



# WEYBURN POLICE SERVICE

## CRIMINAL OCCURRENCE SECURITY CHECK

NAME OF APPLICANT: \_\_\_\_\_  
Last Name First Name Middle Name

PREVIOUS NAME and / or ANY OTHER NAMES USED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(list additional addresses on back if current address is less than 5 years)

\_\_\_\_\_  
City/Town Province/Postal Code Telephone Number(s)

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ GENDER: Male / Female  
D/M/Y (write out month)

ORGANIZATION/COMPANY/FIRM: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_ VOLUNTEER: YES / NO

I WISH TO RECEIVE A DETAILED LIST OF MY CONVICTIONS IF I HAVE A CRIMINAL RECORD.

### STATEMENT OF CONSENT

I consent to a search of all records available at the time the search is conducted, including charges before the courts (including active alternative measures, stays of proceedings entered within one year of this request and findings of unfit to stand trial), findings of guilt or convictions (including youth records accessible under section 119(2) of the Youth Criminal Justice Act) and court orders (including peace bonds, restraining orders and recognizance's under sections 810.01, 810.1 or 810.2 of the Criminal Code) registered in my name in the National Repository and local records available to the police service. I understand that if a possible record exists, it will not be disclosed until identification has been confirmed by either myself or by fingerprints. I also understand that apprehensions, orders or other records relating to The Mental Health Services Act or the Youth Drug Detoxification and Stabilization Act will not be disclosed.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2019 Signature: \_\_\_\_\_

### VULNERABLE SECTOR CONSENT (working with children, elderly or handicapped)

I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to determine if I have been found guilty or convicted and or have been granted a pardon for, any of the 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 pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Solicitor General of Canada, 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. 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 by Weyburn Police Service.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2019 Signature: \_\_\_\_\_

### THIS AREA FOR POLICE SERVICE USE ONLY

2 forms of identification (1 photo) verified by \_\_\_\_\_

Date: \_\_\_\_\_ Receipt # and Amount: \_\_\_\_\_

The personal information collected in this form is collected in accordance with *The Local Authority Freedom of Information and Protection of Privacy Act*, and is used to ensure the safety and security of citizens and employees of the Weyburn Police Service.

Questions about this collection may be directed to: Weyburn Police Service, P.O. BOX 776, Weyburn, SK, S4H 2V4 or (306) 848-3250.