

CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

(Please Print - Black Ink Only) (To be completed by applicant)

Surname		First Name	Second	Second Name	
Maiden Name/ Other Surnames Used (if applicable):		Place of Birth(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	Driver's Licence Number		
Address (current)	Street	Apt/Unit	City/Province	Postal Code	
Provide previous addresses if	you did not reside at the above	address for more than five	e vears:		
Prior to current Address	Street	Apt/Unit	City/Province	Postal Code	
Prior to above address	Street	Apt/Unit	City/Province	Postal Code	
Have you ever been convicte If yes, please complete the attached			ot been issued in Canada?	Yes No	
Height (cm):	Weight : (kg)	Eye Color:	Hair Color :		
Name of Representative Witnes	sing Applicant's ID	Identificatio	on Type and Number #2:		
Signature of Witness					
ne person witnessing your signature	e signs their name where it says bility Screening Solutions or be t ninal Background Checks=CB	Witness Signature and the he person who has complete	the applicant requesting the Criminal Na y have printed their name clearly below t ted the Guarantors portion of your applic Note: Premium CBC (CPIC	their signature. The witness cation and must be the sam	
ELEASE AUTHORIZATION AND WAIVER: (PRINT in CAPS)			Bank by a police agency us of birth to identify the possib This type of check, however banks that could provide val Our Premium CBC (CPIC) N that thorough review of other dat which identify the following: acy harge yself • Outstanding entries, su warrants, judicial order probation and prohibiti • Absolute and Condition • Criminal Charges resu including but not limited	 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 	
aapplicant's Signature		re	charges have been Wi and cases where the ir Not Criminally Respon Mental Disorder as liste	ndividual has been found sible by Reason of	

Witness Name: ______ 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.

Negative police contacts including, but not limited to: theft, weapons, sex offences or violent, harmful and threatening behavior.