

If you order a nationwide criminal search, please skip this form and sign the form on 3rd page.

AUTHORIZATION FORM

I have carefully read and understand this authorization form. By my signature below, I hereby authorize all corporations, employers, educational institutions, law enforcement agencies, city, state, county and federal courts and military services to release information about my background including but not limited to, information about my employment, education, driving records, criminal record and credit history.

My signature below acknowledges the fact that I have read and understand Info Cubic' Privacy Policy regarding the handling of my personal information. Furthermore, I hereby release the aforesaid parties or the company or individuals releasing information about me from any liability whatsoever in collecting and disseminating the information obtained.

SUMMARY OF MY REGITHS UNDER THE FAIR CREDIT REPORTING ACT

- I may request and obtain all the information about me in the criminal history background report. There is no cost to me to be provided a copy of this report.
- All information provided about me in the report is held in strictly confidence by Info Cubic and shall not be disseminated to any third parties.
- If there is identity theft, or misuse of the information about me, I may be able to sue the party responsible for the theft or misuse in state or federal court.

Your Signature Here: _____ **Date:** _____

Note:

POLICE CONSENT TO DISCLOSURE OF PERSONAL INFORMATION
Please fax back to 1-303-220-0171(US)

(PLEASE PRINT CLEARLY) (To be completed by applicant)

Surname (Provide previous name(s) prior to application if applicable)			First Name	Second Name
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

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

<p>SEARCH AUTHORIZATION:</p> <p>I HEREBY CONSENT TO THE SEARCH OF:</p> <p>A. Criminal Record (Adult)</p> <p>RELEASE AUTHORIZATION AND WAIVER Authorization to Release Clearance Report or Any Police Information</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 a Criminal Record or any Criminal Information to Pre-Employment Screening Services, Info Cubic and its partners.</p> <p>I hereby release and forever discharge all members and employees of the processing 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 processing Police Service to Pre-Employment Screening Services, Info Cubic and its partners.</p>	<p>Signed this _____ day of _____, 20____</p> <hr/> <p 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.

ORGANIZATION REQUESTING SEARCH	
_____	_____
Signature of Representative Witnessing Applicant's ID	Type of PHOTO ID Viewed (DL, Health Card, Passport etc.)