



Corporate Head Office
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<https://csiscreening.com/>

NTT DATA PROJECT – BPT45

You are required to have background screening completed for BPT45 PROJECT.

This background screening includes a domestic criminal check, using the attached Canadian Criminal Verification Informed Consent form, a 7 year international criminal check and a Canadian credit check. You are also required to have an employment verification completed for last 3 employers and an education verification completed for highest degree completed.

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 the RCMP Criminal Record Verification informed Consent form, the Declaration of Criminal Record and PIC Supplementary Form

It is important to understand that the Criminal Record Verification Informed Consent Form is the only form that the RCMP and CPIC will allow to be used for conducting name based criminal record checks. Further, the RCMP and CPIC will not allow any changes or additions to these forms. This form is the fourth page of this package and does not have a page number, as no changes are permitted.

Enclosed with this package are the following documents:

1. A cover letter (if required) with specific instructions for your employer
2. This general instruction document
3. The Criminal Record Verification Informed Consent Form
4. A sample guide to completing this form
5. The Declaration of Criminal Record Form
6. A guide for completing the Declaration Form
7. The Supplementary Police Information Form (If Enhanced police Check required)
8. Education Verification Form
9. Employment Verification /Reference Form
10. Previous Addresses Form
11. General Consent Form (for all searches other than Canadian Criminal Record Check)

Instructions for Completing the Criminal Record Verification Informed Consent Form

For your convenience we have included a guide for completing this form attached directly after these instructions.

You will note that the Consent Form is divided into 4 (four) sections:

- A. Personal Information**
- B. Reason for the Criminal Record Verification**
- C. Informed Consent**
- D. Identification Verification**

<u>Section A:</u>	
Surname, Last Name	This is your current last name
Given Name	These are your full legal first and middle names
Surname, Last name at birth	This is the surname you were given at birth
Former name	These are any other names you have used, including maiden names, previous surnames, etc
Place of birth	This is the city, province/state and country where you were born
Date of birth	This is the date you were born. Use the format year/month/day
Sex	Either Male or Female must be selected
Telephone number	This is a number that you can be contacted at
Email Address	This is an email address that you check regularly and can be contacted at
Current Home Address	This is the address you are currently residing at. Please ensure the address is complete
Previous Addresses	This is a list of your previous addresses for the past 5 years. This is only used for the Canadian Criminal Check and is an RCMP requirement. Attach another sheet of paper if required.
<u>Section B:</u>	
Reason for Request	Fill in the appropriate reason, ie. Employment, volunteering, etc
Organization Requesting Search	Enter the name of the company that is asking you to complete this search
Contact Name	Enter the name of the person who is asking for the search
Contact Phone Number	Enter the contact person's telephone number
<u>Section C:</u>	This section is extremely important, as this is where you give your informed consent to have this search completed and specify what type of search is required. Please make sure you read and understand this section fully before signing. Once you have read and understood the search authorization paragraph, you will be required to consent to the type of search required. There are three (3) choices that can be checked:
CPIC Investigative Data Bank	This is a standard name based criminal record check or police check
Police Information Portal (PIP)	This is selected if your Employer has requested an Enhanced Police Check. You will be asked to declare any convictions, outstanding charges, previous charges that did not result in conviction, warrants, etc.
Other	If a special search has been requested, it would be noted here
	The Authorization Waiver part of this section is where you will see who will be conducting the search and which authorized police department is used. You will then complete the full signature details and sign the document
<u>Section D:</u>	This section is where a witness MUST compare two pieces of identification from you, one of which must be a government issued photo ID. The witness MUST provide his/her name in the area provided and indicate in the two sections provided the type of identification that was verified. The witness must then sign his/her name and provide contact details. A witness can be a company representative, or responsible adult who does not share the same surname as the applicant and is not related.



A. Personal Information

Form fields for personal information: Surname (last name), Given name(s), Surname (last name) at birth, Former name(s), Place of birth (City, Province/State, Country), Date of birth (YYYY-MM-DD), Sex (check one) Female Male, Phone number(s), Email address.

Current Home Address

Form fields for current home address: Number, Street, Apartment, City, Province/Territory/State, Postal/ZIP code.

Previous Address(es) Within the Last 5 Years (attach additional page if necessary)

Form fields for previous addresses within the last 5 years, including Number, Street, Apartment, City, Province/Territory/State, and Postal/ZIP code.

B. Reason for the Criminal Record Verification

Form fields for reason for verification: Reason for Request (example Employment - Employer - Job Title), Organization Requesting Search, Contact Name, Contact Phone Number.

C. Informed Consent

SEARCH AUTHORIZATION - I HEREBY CONSENT TO THE SEARCH OF the RCMP National Repository of Criminal Records based on the name(s), date of birth and where used, the declared criminal record history provided by myself. I understand that this verification of the National Repository of Criminal Records is not being confirmed by fingerprint comparison which is the only true means by which to confirm if a criminal record exists in the National Repository of Criminal Records.

POLICE INFORMATION SYSTEM(S) - I HEREBY CONSENT TO THE SEARCH OF police information systems, as part of a Police Information Check, which will consist of a search of the following systems (check applicable):

Form fields for police information systems: CPIC Investigative Data Bank, Police Information Portal (PIP), OTHER.

AUTHORIZATION AND WAIVER to provide a confirmation of criminal record or any police information.

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 the results of the criminal record checks to CSI Background Screening, located in Halifax, Nova Scotia, Canada.

I hereby release and forever discharge all members and employees of the processing Police Service and the Royal Canadian Mounted Police 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

Orangeville Police Service to CSI Background Screening, Halifax, Nova Scotia, Canada.

Form fields for signature and date: Signature of Applicant, Date (Year, Month, Day), Signed at (City, Province/Territory).

D. Identification Verification

Electronic Identify Verification

Form fields for identification verification: Witnessing Agent's Name, Identification Verified, Witnessing Agent's Signature, Type of Photo ID Viewed (Government Issued) & Secondary ID.

Name and location of the company where information will be stored in Canada: CSI Background Screening, Halifax, Nova Scotia, Canada

Information related to this criminal record check is collected, retained and disclosed in accordance with applicable privacy legislation.



A. Personal Information

Form section for personal information including Surname (last name), Given name(s), Date of birth, Sex, and Phone number(s).

Form section for current and previous addresses, including fields for Number, Street, Apartment, City, Province/Territory/State, and Postal/Zip Code.

B. Reason for the Criminal Record Verification

Form section for reason for request, organization requesting search, and contact information.

C. Informed Consent

SEARCH AUTHORIZATION - I HEREBY CONSENT TO THE SEARCH OF the RCMP National Repository of Criminal Records based on the name(s), date of birth and where used, the declared criminal record history provided by myself.

POLICE INFORMATION SYSTEM(S) - I HEREBY CONSENT TO THE SEARCH OF police information systems, as part of a Police Information Check, which will consist of a search of the following systems (check applicable):

AUTHORIZATION AND WAIVER to provide a confirmation of criminal record or any police information.

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 the results of the criminal record checks to CSI Background Screening, located in Halifax, Nova Scotia, Canada

I hereby release and forever discharge all members and employees of the processing Police Service and the Royal Canadian Mounted Police 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

Form section for signature of applicant, date, and signed at location.

D. Identification Verification

Form section for identification verification including Witnessing Agent's Name, Signature, and Identification Verified details.

Name and location of the company where information will be stored in Canada: CSI BACKGROUND SCREENING

Information related to this criminal record check is collected, retained and disclosed in accordance with applicable privacy legislation.

Declaration of Criminal Record

This form is required to be filled out and attached to your Informed Consent Form for a Criminal Record Verification.

Surname (last name) _____ Given name(s) _____ Date of Birth _____

Information is collected and disclosed in accordance with federal, provincial and municipal laws. YYYY-MM-DD

A Declaration of Criminal Record does not constitute a Certified Criminal Record by the RCMP and may not contain all criminal record convictions.

Applicants must declare all convictions for offences under Canadian federal law.

Do not declare the following:

- A conviction for which you have received a Record Suspension (formerly pardon) in accordance with the *Criminal Records Act*;
- A conviction where you were a "young person" under the *Youth Criminal Justice Act*;
- An Absolute or Conditional Discharge, pursuant to section 730 of the *Criminal Code*;
- An offence for which you were not convicted;
- Any provincial or municipal offence, and;
- Any charges dealt with outside of Canada.

Note that a Certified Criminal Record can only be issued based on the submission of fingerprints to the RCMP National Repository of Criminal Record.

Offence	Date of Sentence	Court Location

Signature of Applicant

Date (YYYY-MM-DD)

Verified By:

Name of Police Officer

Signature of Police Officer



POLICE INFORMATION CHECK _ SUPPLEMENTARY INFORMATION

DATE OF REQUEST -	Please enter date of request
LAST NAME - FIRST	Please enter legal last name
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



CSI BACKGROUND SCREENING
Police Information Check
Supplementary Information

APPLICANTS INFORMATION - Mailing Address (name, street, city, province, postal

Date of Request
/ /
yy mm dd

Last Name		First Name	Middle Name		
# and Street Name		Apt/Unit #	Maiden Name or other Surnames used		Other First Names
City	Province	Postal Code	Date of Birth yy mm dd	Place of Birth	Gender

OFFENCES

Offence Date	Location	Charge	Disposition

Large empty rectangular 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"/> CreditBureauReport | Education/Professional Accreditation | Driver's Abstract |
| <input type="checkbox"/> Global Terrorist Search | Civil Records Search | Employment Verification |
| Education Verification | Bankruptcy Search | Enhanced Reference Check |
| Identification Verification | OFAC Search | PPSA Search |
| Security Commissions Search | Social Media Search | Media Search |
| Professional Accreditation | Other: | International Criminal Search |
| 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:



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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: _____



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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

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ZIP/POSTAL CODE	COUNTRY	DATES OF RESIDENCE

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