



AUTHORIZATION FOR RELEASE OF INFORMATION TREATY THREE POLICE SERVICE

Last Name: _____ **First Name:** _____
Middle Name (1): _____ **Middle Name (2):** _____
Maiden Name (if applicable): _____ **D.O.B:** _____

The undersigned, hereby authorizes any physician, employer, organization or person to whom a signed copy, facsimile transmittal or photocopy of this authorization is delivered, to provide any information, opinion, reports, records or copies thereof, which may be requested by a representative of the Treaty Three Police Service in connection with the background investigation relating to their application for employment with any First Nation and specifically:

Authorized Areas of Disclosure
(Please check applicable areas and provide Driver's Licence)

<input type="checkbox"/>	Academic Records and Transcripts	<input type="checkbox"/>	Police Records (including applicant files and history of law involvement)
<input type="checkbox"/>	Military and Police Service as applicable (including any complaints, disciplinary investigation & results)	<input type="checkbox"/>	Criminal Record Check
<input type="checkbox"/>	Medical Information	<input type="checkbox"/>	Character Reference Check
<input type="checkbox"/>	Financial Information (including credit bureau check)	<input type="checkbox"/>	Employment Records
<input type="checkbox"/>	Driver's Licence #	<input type="checkbox"/>	Driving Record Check

Additionally, the undersigned, hereby authorizes members of the Treaty Three Police Service to contact any other person(s) that they feel may provide relevant information with respect to my character, history and/or suitability for any position with the Treaty Three Police Service.

I understand this information will be used to assess my qualifications and suitability in relation to my application for employment as an employee of the Treaty Three Police Service. I further understand that any questions that I may have concerning the collection of this information can be directed to the Chief of Police, Treaty Three Police Service, 22 Homestake Road, P.O. Box 1480, Kenora, ON P9N 3X7.

I hereby acknowledge and declare that the terms of this authorization for release of information are fully understood by me.

Dated this _____ day of _____, _____

Signature of Witness

Signature of Applicant