



SAULT STE. MARIE POLICE SERVICE

MUST SELECT ONE 

- CRIMINAL RECORD CHECK
- CRIMINAL RECORD AND JUDICIAL MATTERS CHECK
- VULNERABLE SECTOR CHECK

TO BE COMPLETED BY APPLICANT				Date of Request	
Mailing Address (name, street, city, province, postal code) **Please print legibly UNDER each heading**				YYYY / MM / DD	
Last Name		First Name		Middle Name(s)	
Maiden Name / Other Names				Place of Birth (City, Prov, Country)	
Do you authorize the SSMPs to release your Maiden/Other Names on the Results of this check?					
				Yes No	
Apr # / Unit #		# and Street Name		Length of time at this address? Yrs/Mo (See also address history section below.)	
City		Province	Postal Code	Gender	Date of Birth
				YYYY / MM / DD	
Phone Number(s)			Email Address		
Address History – please fill out if resident address differs from mailing address AND/OR resided OUTSIDE of the City in the past 5 years					
# and Street Name		Apt / Unit #	City	Province	# Years @ Address
Identification – one form MUST be Government issued and include the applicant's name, date of birth, signature, and photo of applicant					
Type of Identification produced		ID Number – Do NOT record Health or SIN card		Viewed <input type="checkbox"/>	
Type of Identification produced		ID Number – Do NOT record Health or SIN card		Viewed <input type="checkbox"/>	

Reason for Request: (please fill out the following)			** if you are between ages of 12-22 please refer to back**		
Specifically state the Reason for Criminal Record Check <u>or</u> Criminal Record and Judicial Matters Check <u>or</u> Vulnerable Sector Check:					
<input type="checkbox"/> Employment	Name of Agency / Employer / Organization / School / Other:		Position:		
<input type="checkbox"/> Volunteer					
<input type="checkbox"/> Other:	Responsibilities:				
Fill out the below ONLY if request is Vulnerable Sector Check:					
Check box of Vulnerable Person(s) you will be responsible for the well-being of: [can check off more than one (1) if applicable]					
<input type="checkbox"/> Children	<input type="checkbox"/> Elderly (over 65)		<input type="checkbox"/> Other: (specify)		

What this Criminal Record Check will include:	
The Criminal Record Check will include the following information as it exists on the date of the search:	
<ul style="list-style-type: none"> Criminal convictions from the Canadian Police Information Centre "CPIC" and/or local databases and Summary convictions for the past five (5) years, when identified. Youth Criminal Justice Act findings of guilt will be released on applications to government institutions/organizations <u>only</u>. 	
The Criminal Record and Judicial Matters Check will include all of the above and the following information as it exists on the date of the search:	
<ul style="list-style-type: none"> Outstanding entries such as charges and warrants, judicial orders, peace bonds, Probation and Prohibition Orders – as per CPIC policy, information obtained from the investigative databank must be confirmed and authorized for release by the contributing agency. Absolute and conditional discharges within the applicable retention period. 	
The Vulnerable Sector Check will include all of the above and the following information as it exists on the date of the search:	
<ul style="list-style-type: none"> In very exceptional cases, where it meets the Public Safety Test, non-conviction dispositions including but not limited to, Withdrawn and Dismissed. Not Criminally Responsible by Reason of Mental Disorder. All record suspensions (pardons) for release by the Minister of Public Safety. 	

CONSENT

1. I hereby authorize the **SAULT STE. MARIE POLICE SERVICE** to conduct a search based on the name(s), date of birth, and declared criminal record history, to obtain the information required to complete the Police Record Check and disclose such information to me. This includes a search of the Service's Records Management System (RMS) and the Canadian Police Information Centre (CPIC) database as maintained by the RCMP. This search of the CPIC database includes a search of the identification databank (known as the National Repository of Criminal Records), the Investigative Databank and the Police Information Portal (PIP).
2. I hereby release and discharge the **SAULT STE. MARIE POLICE SERVICE** and all members and employees of the **SAULT STE. MARIE POLICE SERVICE** from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of the information to me by the **SAULT STE. MARIE POLICE SERVICE**. I hereby authorize the **SAULT STE. MARIE POLICE SERVICE** to inquire into and disclose the results of any police records to me including: criminal convictions (summary and indictable); absolute and conditional discharges; and cases of not criminally responsible for reasons of mental disorder; outstanding entries such as charges, judicial orders, peace bonds, probation and prohibition orders and to conduct a local police contact search with any Police Service in Canada.
3. I certify that the information provided by me in this application is true and correct to the best of my knowledge and belief. I have read this consent, understand it, and agree to it in its entirety.
4. **For Vulnerable Sector Check applicants that are 18 years of age or older:** I hereby consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of and been granted a records suspension (pardon) for any 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 schedule to the *Criminal Records Act* in respect of which a record suspension was granted or issued, I will be requested to provide fingerprints to confirm that record and that record may be provided by the Commissioner of the RCMP to the Minister of Public Safety, who may then disclose all or part of the information contained in that record to a police service or other authorized body. That police service or authorized body will then disclose that information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.
5. I understand that the prescribed fee is non-refundable and the response to this Record Check may be forwarded to the mailing address that I have provided.

**TO BE FILLED OUT BY APPLICANTS BETWEEN THE AGES OF TWELVE (12)
AND TWENTY-TWO (22) AND WHEN APPLYING FOR A POSITION WITH A GOVERNMENT AGENCY**

Name of Government Agency _____

Address _____

Contact Name _____

Contact Position _____

Contact Phone Number _____

Applicant's Signature: _____

POLICE USE ONLY - Request reviewed and non-refundable fee(s) received by:

Name and Badge #	Receipt #	<input type="checkbox"/> Volunteer \$15.00	<input type="checkbox"/> Other \$40.00	Fingerprint Fee(s)	Receipt #
				\$ 25.00	
				\$ 30.00	