



## Background Check Instructions for CANADA

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Member Number \_\_\_\_\_

Please read the step by step instructions below and complete all components. Once all steps have been completed, please email a scanned copy to [youthleader@kofc.org](mailto:youthleader@kofc.org) or mail to:

Knights of Columbus  
Attn: Office of Youth Protection- Canada  
1 Columbus Plaza  
New Haven, CT 06510

If you have any questions regarding the Safe Environment policy adopted by the Knights of Columbus or why you are being asked to complete a background check, please call the Safe Environment Member Helpline at 203-800-4940

Praesidium's Canadian Police Information Centre (CPIC) criminal checks are facilitated in-country by a partner screening firm as identified on the CPIC Consent to Disclosure of Personal Information.

Step	Document/Page/Instructions	Complete
1.	<b>Review and Complete Authorization for a Background Check (page 2)</b>	<input type="checkbox"/>
2.	<b>Consent and Disclosure of Personal Information (page 3)</b> <ul style="list-style-type: none"><li>○ Provide all information requested but do not fill out the final section related to witnessing your ID</li><li>○ Show the 2 pieces of ID that you plan to use to satisfy step 4 to another Knights of Columbus member then have them sign and witness the bottom of the document</li><li>○ Your witness is not responsible for verifying the validity of your ID, he is simply checking that the photo ID appears to be you and that the demographic information you have provided matches the demographic information on your ID</li></ul>	<input type="checkbox"/>
3.	<b>Declaration of Criminal Record (page 4)</b> <ul style="list-style-type: none"><li>○ Complete the form and return with packet</li></ul>	<input type="checkbox"/>
4.	<b>Two Forms of Identification (page 5)</b> <ul style="list-style-type: none"><li>○ Provide legible copies of ID</li></ul>	<input type="checkbox"/>

*If you have any questions regarding the required documents, please contact our Praesidium Support Team at 800-743-6354 (select option 3 for Support) or [support@praesidiuminc.com](mailto:support@praesidiuminc.com)*

## Authorization Form

I hereby authorize Praesidium, and/or its affiliates and agents to make an independent investigation of my background and criminal record history which may be in any provincial, local, and files held by any law enforcement authorities; including those maintained by both public and private organizations, and all public records, for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for paid or unpaid employment (including volunteers). This authorization and consent shall be valid in original, fax, or copy form.

I understand that Praesidium's systems and databases are maintained in the United States; therefore, my personal identifiable information will be collected and maintained in the United States. Once my information is entered into Praesidium systems, it will be treated as confidential and protected through a variety of generally accepted industry standards. Such personal information may be subject to access requests from foreign governments, courts, law enforcement officials and national security authorities, in accordance with the laws of the foreign jurisdiction.

If employment is denied in whole or in part because of information obtained by the above-named company, I have the right to make a written request within a reasonable period of time to receive information about the nature and scope of the investigation.

I release the above-named company and/or its agents and any person or entity that provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above referenced sources used.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as a cause for possible dismissal.

Signature:\_\_\_\_\_ Date:\_\_\_\_\_

Print Name:\_\_\_\_\_

Prior Name(s)  
(if applicable):\_\_\_\_\_

Current  
Address:\_\_\_\_\_

A. Personal Information					
Surname (last name):		Given name(s):		Middle Name(s):	
Surname (last name) at birth:			Former name(s):		
Place of birth (City, Province/State, Country):					
Date of birth (YYYY-MM-DD):			Sex (check one) <input type="checkbox"/> Female <input type="checkbox"/> Male		
Phone number(s):			Email address:		
Current Home Address					
_____	_____	_____	_____	_____	_____
<small>Number</small>	<small>Street</small>	<small>Apartment</small>	<small>City</small>	<small>Province/Territory/State</small>	<small>Postal/Zip</small>
Previous Address(es) Within the Last 5 Years (attach additional page if necessary)					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
B. Reason for the Criminal Record Verification					
Reason for Request (example Employment- Employer - Job Title):    Employment					
Organization Requesting Search:    ISB Canada					
Contact Name:    Johanna Clifford			Contact Phone Number:    905-875-6828		
C. Informed Consent					
<p><b>SEARCH AUTHORIZATION</b> - I HEREBY CONSENT TO THE SEARCH OF the RCMP National Repository of Criminal Records based on the name(s), date of birth and where used, the declared criminal record history provided by myself. I understand that this verification of the National Repository of Criminal Records is not being confirmed by fingerprint comparison which is the only true means by which to confirm if a criminal record exists in the National Repository of Criminal Records.</p>					
<p>POLICE INFORMATION SYSTEM(S)-1 HEREBY CONSENT TO THE SEARCH OF police information systems, as part of a Police Information Check, which will consist of a search of the following systems (check applicable):</p> <p><input type="checkbox"/> CPIC Investigative Data Bank                      <input type="checkbox"/> Police Information Portal (PIP)</p> <p><input type="checkbox"/> OTHER:</p>					
<p><b>AUTHORIZATION AND WAIVER</b> to provide a confirmation of criminal record or any police information.</p> <p>I certify that the information set out by me in this application is true and correct to the best of my ability. I consent to the release of the results of the criminal record checks to <u>Prasidium</u>, located in <u>Arlington, US</u></p> <p>Company Name                      City and Country</p> <p>I hereby release and forever discharge all members and employees of the processing Police Service and the Royal Canadian Mounted Police from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of information by the</p> <p><u>Cobourg Police Services</u>                      to                      <u>ISB Canada</u> ,                      <u>Milton, Ontario</u></p> <p>Name of Processing Police Service                      Company Name                      City and Country</p>					
Signature of Applicant		Date		Signed at	
		Year	Month	Day	
				City	Province/Territory
D. Identification Verification					
Witnessing Agent's Name:			<input type="checkbox"/> Electronic Identity Verification		
Witnessing Agent's Signature			Identification Verified:		
			Type of Photo ID Viewed (Government Issued) & Secondary ID		

Name and location of the company where information will be stored in Canada:

**\*\*Information related to this criminal record check is collected, retained and disclosed in accordance with applicable privacy legislation.\*\***

**Declaration of Criminal Record**

*This form is required to be filled out and attached to your Informed Consent Form for a Criminal Record Verification.*

Surname (last name) \_\_\_\_\_ Given name(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_

YYYY-MM-DD

Information is collected and disclosed in accordance with federal, provincial and municipal laws.

A Declaration of Criminal Record does not constitute a Certified Criminal Record by the RCMP and may not contain all criminal record convictions.

Applicants must declare all convictions for offences under Canadian federal law.

Do not declare the following:

- A conviction for which you have received a Record Suspension (formerly pardon) in accordance with the *Criminal Records Act*;
- A conviction where you were a "young person" under the *Youth Criminal Justice Act*;
- An Absolute or Conditional Discharge, pursuant to section 730 of the *Criminal Code*;
- An offence for which you were not convicted;
- Any provincial or municipal offence, and;
- Any charges dealt with outside of Canada.

**Note that a Certified Criminal Record can only be issued based on the submission of fingerprints to the RCMP National Repository of Criminal Record.**

<b>Offence</b>	<b>Date of Sentence</b>	<b>Court Location</b>

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
Date (YYYY-MM-DD)

Verified By:

Cobourg Police Services  
Name of Police Agency Employee

## **Valid Identification**

- ◆ **The applicant must produce two (2) pieces of identification that confirm; name, date of birth, and address.**
- ◆ **One piece of identification must include a photo.**

The following is a list of pieces of items that are considered acceptable forms of identification.

### **Photo Identification** (Identification that provides photo, name and date of birth)

- ◆ **Driver's Licence**
- ◆ **Government Employment Card**
- ◆ **Military Employment Card**
- ◆ **Age of Majority Card**
- ◆ **Canadian Citizenship Card**
- ◆ **Indian Status Card**
- ◆ **International Student Card**
- ◆ **Passport**
- ◆ **Permanent Resident Card**
- ◆ **Possession and Acquisition Licence (PAL)**
- ◆ **Canadian National Institute for the Blind Card (CNIB)**
- ◆ **Health Card**

### **Non- Photo Identification (ID must have applicants name on it)**

- ◆ **Birth Certificate**
- ◆ **Baptismal Certificate**
- ◆ **Hunting License**
- ◆ **Fishing License**
- ◆ **Outdoors Card**
- ◆ **Hospital Card**
- ◆ **Canadian Blood Donor Card (only if date of birth indicated)**
- ◆ **Immigration Papers**
- ◆ **Credit/Debit Card**
- ◆ **Student Card**
- ◆ **SIN Card**
- ◆ **Temp Driver's License**