

Requesting a Criminal Record Check **APPLICANT INSTRUCTION SHEET**

Please read the following instructions carefully to ensure your request is processed quickly and efficiently. Incomplete or inaccurate information may cause delays in responding to your request and potential loss of time on site at the assigned facility. All applicants must be over the age of 18 to access Criminal Records through Total Security Management Services Inc.

IMPORTANT

- Please complete in black ink. This section requires your Parish Information in order to ensure that your Criminal Record Check is returned to your Parish directly in an efficient manner.
- All reports will be sent to your authorizing Pastor/Administrator of the Parish with a copy to the Archdiocese.
- It is important to include your full name and date of birth.

Completing the “CONSENT FORM”

This is the document that permits TSM to access your Criminal Records. TSM is a contracted agency with a local police service in Ontario and will provide a detailed report of all convictions where a pardon has not been received for offences all across Canada. It is very important to include all necessary information to prevent inaccurate results.

Please note the area that requires your signature:

A. Sign as your consent to access Criminal Records

Be sure to read this carefully to prevent any confusion for unexpected results.

Your identification must be presented to your Pastor/Administrator prior to submitting your consent form. Form must be signed by that representative.

Acceptable ID

Submission must include copies of presented id, consisting of:

1 piece of Government Issued Photo Id

(i.e. Driver’s Licence, Passport, Canadian Citizenship Card, Permanent Resident Card, Certificate of Indian Status), **and**

1 other piece of identification.

(i.e. Birth Certificate, Baptismal Certificate, Hunting Licence, Fishing Licence, Outdoors Card, Hospital Card, Canadian Blood Donor Card, Immigration Papers)

CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

(Please Print) (To be clearly completed by applicant in BLACK ink)

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
--------	--------	----------	-----------------------	-------------

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
--------	--------	----------	-----------------------	-------------

Reason for Request (Screening For) Employment * Volunteer* Other _____

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</p> <p>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 Police Information to Total Security Management and its partners.</p> <p>I hereby release and forever discharge all members and employees of the 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 Police Service to Total Security Management and its partners.</p>	<p>Signed this _____ day of _____, 20_____</p> <p>_____</p> <p style="text-align: center;">(Signature of Applicant)</p>
--	---

Note: The presence of information does not necessarily mean the applicant will be disqualified from the position by the organization.

<p>APPLICANT SELF-DISCLOSURE:</p> <p>Have you ever been convicted of a criminal offence for which no pardon has been granted? ___ Yes ___ No</p> <p>If Yes, please provide details: _____</p> <p>_____</p> <p>Are you currently charged with any offence(s) under the Criminal Code of Canada? ___ Yes ___ No</p> <p>If Yes, please provide details: _____</p> <p>_____</p>
--

<p>IN ORDER TO PROCESS YOUR REQUEST PROMPTLY, THE FOLLOWING INFORMATION <u>MUST</u> BE COMPLETED BY AN <u>AUTHORIZED REPRESENTATIVE</u> OF THE PARISH.</p>	
<p>NAME OF PARISH : _____</p> <p>_____</p> <p>Signature of Representative Witnessing Applicant's ID</p>	<p>1) _____</p> <p>2) _____</p> <p>Type of ID Viewed (DL, Passport, Permanent Resident Card, etc.) Health Cards and Social Insurance Number (SIN) are NOT acceptable as ID</p>

This form must be accompanied by verified, legible copies of two pieces of identification, at least one of which MUST be a government-issued photo document.