



CONSENT TO A BACKGROUND SCREENING

IDENTIFICATION

Form fields for identification: LAST NAME, FIRST NAME, MIDDLE NAME(S), OTHER NAME(S), DATE OF BIRTH, PLACE OF BIRTH, TELEPHONE, EMAIL ADDRESS, SIN (Optional), GENDER.

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

Form fields for address history: CURRENT, PREVIOUS (1), PREVIOUS (2) with columns for 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:

- Consent checkboxes: I hereby consent to a consumer credit history inquiry... Details regarding any academic training... Details regarding my employment history... I hereby agree and understand that the Company will obtain validation of my driving status... I consent to the release of my driving record/history... References from any professional and personal associates...

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.

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.

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, 1303 William Street, Suite 200, Montréal, QC, H3C 1R4 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
	STILL EMPLOYED	
POSITION	REASON FOR LEAVING	

**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
COMPANY TELEPHONE NUMBER / HR TELEPHONE NUMBER	GENERAL COMPANY EMAIL / HR EMAIL	
POSITION	REASON FOR LEAVING	

**EMPLOYER 2**

START DATE	END DATE	COMPANY NAME
COMPANY TELEPHONE NUMBER / HR TELEPHONE NUMBER	GENERAL COMPANY EMAIL / HR EMAIL	
POSITION	REASON FOR LEAVING	

**EMPLOYER 3**

START DATE	END DATE	COMPANY NAME
COMPANY TELEPHONE NUMBER / HR TELEPHONE NUMBER	GENERAL COMPANY EMAIL / HR EMAIL	
POSITION	REASON FOR LEAVING	

**EMPLOYER 4**

START DATE	END DATE	COMPANY NAME
COMPANY TELEPHONE NUMBER / HR TELEPHONE NUMBER	GENERAL COMPANY EMAIL / HR EMAIL	
POSITION	REASON FOR LEAVING	

**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
COMPANY	DURATION OF COLLABORATION
TELEPHONE NUMBER	EMAIL

**REFERENCE 2**

NAME OF REFERENCE	POSITION/REPORTING RELATIONSHIP WITH APPLICANT
COMPANY	DURATION OF COLLABORATION
TELEPHONE NUMBER	EMAIL

**REFERENCE 3**

NAME OF REFERENCE	POSITION/REPORTING RELATIONSHIP WITH APPLICANT
COMPANY	DURATION OF COLLABORATION
TELEPHONE NUMBER	EMAIL

**REFERENCE 4**

NAME OF REFERENCE	POSITION/REPORTING RELATIONSHIP WITH APPLICANT
COMPANY	DURATION OF COLLABORATION
TELEPHONE NUMBER	EMAIL

**REFERENCE 5**

NAME OF REFERENCE	POSITION/REPORTING RELATIONSHIP WITH APPLICANT
COMPANY	DURATION OF COLLABORATION
TELEPHONE NUMBER	EMAIL

**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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