

Corporate Head Office

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https://csiscreening.com/

NTT DATA PROJECT - CIB480

You are required to have background screening completed for CIB480 PROJECT.

This background screening includes a domestic and international criminal check for the last 10 years. It is very important that for International criminal checks, that you provide previous addresses for 10 years. The Canadian criminal check only requires previous 5 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. Previous 10 years are required for International criminal checks.
- 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. A copy of the IDs MUST accompany the consents submitted to CSI.

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	e
Maiden Name or Other Surnames Used (if applicable):	Place of Birth	(Province and Co	ountry)	
Date of Birth	S	Sex	Phone #	
(YEAR-MONTH-DAY)				
Current Address Number Street Apt/Unit Ci	ity/Province/Co	untry		Postal Code
Provide previous addresses, if any, within the last five (5) years				
Number Street Apt/Unit Cit	ty/Province/Cou	untry		Postal Code
Number Street Apt/Unit Cit	ty/Province/Cou	untry		Postal Code
Reason for the Consent Employment Other/Volunteer (If other or vol HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE IN CAN IF YOU ANSWERED YES TO THE ABOVE STATEMENT, YOU MUST COM Note: Information related to this criminal record is collected, provincial and municipal privacy legislation SEARCH AUTHORIZATION: CPIC: Enhanced Police Check (Police Information Check):	NADA? IPLETE THE	DECLARATION and disclosed The Police Crimin it exists on the da	YES NO N OF CRIMINAL RECO in accordance with	e the following information as s of a search of the RCMP
I HEREBY CONSENT TO THE SEARCH OF THE RCMP NATIONAL REPOSE OF CRIMINAL RECORDS BASED ON THE NAME(S), DATE OF BIR DECLARED CRIMINAL RECORD PROVIDED. I UNDERSTAND TH RESULTS MAY BE TRANSMITTED OUTSIDE CANADA TO (insert country	RTH AND HAT THE y) to the best rtners. ing Police	date of birth, and Applicant for Crin Records and Sum database. Our Enhanced Po the above and the search: The resul Canadian Police In charges and warr Prohibition Order Discharges from the	declared criminal record his ninal Convictions. The result mary convictions from the p slice Check (Police Informati e following information as it lts of a search of the Investig	ts of a search for Criminal processing Police Service's local sion Check) will include all of a exists on the date of the gative Databank of the routstanding entries such as Bonds, Probation and or Absolute and Conditional e's local database.
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.	f			(Signature of Applicant)
COMPANY OR ORGANIZATION REQUESTING SEARCH				
Signature of Individual Witnessing Applicant's ID	2.		Government Issued) and Sec	
Printed Name of Individual Witnessing Applicant's ID			nation does not necessarily by the organization.	y mean the applicant will be

Printed Name of Individual Witnessing Applicant's ID

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		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 fille ou nom(s) de		s) de famille ant.	le 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'affa	aire
	<u> </u>						_		



CONSENT TO DISCLOSE PERSONAL INFORMATION

Type or print clearly, illegible information cannot be processed										
Co	mpany Name									
Co	mpany Address									
	·							-		
-	plicant Information thorize the above named		Agent" to obtain in	nformation regard	ding the items relate	ed to me and	d checked below:			
□ CreditBureauReport		Education	Education/Professional Accreditation			Driver's Abstract				
☐ Global Terrorist Search☐		Civil Re	Civil Records Search			Employment Verification				
	Education Verification	on	Bankru	Bankruptcy Search			Enhanced Reference Check			
	Identification Verific	ation	OFAC S	Search			PPSA Search			
	Security Commissor	ns Search	Social	Media Search	l		Media Search			
	Professional Accred		Other:			Crimina	al Record Search	- Outside Canada		
		·· mportant that you indi	cate any name o	hanges, either	through marriage.	divorce or	other legal changes	**		
	_	previous addresses fo	-							
Appl		ST/SURNAME		FIRST	MIDDLE		MAIDEN/FORMER SURNAM			
	phone #:	STREET / PO BOX / RR #	Place of	Male	TY / PROVINCE / STATE Female CITY / PROVINCE / COUN			CODE / ZIP CODE		
	12/11	WONTH			OTT / TROVINGE / COOK	*****				
By s	elicant Signature Sec signing this waiver, I ackr elicant's Signature: ail Address:		ding of it's conten	t and meaning a		informed co	nsent.			