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**YORK REGIONAL POLICE**

**CRIMINAL RECORDS CHECK**

**(This search is NOT intended for persons working with the vulnerable sector)**

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| **Must print legibly (names, street, city, province, postal code) as this is your mailing label.** | | | | | | | | | | | | | | | | | |
| **UNIT 1. TO BE COMPLETED BY APPLICANT** | | | | | | | | | | | | | |  | | | |
| Last Name | | | First Name | | | | | Middle Name | | | | | | Maiden / other names | | | |
| Address (# and street name) | | | | | | Apt # | | | | | Gender | |  | | Place of birth | | |
| City | | Province | | Postal Code | | | | | | | | Date of birth (DD/MM/YY): | | | | | |
| **Phone Number:** | | | | | | **E-mail:** | | | | | | | | | | | |
| **Reason for Request** | | | | | | | | | | | | | | | | | |
| Employment | | Travel | | | Licencing | | | | Student (must show valid student ID) | | | | | | | | Other |
| Name & Address of Organization: | |  | | |  | | | | |  | | | | | |  | |
| **Identification - MUST be government issued and include applicant’s name, date of birth, signature and photo**  Health cards or SIN cards will **NOT** be accepted as identification | | | | | | | | | | | | | | | | | |
| Type of ID produced: |  | | | | | | ID number : | | | | |  | | | | | |
| Type of ID produced: |  | | | | | | ID number : | | | | |  | | | | | |
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| The Criminal Records Check will include a search conducted of the RCMP National Repository of Criminal Records based on the name(s) and date of birth provided by the Applicant. The Criminal Record Check will include the following information as the record exists on the date of the search:   * **Criminal convictions from CPIC and/or local databases.** * **Summary convictions, for 5 years, when identified.** * **Findings of Guilt under the *Youth Criminal Justice Act* within the applicable disclosure period (only if the request is for a position with a government agency).**   Note: Findings of guilt under the *Youth Criminal Justice Act* are restricted**.** They are only included in requests for positions with government agencies. The applicant is restricted from sharing this information and cannot be required to provide it to anyone.Findings of guilt under the *Youth Criminal Justice Act* will only be disclosed directly to government agencies. Criminal Records Checks are completed in accordance with the *Police Record Check Reform Act, 2015*. | | | | | | | | | | | | | | | | | |
| **SEE PAGE 2 FOR CONSENT, RELEASE AND CERTIFICATION BY APPLICANT** | | | | | | | | | | | | | | | | | |

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| **CONSENT, RELEASE AND CERTIFICATION BY APPLICANT** | | | | | | |
| 1. I hereby authorize York Regional Police to conduct a search based on the names(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 York Regional Police Records Management Systems (RMS), and the Canadian Police Information Centre (CPIC) database, maintained by the RCMP.  This search of the CPIC database includes a search of the Identification Data Bank (known as the National Repository of Criminal Records), the Investigative Data Bank and the Public Safety Portal (PSP). 2. I hereby release and discharge the York Regional Police Service Board and all members and employees of York Regional Police 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 York Regional Police. I hereby authorize York Regional Police to inquire into and disclose 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, 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. I understand that the prescribed fee is non-refundable. | | | | | | |
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| **Applicant’s Signature: X** |  | | | **Date:** |  |  |
|  |  | | |  |  | |
| **UNIT 2. POLICE USE ONLY** | | | | | | |
| Requested and Fee received by - Badge # | |  | | | | |
| Date of Search: | | Police Record Check Unit Representative: |  | | | |