

Corporate Head Office

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https://csiscreening.com/

NTT DATA PROJECT - SUNC

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

This background screening requires a domestic criminal check and international check for last 10 years.

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)	T			
Surname (Last Name) (Provide previous name(s) prior to application if applicable)	First Name		Middle Name	e
Maiden Name or Other Surnames Used (if applicable):	Place of Birt	th (Province and Co	ountry)	
Date of Birth		Sex	Phone #	
(YEAR-MONTH-DAY)				
Current Address				
Number Street Apt/Unit	City/Province/C	Country		Postal Code
Provide previous addresses, if any, within the last five (5) years				
Number Street Apt/Unit C	City/Province/C	ountry		Postal Code
Number Street Apt/Unit C	City/Province/C	ountry		Postal Code
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE IN CA IF YOU ANSWERED YES TO THE ABOVE STATEMENT, YOU MUST CO. Note: Information related to this criminal record is collected provincial and municipal privacy legislation SEARCH AUTHORIZATION: Enhanced Police Check	ANADA? MPLETE TH	E DECLARATIO! and disclosed	in accordance with	RD FORM AND ATTACH
CPIC: (Police Information Check): I HEREBY CONSENT TO THE SEARCH OF THE RCMP NATIONAL REPORT OF CRIMINAL RECORDS BASED ON THE NAME(S), DATE OF BIDECLARED CRIMINAL RECORD PROVIDED. I UNDERSTAND TRESULTS MAY BE TRANSMITTED OUTSIDE CANADA TO (insert country)	IRTH AND THAT THE	it exists on the da National Reposite date of birth, and Applicant for Crin	ate of the search: The result bry of Criminal Records cond declared criminal record his ninal Convictions. The result	s of a search of the RCMP ucted based on the name(s), story provided by the
A. Criminal Record (Adult) RELEASE AUTHORIZATION AND WAIVER I certify that the information set out by me in this application is true and correct of my ability. I consent to the release of a Criminal Record to CSI Inc. and its p	oartners.	the above and th search: The resu Canadian Police I charges and warr Prohibition Ordei Discharges from 1	lice Check (Police Information as it is of a search of the Investign formation as it its of a search of the Investign formation Centre (CPIC) for ants, judicial orders, Peace Is. The results of a search for the processing Police Service day of	exists on the date of the gative Databank of the routstanding entries such as Bonds, Probation and r Absolute and Conditional the local database.
I hereby release and forever discharge all members and employees of the proces Service from any and all actions, claims and demands for damages, loss or injur arising which may hereafter be sustained by myself as a result of the disclosure information by the processing Police Service to CSI Inc. and its partners.	ry howsoever			(Signature of Applicant)
		<u> </u>		
COMPANY OR ORGANIZATION REQUESTING SEARCH				
	1.			
Signature of Individual Witnessing Applicant's ID	2.	Onl A POST	0	
Printed Name of Individual Witnessing Applicant's ID	Note: The	e presence of inform	Government Issued) and Seconation does not necessarily by the organization.	condary ID Viewed y mean the applicant will be

CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

DECLARATION OF CRIMINAL RECORD INFORMATION

APPLICANT MUST DECLARE ALL CONVICTIONS FOR OFFENCES UNDER FEDERAL LAW

Printed Name of Applicant	S	Signature of Applicant	
Date Signed – Year/M	onth/Day		
CONVICTION DATE	OFFENCE		
	(and POLICE SERVICE if known)	LOCATION OF OFFENCE	

DO NOT LIST ANY OF THE FOLLOWING OFFENCES ON THIS FORM:

A conviction for which the Applicant has received a Pardon in accordance with the Criminal Records Act
A conviction where the applicant was a "young person" under the Youth Criminal Justice Act
An Absolute Discharge or Conditional Discharge pursuant to section 730 of the Criminal Code
An offence for which the applicant was not convicted
Any provincial or municipal offence
Any charges dealt with outside of Canada

Declaration of Criminal Record does not constitute a Certified Criminal Record by the RCMP

Declaration of Criminal Record may not contain all criminal record convictions

A Certified Criminal Record can only be issued by CCRTIS based on the submission of fingerprints to the RCMP National Repository of Criminal Record.



CSI BACKGROUND SCREENING

Vérification d'information de police Informations supplémentaires

Reseignements 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 fill	e ou nom(s	s) de famille ant.	Autre(s) p	rénom(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'issu	de l'affa	aire
2									



CONSENT TO DISCLOSE PERSONAL INFORMATION

Type or print clearly, illegible information cannot be processed						
Company Name						
Company Address						
Applicant Information I authorize the above named	n Section d company through its "Agent	t" to obtain information regard	ding the items related to m	ne and checked below:		
□ CreditBureauReport		Education/Professiona	Accreditation	Driver's Abstract		
☐ Global Terrorist Search		Civil Records Search		Employment Verification		
☐ Education Verification	on	Bankruptcy Search		Enhanced Reference Check		
☐ Identification Verific	ation	OFAC Search		PPSA Search		
☐ Security Commisson	ns Search	Social Media Search		Media Search		
□ Professional Accred		Other:	Cri	iminal Record Search - Outside Canada		
Address Verification	n					
Applicant:	important that you indicate	e any name changes, eithe	r through marriage, divo	orce or other legal changes** MAIDEN/FORMER SURNAMES OR NAME CHANGES		
Address:	STREET / PO BOX / RR #		TY / PROVINCE / STATE	POSTAL CODE / ZIP CODE		
Telephone #:		Male	Female Driver	's Lic #		
Date of Birth: YEAR	MONTH DAY	Place of Birth :	CITY / PROVINCE /COUNTRY	SIN/SSN		
Applicant Signature Sec	tion					
By signing this waiver, I acknowledge Applicant's Signature:	nowledge full understanding o	of it's content and meaning a	nd hereby give my inform Date:	ed consent.		
Email Address:						
,						

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