



Delta Police Department

Police Information Check

Delta Police Use Only
Log:
Receipt:
Received at: (for CoPS locations)

IDENTIFICATION – one form must be photo ID (office use only).

Type of ID Produced:	Number:
Type of ID Produced:	Number:

INSTRUCTIONS FOR COMPLETION

(PERSONAL INFORMATION ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF THE BC FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT & FEDERAL PRIVACY ACT)

Please complete clearly in ink

You must apply in person at the Police Agency in the jurisdiction you reside. At the time of application you must present:
 Any applicable fee (see website for costs and payment options).
 One piece of photo identification and one piece of identification verifying name and date of birth.
 If you cannot produce photo identification and require a Police Information Check for purpose of employment, you will need to submit fingerprints to confirm your identity.

Your Police Information Check will include all available law enforcement systems, including any local police records. This check will **NOT** include: overseas or US records, traffic tickets, Motor Vehicle Act offences or municipal bylaw offences.

The results of this check will not be forwarded to a third party
 (with the exception of confirmed positive Vulnerable Sector responses).

PART I – PERSONAL INFORMATION (COMPLETED BY APPLICANT)

LAST NAME	FIRST NAME	MIDDLE NAME		
PREVIOUS NAMES (including name changes and maiden name)				SEX (circle one) M F
DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH:			
ADDRESS (street # and name)	CITY	PROV	POSTAL CODE	
PHONE NUMBER (residence)	PHONE NUMBER (cell)			

PREVIOUS ADDRESS (LIST ALL ADDRESSES WITHIN THE LAST FIVE YEARS)

*Check Completed (office use only)

STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no

REASON FOR APPLICATION (check appropriate): Volunteer (attach letter) - Employment Other (specify below)

NAME OF VOLUNTEER AGENCY, GROUP OR EMPLOYER: _____

IS YOUR REQUEST RELATED TO WORK/VOLUNTEERING WITH VULNERABLE PERSONS: YES NO

(if yes – please complete Vulnerable Sector Search Consent FORM 1 on page 3)

Applicant Name	Applicant DOB
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WAIVER, RELEASE AND CONSENT

I request and consent to the Delta Police Department and its employees conducting a search with the information I have provided of records and information in the possession of any policing agency or contained in a court registry database. I understand and agree that this search will report on the existence of any formal criminal records or pending charges, *as well* as the existence of records including information related to adverse contact with the police including occurrences where no charges have been laid, Mental Health Act occurrences and provincial statutes. I understand that records may continue to exist even if they are no longer indicated. I understand the Delta Police Department will provide a factual report on the results of the search and will not be responsible for determining whether the search results are or are not relevant to my proposed employment or volunteer position. **This determination must be made by the employer or volunteer organization through its own background investigation and in accordance with human rights legislation and employment law.**

I understand that information collected as a result of this Police Information Check will only be released by Delta Police Department and its employees **directly to me and not to any third party.**

I release the Delta Police Department, its employees, agents and assigns, from any and all actions, claims and demands for losses or damages, including indirect or consequential, that I might sustain by reason of the Delta Police and its employees conducting searches and reporting on the results of information collected during this Police Information Check. I understand that the Delta Police Department cannot and does not guarantee the accuracy of the information I have provided or of the information to be disclosed.

I certify that the information provided is true and correct to the best of my knowledge and belief. I have read and understood this form and consent to these terms by my signature.

Signature of Applicant

Date signed

*******FOR OFFICE USE ONLY*******

<u>QUERY TYPE</u>	<u>Queried by:</u>	<u>Negative</u>	<u>Attached</u>	<u>Date</u>
<u>CPIC</u>				
<u>PRIME</u>				
<u>PIP/LEIP</u>				
<u>JUSTIN</u>				
<u>PIRS (ED1/ED2)</u>				

NOTES (office use only):
