



**CRIMINAL RECORD SCREENING**

Have you been charged with any criminal offence under any statute of the Parliament of Canada in the past 5 years? If Yes, please attach particulars.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted or found guilty of an offence under the law of any country, state or province in the past 5 years? (Include absolute discharge and conditional discharge) (If Yes, please attach particulars)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**LICENCE INFORMATION**

Have you ever been refused a security industry licence in any province, state or country? If Yes, please attach particulars.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently or have you been previously licenced in the security industry in any province, state or country? If Yes, please attach particulars.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Indicate if you are a:    Special Constable    Provincial Civil Constable   Or a member of a    Police Service    Auxiliary Police

**TRAINING/EXPERIENCE** (PROVIDE TRAINING/EXPERIENCE IN THE SECURITY INDUSTRY AND ATTACH SEPARATE SHEET IF NECESSARY. IF THE REQUIRED TRAINING COURSE HAS BEEN COMPLETED, PLEASE ATTACH COPY OF DIPLOMA OR CERTIFICATE)

DECLARATION AND AUTHORITY FOR RELEASE OF INFORMATION (TO BE COMPLETED BY THE APPLICANT)	APPROVAL OF EMPLOYING AGENCY
<p>I hereby certify that the information set out in this application is true and correct to the best of my knowledge and belief. I hereby consent to a police records and background check.</p> <p>I hereby consent to the disclosure of the results of a police records and background check, and authorize any police service that is requested to perform such a check to disclose any or all information obtained by the police records and background check, to the appropriate authority or any person authorized by him or her.</p> <p>I hereby consent that the information provided may be shared with government administrators in other provinces, states or countries for use consistent with this legislation.</p> <p><b>CAUTION:</b> Any person who knowingly furnishes false information in any application under the Act is guilty of an offence. In addition the licence may be refused.</p> <p>_____</p> <p>SIGNATURE</p> <p>_____</p> <p>NAME (PLEASE PRINT)</p> <p>_____</p> <p>DATE</p>	<p>We have reviewed this completed application and have approved the applicant for hiring.</p> <p>_____</p> <p>NAME OF AGENCY</p> <p>_____</p> <p>SIGNATURE OF AUTHORIZED SIGNING OFFICER</p> <p>_____</p> <p>NAME OF AUTHORIZED SIGNING OFFICER (PLEASE PRINT)</p> <p>_____</p> <p>DATE</p>