

CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

(To be complet	ted by applicant – Ple	ase print. B	ack ink only.)							
Surname				Firs	First Name Middle Name(s)					
Maiden Name/Other Surnames Used (if applicable):					Alias Names (if applicable):					
Date of Birth	(YY-MM-DD)	Sex	Phone #	Plac	Place of Birth (If other than Canada, please also note date of entry to Canada):					
Current Adda Number	ress: Street	Apt/U	nit	City	Province/State Postal/ZIP Code					
If you have res	sided at the above addr	ess for less tl	nan five years, list other addr	esses belo	w:					
Number	Street	Apt/ I	Jnit	City	Province/State Postal/ZIP Code					
Number	Street	Apt/ I	Jnit	City	Province/State Postal/ZIP Code					
			e <mark>nce for which a Pardon ha</mark> LARATION OF A CRIMIN		issued in Canada? Yes No No No PORM. Note: Confirmation is only provided for disclosure of all convictions.					
Name of Witne	t sign, other agencies affiz				If we are mailing the results of your CPIC check to a third-party (i.e. anyone other than yourself), you must provide their name and address below. I hereby authorize and consent to the disclosure of information resulting from this CPIC Criminal Name Check to the following person(s) and/or organization(s):					
Solutions Inc.	associate responsible for	r the applicat	on. Please ensure the person v	vitnessing	ned by the applicant requesting the Criminal Name Check and the Reliability Screening your signature has signed or sealed the "Witness Signature" section above. For a list of e. You must use the same witness for all of your forms.					
RELEASE I best of my a	AUTHORIZATIO _certify that the infor bility. I consent to the	mation set one search of	App ID (Leave Blank) AIVER: DOB out by me in this application the RCMP National Repo	on is true	A CPIC Name Check is a query of the Identification Data Bank by a police agency using a person's name and date of birth to identify the possibility of criminal convictions. This type of check, however, omits checks of other data banks that could					

provide valuable screening information. Our Premium CPIC Name Check provides a thorough review of other data banks including those which identify the following:

- Outstanding entries, such as charges and warrants, judicial orders, peace bonds, probation and prohibition.
- Absolute and Conditional discharges.
- Criminal Charges resulting in dispositions including but not limited to: cases where charges have been Withdrawn or Dismissed, and cases where the individual has been found Not Criminally Responsible by Reason of Mental Disorder as listed on local indices.
- Negative police contacts including, but not limited to: theft, weapons, sex offences or violent, harmful and threatening behavior.

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 Cobourg Police Service to RSSI and its partners. Signed this ______ day of ______ , 20_ Applicant's Signature **RSSI** Associate Signature (Leave Blank) RSSI Associate Name (Leave Blank) By signing this form, I am aware and I give consent that this record may be transmitted electronically or in hard copy outside Canada for the purposes of employment screening only.

to Reliability Screening Solutions Inc. (RSSI) and its partners. I also acknowledge that the disclosed

information may only be confirmed by a comparison of my fingerprints to those on file. Information collected is in compliance with any federal, provincial, or municipal public sector privacy legislation and is disclosed in accordance to the privacy laws. I hereby release and forever discharge all

members and employees of the Cobourg Police Service from any and all actions, claims, and

				_certify	tha			
	the information set out by me in this application							
	is true and correct to the best of my ability. I understand that A2Z Screening Ltd. Do not							
	provide Vulnerable Sector Check and I Confirm							
	-	O NOT NEI						
	Check, I h	nave confirme	ed that from 1	my emplo	oyeı			
	as well.							
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CRIMINAL RECORD VERIFICATION Informed Consent Form

A. Personal Information									
Surname (last name):		Given names(s):							
Surname (last name) at birth:		Former name(s):							
Place of birth (City, Province/State, Country):									
Date of birth (YYYY-MM-DD):		Sex (check one)	☐ Female	☐ Male					
Phone number(s):		Email address:							
Current Home Address									
Number Street Apartment	City		Province/Territory/State	Postal/ZIP code					
Previous Address(es) Within the Last 5 Years (attach additional page if necessary)									
B. Reason for the Criminal Record Verification									
Reason for Request (example: Employment – Employer – Job Title):									
Organization Requesting Search:									
Contact Name:		Contact Phone Number:							
C. Informed Consent									
SEARCH AUTHORIZATION — I HEREBY CONSENT TO THE SEARCH OF the RCMP National Repository of Criminal Records based on the name(s), date of birth and where used, the declared criminal record history provided by myself. I understand that this verification of the National Repository of Criminal Records is not being confirmed by fingerprint comparison which is the only true means by which to confirm if a criminal record exists in the National Repository of Criminal Records. POLICE INFORMATION SYSTEM(S) — I HEREBY CONSENT TO THE SEARCH OF police information systems, as part of a Police Information Check, which will consist of a search of the following systems (check applicable): CPIC investigative Data Bank Police Information Portal (PIP) OTHER:									
AUTHORIZATION AND WAIVER to provide a confirmation of criminal record or any police information. 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 the results of the criminal record checks toRSSI									
Signature of Applicant	Date		Signed at						
	Year	Year – Month - Day							
			City	Province/Territory					
D. Identification Verification	☐ Physica	I Identity Verification	☐ Electronic I	dentity Verification					
Witnessing Agent's Name:		Identification Verified:							
Witnessing Agent's Signature:		Type of Photo ID Viewed (Government Issued) & Secondary ID							

Name and location of the company where information will be stored in Canada: ______RSSI OFFICE, ONTARIO,OTTAWA,CANADA_____.

^{**}Information related to this criminal record check is collected, retained and disclosed in accordance with applicable privacy legislation. **