CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

FORM A
(Please Print)

Date Received: _____

Surname (Provide previous name(s) prior to application if applicable)			Given Names Applicant #: _____
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	Area Code: Phone#	Driver's Licence Number
Number Street	Apt./Unit	City/Province/Country	Postal Code

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

Reason For Request (Screening For) ☐ **Employment*** ☐ **Volunteer*** ☐ **Other** _____

Note: Information is Collected and Disclosed According to Section 29(1) & 32 of the MFIPPA

SEARCH AUTHORIZATION:

In connection with my application for employment with ***(employer)*** _____, I understand that investigative background inquiries may be made on myself, including criminal record searches, credit searches and other information and/or reports. This information and/or reports may include, but are not limited to, information and/or reports as to work habits, driver's records, performance, on-line identities, and work experience along with reasons for termination of past employment from previous employers. Further, I understand that _____and their agents may be requesting information and/or reports from various federal government, provincial government, and/or other government agencies which maintain records concerning my background.

I authorize, without reservation, any party or agency contacted _____and their agents to furnish the above-mentioned information upon their request. I hereby release and agree to hold harmless and/or to indemnify __(***employer***)_____ and any company or agency providing such information from any and all liability arising from the request of, use of, or furnishing of such information.

_____
Signature of Applicant

*** Pursuant to section 44(1) of the Young Offenders Act, a young offender record can be made available to the young person to whom the record relates and for the purpose of granting a security clearance in accordance with section 4(1) (L) YOA**
Note: The presence of information does not necessarily mean the applicant will be disqualified from the position by the organization.

RELEASE AUTHORIZATION AND WAIVER

Authorization to Release Clearance Report or Any Police Information	**STAMP OF ORGANIZATION WITH RETURN ADDRESS**
Signed this _____ day of _____ 20_____ **I certify that the information set out by me in this application is true and correct to the best of my ability. 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 the organization listed herein.** (Signature of Applicant)	Organization's Representative (please print) Signature of Organization's Representative

Revised: Nov. 5, 2002