



PORT HOPE POLICE SERVICE CRIMINAL INFORMATION REQUEST FORM

DATE OF REQUEST: _____
(YEAR-MONTH-DAY)

SECTION 1.

(LAST NAME)	(FIRST NAME)	(SECOND NAME)	(THIRD NAME)	(SEX)
(MAIDEN NAME / OTHER SURNAME)	(DATE OF BIRTH) (YEAR/MONTH/DAY)	(HOME TELEPHONE)		
(STREET ADDRESS / RR #)	(APT./ UNIT #)	(CITY / TOWN / PROV)	POSTAL CODE	
(PREVIOUS ADDRESS #1 – If you resided at the above address less than five years)				
(PREVIOUS ADDRESS #2)				
(DRIVERS LICENCE / PHOTO ID)		(If no D/L, two pieces of ID required)		
REASON FOR REQUEST: _____				
AGENCY NAME/ADDRESS: _____				

CONSENT: I HEREBY CONSENT TO A CRIMINAL REFERENCE CHECK BEING CONDUCTED BY THE PORT HOPE POLICE SERVICE THROUGH THE CANADIAN POLICE INFORMATION CENTRE FOR THE PURPOSE OF ASSISTING THE ABOVE AGENCY/EMPLOYER IN ASSESSING MY SUITABILITY AS EITHER A VOLUNTEER OR AS AN EMPLOYEE. THIS REFERENCE CHECK WILL INCLUDE A SEARCH FOR A CRIMINAL RECORD AS WELL AS ANY PENDING OR OUTSTANDING CRIMINAL CHARGES AS WELL AS INFORMATION ON PROBATIONS AND PROHIBITIONS. THE RESULTS OF THIS SEARCH MAY ALSO INCLUDE OUTSTANDING OR PENDING CRIMINAL CHARGES, HIGHWAY TRAFFIC ACT CONVICTIONS, CHARGES UNDER PROVINCIAL STATUTES, SUSPECT INFORMATION, AND OTHER POLICE SERVICE INFORMATION. THE RESULTS WILL NOT INCLUDE CHARGES WHERE THE APPLICANT WAS NOT FINGERPRINTED, CHARGES WHERE NO CONVICTIONS WERE REGISTERED OR CONVICTIONS THAT HAVE MET CPIC PURGE CRITERIA.

I CERTIFY THAT ALL INFORMATION SET OUT BY ME IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF APPLICANT: _____

VULNERABLE SECTOR SEARCH: To be completed if the applicant is 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 is one of authority or trust, or one where limited supervision exists, relative to those vulnerable individuals, and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the *Criminal Records Act* and has been pardoned.

I ALSO CONSENT TO A SEARCH BEING MADE THROUGH THE CANADIAN POLICE INFORMATION CENTRE TO DETERMINE IF I HAVE BEEN CONVICTED OF, AND BEEN 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 ABOVE-NAMED SCHEDULE IN RESPECT OF WHICH A PARDON WAS GRANTED OR ISSUED, THE SAID RECORD MAY BE PROVIDED BY THE COMMISSIONER OF THE RCMP TO THE SOLICITOR-GENERAL OF CANADA, WHO MAY THEN DISCLOSE ALL OR PART OF THE INFORMATION CONTAINED IN THAT RECORD TO THE PORT HOPE POLICE SERVICE. THE PORT HOPE POLICE SERVICE WILL THEN DISCLOSE THAT INFORMATION TO ME.

SIGNATURE OF APPLICANT: _____

SECTION 2. (FOR POLICE USE ONLY)

AMOUNT RECEIVED: _____ CHECKED BY: _____
DATE OF CHECK: _____
(YY-MM-DD)