



## ACCESS TO PERSONAL INFORMATION CONSENT FORM

The "Candidate" consents to allow the **Company/Landlord** and its agent **InfoCheckUSA** to make contact and secure the identified and authorized information from Canadian information sources as requested below by the "Candidate".

**Company / Landlord Information (ensure your request is legible for accurate results)**

COMPANY NAME:		COMPANY CONTACT:	
ADDRESS:	CITY:	PROVINCE/STATE:	POSTAL/ZIP CODE:
PHONE #	FAX #	EMAIL ADDRESS:	

*The information acquired will be used for the sole purpose of pre-employment screening and/or verification of employee status. Information gathered will be used by the requesting company only and will be secured in compliance with PIPEDA (Personal Information Protection & Electronic Documents Act).*

**Candidate Information (PREVIOUS ADDRESS (IF LESS THAN 5 YEARS AT CURRENT)):**

FIRST NAME:	INITIAL:	SURNAME:	OTHER NAMES (SPECIFY):
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH:		PLACE OF BIRTH:
SIN NO:		DRIVERS LICENCE NO:	
ADDRESS:	APT #:	CITY:	PROVINCE/STATE:
POSTAL/ZIP CODE:	TELEPHONE #:		

I hereby consent that the information collected will be released to the above named company/landlord or its agent, INFOCHECKUSA. I certify that the information I have supplied is correct and true to the best of my knowledge. I hereby release and forever discharge all members and employees of the above company and it's agents from any claims, actions, demands for damages, injury or loss which may arise as a result of the disclosure of information by any of the information sources including but not limited to the Criminal Courts, Credit Bureau or Department of Motor Vehicles to the designated agents and/or representatives. All documents are for the sole use of the client for the purpose identified. Information is collected and disclosed according to PIPA (Personal Information Protection Act) and/or PIPEDA (Personal Information Protection & Electronic Documents Act). By signing this waiver, I acknowledge full understanding of its content.

**Signature of Applicant:**

**Signature of Witness (Company Representative):**

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

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

**I authorize the above stated company and/or any designated agents and representatives on their behalf to collect the following information:** The **Candidate** consents to the following:

- Canadian Criminal Record Check** (please sign) \_\_\_\_\_
- Education Verification** (please sign) \_\_\_\_\_
- Driver Record Abstract** (Indicate Province \_\_\_\_\_) (please sign) \_\_\_\_\_

**www.InfoCheckUSA.com**

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