

INFORMED ADDITIONAL SEARCH CONSENT FORM

Personal Information				
Please Print (Applicant to Complete)				
Surname		First Name Middle (Second) Name		
Maiden Name or Other Surnames Used (If applicable):		Place of Birth (If other than Canada, please also note date entry)		
Date of Birth (YYYY-MM-DD or 2011-Jan-01)	Sex M/F	Phone Number	Driver's Licence # <small>*Required for Driver's Abstract</small>	SIN # <small>*Required for Credit Report *Add SIN# in *** ** * or ***-***-*** format</small>
# Number	Street Name	Apt / Unit #	City / Province / Country	Postal Code

Previous Address(es) <small>Provide if you did not reside at above address for more than five [5] years</small>				
# Number	Street Name	Apt / Unit #	City / Province / Country	Postal Code
# Number	Street Name	Apt / Unit #	City / Province / Country	Postal Code

<p>RELEASE AUTHORIZATION AND WAIVER</p> <p>By signing this form, I certify that the information set out by me in this application is true and correct to the best of my ability. I am aware and give consent to the release of information to Xpera HRservices and its partner to disseminate and transmit the results electronically or in hard copy to a location in/ or outside of Canada. The information is collected and disclosed according to the Federal Privacy Act, MFIPPA, PIPA, PIPEDA and Quebec Privacy Laws. It may also be subjected to applicable International privacy legislation ie. U.S. Patriot Act.</p> <p>I hereby release and forever discharge all members and employees of Xpera HRservices from any and all actions, claims and demands for damages, loss or injury which may hereafter be sustained by myself, as a result of the disclosure of information to Xpera HRservices and its partners named below.</p>	<p>I HEREBY CONSENT TO THE SEARCH AND RELEASE OF:</p> <p>Additional Searches Listed Below</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Bankruptcy</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 40%;">Employment Verification</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Civil</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>ID Verification</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Credential Verification</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Media Search</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Credit Report</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Reference Check</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Driver's Abstract</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>SIN Validation</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Education Verification</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p>Signed this _____ day of _____, 20_____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">SIGNATURE OF APPLICANT</p>	Bankruptcy	<input checked="" type="checkbox"/>	Employment Verification	<input type="checkbox"/>	Civil	<input type="checkbox"/>	ID Verification	<input type="checkbox"/>	Credential Verification	<input type="checkbox"/>	Media Search	<input type="checkbox"/>	Credit Report	<input checked="" type="checkbox"/>	Reference Check	<input type="checkbox"/>	Driver's Abstract	<input type="checkbox"/>	SIN Validation	<input type="checkbox"/>	Education Verification	<input type="checkbox"/>		<input type="checkbox"/>
Bankruptcy	<input checked="" type="checkbox"/>	Employment Verification	<input type="checkbox"/>																						
Civil	<input type="checkbox"/>	ID Verification	<input type="checkbox"/>																						
Credential Verification	<input type="checkbox"/>	Media Search	<input type="checkbox"/>																						
Credit Report	<input checked="" type="checkbox"/>	Reference Check	<input type="checkbox"/>																						
Driver's Abstract	<input type="checkbox"/>	SIN Validation	<input type="checkbox"/>																						
Education Verification	<input type="checkbox"/>		<input type="checkbox"/>																						

Additional Information
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Authorization for Requested Search/es (Employer / Company Representative to Sign)	
Employer / Company Name	
Company Representative Name	Company Representative Signature
Email Address	Phone Number