in accordance with the *Criminal Records Act*.

I authorize Corporate Inquiry Systems to release all information obtained and hold harmless Corporate Inquiry Systems upon the release of this information or its findings. I understand that failing to provide accurate information or omission of facts herein may disqualify me from consideration for employment. If there is a discrepancy with the information provided by myself on this form and that disclosed by a Canadian Police Department during this investigation of my criminal records history, I understand that I have the option to provide my fingerprints to resolve any discrepancy of dispute. This request is made in compliance with any applicable federal and privacy legislation which allows a public body or municipality to disclose my personal information to me or my agent upon my request.

**ORGANIZATION REQUESTING SEARCH**

Signature of Representative Witnessing Applicant's ID

1. \_\_\_\_\_

2. \_\_\_\_\_

Type of **Photo ID** Viewed (Government issued, excluding Ontario Health Card) and Secondary ID viewed

**Candidate Signature**

**Date (yy/mm/dd)**

Authorizing Name Based Criminal Record Verification X

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