



Consent to Background and Security Clearance Investigation

The information on this form is confidential and will be treated as such. Please be aware that the information provided herein could be used during the background investigation in order to further explore and verify statements you make or information you provide to the UCCM Anishnaabe Police Service in relation to your application for employment.

Surname	Given 1	Given 2	Given 3
Maiden Name/Former Surname		Alias Name(s)	Date of Birth (dd/mm/yyyy)

Current Address

City/Town	Province	Postal Code
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Telephone – Home	Cell Phone	Pager
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Social Insurance Number	Drivers License #	<input type="checkbox"/> Male <input type="checkbox"/> Female
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I hereby authorize the UCCM Anishnaabe Police to collect personal information about me from third parties. The undersigned hereby authorizes 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, to provide any and all information, opinion, reports, records or copies thereof, which may be requested by a representative of the UCCM Anishnaabe Police in connection with the security clearance and background investigation relating to my application for employment, which may include, but is not limited to the following records and documentation:

Authorized Areas of Disclosure

<input checked="" type="checkbox"/> Academic Records and Transcripts	<input checked="" type="checkbox"/> Police records including applicant files and history of law involvement, including federal and provincial reports and convictions, local occurrence and intelligence information
<input checked="" type="checkbox"/> Employment Records (includes performance evaluations/reviews, discipline, complaint and attendance information)	<input checked="" type="checkbox"/> Driving Records
<input checked="" type="checkbox"/> Background security check (including CPIC, NCIC, Interpol, etc)	<input checked="" type="checkbox"/> Military and Police Service Records as applicable (includes complaint, disciplinary investigations and results)
<input checked="" type="checkbox"/> Medical Information	<input checked="" type="checkbox"/> Character and reference checks
<input checked="" type="checkbox"/> Financial Information including Credit Bureau Check and/or bank checks	<input checked="" type="checkbox"/> Other:

UCCM ANISHNAABE POLICE SERVICE
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I understand this information will be used to assess my qualifications and suitability in relation to my application for 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 the hiring decision, for the purpose of making a decision with respect to my background and security clearance, or for a consistent purpose.

I hereby declare that the foregoing information is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from further consideration for employment or result in dismissal should I be appointed. It is understood and accepted that I am involved in a competitive selection process and that I may be declined at any stage of this process.

I hereby release the UCCM Anishnaabe Police Service, and all members, employees and representatives of the UCCM Anishnaabe Police Service from any and all actions, claims and demands of every nature and kind whatsoever for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of or in any way related to the collection and/or disclosure of information by the UCCM Anishnaabe Police Service under this Authorization.

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 the hiring decision, and that neither I nor anyone else not so involved will have the right to see the information.

I have read and understood and consent to the above. I understand my rights and obligations under this Authorization, the nature of this Authorization and the consequences of signing this Authorization. I confirm that I am signing this Authorization voluntarily.

Signed in the presence of a witness, on this _____ day of _____, 2022.

Applicant Name and Signature

Witness Name and Signature