

PLEASE READ PRIOR TO COMPLETING CONSENTS

Instructions for completion of the RCMP Criminal Record Verification Informed Consent Form,,The Declaration of Criminal Record and PIC Supplementary Form.

These forms are the only forms that the RCMP will allow to be used for conducting name based criminal record checks. Further the RCMP or CPIC will not allow any changes or additions to these forms.

Enclosed with this package are the following documents:

1. A cover letter (if required) with specific instructions for your employer.
2. These general instructions document
3. The Criminal Record Verification Informed Consent Form
4. A guide sample for completing this form
5. The Declaration of Criminal Record form
6. A guide for completing the Declaration form
7. The Supplementary Police Information form (If Enhanced Police Check required)
8. Education verification form
9. Employment verification/reference form
10. Previous addresses form
11. General Consent form (For all other searches other than Canadian Criminal Checks)

Instructions for completing the Criminal Record Verification Informed Consent Form

For your convenience we have included a guide for completing this form attached after the form. These instructions will help you with the guide should you have problems competing it.

You will note that the consent form is divided into 4 (four) sections;

- A. Personal Information;**
- B. Reason for the Criminal Record Verification;**
- C. Informed Consent;and**
- D. Identification Verification.**

Section A.

- | | |
|---------------------------------------|---|
| Surname (Last Name) - | This is your current last name |
| Given name (s) - | These are your legal first and middle names |
| Surname (Last name) at birth - | This is the surname you had at birth |
| Former name(s) - | These are any other names used, including maiden names, previous surnames etc |
| Place of Birth - | This is the city, province/state, country where you were born |

- Date of Birth -** This is the date you were born. Use format year/month/day
- Sex -** Either Male or Female MUST be selected
- Phone Number(s) -** This is a number that you can be contacted at
- Email Address -** This is an email address that you check and can be contacted at
- Current Home Address -** This is the address that you are currently residing at. Please make sure the address is complete.
- Previous Addresses -** This is the list of your previous addresses for the last 5 years. This is only used for the Canadian Criminal Check. Attach another sheet of paper if required.

Section B.

- Reason for Request -** Fill in the appropriate reason, i.e. employment, volunteering, etc.
- Organization Requesting Search** Enter the name of the Company that is asking you to complete this search.
- Contact Name -** Enter the contact name of the person who is asking for this search
- Contact Phone Number -** Enter the contact person's telephone number.

Section C. This section is extremely important, as this is where you give your informed consent to have this search completed and specify what type of search is required. Please make sure you read and understand this section fully before signing.

Once you have read and understood the search authorization paragraph, you will be required to consent to the type of search required.

There are three (3) choices that can be checked

- CPIC Investigative Bank** This is a standard name based criminal record check or police check
- Police Information Portal** This can be selected in conjunction with the CPIC Investigative bank, if your employer/organization requested an Enhanced Police Check
- Other** If a special search has been requested, it would be noted here

The **Authorization and Waiver** part of this section is where you will see who will be conducting the search and which authorized police department is used. You will then complete the full signature details and sign the document.

Section D.

This section is where a witness MUST compare two pieces of identification from you, one of which MUST be a government issued photo I .

The witness MUST provide his/her name in the area provided and indicate in the two sections provided the type of I verified.

The witness then MUST sign their name



A. Personal Information

Surname (last name):		Given name(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)	<input type="checkbox"/> Female <input type="checkbox"/> Male
Phone number(s):		Email address:	

Current Home Address

Number	Street	Apartment	City	Province/Territory/State	Postal/ZIP code
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Previous Address(es) Within the Last 5 Years (attach additional page if necessary)

Number	Street	Apartment	City	Province/Territory/State	Postal/ZIP code

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 to 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 Orangeville Police Service to Background Screening, Halifax, Nova Scotia, Canada

Signature of Applicant	Date			Signed at	
	Year	Month	Day	City	Province/Territory

D. Identification Verification Electronic Identify 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: Background Screening, Halifax, Nova Scotia, Canada

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 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):

CPIC Investigative Data Bank (**NORMAL CRIMINAL CHECK**) Police Information Portal (PIP) (**ENHANCED POLICE CHECK, IF REQUESTED BY EMPLOYER**)

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 Background Screening, located in Halifax, Nova Scotia, Canada

Company Name City and Country

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 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	City	Province/Territory

D. Identification Verification Electronic Identify Verification

Witnessing Agent's Name: WITNESS FULL NAME	Identification Verified: WHICH GOVERNMENT ID WAS VERIFIED BY WITNESS
Witnessing Agent's Signature WITNESS MUST SIGN	Type of Photo ID Viewed (Government Issued) & Secondary ID

Name and location of the company where information will be stored in Canada: **BACKGROUND SCREENING**

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

Declaration of Criminal Record

This form is required to be filled out and attached to your Informed Consent Form for a Criminal Record Verification.

Surname (last name) _____ Given name(s) _____ Date of Birth _____

Information is collected and disclosed in accordance with federal, provincial and municipal laws.

YYYY-MM-DD

A Declaration of Criminal Record does not constitute a Certified Criminal Record by the RCMP and may not contain all criminal record convictions.

Applicants must declare all convictions for offences under Canadian federal law.

Do not declare the following:

- A conviction for which you have received a Record Suspension (formerly pardon) in accordance with the *Criminal Records Act*;
- A conviction where you were a "young person" under the *Youth Criminal Justice Act*;
- An Absolute or Conditional Discharge, pursuant to section 730 of the *Criminal Code*;
- An offence for which you were not convicted;
- Any provincial or municipal offence, and;
- Any charges dealt with outside of Canada.

Note that a Certified Criminal Record can only be issued based on the submission of fingerprints to the RCMP National Repository of Criminal Record.

Offence	Date of Sentence	Court Location

Signature of Applicant

Date (YYYY-MM-DD)

Verified By:

Name of Police Officer

Signature of Police Officer

POLICE INFORMATION CHECK _ SUPPLEMENTARY INFORMATION

DATE OF REQUEST -	Please enter date of request
LAST NAME - FIRST	Please enter legal last name
NAME -	Please enter legal first name
MIDDLE NAME -	Please enter legal middle name
# AND STREET NAME -	Please enter complete residential address
APT/UNIT # -	Enter apartment or unit number
MAIDEN NAME OR OTHER SURNAMES	Enter any previous last name
- OTHER FIRST NAMES -	Enter any previous first names or nicknames
CITY -	Please enter current residential city
PROVINCE -	Please enter current residential province
POSTAL CODE -	Please enter current postal code
DATE OF BIRTH -	Enter correct date of birth
PLACE OF BIRTH -	Enter correct place of birth
GENDER -	Enter legal gender identity
OFFENCE DATE -	Enter correct offence date
LOCATION -	Enter correct offence location
CHARGE -	Enter correct charge
DISPOSITION -	Please enter as much information as you know about the charge disposition