



MOOSE JAW POLICE SERVICE

Read and fill out the application in full. Print clearly. ** blue ink only. **

CRIMINAL OCCURRENCE RECORD CHECK

NOTE: If you need a Certified Copy of your Criminal Record, which requires fingerprints,

DO NOT COMPLETE THIS FORM

Instead, Please Contact our Ident Unit at (306)694-7617

Last Name:		First Name:		Middle Name(s):	
Maiden Name and/or Any Other First or Last Names Used		Date of Birth: (year/month/day)		Gender:	Place of Birth:
Current Address: (must be a resident of Moose Jaw with proof of address) Moose Jaw, SK			Postal Code:	Years lived in Moose Jaw:	Phone #:

Past Address History in the last 5 years - Only fill out if resided OUTSIDE of the City of Moose Jaw in the past 5 years:

1. Address: _____ City: _____ Province: _____

2. Address: _____ City: _____ Province: _____

3. Address: _____ City: _____ Province: _____

4. Address: _____ City: _____ Province: _____

Do you presently have a Criminal Record or Criminal Charges under your name? Yes No

NOTE: If Yes, fingerprints will be required for identification purposes. This may delay results for 5 business days or longer.

Reason for Record Check:

Employment Immigration Record Suspension Travel Volunteer Coach Adoption/Fostering Practicum

Organizations or Person Requesting Criminal Record Check (i.e. employer, school, etc.)	Job/Volunteer Title:
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Two pieces of Government issued Identification must be provided at the time of Record Check. One must be a valid photo id.

ID #1 Type: _____ ID #2 Type: _____

AUTHORIZATION, RELEASE AND CERTIFICATION

- I hereby authorize the **MOOSE JAW POLICE SERVICE** to conduct a search based on the name(s), date of birth and declared criminal record history, to obtain the information required to complete the criminal record check and disclose such information to me. This may include, but may not be limited to, a search of the Moose Jaw Police Service Information Management System (SIMS), the RCMP National Repository of Criminal Records, the Canadian Police Information Centre (CPIC) information system which includes the CPIC Identification, Intelligence and Investigative Data Banks, the Police Information Portal (PIP), and records management systems of other police services.
- I hereby authorize the **MOOSE JAW POLICE SERVICE** to inquire into and disclose the results of any police record checks to me including: criminal convictions (summary and indictable); absolute and conditional discharges; cases of not criminally responsible for reasons of mental disorder; and outstanding entries such as charges, judicial orders, probation and prohibition orders.
- I hereby release and discharge the **MOOSE JAW POLICE SERVICE** and all members and employees of the **MOOSE JAW POLICE SERVICE** from any and all actions, claims, demands for damages, losses or injuries howsoever arising which may be sustained by me as a result of the disclosure of the information to me, or to the Organization or Person referred to above if I answered YES in paragraph 7, by the **MOOSE JAW POLICE SERVICE**.
- I certify that the information provided by me in this application is true and correct to the best of my knowledge and belief. I have read this application, understand it, and agree to it in its entirety.
- The information collected on this form and as part of the Criminal Record Check Process will be collected, used, and disclosed in accordance with *The Local Authority Freedom of Information and Protection of Privacy Act*, or as otherwise authorized by law.
- I understand that the prescribed fee is non-refundable.

I understand the **MOOSE JAW POLICE SERVICE** does not provide the results of the criminal record check directly to the Organization or Person requesting the criminal record check (referred to above). YES

DATE: _____ **Signature:** _____

For Vulnerable Sector Check, complete all Three Pages



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DECLARATION OF CRIMINAL RECORD

THIS FORM MUST BE COMPLETED IN ORDER TO RECEIVE A NAME-BASED CRIMINAL RECORD, WHICH INCLUDES THE ADULT CRIMINAL CONVICTIONS AND ASSOCIATED INFORMATION FROM THE RCMP NATIONAL REPOSITORY OF CRIMINAL RECORDS.

Last Name		First Name	Middle Name	
Maiden Name or Other Last Names Ever Used			Sex	Date of Birth yyyy/mmm/dd
Current Address #, Street Name, Apt/Unit		City	Province	Postal Code

DECLARATION OF CRIMINAL RECORD:

- DOES NOT CONSTITUTE A CERTIFIED CRIMINAL RECORD BY THE RCMP
- MAY NOT CONTAIN ALL CRIMINAL RECORD CONVICTIONS

DO NOT DECLARE:

- ABSOLUTE DISCHARGES OR CONDITIONAL DISCHARGES, PURSUANT TO THE *CRIMINAL CODE*, SECTION 730.
- CONVICTION FOR WHICH YOU HAVE RECEIVED A RECORD SUSPENSION, PURSUANT TO THE *CRIMINAL RECORDS ACT*.
- CONVICTION WHILE YOU WERE A "YOUNG PERSON" (TWELVE YEARS OLD BUT LESS THAN EIGHTEEN YEARS OLD), PURSUANT TO THE *YOUTH CRIMINAL JUSTICE ACT*.
- ANY OFFENCE FOR WHICH YOU WERE NOT CONVICTED, FOR EXAMPLE, CHARGES THAT WERE WITHDRAWN, DISMISSED, ETC.
- ANY PROVINCIAL OR MUNICIPAL OFFENCES.
- ANY CHARGES DEALT WITH OUTSIDE OF CANADA.

Failure to complete this form accurately will result in an incomplete record check.

Note: A criminal record in the National Repository of Criminal Records can only be confirmed through the submission of fingerprints. Therefore, in the event the Applicant DOES NOT DECLARE criminal record information and a search result in a match in the RCMP National Repository of Criminal Records, based solely on name(s) and date of birth, the Applicant will be required to submit fingerprints for confirmation, and pay the applicable fee.

OFFENCE	DATE OF SENTENCE	LOCATION

Applicant's Signature	Date yyyy/mmm/dd
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Personal information on this form is collected under the authority of the *Local Authority Freedom of Information and Protection of Privacy Act*, s.24, s.28(1) and will be used to authorize and conduct a Police Record Check. Questions about this collection should be directed to: Information Management Unit, Moose Jaw Police Service, 21 Fairford Street West, Moose Jaw, Sask.S6H 1V2, (306) 694-7611



MOOSE JAW POLICE SERVICE

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VULNERABLE SECTOR CHECK

Consent for a Criminal Record Search for a Sexual Offence for Which a Record Suspension (formerly called a Pardon) has been Granted or Issued

This Form must accompany the Moose Jaw Police Service Basic Criminal Record Check Form.

This Form must be accompanied by a letter from the requesting Organization or Person referred to in the Basic Criminal Record Check Form which contains the following:

- (a) confirmation that the Organization or Person is responsible for the well-being of a child, children, or vulnerable person(s);
- (b) the type of vulnerable person(s) the Organization or Person is responsible for (e.g. elderly, physically disabled, mentally disabled, etc.);
- (c) information to establish that the paid or volunteer position is one of trust or authority towards the child, children, or vulnerable person(s).

Even though an Organization or Person is responsible for the well-being of a child or vulnerable person, not every applicant for a paid or volunteer position will qualify for a Vulnerable Sector Check. The position must be one of trust or authority towards the child or vulnerable person. Being in a position of trust or authority is more than just having incidental contact with a child or vulnerable person.

I have read the above Yes

CONSENT, AUTHORIZATION AND RELEASE

Type of vulnerable person(s): Child(ren) Elderly Mentally Disabled Physically Disabled Other

1. I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of, and have been granted or issued a record suspension (formerly called a pardon) for, any of the sexual offences that are listed in the schedule to the *Criminal Records Act*.
2. I understand that if, as a result of giving this consent, a search discloses that there is a record of my conviction for one of the sexual offences listed in the schedule to the *Criminal Records Act* in respect of which a record suspension/pardon was granted or issued, that record shall be provided by the Commissioner of the Royal Canadian Mounted Police to the Minister of Public Safety and Emergency Preparedness, 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. If I further consent in writing to disclosure of that information to the organization or person that requested the Vulnerable Sector Check, that information will be disclosed to that organization or person by the Moose Jaw Police Service.
3. I hereby release and discharge the **MOOSE JAW POLICE SERVICE** and all members and employees of the **MOOSE JAW POLICE SERVICE** from any and all actions, claims, demands for damages, losses or injuries howsoever arising which may be sustained by me as a result of the disclosure of the information to me, or to the requesting Organization or Person referred to in the Basic Criminal Record Check form, by the **MOOSE JAW POLICE SERVICE**.
4. I understand that I may be required to provide my fingerprints to confirm my identity.
5. I certify that the information provided by me in this application is true and correct to the best of my knowledge and belief. I have read this application, understand it, and agree to it in its entirety.
6. The information collected on this form and as part of the Vulnerable Sector Check Process will be collected, used, and disclosed in accordance with *The Local Authority Freedom of Information and Protection of Privacy Act*, or as otherwise authorized by law.
7. I understand that the prescribed fee is non-refundable.

Date: _____

Signature: _____

Printed Name: _____