

*Fax Cover Request Form Fax 604-684-2265*

Company: **People First Solutions**

From: \_\_\_\_\_

Hiring Manager: \_\_\_\_\_

Location or Store #: \_\_\_\_\_

Phone: 604-684-2288

Email results to: \_\_\_\_\_

Today's Date: \_\_\_\_\_ # of Pages: \_\_\_\_\_  
(Including this cover)

Please FAX the following:

§ **Criminal Record and Credit Check Consent Form (1 Page)**

§ **Copies of ID – Photo and secondary ID**

Visit our updated Website  
[www.backcheck.net](http://www.backcheck.net)

**Services Requested**

\* **CPIC Criminal Record Check**

\* **Credit Inquiry**

\* **References: How Many? \_\_\_\_\_**

\* **Education Verification**

\* **Driver's Abstract**

**Hiring Manager please complete the following:**

\*\*\*ID Check is MANDATORY \*\*\* Please photocopy 2 pieces of ID and fax a copy to BackCheck along with this cover and release forms.

**Candidate's Name:** \_\_\_\_\_

**Photo ID Check**  
Type of ID (DL, Passport, other photo ID) \_\_\_\_\_ ID # \_\_\_\_\_

**Secondary ID Check**  
Type of ID (Credit Card, SIN, Medical Card etc.) \_\_\_\_\_ ID # \_\_\_\_\_

Manager's Signature Confirming ID Check: \_\_\_\_\_

***Please ensure all writing is 100% legible.***

Full Name of Applicant: \_\_\_\_\_  
Surname / Last Name                      Given 1 / First Name                      Given 2 / Middle Name                      Birth and/or Maiden Name

Other names used, either past or present, including aliases or nicknames: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Male or Female \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Year                      Month                      Day                      Circle One                      City                      State/Province                      Country

Full Address: \_\_\_\_\_  
Unit #                      Street                      City                      Province                      Postal Code

Previous Address: \_\_\_\_\_  
Unit #                      Street                      City                      Province                      Postal Code

If less than 5 years at above: \_\_\_\_\_  
Unit #                      Street                      City                      Province                      Postal Code

Telephone: (\_\_\_\_) \_\_\_\_\_ or (\_\_\_\_) \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

Have you ever been convicted of a criminal or summary conviction offence for which you have not been pardoned in Canada? Yes or No

If Yes, please provide details of conviction including offence, date, and location. Date(s) \_\_\_\_\_

Location(s) and Details of Offence(s) \_\_\_\_\_

**Disclaimer:** The existence of a conviction will not preclude you from consideration for employment with \_\_\_\_\_/People First Solutions. Details of the offence are requested to enable us to determine whether the offence is related to your employment or intended employment.

**Statement of Understanding and Consent:**

I have applied to \_\_\_\_\_/People First Solutions for employment. Part of the screening process includes a criminal record check based upon information as maintained on file by the Canadian Police Information Centre (CPIC). The screening process also includes a consumer credit inquiry with retrieval of information from a major Canadian credit bureau. These investigations are conducted by BackCheck (a division of The Confidence Group Enterprises Inc).

I hereby request and authorize a Canadian Police Department to disclose on my behalf to BackCheck who is requesting the criminal records check on behalf of \_\_\_\_\_/People First Solutions the records, details and dispositions of any and all records that exist on me or those that are awaiting entry into the CPIC system as relates to the following:

a) Records of criminal convictions for which a pardon has not been granted, and conditional and absolute discharges and stays of proceedings which have not been removed from the CPIC system in accordance with the <i>Criminal Records Act</i> ;	
b) Wanted person information;	d) Probation information;
c) Charges pending or outstanding under federal statutes;	e) Other Police Service information.

Furthermore, I consent to a consumer credit inquiry which will include information about me, including any previous bankruptcies, legal items, collection actions, negative banking items and other information reported by my creditors. I consent to the release of this consumer credit information by BackCheck to \_\_\_\_\_/People First Solutions.

I understand that disclosure of this information may preclude me from obtaining employment. I authorize BackCheck to release all information obtained to \_\_\_\_\_/People First Solutions and hold harmless BackCheck and The Confidence Group Enterprises Inc. upon the release of this information or its findings to \_\_\_\_\_/People First Solutions.

I understand that failing to provide accurate information or omission of facts herein may disqualify me from consideration for employment with \_\_\_\_\_/People First Solutions. Furthermore, I consent to provide my fingerprints for comparison if information provided by myself is in conflict with that disclosed by the Canadian Police Department during this investigation of my criminal records history.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Police Use Only</b> A search of the Canadian Central Repository for Criminal Records for Canada suggests that:			
_____ Based on the information provided by the applicant, there is no record of any convictions, absolute or conditional discharges, or charges under any federal enactment for which a disposition is awaiting or has been entered, or information relating to items (b) through (e) listed above.			
_____ There may or may not be a criminal record in existence. The applicant is requested to submit fingerprints for positive identification.			
_____ Based on the information provided by the applicant, there may or may not be a criminal record or other such record in existence relating to the following.			
<b>Charge</b>	<b>Sentence</b>	<b>Date of Sentence</b>	<b>Location</b>

**Police Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

In connection with my application for employment (or contract) with \_\_\_\_\_/People First Solutions I understand that investigations and requests of consumer reports or investigative consumer reports that may contain public record information may be requested or made on me. These investigations are conducted by BackCheck (A Division of The Confidence Group Enterprises Inc.), which acts as an agent of my potential employer. Requests may include consumer credit, criminal records, civil records, driving record, driving violations, education, prior employment verification, and others. These reports will include experience along with reasons for termination of past employment. Furthermore, I understand there may be additional inquiries for information from various State/Provincial, Federal, Municipal, local and other agencies, which may contain my past activities.

I hereby authorize without reservation, any party or agency contacted by \_\_\_\_\_/People First Solutions and or BackCheck to furnish the above-mentioned information.

I hereby understand it is my right to request a copy of the above stated inquiries from BackCheck, upon submission of proper identification and payment of authorized fees.

I authorize BackCheck to release all information obtained to \_\_\_\_\_/People First Solutions and in no way hold BackCheck or The Confidence Group Enterprises Inc. liable upon the release of this information or its findings to my potential employer.

I understand that the following information is for identification (ID) purposes only so that BackCheck can accurately proceed with the assembly of consumer reports. I provide the following personal information for the purposes of the obtaining of consumer reports only. I understand that BackCheck will hold all personal identification information confidential.

I hereby declare that, to the best of my knowledge, the information I have provided both verbally and on my resume/application form is complete and accurate in every respect. I understand that a false statement may disqualify me from employment or cause my subsequent discharge if I am employed.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE yy\_\_\_\_/mm\_\_\_\_/dd\_\_\_\_

***To ensure accuracy, please print clearly***

Full Name of Applicant: \_\_\_\_\_  
Surname / Last Name                      Given 1 /First Name                      Given 2 / Middle Name                      Birth and/or Maiden Name

Birth Date: \_\_\_\_\_ Male or Female \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Year                      Month                      Day                      Circle One                      City                      State/Province                      Country

Social Insurance Number: \_\_\_\_\_

Driver's License # and Province of Issue: \_\_\_\_\_

Full Address: \_\_\_\_\_  
Unit #                      Street                      City  
 \_\_\_\_\_ How long at this Address? \_\_\_\_\_  
Province/State                      Postal Code

Previous Address: \_\_\_\_\_  
Unit #                      Street                      City  
 \_\_\_\_\_ How long at this Address? \_\_\_\_\_  
Province/State                      Postal Code

Telephone: (\_\_\_\_) \_\_\_\_\_ or (\_\_\_\_) \_\_\_\_\_

Position Applied For: \_\_\_\_\_

*To ensure accuracy, please print clearly*

High School and Dates Attended: \_\_\_\_\_

\_\_\_\_\_ Diploma Received? Yes or No

Post Secondary Schools and Dates Attended: \_\_\_\_\_

Degree/Diploma/Certificate Details: \_\_\_\_\_

Student Number (s): \_\_\_\_\_

Professional Licenses/Types/Numbers/Issuing Body: \_\_\_\_\_

**Please provide 3 Work-Related References in the space below**

Most Recent Employers, Managers, Supervisors only :: Family, Co-workers or Friends are NOT Applicable

1) Reference Name: \_\_\_\_\_ Their Title: \_\_\_\_\_

Company Name, Location: \_\_\_\_\_

Area Code & Phone No. (s): \_\_\_\_\_

2) Reference Name: \_\_\_\_\_ Their Title: \_\_\_\_\_

Company Name, Location: \_\_\_\_\_

Area Code & Phone No. (s): \_\_\_\_\_

3) Reference Name: \_\_\_\_\_ Their Title: \_\_\_\_\_

Company Name, Location: \_\_\_\_\_

Area Code & Phone No. (s): \_\_\_\_\_

I authorize BackCheck to obtain all information regarding my previous employment history and work related experience from the above listed references. Furthermore, I authorize BackCheck to obtain all information regarding my education history at the above-listed educational institutions.

Please print your name: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE yy \_\_\_\_ / mm \_\_\_\_ / dd \_\_\_\_

**Please include your RESUME**