



CIVILIAN EMPLOYMENT/VOLUNTEER SELECTION
Authorization for Release of Information

First Name Last Name 3rd, 6th & 9th digits of SIN

Please read the following form carefully.

The purposes of parts A and B of this form are to authorize police services and other individuals and entities noted below to collect, to use and to disclose personal information about you in order to assess your abilities for the purpose of civilian employment/ volunteer selection, and for related research, information and statistical tracking.

The purpose of part C of this form is to release any of the individuals or entities named on this form from liability that might arise as a result of the collection, use or disclosure of your personal information in accordance with parts A and B.

A. CONSENT/ASSESSMENT

I hereby authorize the Barrie Police Service to request and obtain personal information about me from any or all of the following individuals or entities:

- the Ontario Ministry of Transportation, which maintains driving records of Ontario residents;
- any Ontario police service or law enforcement agency, which may hold personal information about me;
- the Canadian Police Information Centre, which is owned by the RCMP, and which maintains a computerized system to provide law enforcement agencies with information on individuals with criminal records;
- the Ontario and National Sex Offender Registries;
- any health care practitioner (including doctors, nurses, psychologists and their agents) who has provided me with health care treatment
- any previous employer who may hold personal information about me;
- any consumer reporting agency, which maintains credit or other personal information about a consumer;
- any educational institution in which I have been, or am currently, enrolled and which has information about me, including my grade or performance results;
- any volunteer organization who may hold personal information about me; and

I authorize the above-noted individuals or entities to collect personal information about me from sources other than myself and I consent to their using this information as they require and as is described above, and I consent to the disclosure of such personal information to the Barrie Police Service.

I further acknowledge that any of the above-noted individuals or entities may disclose to the requesting police service to which I have submitted an application any or all of the following records, including any parts of the following records:

- academic records and transcripts;
- employment or volunteer records (Police Service and other), including performance evaluation / reviews, reference, discipline, complaint and attendance information;
- police records and history of law involvement, including criminal and provincial reports and convictions, and intelligence information;
- police service applications;
- medical information;
- information from background and security checks (including CPIC, NCIC, Interpol, Vulnerable checks, NICHE, CBSA, YCJA & YOA records etc.);
- financial information, including credit bureau check;
- driving record;
- physical, psychological, visual, aptitude and other employment-related tests, including but not limited to MMPI-2 -questions, answers and scores, and the interview notes, summaries, opinions, assessments and evaluations of psychologists;
- applicant survey information;
- training record; and
- social networking websites, blogs, chat rooms, email or other online content.

B. CONSENT/RESEARCH

I understand that personal information about me may be required occasionally for research purposes, and in particular for documenting findings and trends. I hereby consent to any of the personal information collected about me, pursuant to this form or at any point while I am being trained, to be used and to be disclosed to a researcher. I understand that in providing this consent no personal information that identifies me shall ever be published in a publication that is available to the general public.

C. RELEASE OF LIABILITY

By signing this form, I hereby release and forever discharge all of the individuals, entities, and classes of individuals and entities referred to on this form, and their agents, licensees, employees, directors, officers, and subcontractors, including but not limited to Her Majesty the Queen in Right of Ontario, the OACP, any Ontario police services board, and their respective agents, licensees, employees, directors, officers, and subcontractors, from any and all actions, causes of action, claims, demands, and remedies, for any and all damages, losses, injuries and expenses of any nature or kind howsoever arising, which hereafter may be sustained by me in connection with the collection, use, and disclosure of information about me in accordance with the consents provided by me in this form, and from the use or reliance upon information about me obtained in accordance with these consents.

And I further agree that this Release of Liability shall apply to and be binding on my heirs, administrators, executors, and assigns and each of them

Name of Candidate

Signature of Candidate

Name of Witness

Signature of Witness (please print)

Dates of Signatures