

E-mail: orders@backcheck.ca

Toll Free Fax: 1-866-323-3097

Fax: 604-323-3097

1. Client Contact Information:

Company: ▼ Apostolic Christian Church Mission Board of Canada		Date: (yyyy/mm/dd) ▼ / /
Faxed By: ▼	Phone Number: ▼	
Hiring Manager: ▼	Location: ▼	
Email Results to: ▼	# of Pages: ▼	

2. Service Menu – please services requested

Name Based Canadian Criminal Record Verification

Additional Services (Check for additional information and/or consent forms):

<input type="checkbox"/> Basic Reference Interview	<input type="checkbox"/> Employment Verification
<input type="checkbox"/> Standard Reference Interview	<input type="checkbox"/> Education Verification
<input type="checkbox"/> Investigative Reference Interview	<input type="checkbox"/> Driver Abstract

3. Apostolic Christian Church Mission Board of Canada representative please complete the following:

ID Check is MANDATORY for a Name Based Criminal Record Verification

Two (2) pieces of legible identification are required:

1. The first of which must be government-issued and include the applicant's name, date of birth, signature and photo (e.g. *Driver's License, Passport, Citizenship Card, Permanent Resident Card, Certificate of Indian Status*).
2. The second should be government-issued, however at minimum it must include the full name of the candidate.
~ Please send legible copies of the identification to BackCheck along with this cover and consent form. ~

Candidate Name: ▼		Position Applied For: ▼
ID Verification One (1):	Type: ▼	Identification Number: ▼
ID Verification Two (2):	Type: ▼	Identification Number: ▼

I _____ have examined the identification of _____
Print Name of Representative Print Name of Candidate
 and I am satisfied that the candidate and person depicted in the photo identification are one and the same.

Signature of Rep. Confirming ID Check:
 X

4. Candidate Contact Information:

Primary Phone Number: ▼	Secondary Phone Number: ▼	E-mail Address: ▼
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Please **E-mail** or **Fax** the corresponding BackCheck consent forms along with supporting documents:

Copy of Candidate's ID

Please ensure printing is 100% legible

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Consent for Disclosure of Personal Information Name Based Canadian Criminal Record Verification

To ensure accuracy, you must PRINT in clear CAPITAL letters and complete this form in its entirety.

PLEASE NOTE: The following information and photocopies of identification are for identification purposes only, allowing BackCheck to accurately proceed with the assembly of a name based criminal record verification for employment/volunteer purposes. BackCheck will hold all personal information confidential.

Given Name(s): ▼		Middle Name(s): ▼		Gender: ▼ <input checked="" type="checkbox"/> Check One <input type="checkbox"/> Male <input type="checkbox"/> Female	
Surname: ▼			Maiden name: ▼		
Aliases, nicknames and any other names: ▼					
Place of Birth: ▼				Date of Birth: ▼	
City		Province		Country	
				yyyy / mm / dd	
Current Address: ▼				From: ▼	To: ▼
Unit Number		Street Number		Street Name	
				yyyy / mm / dd	
Current Address Continued: ▼					
City		Province		Country	
				Postal Code	
Previous Address – if less than 5 years ago: ▼				From: ▼	To: ▼
Unit Number		Street Number		Street Name	
				yyyy / mm / dd	
Previous Address – Continued: ▼					
City		Province		Country	
				Postal Code	
Telephone Number: ▼		Alternative Telephone Number: ▼		Position Applied For: ▼	

I certify that the information in this Disclosure for Personal Information is true and correct to the best of my ability.

Declaration of Offences	Have you been convicted of a criminal offence for which a pardon has not been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Have you been granted a conditional discharge within the past three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Have you been granted an absolute discharge within the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If you have answered Yes to any of the above questions, please provide details on ALL convictions (attach additional pages if required):			
	Offence	Date (yyyy/mm/dd)	Location	Penalty
		/ /		
		/ /		

Disclaimer: The existence of a conviction will not preclude you from consideration for employment or a volunteer position with **Apostolic Christian Church Mission Board of Canada**. Details of the offence are requested to enable **Apostolic Christian Church Mission Board of Canada** to determine whether the offence is related to your position.

Statement of Understanding and Consent	I have applied to Apostolic Christian Church Mission Board of Canada for employment or a volunteer position. Part of the screening process includes a search of the National Criminal Records repository, known as the Canadian Police Information Centre (CPIC) database, maintained by the RCMP using the name(s) and date of birth provided above. BackCheck conducts these investigations on behalf of Apostolic Christian Church Mission Board of Canada .	
	I hereby consent and authorize a Canadian Police Department to search for and disclose on my behalf to BackCheck who is requesting a name based Canadian criminal record verification on behalf of Apostolic Christian Church Mission Board of Canada the fact that records may exist on me and are registered on the CPIC database. I acknowledge that such records may include information relating to criminal convictions under the <i>Criminal Code (Canada)</i> for which a pardon has not been granted and conditional and absolute discharges which have not been removed from the CPIC database in accordance with the <i>Criminal Records Act</i> .	
	I authorize BackCheck to release all information obtained to Apostolic Christian Church Mission Board of Canada and hold harmless BackCheck upon the release of this information or its findings to Apostolic Christian Church Mission Board of Canada . I understand that failing to provide accurate information or omission of facts herein may disqualify me from consideration for employment or a volunteer position with Apostolic Christian Church Mission Board of Canada .	
	Furthermore, if there is a discrepancy with the information provided by myself on this form and that disclosed by a Canadian Police Department during this investigation of my criminal records history, I understand that I have the option to provide my fingerprints to resolve any discrepancy or dispute. This request is made in compliance with any applicable provincial or municipal public sector privacy legislation which allows a public body or municipality to disclose my personal information to me or my agent upon my request, and in particular in accordance with the <i>Nova Scotia Municipal Government Act</i> and the <i>Ontario Municipal Freedom of Information and Protection of Privacy Act</i> . I understand that my personal information may be processed outside of Canada in order to return results in a timely manner.	

Candidate Signature: <i>Authorizing Name Based Criminal Record Verification</i> X		Date: (yyyy/mm/dd) ▼ / /
Hiring Manager's Signature: <i>Witnessing the candidate's signature</i> X		Date: (yyyy/mm/dd) ▼ / /