



PRINCE ALBERT POLICE SERVICE
CRIMINAL OCCURRENCE SECURITY CHECK

NAME OF APPLICANT:	<u>Last Name</u> *	<u>First Name</u> *	<u>Full Middle Name(s)</u> *
MAIDEN NAME or ALIAS	*		*Male <input type="checkbox"/> *Female <input type="checkbox"/>
CURRENT ADDRESS:	Apt# *	Street/Avenue *	City * Postal Code*
Previous address (if residing outside of Prince Albert in the past 6 Months)	Apt#	Street/Avenue	City: Postal Code
TELEPHONE NUMBER	*	Date of Birth * Year – Month - Day	Place of Birth *
Company/School/Organization Requesting a Criminal Check:	*		
Job Title/Position/Role:	*	Volunteer*	YES <input type="checkbox"/> NO <input type="checkbox"/>

STATEMENT OF CONSENT:

I consent to a search of all records available at the time the search is conducted, including charges before the courts, (including active alternative measures, stays of proceedings entered within one year of this request and findings of unfit to stand trial) findings of guilt or convictions (including youth records accessible under section 119(2) of the Youth Criminal Justice Act) and court orders (including peace bonds, restraining orders and recognizances under sections 810.01, 810.1 or 810.2 of the Criminal Code) registered in my name in the National Repository and local records available to the police service. I understand that if a possible record exists, it will not be disclosed until identification has been confirmed by either myself or by fingerprints. I also understand that apprehensions, orders or other records relating to The Mental Health Services Act or The Youth Drug Detoxification and Stabilization Act will not be disclosed.

Date: * _____ **Signature:** * _____

WAIVER for CONSENT of RELEASE OF INFORMATION TO FIRM or ORGANIZATION or COMPANY:

I consent to the release of any and all information from available records to the authorized person of the above indicated Organization/Company/Firm. I understand that the disclosure of any possible record will not occur unless identification has been confirmed by either myself or by fingerprints and that youth records will only be disclosed to persons having access under section 119(1) of the Youth Criminal Justice Act.

Date: * _____ **Signature:** * _____

CONSENT FOR PERSONS APPLYING FOR POSITIONS WITHIN THE VULNERABLE SECTOR

If you are an applicant for a paid or volunteer position

- i) with a person or organization responsible for the well-being of one or more children or vulnerable persons, and
- ii) if the position is a position of authority or trust relative to those children or vulnerable persons, please complete the following consent.

I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to determine if I have been found guilty or convicted of, and/or have been granted a pardon for, any of the sexual offences that are listed in the schedule to the Criminal Records Act.

I understand that, as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the Criminal Records Act in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Solicitor General of Canada, who may then disclose all or part of the information contained in that record to a police service or other authorized body, that police service or authorized body will then disclose that information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization by Prince Albert Police Service.

Date: * _____ **Signature:** * _____

Identification Produced:	(1) _____	(2) _____
DEPARTMENTAL INFORMATION (POLICE USE ONLY)		
CR Check Results	PERS: Negative <input type="checkbox"/> Positive <input type="checkbox"/>	CNI/CR: Negative <input type="checkbox"/> Positive <input type="checkbox"/>
Special Query (CNIVS): Negative <input type="checkbox"/> Positive <input type="checkbox"/>	RMS CHECK: Negative <input type="checkbox"/> Positive <input type="checkbox"/>	

MEMBER PROCESSING APPLICATION: _____ DATE: _____