



CRIMINAL RECORD VERIFICATION

Informed Consent Form

A. Personal Information

Surname (last name): LAST NAME OF APPLICANT		Given name(s): GIVEN NAMES	
Surname (last name) at birth: LAST NAME AT BIRTH		Former name(s): ANY FORMER LAST NAMES	
Place of birth (City, Province/State, Country): FULL ADDRESS OF BIRTH			
Date of birth (YYYY-MM-DD): FULL DATE OF BIRTH		Sex (check one) <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	
Phone number(s): CURRENT TELEPHONE NUMBERS		Email address: CURRENT EMAIL ADDRESS FOR APPLICANT	
Current Home Address FULL COMPLETE RESIDENTIAL ADDRESS FOR APPLICANT, INCLUDING HOUSE NUMBER, APARTMENT NUMBER AND POSTAL OR ZIPCODE			
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: **COMPANY REQUESTING CRIMINAL RECORD SEARCH**

Contact Name: **COMPANY CONTACT NAME** Contact Phone Number: **COMPANY CONTACT TELEPHONE 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):

(NORMAL POLICE CRIMINAL CHECK) **(ENHANCED POLICE CHECK, IF REQUESTED BY EMPLOYER)**

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 to CSI Background Screening, located in Halifax, Nova Scotia, Canada

I hereby release and forever discharge all members and employees of the processing Police Service and the Royal Canadian Mounted Police 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 _____ to CSI Background Screening, Halifax, Nova Scotia, Canada

Name of Processing Police Service _____ Company Name _____ City and Country _____

Signature of Applicant APPLICANT MUST SIGN AND DATE	Date			Signed at	
	Year	Month	Day	<input type="checkbox"/> City	Province/Territory

D. Identification Verification

Witnessing Agent's Name: WITNESS FULL NAME	Identification Verified: Physical
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Name and location of the company where information will be stored in Canada: **CSI BACKGROUND SCREENING**

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

