



POLICE INFORMATION CHECK

Please indicate the reason for the Police Information Check being required:

- Employment Place of Employment: _____
- Volunteer Name of organization: _____
- Other Position or Purpose you are applying for: _____

Contact name: _____ Phone number: _____

Does this position deal with being responsible for the well being of children, seniors, handicapped or vulnerable persons?
Yes No

Information collected as a result of the Police Information Check will only be released to the person making the application. Photo identification is required to pick up your Police Information Check. No refunds. **Unclaimed certificates destroyed after 90 days.**

LAST NAME: _____ **FIRST** NAME: _____

MIDDLE NAME: _____ MALE FEMALE

DATE OF BIRTH (year / month / day): _____ ARE ALL **LAST** NAMES REQUIRED ON CERTIFICATE? _____

ALL OTHER LAST NAMES USED (previous married names, maiden names, name changes, adoption, etc.) _____

ALIASES & ALL OTHER **FIRST** NAMES USED: _____

PLACE OF BIRTH (Province / Country): _____

CURRENT STREET ADDRESS: (no PO Box #s) _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

HOME PHONE: _____ WORK PHONE: _____

PREVIOUS ADDRESSES WITHIN LAST 5 YEARS – **lived in for more than 5 months - (City and Province only)** _____

Have you ever been fingerprinted for a CRIMINAL OFFENCE IN CANADA for which you have not received a pardon? Yes / No

TWO PIECES OF ORIGINAL & CURRENT GOVERNMENT ISSUED IDENTIFICATION, THAT INCLUDE BOTH NAME AND DATE OF BIRTH, ARE REQUIRED. ONE MUST CONTAIN YOUR PICTURE. (VERIFIED BY: _____)

DRIVERS LICENSE #: _____ PROVINCE: _____

TYPE OF I.D.: _____ I.D. NUMBER: _____

Signature of Applicant: _____ Date: _____



POLICE INFORMATION CHECK WAIVER

I, _____, hereby consent to the collection and disclosure by the Medicine Hat Police Service of:

- Criminal Record (Adult)
- **Criminal Record (Young Person)**
- Absolute and / or Conditional **Discharges**
- **Alternative Measures and / or diversion involvement**
- Records of not criminally responsible by reasons of mental disorder pursuant to Sec. 16(1) of the Criminal Code of Canada
- **Pending charges**, warrants and ongoing investigations under provincial and federal statutes
- **Relevant information and criminal history from Police Files, from any law enforcement agency, Canadian or otherwise**
- Probation, prohibition and other judicial orders which are in effect
- **Pardons**

I request that the Medicine Hat Police Service provide me with a summary of the Police Information Check. I further understand that, upon release of such information, the Medicine Hat Police Service waives any responsibility for the use, application or dissemination of such information by me.

WAIVER: In consideration of compliance with the foregoing authorization, I, for myself, my heirs, executors, administrators, successors and assigns, hereby release, waive and forever discharge the Medicine hat Police Service, the Medicine Hat Police Commission, the Chief of Police, the City of Medicine Hat and all their employees, agents, officers, assigns, representatives and successors, of and from any and all liability for such disclosure, including all claims, demands, damages, costs, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage of any nature which may be sustained by me or by any other person, howsoever caused or arising, including but not limited to negligence, as a result of, or connected to, the release of this information, and I further waive all rights, present or future, relating to the release of information set out herein.

I understand that any information provided by me for the purpose of this Police Information Check, including fingerprints, may be used or disclosed for law enforcement purposes. The information collected on this form and as part of the Police Information Check process will be collected, used, and disclosed in accordance with the *Freedom of Information and Protection of Privacy Act* or as otherwise provided by law.

Before signing this Police Information Check Waiver, I have fully informed myself of its content and meaning, and understand its content and meaning. I acknowledge that written documentation containing my criminal record will require fingerprint classification comparison before it can be released.

Signature of Applicant: _____ Date: _____

This Area Relates to Positions Involving Children* or Vulnerable Persons**

This area must be completed if you are applying for a position with a person or organization responsible for the well-being of one or more children* or vulnerable persons**, if the position of authority or trust relative to those children or vulnerable persons, and you consent to a search being made in criminal records to determine if you have been convicted of a sexual offence listed in the schedule to the *Criminal Records Act* and have been pardoned.

***Children, as defined by the *Criminal Records Act*, means persons who are less than 18 years of age.**

****Vulnerable persons, as defined by the *Criminal Records Act*, means persons who, because of their age, a disability, or other circumstances, whether temporary or permanent, are in a position of dependence on others or are otherwise at a greater risk than the general population of being harmed by persons in authority or trust to them.**

I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to determine if I have been convicted of, and granted a pardon for any of the sexual offences that are listed in the schedule to the *Criminal Records Act*.

I understand that, as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the *Criminal Records Act* in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Solicitor General of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to me.

You must list the age(s) of the children OR describe the disability or circumstances of dependence of the vulnerable persons:

Signature of Applicant Consenting to Vulnerable Sector Search

Date