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<https://csiscreening.com/>

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In this package you will find 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 have any questions concerning this process, please do not hesitate to contact one of our friendly professional staff for help.

We can be reached at 888-818-5251, 902-450-0697 or at [csi@csiscreening.com](mailto:csi@csiscreening.com).

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**CSI Background Screening Email Directory:**

General Inquiries: [admin@csiscreening.com](mailto:admin@csiscreening.com)

Screening Analyst: [csi@csiscreening.com](mailto:csi@csiscreening.com)

Directors: [fdehmel@csiscreening.com](mailto:fdehmel@csiscreening.com); [tdehmel@csiscreening.com](mailto:tdehmel@csiscreening.com)



**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.

**CRIMINAL RECORD  
VERIFICATION****Informed Consent Form****A. Personal Information**

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

**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

\_\_\_\_\_  
Name of Processing Police Service to CSI Background Screening, Halifax, Nova Scotia, Canada  
Company Name City and Country

|                                                               |       |     |      |           |                    |
|---------------------------------------------------------------|-------|-----|------|-----------|--------------------|
| Signature of Applicant<br><b>APPLICANT MUST SIGN AND DATE</b> | Date  |     |      | Signed at |                    |
|                                                               | Month | Day | Year | City      | Province/Territory |

**D. Identification Verification**

Verification

Electronic Identify

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**



# CRIMINAL RECORD VERIFICATION Informed Consent Form

## A. 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 (MMM-DD-YYYY):                    | Sex (check one) <input type="checkbox"/> Female <input type="checkbox"/> Male |
| Phone number(s):                                | Email address:                                                                |

### 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## B. Reason for the Criminal Record 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):

- ☐ 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

**Brantford Police Service** to CSI Background Screening \_\_\_\_\_, Halifax, Nova Scotia, Canada  
Name of Processing Police Service Company Name City and Country

|                        |                        |                         |
|------------------------|------------------------|-------------------------|
| Signature of Applicant | Date<br>Month Day Year | Signed at               |
|                        |                        | City Province/Territory |

## D. Identification Verification

☐ Electronic Identify Verification

|                              |                                                               |
|------------------------------|---------------------------------------------------------------|
| Witnessing Agent's Name:     | Identification Verified: Physical                             |
| Witnessing Agent's Signature | Type of Photo ID Viewed<br>(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.\*\***

**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 – Month/Day/Year

**CONVICTION DATE**

**OFFENCE**

**LOCATION OF OFFENCE**

|  | (and POLICE SERVICE if known) |  |
|--|-------------------------------|--|
|  |                               |  |
|  |                               |  |
|  |                               |  |
|  |                               |  |
|  |                               |  |
|  |                               |  |
|  |                               |  |
|  |                               |  |
|  |                               |  |
|  |                               |  |

**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  
/ /  
mmm dd yyyy

|                   |            |             |                                    |                   |        |
|-------------------|------------|-------------|------------------------------------|-------------------|--------|
| 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 Birth mmm dd yyyy             | Place of Birth    | Gender |

**OFFENCES**

| Offence Date | Location | Charge | Disposition |
|--------------|----------|--------|-------------|
|              |          |        |             |
|              |          |        |             |
|              |          |        |             |
|              |          |        |             |
|              |          |        |             |



## 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.