

CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

(Please Print) (To be completed by applicant)

Surname (Provide previous name(s) prior to application if applicable)		First Name		Second Name	
Maiden Name/ Other Surnames Used (if applicable):		Place of Birth (If other than Canada, please also note date of entry to Canada):			
Date of Birth (YY-MM-DD)	Sex	Phone #	Driver's Licence Number		

Number	Street	Apt/Unit	City/Province	Postal Code
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Provide previous addresses if you did not reside at the above address for more than five years

Number	Street	Apt/Unit	City/Province	Postal Code
Number	Street	Apt/Unit	City/Province	Postal Code

Have you ever been convicted of a criminal offence for which a Pardon has not been issued in Canada?

Yes No

If yes, please complete the attached DECLARATION OF A CRIMINAL RECORD FORM.

<p>SEARCH AUTHORIZATION:</p> <p>I HEREBY CONSENT TO THE SEARCH OF:</p> <p>A. Criminal Record (Adult)</p> <p><u>RELEASE AUTHORIZATION AND WAIVER</u></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 ability. I am aware and give consent to the search of the RCMP National Repository of Criminal Records being conducted based on the name(s), date of birth, and declared criminal record history provided by the Applicant</p> <p>The information is collected and disclosed according to municipal, provincial and federal privacy laws. It may be subjected to applicable international privacy legislation i.e. US Patriot Act.</p> <p>I hereby release and forever discharge all members and employees of the processing Police Service from any and all actions and demands for damages, loss or injury howsoever which may hereafter be sustained by myself as a result of the disclosure of information by the processing Police Service and its partners.</p> <p>.....</p> <p>Signature of Applicant</p>	<p>Signed this _____ day of _____, 20_____</p> <p>_____</p> <p>(Signature of Applicant)</p> <p><i>By signing this form, I am aware and I give consent that this record may be transmitted electronically of in hard copy within Canada and the U.S.A..</i></p>
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Note: The presence of information does not necessarily mean the applicant will be disqualified from the position by the organization.

<p>ORGANIZATION REQUESTING SEARCH</p> <p>_____</p> <p>Name of Representative Witnessing Applicant's ID</p> <p>.....</p> <p>Signature of Witness</p>	<p>Identification Type and Number #1:</p> <p>_____</p> <p>Identification Type and Number #2:</p> <p>_____</p>
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DATA COLLECTION FORM



General Information		Applicant: Please print clearly in capital letters.	
First Name ▼		Middle Name ▼	
Last Name ▼		Date of Birth (yyyy/mm/dd) ▼	
Other First Name(s) Used (nickname, former name, etc.) ▼		Other Middle Name(s) Used ▼	
Other Last Name(s) Used (maiden name, former name, etc.) ▼			
Current Address (unit number, street number, street, city, postal code, country) ▼			
Email Address ▼		Telephone Number ▼	
Social Insurance Number		Applicant: Please complete if a Canadian Credit Inquiry or SIN Validation is requested.	
Providing your SIN is OPTIONAL. If a Canadian Credit Inquiry or a SIN Validation is requested, your SIN may help us find your credit file or validate your SIN. If these services are not requested, please do not provide your SIN.		Social Insurance Number ▼	<input type="checkbox"/> I decline to provide my SIN.

PRIVACY NOTICE & CONSENT FORM



Privacy Notice

Applicant: Please read the following sections carefully.

To evaluate your suitability for employment or another business relationship, C4 Operations ("the Company") will ask Sterling Talent Solutions Canada Corp. and its parent, affiliates and subsidiaries ("Sterling", "we" or "us") to create a background check report or reports ("Reports") consisting of one or more background check services ("Services"). **Collection:** We may collect the following types of personal information about you: identification information and documents; photograph; address history; police records; court records; employment history, including fiduciary or directorship responsibilities; education history; financial information, including credit history, bankruptcy and financial judgments; driving records; membership, registration or disciplinary action with regulatory or professional bodies; inclusion on watch or sanctions lists; social media activity; mentions in online or print media; or opinions about your performance, qualifications and character. We may collect personal information directly from you, the Company, or third parties such as police, courts, employers, educational institutions, consumer reporting agencies, government agencies, regulatory or professional bodies, references you provide and publicly available print or online sources. We may compare information received from different sources for consistency. The exact types and sources of personal information will depend on the Services requested by the Company. **Use:** Our data entry, order fulfillment, quality assurance, client service, finance and compliance teams may use your personal information to complete Services, prepare Reports and communicate with you or the Company. These teams include our employees in Canada, the Philippines, India and the United Kingdom. Personal information may be transferred to additional countries if we need to collect personal information from those countries or use a language other than English or French. Wherever your information is transferred, it will be handled in accordance with our privacy and security policies and Canadian laws, but it may also be subject to foreign laws. **Disclosure:** We will disclose your personal information to the Company. We may also disclose information, such as your name, date of birth, identifying numbers, signature, contact information, and relationship with the Company, to third parties as necessary for them to provide your personal information to us. **Storage and retention:** We will store your personal information on servers located in Calgary, Alberta, Canada. We will keep your personal information for as long as we need it to complete the Services, deliver and maintain Reports for the Company and fulfill our legal and contractual obligations, after which it will be destroyed. **Your rights:** You have a right to access your personal information, dispute its accuracy or completeness, be told its sources and to whom it has been disclosed, and modify or withdraw your consent for its collection, use and disclosure. You have a right to ask questions or complain about how we handle your personal information. To do any of these things, contact one of our Privacy Analysts at privacy@sterlingts.com, 1-866-455-5671 or Suite 200, 19433 96 Ave, Surrey BC V4N 4C4. For more information about our privacy and security policies, go to www.sterlingts.com/privacy. To understand what Services will be ordered, why Reports are being requested, what will be done with personal information disclosed to the Company, or the consequences of not providing your personal information, please speak to your contact with the Company.

Consent for Collection, Use and Disclosure of Personal Information

Applicant: Please read and sign.

By signing below, I acknowledge that I have read the privacy notice above and consent to the collection, use and disclosure of my personal information as described in it, effective immediately and continuing for a period of one (1) year. I certify that personal information provided to Sterling and the Company is complete and accurate to the best of my knowledge, and I understand that providing inaccurate, incomplete or misleading information may disqualify me from consideration by the Company.

Applicant Signature

X

Date (yyyy/mm/dd)

Print Full Name ▼

DATE _____

CUSTOMER NUMBER _____

TENANT INFORMATION FORMI / We _____, prospective
tenant(s) / buyer(s) for the property located at _____,

Managed By: _____ Owned By: _____,

Hereby allow TENANT CHECK and or the property owner / manager to inquire into my / our credit file, criminal, and rental history as well as any other personal record, to obtain information for use in processing of this application. I / we understand that on my / our credit file it will appear the TENANT CHECK has made an inquiry. I / we cannot claim any invasion of privacy or any other claim that may arise against TENANT CHECK now or in the future.

PLEASE PRINT CLEARLY**TENANT INFORMATION:**

SINGLE _____ MARRIED _____

SOCIAL SECURITY #: _____

FULL NAME: _____

DATE OF BIRTH: _____

DRIVER LICENSE #: _____

CURRENT ADDRESS: _____

HOW LONG? _____

LANDLORD & PHONE: _____

PREVIOUS ADDRESS: _____

HOW LONG? _____

EMPLOYER: _____

OCCUPATION: _____

GROSS MONTHLY INCOME: _____

LENGTH OF EMPLOYMENT: _____

WORK PHONE NUMBER: _____

HAVE YOU EVER BEEN ARRESTED?
(CIRCLE ONE) YES NO

HAVE YOU EVER BEEN EVICTED?
(CIRCLE ONE) YES NO

SIGNATURE: _____

PHONE NUMBER: _____

SPOUSE / ROOMMATE:

SINGLE _____ MARRIED _____

SOCIAL SECURITY #: _____

FULL NAME: _____

DATE OF BIRTH: _____

DRIVER LICENSE #: _____

CURRENT ADDRESS: _____

HOW LONG? _____

LANDLORD & PHONE: _____

PREVIOUS ADDRESS: _____

HOW LONG? _____

EMPLOYER: _____

OCCUPATION: _____

GROSS MONTHLY INCOME: _____

LENGTH OF EMPLOYMENT: _____

WORK PHONE NUMBER: _____

HAVE YOU EVER BEEN ARRESTED?
(CIRCLE ONE) YES NO

HAVE YOU EVER BEEN EVICTED?
(CIRCLE ONE) YES NO

SIGNATURE: _____

PHONE NUMBER: _____

TENANT CHECK HOURS OF OPERATION:

MONDAY - FRIDAY : 9:00 a.m. - 5:30 p.m.

SATURDAY : 11:00 a.m. - 4:00 p.m.

ALL ORDERS RECEIVED AFTER 5:00 p.m. (3:30 p.m. on Sat.) WILL BE PROCESSED THE
NEXT BUSINESS DAY**TENANT CHECK FAX #: (727) 942-6843**

IF THE WRONG SOCIAL SECURITY NUMBER IS SUBMITTED, A
SECOND APPLICATION FEE WILL BE CHARGED TO RE-PULL THE
REPORT.

A CREDIT REPORTING SERVICE PROVIDING CREDIT REPORTS FOR
REALTORS / PROPERTY MANAGERS / APARTMENT COMPLEXES /
MOBILE HOME PARKS / CONDOMINIUM ASSOCIATIONS / EMPLOYERS

CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

This authorization and consent for release of personal information acknowledges that _____ (Hereafter referred to as "**Company**") and/or its agent, **C4 Operations LLC**, may now, or at any time while renting from **Company**, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to: rental history, searches of educational institutions attended; state driving records; financial or credit institutions, including records of loans, records of commercial or retail credit agencies and other financial statements; records of previous employment, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veteran Administration; and criminal history information on file in local, state or federal agencies.

I understand that these searches will be used to determine renting eligibility under the company's renting policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to **C4 Operations, LLC**. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether occupancy was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from **C4 Operations, LLC, Inc. 1203 3rd ST SE, Cedar Rapids, IA at (888) 519-6283 or www.C4Operations.com**. After reading this document, I fully understand its contents and authorize the background verification.

I understand that California law requires **Company** to give me a copy of any report requested within seven (7) days of the date the information was obtained and that failure to do so will expose **Company** to liability (Section 1786.29).

Signed this _____ day of _____, 20____.

Applicant (Print Name): _____

Applicant Signature: _____

Background Screening Information Form

Basic Information

Legal First Name	Legal Middle Name	
Legal Last Name	Maiden and/or Other Last Name Used	
Email Address		
Date of Birth	Social Security Number	
Current Physical Address (no P.O. Boxes)		
City	State	Zip

The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a YES answer:

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations) YES NO If YES, please provide an explanation below:

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense? YES NO If YES, Please provide an explanation below:

3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense? YES NO If YES, Please provide an explanation below:

4. Have you ever been arrested for molesting or abusing a minor? YES NO If YES, please provide an explanation below:

5. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? YES NO If YES, Please provide an explanation below:

6. As of the date of this authorization, do you have any pending criminal charges against you? YES NO If YES, Please provide an explanation below:

7. As of the date of this authorization, have you ever been evicted? YES NO If YES, Please provide an explanation below:

Address History Please provide a complete address history since the age of 18.

Address	City / State / Zip
County	Dates
Address	City / State / Zip
County	Dates
Address	City / State / Zip
County	Dates
Address	City / State / Zip
County	Dates
Address	City / State / Zip
County	Dates
Address	City / State / Zip
County	Dates

I hereby certify that all information provided in this authorization is true, correct and complete. I understand that if any information proves to be incorrect or incomplete, that is grounds for the canceling of any or all offers of occupancy that may exist and may be used at the discretion of _____.

Signed this _____ day of _____, 20_____

Applicant (Print Name):
Applicant Signature:

CRIMINAL RECORD VERIFICATION Informed Consent Form

A. Personal Information					
Surname (last name):			Given names(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					
Number	Street	Apartment	City	Province/Territory/State	Postal/ZIP code
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):					
Organization Requesting Search:					
Contact Name:			Contact Phone Number:		
C. Informed Consent					
<p>SEARCH AUTHORIZATION – 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) – I 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>AUTHORIZATION AND WAIVER 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 _____, located in _____</p> <p style="text-align: center;">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 _____ to _____.</p> <p style="text-align: center;">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					
<input type="checkbox"/> Physical Identity Verification <input type="checkbox"/> Electronic Identity Verification					
Witnessing Agent's Name:			Identification Verified:		
Witnessing Agent's Signature:			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. ****

CRIMINAL RECORD VERIFICATION
Declaration of Criminal Record Form

Declaration of Criminal Record

This form is required to be filled 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 Records.

Offence	Date of Sentence	Court Location

Signature of Applicant

Date (YYYY-MM-DD)

Verified By:

Name of Police Agency Employee

Signature of Police Agency Employee