



Corporate Head Office
102 Chain Lake Drive, Unit 1E
Halifax, NS B3S 1A7
Tel: 902-450-0697
Fax: 902-484-5379
Toll Free: 888-818-5251

<https://csiscreening.com/>

NTT DATA PROJECT – CX425

You are required to have background screening completed for CX425 PROJECT.

This background screening requires a ID verification, a national Criminal Information Bureau search, a County/State search is address outside NCIB, an education verification for highest level completed, employment verification for last 7 years, Drug screen (not available in Canada), 10 panel screen (not available in Canada). The above must be completed within 10 days of joining project.

In this package you will find all the necessary forms required to complete this background screening. It is very important that you complete all the fields and information requested to avoid any delay in completing the background screening.

Should you require any assistance or if you have any questions concerning this process, please do not hesitate to contact one of our friendly professionals for help. We can be contacted at 888-818-5251, 902-450-0697 or at csi@csiscreening.com.



PLEASE READ PRIOR TO COMPLETING CONSENTS

Instructions for completion of Consent to Disclosure of Personal Information form, Declaration of Criminal Record Information and PIC Supplementary Form

These forms are the only forms that the RCMP and CPIC will allow to be used for conducting name based criminal record checks. Further the RCMP or CPIC will not allow any changes or additions to these forms.

1. SURNAME - Current legal last name, as shown on legal documents.
2. FIRST NAME - Current legal formal first name as shown on legal documents.
3. MIDDLE NAME - This is your second/middle name and/or names.
4. MAIDEN NAME or OTHER SURNAMES - Please include previous surnames, whether they are maiden or any other legal previous surnames.
5. PLACE OF BIRTH - Full place name, including province/state and country of birth
6. DATE OF BIRTH - Full and complete date of birth in format shown on form
7. SEX - Current legal gender identification
8. PHONE # - Current contact telephone number
9. CURRENT ADDRESS - It is critical that you enter the full current residential street address
10. PREVIOUS ADDRESSES - This section is again for the applicant to complete their complete residential previous addresses for the last 5 years.
11. REASON FOR CONSENT - This section is for the applicant to indicate the reason for the criminal check. If it is for a volunteer position, please indicate the description of the position.
12. EVER BEEN CONVICTED OF A CRIMINAL OFFENCE IN CANADA - You must indicate if you have ever been convicted of a criminal offence in Canada in this section. If you indicate YES, then you MUST complete the attached Declaration of Criminal Offence form.

13. SEARCH AUTHORIZATION - In this section the applicant must select whether or not the criminal check is a regular name based criminal check (CPIC) and/or to included an Enhanced Police Check. If you are unsure, please check with your potential employer or person requesting this check. It is also very important that if the results of this criminal record check is been transmitted outside Canada, that the Country it is being transmitted to is included in the space provided.

In the box to the right of this, you MUST read both paragraphs, then date and sign as having read, understood and consent in the space provided.

14. COMPANY OR ORGANIZATION REQUESTING SEARCH - In the first block please enter the name of the company requesting the search. In the space marked 1. to the right, please enter the first photo ID that the witness reviewed to verify the identity of the applicant. In the space marked 2. enter the second photo ID that the witness used to verify the applicant's identity.

The witness MUST sign in the space provided for their signature indicating that they have verified the identity of the applicant, by reviewing the two pieces of ID by comparing to the applicant. The witness will then print their name below their signature.

CONSENT TO DISCLOSURE OR PERSONAL INFORMATION - DECLARATION OF CRIMINAL RECORD INFORMATION

1. PRINTED NAME OF APPLICANT - Please print your full legal name in this space
2. SIGNATURE OF APPLICANT - Please sign as giving your consent to confirm the information contained on form.
3. DATE SIGNED - Please insert date signed
4. CONVICTION DATE - It is important that you provide the proper date of each convicted offence to ensure that proper confirmation can be made.
5. OFFENCE - Please provide the details of the offence committed and police service
6. LOCATION OF OFFENCE - Please enter the place name of the offence
7. It is important to read the information at the bottom of the form so that you understand the purpose of the consent.



POLICE INFORMATION CHECK _ SUPPLEMENTARY INFORMATION

DATE OF REQUEST - Please enter date of request

LAST NAME - Please enter legal last name

FIRST NAME - Please enter legal first name

MIDDLE NAME - Please enter legal middle name

AND STREET NAME - Please enter complete residential address

APT/UNIT # - Enter apartment or unit number

MAIDEN NAME OR OTHER SURNAMES - Enter any previous last name

OTHER FIRST NAMES - Enter any previous first names or nicknames

CITY - Please enter current residential city

PROVINCE - Please enter current residential province

POSTAL CODE - Please enter current postal code

DATE OF BIRTH - Enter correct date of birth

PLACE OF BIRTH - Enter correct place of birth

GENDER - Enter legal gender identity

OFFENCE DATE - Enter correct offence date

LOCATION - enter correct offence location

CHARGE - Enter correct charge

DISPOSITION - Please enter as much information as you know about the charge disposition

CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

(Please Print) (To be completed by applicant)

Surname (Last Name) (Provide previous name(s) prior to application if applicable)	First Name	Middle Name
Maiden Name or Other Surnames Used (if applicable):	Place of Birth (Province and Country)	
Date of Birth (YEAR-MONTH-DAY)	Sex	Phone #

Current Address

Number	Street	Apt/Unit	City/Province/Country	Postal Code
--------	--------	----------	-----------------------	-------------

Provide previous addresses, if any, within the last five (5) years

Number	Street	Apt/Unit	City/Province/Country	Postal Code
Number	Street	Apt/Unit	City/Province/Country	Postal Code

Reason for the Consent

Employment _____ **Other/Volunteer** _____ (If other or volunteer provide description of position) _____

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE IN CANADA? YES NO
IF YOU ANSWERED YES TO THE ABOVE STATEMENT, YOU MUST COMPLETE THE DECLARATION OF CRIMINAL RECORD FORM AND ATTACH.

Note: Information related to this criminal record is collected, retained, and disclosed in accordance with applicable federal, provincial and municipal privacy legislation

<p>SEARCH AUTHORIZATION: CPIC: Enhanced Police Check (Police Information Check):</p> <p>I HEREBY CONSENT TO THE SEARCH OF THE RCMP NATIONAL REPOSITORY OF CRIMINAL RECORDS BASED ON THE NAME(S), DATE OF BIRTH AND DECLARED CRIMINAL RECORD PROVIDED. I UNDERSTAND THAT THE RESULTS MAY BE TRANSMITTED OUTSIDE CANADA TO (insert country)</p> <p>_____ IF REQUIRED</p> <p>A. Criminal Record (Adult)</p> <p>RELEASE AUTHORIZATION AND WAIVER</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 to CSI Inc. 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 CSI Inc. and its partners.</p>	<p>The Police Criminal Records Check will include the following information as it exists on the date of the search: The results of a search of the RCMP National Repository of Criminal Records conducted based on the name(s), date of birth, and declared criminal record history provided by the Applicant for Criminal Convictions. The results of a search for Criminal Records and Summary convictions from the processing Police Service's local database.</p> <p>Our Enhanced Police Check (Police Information Check) will include all of the above and the following information as it exists on the date of the search: The results of a search of the Investigative Databank of the Canadian Police Information Centre (CPIC) for outstanding entries such as charges and warrants, judicial orders, Peace Bonds, Probation and Prohibition Orders. The results of a search for Absolute and Conditional Discharges from the processing Police Service's local database.</p> <p>Signed this _____ day of _____, 20____</p> <p style="text-align: right;">_____ (Signature of Applicant)</p>
--	---

COMPANY OR ORGANIZATION REQUESTING SEARCH	
_____	1. _____
Signature of Individual Witnessing Applicant's ID	2. _____
Printed Name of Individual Witnessing Applicant's ID	Type of Photo ID Viewed (Government Issued) and Secondary ID Viewed
Note: The presence of information does not necessarily mean the applicant will be disqualified from the position by the organization.	



CSI BACKGROUND SCREENING
Vérification d'information de police
Informations supplémentaires

Resignements sur le candidat – Adresse (nom, rue, ville, province, code postale)

Date de demande
/ /
aa mm jj

Nom de famille	Prénom	Deuxième nom			
Numéro et Rue		App/Unité	Nom de jeune fille ou nom(s) de famille ant.	Autre(s) prénom(s)	
Ville	Province	Code Postale	Date de naissance aa mm j	Lieu de naissance	Sexe/Genre

INFRACTIONS

Date d'infraction	Endroit d'infraction	Accusation	L'issue de l'affaire

Large empty area for additional information or notes.



CONSENT TO DISCLOSE PERSONAL INFORMATION

Type or print clearly, illegible information cannot be processed

Company Name

Company Address

Applicant Information Section

I authorize the above named company through its "Agent" to obtain information regarding the items related to me and checked below:

- | | | |
|--|---|--|
| <input type="checkbox"/> Credit Bureau Report | <input type="checkbox"/> Education/Professional Accreditation | <input type="checkbox"/> Driver's Abstract |
| <input type="checkbox"/> Global Terrorist Search | <input type="checkbox"/> Civil Records Search | <input type="checkbox"/> Employment Verification |
| <input type="checkbox"/> Education Verification | <input type="checkbox"/> Bankruptcy Search | <input type="checkbox"/> Enhanced Reference Check |
| <input type="checkbox"/> Identification Verification | <input type="checkbox"/> OFAC Search | <input type="checkbox"/> PPSA Search |
| <input type="checkbox"/> Security Commissions Search | <input type="checkbox"/> Social Media Search | <input type="checkbox"/> Media Search |
| <input type="checkbox"/> Professional Accreditation | <input type="checkbox"/> Other: | <input type="checkbox"/> Criminal Record Search - Outside Canada |
| <input type="checkbox"/> Address Verification | | |

****It is very important that you indicate any name changes, either through marriage, divorce or other legal changes****

Applicant:

LAST/SURNAME FIRST MIDDLE MAIDEN/FORMER SURNAMES OR NAME CHANGES

Address:

STREET / PO BOX / RR # CITY / PROVINCE / STATE POSTAL CODE / ZIP CODE

Telephone #: Male Female Driver's Lic #

Date of Birth: Place of Birth : SIN/SSN

YEAR MONTH DAY CITY / PROVINCE / COUNTRY

Applicant Signature Section

By signing this waiver, I acknowledge full understanding of it's content and meaning and hereby give my informed consent.

Applicant's Signature: _____ Date: _____

Email Address:



Corporate Head Office
102 Chain Lake Drive, Unit 1E
Halifax, NS B3S 1A7
Tel: 902-450-0697
Fax: 902-484-5379
Toll Free: 888-818-5251

<https://csiscreening.com/>

EDUCATION VERIFICATION INFORMATION

Applicant's Name: _____

Date: _____

Please PRINT Clearly

Institution Contact #1	
Institution Name	
Institution Address	
Institution Contact Phone & Email	
Date/Year Completed or Graduated	
Program/Degree/Certificate Obtained	
Student Number	
Institution Contact #2	
Institution Name	
Institution Address	
Institution Contact Phone & Email	
Date/Year Completed or Graduated	
Program/Degree/Certificate Obtained	
Student Number	
Institution Contact #3	
Institution Name	
Institution Address	
Institution Contact Phone & Email	
Date/Year Completed or Graduated	
Program/Degree/Certificate Obtained	
Student Number	

EDUCATION VERIFICATION REQUESTED BY: _____

CSI Background Screening Email Directory:

General Inquiries: admin@csiscreening.com

Screening Analyst: csi@csiscreening.com



Corporate Head Office
102 Chain Lake Drive, Unit 1E
Halifax, NS B3S 1A7
Tel: 902-450-0697
Fax: 902-484-5379
Toll Free: 888-818-5251

<https://csiscreening.com/>

Applicant's Name:

Date:

Please PRINT Clearly

Employment Contact #1	
Contact First Name/Last Name	
Company Name (if applicable)	
Position/Title (if applicable)	
Daytime Phone# (include area code)	
Daytime Email	
Other Contact Information (mobile)	
What is/was your position or title?	
Employment start and end dates	
Employment Contact #2	
Contact First Name/Last Name	
Company Name (if applicable)	
Position/Title (if applicable)	
Daytime Phone# (include area code)	
Daytime Email	
Other Contact Information (mobile)	
What is/was your position or title?	
Employment start and end dates	
Employment Contact #3	
Contact First Name/Last Name	
Company Name (if applicable)	
Position/Title (if applicable)	
Daytime Phone# (include area code)	
Daytime Email	
Other Contact Information (mobile)	
What is/was your position or title?	
Employment start and end dates	

REFERENCES REQUESTED BY:

CSI Background Screening Email Directory:

General Inquiries: admin@csiscreening.com

Screening Analyst: csi@csiscreening.com

PREVIOUS ADDRESSES

ADDRESS LINE 1	ADDRESS LINE 2	COUNTY/STATE/PROVINCE
ZIP/POSTAL CODE	COUNTRY	DATES OF RESIDENCE

ADDRESS LINE 1	ADDRESS LINE 2	COUNTY/STATE/PROVINCE
ZIP/POSTAL CODE	COUNTRY	DATES OF RESIDENCE

ADDRESS LINE 1	ADDRESS LINE 2	COUNTY/STATE/PROVINCE
ZIP/POSTAL CODE	COUNTRY	DATES OF RESIDENCE

ADDRESS LINE 1	ADDRESS LINE 2	COUNTY/STATE/PROVINCE
ZIP/POSTAL CODE	COUNTRY	DATES OF RESIDENCE

PREVIOUS ADDRESSES

ADDRESS LINE 1	ADDRESS LINE 2	COUNTY/STATE/PROVINCE
ZIP/POSTAL CODE	COUNTRY	DATES OF RESIDENCE

ADDRESS LINE 1	ADDRESS LINE 2	COUNTY/STATE/PROVINCE
ZIP/POSTAL CODE	COUNTRY	DATES OF RESIDENCE

ADDRESS LINE 1	ADDRESS LINE 2	COUNTY/STATE/PROVINCE
ZIP/POSTAL CODE	COUNTRY	DATES OF RESIDENCE

ADDRESS LINE 1	ADDRESS LINE 2	COUNTY/STATE/PROVINCE
ZIP/POSTAL CODE	COUNTRY	DATES OF RESIDENCE