



CONSENT TO A BACKGROUND SCREENING

IDENTIFICATION

LAST NAME:	<input type="text"/>	FIRST NAME:	<input type="text"/>
MIDDLE NAME(S):	<input type="text"/>	OTHER NAME(S): (MAIDEN NAME, AKA)	<input type="text"/>
DATE OF BIRTH: (YYYY-MM-DD)	<input type="text"/>	PLACE OF BIRTH:	<input type="text"/>
TELEPHONE:	<input type="text"/>	EMAIL ADDRESS:	<input type="text"/>
SIN (Optional):	<input type="text"/>	SEX:	<input type="checkbox"/> F <input type="checkbox"/> M

ADDRESS HISTORY *Please provide all former addresses of the past 5 years. Use additional pages if required.*

CURRENT:	<input type="text"/>						
	APT	NUMBER	STREET	CITY	PROV./STATE	POSTAL CODE/ZIP	COUNTRY
PREVIOUS (1):	<input type="text"/>						
	APT	NUMBER	STREET	CITY	PROV./STATE	POSTAL CODE/ZIP	COUNTRY
PREVIOUS (2):	<input type="text"/>						
	APT	NUMBER	STREET	CITY	PROV./STATE	POSTAL CODE/ZIP	COUNTRY

CONSENT TO DISCLOSURE

I hereby give authorization to Mintz Global Screening ("Mintz"), acting on behalf of _____ ("the Company"), to obtain the following information:

- I hereby consent to a consumer credit history inquiry with an ID verification and Social Insurance validation; which will include information about me, including any previous bankruptcies, civil legal proceedings, collection actions, negative banking items and other information reported by my creditors, and I hereby authorize any public or private institution to provide and release to Mintz information related to my credit record.
- Details regarding any academic training, verification of any diplomas or degrees received; and verification of any professional accreditations;
- Details regarding my employment history, including employment data verifications from any employer/position I have previously held.
- I hereby agree and understand that the Company will obtain validation of my driving status from various provinces, for purposes of employment, updating records, and insurance. *Please include a copy of your driver's licence.*
- I consent to the release of my driving record/history ("Driver's Abstract") from any agency, provincial transportation ministry, government authority or any other organization holding records of any current or previous driver's licence held by myself. This release may include details respecting the type of licence, issue date, validity period, and any driving infraction history which may be on file.
- References from any professional and personal associates I have provided or will provide, including information on my attendance, technical skills, interpersonal relations and any other pertinent information related to my candidacy.
- I further authorize Mintz, to obtain information about myself and actions I am or have been involved in from any provincial or federal judicial court, tribunal, regulatory body, disciplinary committee or any other legal or quasi-legal authority in Canada.
- A search of various lists issued by governmental agencies, NGO and other regulatory / public organizations holding information targeting anti-money laundering; anti-terrorism; compliance and criminality.
- I further authorize a review of all publicly available websites (including, but not limited to, social media), the Internet, news feeds or articles from any electronic source or otherwise. This review may include written articles, pictures, and / or videos. I understand that data sources will only be searched if they are accessible to the general public and are not protected by the privacy settings of a website or if their access requires specific permissions.

RELEASE AND DISCHARGE

Purpose of Consent: Background Screening

I understand that the information obtained as a result of this authorization will be held in the strictest of confidentiality by Mintz and/or the Company and will be maintained in accordance with their respective Privacy Policies. The information obtained will only be used in accordance with and to satisfy the scope for which this authorization has been signed. I release, waive and forever discharge anyone who provides information in relation to this release, from any and all liability for the disclosure of information to Mintz or the Company. I certify that the information set out by me in this authorization is correct. Before signing this authorization, I have fully informed myself of its content and meaning and have a full understanding of it.

SIGNATURE: _____

DATE: _____

Note to Applicant: *You may make a request for access to your personal information, a request for correction or any other request for information by sending a written request to Mintz (Mintz Global Screening 1100 Boul. Robert-Bourassa, office 201, Montréal, QC., H3B 3A5 to the attention of Privacy Officer. Mintz will answer your request for access, correction or information within thirty (30) days following its reception.*

CURRENT EMPLOYER – DO NOT CONTACT

Only use this section if you do NOT want us to contact your employer. If you do not authorize us to call your current employer at this time, please use this section to only indicate the name of the company, your start date and your position. Do not provide any contact details.

If you do authorize us to contact your current employer, please provide their contact details in the section below the current section, labelled EMPLOYMENT HISTORY – WILL BE CONTACTED.

CURRENT EMPLOYER

START DATE	END DATE	COMPANY NAME
<input type="text"/>	STILL EMPLOYED	<input type="text"/>
POSITION	REASON FOR LEAVING	
<input type="text"/>	<input type="text"/>	

EMPLOYMENT HISTORY – WILL BE CONTACTED

Please list all your employers of the past 5 years. All provided employers will be contacted. If you do NOT want us to contact your current employer, please do NOT list them in this section and instead use the above section labelled CURRENT EMPLOYER – DO NOT CONTACT.

Please note that all verifications are conducted with your employer's Human Resources or Payroll; we will not contact direct supervisors. Therefore, please provide your employer's general contact details or the contact information of the HR department.

EMPLOYER 1

START DATE	END DATE	COMPANY NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>
COMPANY TELEPHONE NUMBER / HR TELEPHONE NUMBER	GENERAL COMPANY EMAIL / HR EMAIL	
<input type="text"/>	<input type="text"/>	
POSITION	REASON FOR LEAVING	
<input type="text"/>	<input type="text"/>	

EMPLOYER 2

START DATE	END DATE	COMPANY NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>
COMPANY TELEPHONE NUMBER / HR TELEPHONE NUMBER	GENERAL COMPANY EMAIL / HR EMAIL	
<input type="text"/>	<input type="text"/>	
POSITION	REASON FOR LEAVING	
<input type="text"/>	<input type="text"/>	

EMPLOYER 3

START DATE	END DATE	COMPANY NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>
COMPANY TELEPHONE NUMBER / HR TELEPHONE NUMBER	GENERAL COMPANY EMAIL / HR EMAIL	
<input type="text"/>	<input type="text"/>	
POSITION	REASON FOR LEAVING	
<input type="text"/>	<input type="text"/>	

EMPLOYER 4

START DATE	END DATE	COMPANY NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>
COMPANY TELEPHONE NUMBER / HR TELEPHONE NUMBER	GENERAL COMPANY EMAIL / HR EMAIL	
<input type="text"/>	<input type="text"/>	
POSITION	REASON FOR LEAVING	
<input type="text"/>	<input type="text"/>	

PROFESSIONAL REFERENCES

Please make sure to only provide references who may be contacted. Do not list any references you do not want Mintz to contact at this time. Please provide a minimum of three supervisor/manager references. Family members and social acquaintances may not serve as references.

REFERENCE 1

NAME OF REFERENCE	POSITION/REPORTING RELATIONSHIP WITH APPLICANT
<input type="text"/>	<input type="text"/>
COMPANY	DURATION OF COLLABORATION
<input type="text"/>	<input type="text"/>
TELEPHONE NUMBER	EMAIL
<input type="text"/>	<input type="text"/>

REFERENCE 2

NAME OF REFERENCE	POSITION/REPORTING RELATIONSHIP WITH APPLICANT
<input type="text"/>	<input type="text"/>
COMPANY	DURATION OF COLLABORATION
<input type="text"/>	<input type="text"/>
TELEPHONE NUMBER	EMAIL
<input type="text"/>	<input type="text"/>

REFERENCE 3

NAME OF REFERENCE	POSITION/REPORTING RELATIONSHIP WITH APPLICANT
<input type="text"/>	<input type="text"/>
COMPANY	DURATION OF COLLABORATION
<input type="text"/>	<input type="text"/>
TELEPHONE NUMBER	EMAIL
<input type="text"/>	<input type="text"/>

REFERENCE 4

NAME OF REFERENCE	POSITION/REPORTING RELATIONSHIP WITH APPLICANT
<input type="text"/>	<input type="text"/>
COMPANY	DURATION OF COLLABORATION
<input type="text"/>	<input type="text"/>
TELEPHONE NUMBER	EMAIL
<input type="text"/>	<input type="text"/>

REFERENCE 5

NAME OF REFERENCE	POSITION/REPORTING RELATIONSHIP WITH APPLICANT
<input type="text"/>	<input type="text"/>
COMPANY	DURATION OF COLLABORATION
<input type="text"/>	<input type="text"/>
TELEPHONE NUMBER	EMAIL
<input type="text"/>	<input type="text"/>

EDUCATION

Please indicate the programs you attended and degrees you obtained, starting with the most relevant for the applied position. Please be as specific as possible and ensure you indicate if you graduated from the program.

DIPLOMA 1

NAME OF INSTITUTION	LOCATION (CITY, PROV./STATE)	GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO
DEGREE/DIPLOMA	START DATE	GRADUATION DATE

DIPLOMA 2

NAME OF INSTITUTION	LOCATION (CITY, PROV./STATE)	GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO
DEGREE/DIPLOMA	START DATE	GRADUATION DATE

DIPLOMA 3

NAME OF INSTITUTION	LOCATION (CITY, PROV./STATE)	GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO
DEGREE/DIPLOMA	START DATE	GRADUATION DATE

TRADE CERTIFICATION

Trade certifications are professional credentials usually granted by governmental authorities after completing professional training and/or internships in a regulated trade. Examples include Electrician, Millwright, Heavy Equipment Technician, etc.

TRADE 1

TRADE CLASSIFICATION (Class level if appropriate)	PROVINCE OF ISSUE	COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO
CERTIFICATION NUMBER	COMPLETION DATE	RED SEAL NUMBER (if applicable)

TRADE 2

TRADE CLASSIFICATION (Class level if appropriate)	PROVINCE OF ISSUE	COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO
CERTIFICATION NUMBER	COMPLETION DATE	RED SEAL NUMBER (if applicable)

PROFESSIONAL ACCREDITATION

Professional accreditations are professional credentials usually granted by an industry authority or professional association for regulated or non-regulated professions. Examples include Attorney-at-law, Chartered Accountant, Professional Engineer, etc.

ACCREDITATION 1

CERTIFICATION	DATE OBTAINED	CITY OBTAINED
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ACCREDITATION 2

CERTIFICATION	DATE OBTAINED	CITY OBTAINED
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