



Corporate Head Office
115 Chain Lake Drive, Unit 2
Halifax, NS B3S 1B3
Tel: 902-450-0697
Fax: 902-484-5379
Toll Free: 888-818-5251

<https://csiscreening.com/>

NTT DATA PROJECT – HACKENSACK

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

This background screening includes:

1. an ID Verification;
2. a Canadian criminal check, plus an international criminal check if you resided outside Canada during the last 7 years;
3. a Global Terrorist/Sanctions Search;
4. An Education verification for the highest degree obtained;
5. An Employment verification for the last 3-7 years, including verification of title and dates.

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.



CRIMINAL RECORD VERIFICATION

Informed Consent Form

A. Personal Information

| | | | |
|--|--|--|--------------------------------|
| Surname (last name): LAST NAME OF APPLICANT | | Given name(s): GIVEN NAMES | |
| Surname (last name) at birth: LAST NAME AT BIRTH | | Former name(s): ANY FORMER LAST NAMES | |
| Place of birth (City, Province/State, Country): FULL ADDRESS OF BIRTH | | | |
| Date of birth (YYYY-MM-DD): FULL DATE OF BIRTH | | Sex (check one) <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male | |
| Phone number(s): CURRENT TELEPHONE NUMBERS | | Email address: CURRENT EMAIL ADDRESS FOR APPLICANT | |
| Current Home Address FULL COMPLETE RESIDENTIAL ADDRESS FOR APPLICANT, INCLUDING HOUSE NUMBER, APARTMENT NUMBER AND POSTAL OR ZIPCODE | | | |
| Number _____ Street _____ Apartment _____ | | City _____ | Province/Territory/State _____ |
| Postal/ZIP code _____ | | | |
| Previous Address(es) Within the Last 5 Years (attach additional page if necessary) | | | |

B. Reason for the Criminal Record Verification

Reason for Request (example Employment - Employer - Job Title): _____

Organization Requesting Search: **COMPANY REQUESTING CRIMINAL RECORD SEARCH**

Contact Name: **COMPANY CONTACT NAME** Contact Phone Number: **COMPANY CONTACT TELEPHONE 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):

(NORMAL POLICE CRIMINAL CHECK) **(ENHANCED POLICE CHECK, IF REQUESTED BY EMPLOYER)**

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

Company Name City and Country

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 _____ to CSI Background Screening, Halifax, Nova Scotia, Canada

Name of Processing Police Service Company Name City and Country

| | | | | |
|---|-------------------------------|-------|-----|--------------------|
| Signature of Applicant APPLICANT MUST SIGN AND DATE | Date | | | Signed at |
| | Year | Month | Day | |
| | <input type="checkbox"/> City | | | Province/Territory |

D. Identification Verification

| | |
|---|--|
| Witnessing Agent's Name: WITNESS FULL NAME | Identification Verified: Physical |
|---|--|

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.****



Acceptable Identification

Primary Identification accepted:

- Driver's License (issued by Canadian Province or Territory)
- Foreign Driver's License
- Canadian Passport
- Foreign Passport
- Canadian Citizenship Card
- Permanent Resident Card
- Certification of Indian Status
- Student identity card from a foreign institute
- Student identity card from a local institute
- Firearms Acquisition Certificate
- Firearms Possession Certificate
- Canadian National Institute of the Blind Identification Card
- Federal, Provincial, or Municipal Identification Card
- Taxi/Livery License, City Employee I.D.
- Military Family Identification Card

Secondary Identification:

- Birth Certificate
- Baptismal Certificate
- Hunting License
- Hospital Card
- Health Card (with Health Card # blacked out)
- Fishing License

Please note: Social Insurance Numbers and Debit/Credit Cards are NOT acceptable for identification purposes.



PLEASE READ PRIOR TO COMPLETING CONSENTS

**Instructions for completion of Consent to Disclosure of Personal Information form,
Declaration of Criminal Record Information Form and the 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 and CPIC will not allow any changes or additions to these forms.

1. SURNAME – Current legal last name, as shown on legal documents
2. GIVEN / FIRST NAME – Current legal formal first name as shown on legal documents
3. SURNAME AT BIRTH – Surname at time of birth
4. FORMER NAMES – Please include previous surnames, whether they are maiden or any other legal previous surnames.
5. PLACE OF BIRTH – Full City Name, Province/State and Country name 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. EMAIL – Current valid email address
10. CURRENT HOME ADDRESS – It is critical that you enter your full current residential street address.

11. PREVIOUS ADDRESSES – This section is for the applicant to provide their complete previous address history in the last 5 years.
12. REASON FOR CONSENT – This section is for the applicant to indicate the reason for the criminal record check. If it is for a volunteer position, please indicate the description of the position. Also provide the name of the company/organization requesting the check and contact information as indicated.
13. INFORMED CONSENT / SEARCH AUTHORIZATION– In this section please indicate the type of criminal record check you require:

CPIC – Normal national criminal record check and self-declared convictions

Police Information Portal (PIP) aka Enhanced Criminal Record Check – A search of you name for all police contact, including charges not yet convicted of. The PIC Supplementary Form attached is required to be filled out

You **MUST** read the **Search Authorization** and the **Authorization and Waiver** section of the form.

14. Once you have read the Informed Consent section of the form, you must sign, date and provide the location in which you signed the document in the spaces provided.
15. You must have a witness print and sign their name to verify the 2 pieces of identification that will be scanned and sent with this form. The witness **cannot** be a family member or someone with the same last name. Please indicate the type of ID viewed in this section as well. A copy of the ID's **MUST** accompany the consent form when sent to CSI Background Screening.



A. Personal Information

Form section A containing fields for Surname, Given name, Date of birth, Sex, Phone number, Email address, and Current Home Address.

B. Reason for the Criminal Record Verification

Form section B containing fields for Reason for Request, Organization Requesting Search, Contact Name, and 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.

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):

- 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 Brantford Police Service to CSI Background Screening, Halifax, Nova Scotia, Canada

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

D. Identification Verification

Form section D containing fields for Witnessing Agent's Name, Identification Verified (Electronic/Physical), Witnessing Agent's Signature, and Type of Photo ID Viewed.

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.

**CONSENT TO DISCLOSURE OF PERSONAL INFORMATION – DECLARATION OF CRIMINAL
RECORD INFORMATION FORM**

(This form is required only if you have a criminal record to declare)

PRINTED NAME OF APPLICANT – Please print your full legal name in this space

SIGNATURE OF APPLICANT – Please sign as giving consent to confirm the information contained on this form.

DATE SIGNED – Please insert the date signed

CONVICTION DATE – It is important that you provide the proper date of each convicted offence to ensure that the proper confirmation can be made.

OFFENCE – Please provide the details of the offence committed and police service

LOCATION OF OFFENCE - Please enter the location of the offence (City and Province)

It is important to read the information at the bottom of the form so that you understand the purpose of the consent.

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/Month/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.



**POLICE INFORMATION CHECK – SUPPLEMENTARY INFORMATION FORM
(ENHANCED CRIMINAL RECORD CHECK)**

**This form is only required if you have any pending charges, outstanding warrants, etc,
and if you have checked off the box for the PIP (Enhanced) Criminal Record Check**

Enter your personal information in the top section of the form with the correct information.

With this you must also include the below in the section provided:

OFFENCE DATE – Enter correct offence date

LOCATION- enter correct location of the offence

CHARGE – Enter the 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"/> 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:

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/Month/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
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.



Corporate Head Office
115 Chain Lake Drive, Unit 2,
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
115 Chain Lake Drive, Unit 2
Halifax, NS B3S 1B3
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 |