

# CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

**(Please Print) (To be clearly completed by applicant in BLACK ink)**

Surname (Provide previous name(s) prior to application if applicable)		First Name <span style="float: right;">Second Name</span>	
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	Phone #	Driver's Licence Number

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

**Reason for Request (Screening For)**     Employment \*     Volunteer\*     Other \_\_\_\_\_

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

<p><b>SEARCH AUTHORIZATION:</b></p> <p><b>I HEREBY CONSENT TO THE SEARCH OF:</b></p> <p>A. Criminal Record (Adult)    <input type="checkbox"/></p> <p><b>RELEASE AUTHORIZATION AND WAIVER</b></p> <p><b>Authorization to Release Clearance Report or Any Police Information</b></p> <p>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 Police Information to Total Security Management and its partners.</p> <p>I hereby release and forever discharge all members and employees of the 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 Police Service to Total Security Management and its partners.</p>	<p>Signed this _____ day of _____, 20____</p> <p>_____</p> <p style="text-align: center;">(Signature of Applicant)</p>
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**Note: The presence of information does not necessarily mean the applicant will be disqualified from the position by the organization.**

<p><b>APPLICANT SELF-DISCLOSURE:</b></p> <p>Have you ever been convicted of a criminal offence for which no pardon has been granted?    ___ Yes ___ No</p> <p>If Yes, please provide details: _____</p> <p>Are you currently charged with any offence(s) under the Criminal Code of Canada?    ___ Yes ___ No</p> <p>If Yes, please provide details: _____</p>
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**IN ORDER TO PROCESS YOUR REQUEST PROMPTLY, THE FOLLOWING INFORMATION MUST BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE ORGANIZATION**

NAME OF ORGANIZATION: \_\_\_\_\_

Signature of Representative Witnessing Applicant's ID    \_\_\_\_\_

Type of ID Viewed (DL, Passport, Permanent Resident Card, etc.)  
Health Cards and Social Insurance Number (SIN) are NOT acceptable for identification purposes

**This form must be accompanied by verified, legible copies of two pieces of identification, at least one of which MUST be a government-issued photo document.**