



Authorization for the Collection of Information
of an Auxiliary Officer applicant

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Last Name (please print) and digits of SIN: 3rd 6th 9th

I, _____ hereby authorize the Sarnia Police Service to collect from any physician, psychologist, employer, organization, to provide any information, opinion, reports, records, documents, or copies thereof in any form which may be requested in connection with my application for employment with any police service in Canada, and any subsequent training and employment. I understand that personal information about me, including but not limited to academic records, employment history including disciplinary records, medical, physical, financial, character, and criminal record data from sources other than myself will be collected by the Sarnia Police Service through the selection process with my consent. I understand that information about me will be used to assess my qualifications and suitability in relation to my application for employment with the Sarnia Police Service. Any information collected is the property of the Sarnia Police Service. I consent to the collection, use, disclosure, transmittal and examination by the Sarnia Police Service, or any other police service requesting this material, of all information compiled about me, including: academic records and transcripts, employment records, police records and history of law involvement, police service applications, medical information, background and security checks, financial information including credit bureau check, driving record, physical, psychological, visual, aptitude, and other employment related tests and interview information provided during the selection process, training records, and police service performance review records. I further consent to a criminal record check for a sexual offence for which a pardon has been granted or issued.

Signature of Applicant

Print name

Signature of Witness

Print name

Date: _____