

CONSENT TO A BACKGROUND SCREENING

IDENTIFICATION					_				
LAST NAME:					FIRST NAME:				
MIDDLE NAME(S):					OTHER NAME(S): (MAIDEN NAME, AKA)				
DATE OF BIRTH: (YYYY-MM-DD)					PLACE OF BIRTH:				
TELEPHONE:					EMAIL ADDRESS:				
SIN (Optional):					SEX:	□F	□м	ПΟ	
ADDRESS HISTORY Plea	ise prov	ide all forme	er addresses of	the past 5 yea	ars. Use additional pages	s if require	d.		
CURRENT:									
	APT	NUMBER	STREET	CITY	PROV./STATE	PO	STAL CODE/ZII	P	COUNTRY
PREVIOUS (1):									
	APT	NUMBER	STREET	CITY	PROV./STATE	PO	STAL CODE/ZII)	COUNTRY
PREVIOUS (2):									
	APT	NUMBER	STREET	CITY	PROV./STATE	PO	STAL CODE/ZII	•	COUNTRY
I hereby conser including any process.	n to Mintz nt to a co revious b	onsumer credi oankruptcies, o	t history inquiry civil legal procee	with an ID veri dings, collection	of CALGARY POLICE SERVICE ification and Social Insurance in actions, negative banking d release to Mintz informati	e validation	n; which will other inform	include i ation rep	nformation about me,
RELEASE AND DISCHAR Purpose of Consent: Backg	_	creening							
maintained in accordance this authorization has been	with the n signed. ion to Mir	ir respective F I release, wai ntz or the Con	Privacy Policies. The subsets of the	The information lischarge anyon nat the informa	be held in the strictest of con n obtained will only be used he who provides information tion set out by me in this au nding of it.	d in accorda in relation	nce with and to this relea	d to satis ise, from	fy the scope for which any and all liability for
SIGNATURE					DATE:				

Note to Applicant: You may make a request for access to your personal information, a request for correction or any other request for information by sending a written request to Mintz (Mintz Global Screening 700, René-Lévesque Boulevard West, Suite 201, Montreal, QC., H3B 1X8 to the attention of Privacy Officer. Mintz will answer your request for access, correction or information within thirty (30) days following its reception.