

Appendix A

Consent for Disclosure of Personal Information Public Safety Verification

To ensure accuracy, you must PRINT in clear CAPITAL letters and complete this form in its entirety.

In connection with my intended access to the **City of Winnipeg Water Treatment Plant**, I understand that the background check process includes a Public Safety Verification.

I hereby consent to a Public Safety Verification search on behalf of **City of Winnipeg Water Treatment Plant** in connection with my intended access to **City of Winnipeg Water Treatment Plant**. I authorize BackCheck to release all personal information obtained during the above Public Safety Verification to **City of Winnipeg Water Treatment Plant**. I understand that my personal information may be processed outside of Canada in order to return results in a timely manner.

Given Name(s): ▼		Middle Name(s): ▼		Gender: ▼ <i>Check One</i> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
Surname: ▼			Maiden name: ▼		
Aliases, nicknames and any other names: ▼					
Place of Birth: ▼			Date of Birth: ▼		
City		Province		Country	
				yyyy / mm / dd	
Current Address: ▼			From: ▼		To: ▼
Unit Number		Street Number		Street Name	
				yyyy mm dd	
Current Address Continued: ▼					
City		Province		Country	
				Postal Code	
Previous Address – if less than 5 years ago: ▼			From: ▼		To: ▼
Unit Number		Street Number		Street Name	
				yyyy mm dd	
Previous Address – Continued: ▼					
City		Province		Country	
				Postal Code	
Telephone Number: ▼			Alternative Telephone Number: ▼		
Please PRINT your full name: ▼					
Candidate Signature: X				Date: (yyyy/mm/dd) ▼	
				/ /	