

# Appendix B

## Consent for Disclosure of Personal Information Public Safety Verification

*To ensure accuracy, you must PRINT in clear CAPITAL letters and complete this form in its entirety.*

In connection with my intended access to the **City of Winnipeg Water Treatment Plant**, I understand that the background check process includes a Public Safety Verification.

I hereby consent to a Public Safety Verification search on behalf of **City of Winnipeg Water Treatment Plant** in connection with my intended access to **City of Winnipeg Water Treatment Plant**. I authorize BackCheck to release all personal information obtained during the above Public Safety Verification to **City of Winnipeg Water Treatment Plant**. I understand that my personal information may be processed outside of Canada in order to return results in a timely manner.

Given Name(s): ▼		Middle Name(s): ▼		Gender: ▼ <i>Check One</i> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
Surname: ▼			Maiden name: ▼		
Aliases, nicknames and any other names: ▼					
Place of Birth: ▼			Date of Birth: ▼		
City		Province		Country	
				yyyy / mm / dd	
Current Address: ▼			From: ▼		To: ▼
Unit Number		Street Number		Street Name	
				yyyy mm dd	
Current Address Continued: ▼					
City		Province		Country	
				Postal Code	
Previous Address – if less than 5 years ago: ▼			From: ▼		To: ▼
Unit Number		Street Number		Street Name	
				yyyy mm dd	
Previous Address – Continued: ▼					
City		Province		Country	
				Postal Code	
Telephone Number: ▼			Alternative Telephone Number: ▼		
Please PRINT your full name: ▼					
Candidate Signature: <b>X</b>				Date: (yyyy/mm/dd) ▼	
				/ /	