



Moose Jaw Police Service

Authorization for Release of Information and Statement of Consent

I, _____, the undersigned, hereby authorize any person, employer, organization or physician 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 the Moose Jaw Police Service and any subsequent training.

Personal information about me will be used to assess my qualifications and suitability in relation to my application as a communications officer. I consent to the collection, use, disclosure, transmittal and examination of all information compiled by the Moose Jaw Police Service.

Personal information about me that is obtained during the selection process may be disclosed to any law enforcement agency for the purpose for which it was obtained or for any other reason.

I agree to waive any right of action against any person or organization providing information or opinions in compliance with this authorization. I hereby acknowledge and declare the terms of this authorization for release of information are fully understood by me.

Statement of Consent

I hereby consent that any and all information pertaining to a Criminal Record registered in my name may be provided to authorized persons at the Moose Jaw Police Service. I recognized that a communications officer is in a position of trust within the community and I hereby consent to the Moose Jaw Police Service performing a Vulnerable Sector (VS) search of my name in the National Repository for Criminal Records. I understand that a VS search is a search that will check for pardoned sex offences. I further consent, if requested, to attend the Forensic Identification Unit of the Moose Jaw Police Service for fingerprint confirmation. I further agree to absolutely release, discharge, and absolve the Moose Jaw Police Service, the City of Moose Jaw, and its employees for all claims, losses, or damages including indirect or consequential, occasioned by me during, or as a result of any investigation for a Criminal Record.

Applicant Signature

Date

Printed Name of Witness

Witness Signature

Date