



Consent and Release of Liability Form

CONSENT/ASSESSMENT:

I authorize the UCCM Anishnaabe Police Service, to which I have submitted an application to be hired as a Police Constable, to request and obtain personal information about me as described below from any or all of the following individuals or entities:

- The Ontario Ministry of Transportation, which maintains driving records of Ontario residents;
- Any Ontario police service or law enforcement agency, which may hold personal information about me;
- The Canadian Police Information Centre (CPIC), which is owned by the RCMP, and which maintains a computerized system to provide law enforcement agencies with information on individuals with criminal records;
- Any health care practitioner (including doctors, nurses, psychologists and their agents) who have provided me with health care treatment, either as part of this constable selection process or otherwise;
- Any previous employer who may hold personal information about me;
- Any consumer reporting agency, which maintains credit or other personal information about a consumer;
- The Ontario and National Sex Offender registry;
- Any educational institution in which I have been, or am currently, enrolled and which has information about me, including my grade or performance results; and,

I further acknowledge that any of the above-noted individuals or entities may disclose information to the UCCM Anishnaabe Police Service, to which I have submitted an application any or all of the following records, including any parts of the following records:

- Academic records and transcripts;
- Employment records (Police Service and other), including performance evaluation / reviews, discipline, complaint and attendance information;
- Police records and history of law involvement, including criminal and provincial reports and convictions, and intelligence information;
- Police service applications;
- Medical information;
- Background and security checks (including CPIC, NCIC, Interpol, etc.);
- Financial information, including credit bureau check;
- Driving record;
- Physical, psychological, visual, aptitude and other employment-related tests, including but not limited to MMPI-2 -questions, answers and scores, and the interview notes, summaries, opinions, assessments and evaluations of psychologists;
- Social networking sites;
- Applicant survey information; and,
- Training records.



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I understand this information will be used to assess my suitability in relation to my possible employment with the UCCM Anishnaabe Police Service. I understand that all information about me that is obtained during the background and security clearance investigation may be disclosed by the UCCM Anishnaabe Police Service, to those involved in my employment decision, for the purpose of making a decision with respect to my background and security clearance, or for a consistent purpose.

I understand that any information released by any police service, employer (previous or current), organization, business or person to whom a signed copy, facsimile transmittal or a photocopy of this authorization thereof is delivered will be held in strictest confidence, that it will be viewed only by those involved in my employment decision, and that neither I nor anyone else not so involved will have the right to see the information.

RELEASE OF LIABILITY:

By signing this form, I agree that in consideration for applying to be a Police Constable with the UCCM Anishnaabe Police Service, I hereby release and forever discharge all of the individuals, entities, and classes of individuals and entities referred to on this form, and their agents, licensees, employees, directors, officers, and subcontractors, including but not limited to Her Majesty the Queen in Right of Ontario, UCCM Anishnaabe Police Services Commission, the United Chiefs and Council of Mnidoo Mnising and their respective agents, licensees, employees, directors, officers, and subcontractors, from any and all actions, causes of action, claims, demands, and remedies, for any and all damages, losses, injuries and expenses of any nature or kind howsoever arising, which hereafter may be sustained by me in connection with the collection, use, and disclosure of information about me in accordance with the consents provided by me in this form, and from the use or reliance upon information about me obtained in accordance with these consents.

And, I further agree that this Release of Liability shall apply to and be binding on my heirs, administrators, executors, and assigns and each of them.

I have read all pages of this Consent and Release of Liability Form, and by signing below, I certify that I understand its content, agree to its terms, and am at least eighteen (18) years of age.

Lastly, I confirm that I am signing this Consent and Release of Liability Form, voluntarily.

Candidate's Name (Please Print)

Signature of Candidate

Name of Witness (Please Print)

Signature of Witness

Date