



CONSENT TO DISCLOSE PERSONAL INFORMATION

Type or print clearly, illegible information cannot be processed

Company Name

Company Address

Applicant Information Section

I authorize the Company named above to conduct background checks relevant to any of the items I have indicated below. I authorize CSI Background Screening, as agent of the Company, and any agents of CSI Background Screening, to: Use and disclose my personal details provided below to check the items I have indicated below; Where one or more international checks are appropriate for prudent background screening practice having regard to my background, use and disclose my personal details internationally; Obtain from appropriate sources, any information relevant to the background check items indicated below; and Provide that information to the Company. I authorize any institution holding information about me to release that information to CSI Background Screening or its agent.

Credit Bureau Search

Civil Records Search

Drivers' Abstract

Global Terrorist Search

Bankruptcy Search

Employment Verification

Education Verification

OFAC Search Social

Enhanced Reference Check

Identification Verification Security

Media Search

PPSA Search

Security Commission Search

Other

Media Search

Professional Accreditation

Outside Canada Criminal

Address verification

Record Search

****It is very important that you indicate any name changes, either through marriage, divorce or other legal changes****

Applicant:

LAST/SURNAME

FIRST

MIDDLE

MAIDEN or FORMER or CHANGED SURNAMES

Address:

STREET / PO BOX / RR #

CITY / PROVINCE / STATE

POSTAL CODE / ZIP CODE

Telephone #:

Male Female Other

Driver's License #

SIN/SSN

Date of Birth:

Place of Birth :

YEAR

MONTH

DAY

CITY / PROVINCE / COUNTRY

Previous Address for last TEN years. Attached additional sheet if required

#1

#2

#3

#4

#5

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: