



# SASKATOON POLICE SERVICE

## CRIMINAL OCCURRENCE SECURITY CHECK

**(Application form must be completed in FULL before your request will be processed.)**

LAST NAME:		GIVEN NAME:		MIDDLE NAME(S):	
ALL PREVIOUS LAST NAMES USED: (include Maiden name)		DATE OF BIRTH: (Year/Month/Day)		PLACE OF BIRTH:	GENDER: MALE / FEMALE
ADDRESS (must be a resident of Saskatoon):		POSTAL CODE:		HOME PHONE:	Business / Cellular Phone:
REASON FOR RECORD CHECK: (please circle one) Employment      Volunteer      School      Immigration      Adoption      Record Suspension      Waiver      Travel      Other					
JOB TITLE & ORGANIZATION/COMPANY NAME:					
<b>***IF CONSENT FORM IS NOT BEING DELIVERED IN PERSON, please attach a NOTARIZED copy of your Identification***</b>					
TWO PIECES OF <u>GOVERNMENT ISSUED IDENTIFICATION</u> : <b>One must have a valid photo</b>					
ID Type & #: _____			ID Type & #: _____		

### 1. STATEMENT OF CONSENT:

I understand and consent to a search of all records available at the time the search is conducted; including charges before the courts, findings of guilt or convictions and court orders registered in my name in the National Repository and local records available to the Police Service. I understand that if a possible record exists, it will not be disclosed until identification has been confirmed by either myself or by fingerprints.

Dated this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ Signature: \_\_\_\_\_

### 2. WAIVER FOR CONSENT OF RELEASE OF INFORMATION TO THIRD PARTY:

I consent to the release of any and all information from available records to the authorized person of the above indicated Organization/Company/Firm.

Dated this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ Signature: \_\_\_\_\_

### 3. CONSENT FOR PERSONS APPLYING FOR POSITIONS WITHIN THE VULNERABLE SECTOR:

(Example: teacher, coach, foster parent, nurse, doctor, security guard, caregiver, etc.)

*If your position will be with a person or organization responsible for the well-being of one or more children, seniors, or vulnerable persons, and if the position is a position of authority or trust relative to those children or vulnerable persons, please complete the following consent:*

Description of the position: \_\_\_\_\_

Provide details regarding the children or vulnerable persons: (example: age, number of persons, nature of vulnerability, etc.)  
\_\_\_\_\_

I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to determine if I have been found guilty or convicted of, and/or have been granted a pardon for, any of the sexual offences that are listed in the schedule to the *Criminal Records Act*.

I understand that, as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the *Criminal Records Act* in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Solicitor General of Canada, who may then disclose all or part of the information contained in that record to a police service or other authorized body. That police service or authorized body will then disclose that information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization by the Saskatoon Police Service.

Dated this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ Signature: \_\_\_\_\_

### BELOW FOR POLICE USE ONLY

LOCAL		KEY #		THUMB PRINT:
CPIC				
CNI				
RECIPT #				
TYPE:		# COPIES	M/O or P/U	
CR CONFIRMED APPLICATION SIGNATURE: YES/NO				
CONFIRMED BY:		DATE:		