



CIVILIAN APPLICANT SELECTION
 Authorization for the Collection and Release of Personal Information

PLEASE PRINT

I, First Name	Last Name	3 rd , 6 th & 9 th digits of SIN,		

HEREBY AUTHORIZE the Toronto Police Service to collect information about me in order to assess my qualifications and suitability for employment with the Toronto Police Service. I FURTHER AUTHORIZE any person or organization to whom or to which a signed copy of this Authorization is provided to disclose information about me to the Toronto Police Service in any manner or form requested by the Toronto Police Service, including but not limited to opinions, reports, records, documents or copy thereof. I ACKNOWLEDGE that the following information may be requested by the Toronto Police Service, including, but not limited to:

- √ Academic records and transcripts
- √ Employment records (including performance evaluation/reviews, discipline, complaint and attendance information)
- √ Police records (including criminal and provincial reports and convictions, intelligence information and any other reports that may exist)
- √ Background and security checks (including domestic and international security checks)
- √ Financial information (including credit bureau checks)
- √ Driving record

I UNDERSTAND that any information that is collected about me will be used to assess my qualifications and suitability for employment with the Toronto Police Service.

I FURTHER UNDERSTAND that some or all of the information may be used for research purposes. I UNDERSTAND if my information is used for such research purposes, I will in no way be personally identifiable in any research document, and that data on me will be combined with data from other candidates for the purpose of conveying general findings or trends. I CONSENT to the collection, use, examination, disclosure and transmittal of information compiled about me, in the manner and for the purposes described immediately above.

I HEREBY ACKNOWLEDGE AND DECLARE that the terms of this Authorization for release of information are fully understood by me. I UNDERSTAND that all information about me that is obtained during the selection process and/or during any subsequent training and employment, may be disclosed for the purpose for which it was obtained or for a consistent purpose.

I WAIVE any right of action against any person or institution which may provide information, opinions, reports, records and/or documents in compliance with this Authorization. Furthermore, I RELEASE, WAIVE and DISCHARGE the Toronto Police Service, the Toronto Police Services Board and their respective employees, agents, assigns or anyone for whom they are in law responsible, and any person or organization to whom or to which a signed copy of this Authorization or a photocopy or fax thereof is delivered, from any and all liability for the collection, disclosure and use of the information in accordance with this Authorization, and from any and all liability for the use of, or reliance upon, information obtained in accordance with this Authorization.

Candidate's Signature

Date

Signature of Witness

Name of Witness (please print)

The personal information obtained through this employment process is collected under the authority of the *Consumer Reporting Act* section 8 and subsections 10(2) and 19(1)(c). Questions concerning the collection, use or disclosure of this information should be addressed to:

Employment Unit
 Toronto Police Service
 40 College Street Toronto, ON M5G 2J3