



**A. Personal Information**

Surname (last name):		Given name(s):	
Surname (last name) at birth:		Former name(s):	
Place of birth (City, Province/State, Country):			
Date of birth (YYYY-MM-DD):		Sex (check one) <input type="checkbox"/> Female <input type="checkbox"/> Male	
Phone number(s):		Email address:	
Current Home Address			
_____	_____	_____	_____
Number	Street	Apartment	City
_____		_____	
Province/Territory/State		Postal/ZIP code	
Previous Address(es) Within the Last 5 Years (attach additional page if necessary)			
_____	_____	_____	_____
_____	_____	_____	_____

**B. Reason for the Criminal Record Verification**

Reason for Request (example Employment - Employer - Job Title): Employment	
Organization Requesting Search: Centre de services scolaire des Laurentides	
Contact Name: Marie-Eve Poirier	Contact Phone Number: (819) 326-0333 poste 21520

**C. Informed Consent**

**SEARCH AUTHORIZATION** - I HEREBY CONSENT TO THE SEARCH OF the RCMP National Repository of Criminal Records based on the name(s), date of birth and where used, the declared criminal record history provided by myself. I understand that this verification of the National Repository of Criminal Records is not being confirmed by fingerprint comparison which is the only true means by which to confirm if a criminal record exists in the National Repository of Criminal Records.

**POLICE INFORMATION SYSTEM(S)** - I HEREBY CONSENT TO THE SEARCH OF police information systems, as part of a Police Information Check, which will consist of a search of the following systems (check applicable):

CPIC Investigative Data Bank  Police Information Portal (PIP)

OTHER:

**AUTHORIZATION AND WAIVER** to provide a confirmation of criminal record or any police information.

I certify that the information set out by me in this application is true and correct to the best of my ability. I consent to the release of the results of the criminal record checks to QLIXinc Services & solutions, located in Montreal, Canada

Company Name City and Country

I hereby release and forever discharge all members and employees of the processing Police Service and the Royal Canadian Mounted Police from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of information by the Bridgewater to QLIXinc Services & solutions, Montreal, Canada

Name of Processing Police Service Company Name City and Country

Signature of Applicant	Date			Signed at
	Year	Month	Day	
		City	Province/Territory	

**D. Identification Verification**  Electronic Identify Verification

Witnessing Agent's Name:	Identification Verified:
Witnessing Agent's Signature	Type of Photo ID Viewed (Government Issued) & Secondary ID

Name and location of the company where information will be stored in Canada: QLIXinc Services & solutions, Montreal, Canada

**\*\*Information related to this criminal record check is collected, retained and disclosed in accordance with applicable privacy legislation.\*\***