



Mail: crccheck@rogers.com
www.crcrimerecordcheck.com

Office: 416-985-4384
Fax: 905-846-9007

A. Personal Information

Last Name		First and Middle Name(s) (no nicknames or initials)	Last Name At Birth (if Different)	
Date of Birth (MM-DD-YYYY)		Place of Birth		Male Female
Identification (At least one Piece must be photo ID)	Type	Type		
	Number	Number		

B. Address

Street		City/Town	Province	Postal Code
Previous Address if less than five years				
Telephone Number Home Work		E-Mail Address:		

C. Declaration and Authority for Release of Information

By signing this application:

- I consent to a police records and background check.
- I consent to the disclosure of the results of a police records background check, and authorize any police service that is requested to perform such a check to disclose any or all information obtained by the police records background check, to the appropriate authority or any person authorized by them in accordance with federal, provincial, and municipal regulations.
- I consent to the sharing of this information in other provinces for use consistent with this application.
- I understand that the results of this criminal record check will be communicated to my prospective employer.

I certify that

- I have read and understand all parts of this application form, and
- The information provided by me in this application is true and correct to the best of my knowledge and belief.

Caution

- It is an offence to knowingly furnish false information.

Signature of Applicant	Date (MM-DD-YYYY)
------------------------	-------------------

Witness or Representing Organization/Company	
Name and Address	
Name of Witness / Representing (Please Print)	I certify that I have viewed two authentic pieces of valid ID for the Applicant and have attached copies of both the front and back. (At least one piece of ID must be photo ID)
Signature of Witness/Representing	