

Appendix F - NRPS Background Check Form



AUTHORIZATION FOR POLICE BACKGROUND CHECK

(FOR CONTRACT WORK AT NRPS POLICE FACILITIES)

DATE OF APPLICATION: _____

DATE OF ANTICIPATED WORK: _____

NRPS HIRING UNIT: _____

NRPS CONTACT NAME: _____

APPLICANTS FULL NAME (Including previous surnames used)

ADDRESS

CITY

PROVINCE

POSTAL CODE

PHONE NUMBER

DATE OF BIRTH (Year/Month/Day)

DRIVER'S LICENCE NUMBER

☐ **A PHOTOCOPY OF YOUR DL IS REQUIRED
(UPLOAD)(OR OTHER GOV'T ID IF NO DL)**

COMPANY NAME AND FULL ADDRESS

COMPANY CONTACT PERSON AND PHONE

Personal information contained on this form is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act* and the *Police Record Checks Reform Act, 2015*, O. Reg. 347/18, ss. 5(3) and (4), and will be used for the purpose of completing your police background check. Questions about this collection should be directed to the Records Manager, Niagara Regional Police Service.

FORM 578.23.02



- ☐ I HEREBY AUTHORIZE THE NIAGARA REGIONAL POLICE SERVICE TO CONDUCT A POLICE BACKGROUND CHECK FOR THE PURPOSE OF ALLOWING MY SERVICES ON POLICE PROPERTY AS A CONTRACTED WORKER.
- ☐ SHOULD I BE HIRED AS A CONTRACTED WORKER, I FURTHER AUTHORIZE ANY FUTURE BACKGROUND CHECKS AS DEEMED NECESSARY BY THE NRPS AS PER THE CONTRACT.
- ☐ AND I FURTHER AGREE TO DISCLOSE FORTHWITH, IF I HAVE BEEN ARRESTED, CHARGED OR CONVICTED OF A CRIMINAL OFFENCE.

A POLICE BACKGROUND CHECK CONSISTS OF A CPIC (CANADIAN POLICE INFORMATION CENTRE) AND POLICE INDICES SEARCH. INDIVIDUALS WHO DO NOT SATISFY THIS POLICE CLEARANCE CHECK WILL NOT BE ALLOWED TO WORK FOR THE NIAGARA REGIONAL POLICE SERVICES OR WITH THE PROJECT TEAM.

I AGREE TO WAIVE ANY RIGHT OF ACTION AGAINST ANY PERSON OR INSTITUTION WHO MAY PROVIDE INFORMATION OR OPINIONS IN COMPLIANCE WITH THIS AUTHORIZATION.

APPLICANT SIGNATURE
I certify all the information to be true.

DATE

WITNESS SIGNATURE
I certify I have witnessed the above information.

DATE