Sault Ste. Marie POLICE

Authorization for Release of Information Form

Legal Last Name (Surname):	
Legal First Name:	
Middle Name(s):	
Date of Birth (YYYY-MM-DD):	

NOTE: If you only use a single name, please enter your full name in the 'Legal Last Name' field only and leave the 'Legal First Name' field blank.

Street Number:	
Street Name:	
Unit Number (if applicable):	
City/Town:	
Province:	
Postal Code:	

Please read the following form carefully.

Parts A and B of this form are to authorize Police Services and other individuals and entities noted below to **collect, use and disclose personal information** about you for the purpose of assessing your abilities to be a police constable, special constable, or auxiliary constable under the Ontario Constable Selection System, and for related research, information and statistical tracking.

Part C of this form **releases any of the individuals and/or entities named in this form from liability** named in Part C that might arise from the collection, use, or disclosure of your personal information in accordance with parts A and B.

A. CONSENT TO ASSESSMENT

I hereby authorize any police service or member of the Constable Selection System in Ontario ("Ontario Police Service") to whom I have submitted an application to be hired as a police constable, special constable, or auxiliary constable, to collect my personal information as set out in Page 2 from any or all of the following individuals and entities:

- The Ontario Association of Chiefs of Police ("OACP"), who operates the Constable Selection System, stores personal information belonging to police constable applicants in a secure electronic database, and uses this information to track demographic data and assessment results;

- The OACP Constable Selection System assessment firm 2588232 Ontario Inc., operating under the business name, TNT Justice Consultants, ("TNT"), which provides assessment services on behalf of the OACP, and which collects assessment results as well as the personal information required for Constable Selection System registration;

- The Ontario Ministry of the Solicitor General responsible for the Community Safety and Correctional Services, which is the former licensor of the Constable Selection System, and which conducts research using personal information to support the validity and reliability of the Constable Selection System;

- The Ontario and National Sex Offender Registries;

- The Ontario Ministry of Transportation, which maintains driving records of Ontario residents;

- All Ontario police services or law enforcement agencies, which may hold personal information about me;

- All Canadian police services or law enforcement agencies which may hold personal information about me.

- The Canadian Police Information Centre, which is owned by the RCMP, and which maintains a computerized system to provide law enforcement agencies with information on individuals with criminal records;

- All health care practitioners (including without limitation, doctors, nurses, psychologists and their agents) who have provided me with health care treatment, either as part of this constable selection process or otherwise;

- The Canada Border Services Agency; Immigration, Refugees, and Citizenship Canada; Canadian Security Intelligence Service, Communications Security Establishment, and RCMP.

- United States Customs and Border Protection.

- All previous employers who may hold personal information about me;

- One or more consumer reporting agencies, which maintains credit or other personal information about a consumer; and,

- Any educational institution in which I have been, or am currently, enrolled and which has information about me, including my grade or performance results.

I authorize the OACP, any Ontario Police Service and any member of the Constable Selection System to collect personal information about me from sources other than myself, referenced herein. I consent to their using and disclosing this information as they require, in accordance with their respective policies and retention schedules, and/or as is described above and/or in the www.oacpcertificate.ca privacy policy.

I further consent to the disclosure of such personal information to an Ontario Police Service or member of the Constable Selection System to whom I have applied for employment as a police officer, special constable or justice practitioner.

I further consent to the collection and retention of my fingerprints by an Ontario Police Service or licensed member of the Constable Selection System to whom I have applied for employment as a police officer, special constable, or justice practitioner.

I acknowledge that any of the above-noted individuals and entities may disclose to a requesting Ontario Police Service or member of the Constable Selection System to which I have submitted an application, including but not limited to the following records, including any parts of the following records:

- Academic records and transcripts;
- Employment records (Police Service and other), including performance evaluation / reviews, reference, discipline, complaint and attendance information;
- Police records and history of law involvement, including but not limited to occurrence reports and corresponding records, allegations of conduct contrary to provincial or federal legislation, provincial offence convictions, municipal offence convictions, criminal convictions, and intelligence information;
- Police service applications;
- Employment applications
- Medical information;
- Information from background and security checks (including CPIC, NCIC, Interpol, OIPRD, LECA, Vulnerable checks, NICHE, CBSA, AFIS, permissible YCJA & YOA records etc.);
- Financial information, including credit bureau check;
- Driving record;
- Physical, psychological, visual, aptitude and other employment-related tests, including but not limited to MMPI-2 questions, answers, and scores, and the interview notes, summaries, opinions, assessments, and evaluations of psychologists
- Pre-screening test scores;
- Applicant survey information;
- Training record; and
- Social networking websites, blogs, chatrooms, email, or other online content.

B. CONSENT TO RESEARCH

I understand that my personal information as described herein may be required occasionally for research and analytics purposes, and in particular for documenting findings and trends, and for reviewing the validity and reliability of the Constable Selection System. I hereby consent to any or all of the personal information collected about me, pursuant to this form or at any point while I am being trained to be a constable, special constable, or auxiliary constable to be used and/or disclosed to a researcher or to the OACP/ Ministry/2588232 Ontario Inc., operating under the business name, TNT Justice Consultants, ("TNT"), for these purposes. I understand that in providing this consent that my personal information shall never be published in a publication that is available to the general public, unless in accordance with applicable laws or in connection with a legal proceeding.

C. RELEASE OF LIABILITY

By signing this form, I agree that in consideration for applying to be a constable, special constable, or auxiliary constable, I hereby release and forever discharge all of the individuals, entities, and classes of individuals and entities referred to on this form, and their agents, licensees, employees, directors, officers, and subcontractors, including but not limited to His Majesty the King in Right of Ontario, His Majesty the King in Right of Canada, the OACP/2588232 Ontario Inc., operating under the business name, TNT Justice Consultants, ("TNT"), any Ontario Police Service, members of the Constable Selection System and any Ontario police services board, and their respective agents, licensees, employees, directors, officers, and subcontractors, from any and all actions, causes of action, claims, demands, and remedies, for any and all damages, losses, injuries and expenses of any nature or kind howsoever arising, which hereafter may be sustained by me in connection with the collection, use, and disclosure of information about me in accordance with the consents provided by me in this form, and from the use or reliance upon information about me obtained in accordance with these consents.

And I further agree that this Release of Liability shall apply to and be binding on my heirs, administrators, executors, and assigns and each of them.

Sault Ste. Marie
POLICE

I AGREE AND UNDERTAKE:

(a) That if I make any claim, demand or complaint or take any action or proceeding whatsoever against the Releasee arising out of the matters described above in this Release shall be deemed to be a complete defence and bar to any such claim, demand, complaint, action or proceeding;

(b) Not to make any claim or take any proceeding against any other person or entity which might result in a claim for contribution or indemnity being made against the Releasee;

(c) To indemnify and save harmless the Releasee from any costs, expenses, losses or damages whatsoever incurred by the Releasee in connection with or in any way related to defending or responding to any action or other proceeding brought by any other person or entity against the Releasee for contribution or indemnity or any other claim over as a result of any action or other proceeding brought by me

I have read all four pages of this Authorization for Release of Information Form, and by signing below, I certify that I understand its content, agree to its terms, and am at least eighteen (18) years of age.

THIS RELEASE SHALL BE INTERPRETED AND THE RIGHTS OF THE PARTIES DETERMINED UNDER THE LAWS OF THE PROVINCE OF ONTARIO. THE ONTARIO COURTS SHALL HAVE EXCLUSIVE JURISDICTION FOR ANY DISPUTE ARISING UNDER, OR PERTAINING TO, THIS WAIVER AND RELEASE.

I have carefully read this Release and fully understand its contents. I am aware that this is a release of liability and a binding contract between myself and the persons and entities mentioned above and I sign it of my own free will. I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing this Release freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. I have read the information in this form thoroughly, that I fully understand it, and that by signing below, I have the capacity to provide consent, and that I am providing consent freely and voluntarily.

Candidate's Name (Please Print) *Must include legal first, middle, and last names*	**Candidate's Signature**

Date of Signature

Personal information obtained through the completion of this form for employment as a police constable, special constable, or auxiliary constable is collected pursuant to the Community Safety and Policing Act for the purpose of assessing qualifications and suitability for employment as a police constable, special constable, or auxiliary constable. Information collected may be disclosed for the purpose for which it was obtained or for a consistent purpose.