

MASTER CONSENT FORM

Candidate Information:

Last Name	First Name	Middle Name
Other Surnames/Maiden Name (if applicable)	Date of Birth (yyyy-mm-dd)	Place of Birth (City, Province, Country)
Gender: Male Female	Social Insurance Number (only if S.I.N. verification check required)	Driver's Licence Number
Email Address		Phone Number
Present Address (Street Number and Name, City, Prov	ince, Postal Code)	
Provide previous address if you did not reside at the ab	ove address for more than 5 years (Street Number and Name	e, City, Province, Postal Code)
Provide previous address if you did not reside at the above address for more than 5 years (Street Number and Name, City, Province, Postal Code)		
Provide previous address if you did not reside at the above address for more than 5 years (Street Number and Name, City, Province, Postal Code)		
The background checks may include those listed below. The information coll consent or as may be required or permitted by law. The information is req Consent to perform the different searches and to collect the personal in employment, education and other data on my resume and/or application. By consent forms, attached and on my resume and/or application form, is compl I authorize ISN to contact the third parties I identify for the purpose of perfoconfidentially and consent to the release of that information to third parties background checks, I understand that I am not required to provide my social card to provide photo I.D.,but the health card number will not be used as a p	•	obtained for and disclosed only to the Client or, to others only upon your express ship. lient and I understand that a condition of membership is verification of past on of membership; ii) I certify that the information I have provided on the ISN ion provided. entification information collected from me in order to perform the background checks reports. In providing copies of identification in order to perform the dentification number. I also understand that I may voluntarily use my health
release of such information or findings to the Client. I hereby release and forever discharge all members and employees of the pro	ase all personal information obtained in the course of the background checks abo occessing Agency from any and all actions, claims and demands for damages, loss	
result of the disclosure of information by the processing Agency. BY SIGNING BELOW, I HEREBY CONSENT TO THE SEARCH OF:		
☐ Credit Bureau Report	☐ Driver's Abs	tract Report
☐ International Criminal Record Check		nnce Number (S.I.N.) Verification
☐ Employment Reference Report*		orking Research Report
☐ Employment Verification Report*		tch List Check
☐ Education/Professional Accreditation	1 Verification* ☐ Other	
* Additional information required, please complete the Supplementary Information Form		
Candidate's Signature:	Date: (yyyy-mm-dd)	
Organization Requesting Search Signature of Representative Witnessing Applicant's ID Date (yyyy-mm-dd)		
Type of Photo ID Viewed (Government Issued) and Secondary ID Viewed		
1	2	

Print Form