



SOUTH SIMCOE POLICE SERVICE
Consent and Release of Liability Form

PLEASE PRINT

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First Name

Surname

DOB: YYYY/MM/DD

Please read the following form carefully.

The purposes of parts A and B of this form are to authorize the South Simcoe Police Service and other individuals and entities noted below to collect, to use and to disclose personal information about you for the purpose of assessing your abilities for employment.

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 South Simcoe Police Service which I have submitted an application to, to request and obtain personal information about me as set out in Page 2 from any or all of the following individuals or entities but not limited to:

- 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;
- 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;
- Any health care practitioner (including doctors, nurses, psychologists and their agents) who has provided me with health care treatment, either as part of this process or otherwise;
- 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

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 consent to the disclosure of such personal information to the South Simcoe Police Service.

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

<ul style="list-style-type: none"> - Academic records and transcripts; - Employment 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.); 	<ul style="list-style-type: none"> - 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; - Social networking websites, blogs, chatrooms, email or other online content
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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, to be used and to be disclosed to a researcher for these purposes. 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 agree that in consideration for my application, 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, 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.

I have read both pages of this Consent and Release of Liability Form, and by signing below, I certify that I understand its content, agree to its terms, and am at least eighteen (18) years of age.

Candidate's Name

Name of Witness

Candidate's Signature

Signature of Witness

Date of Signatures

I understand that any questions that I may have concerning the collection, use of disclosure of this information should be addressed to:

Human Resources, South Simcoe Police Service, 2137 Innisfil Beach Road, Innisfil, ON L9S 1A2