

Please print in **BLOCK LETTERS**

FULL LEGAL NAME

SURNAME		GIVEN NAME	MIDDLE NAMES
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PREVIOUS NAMES, ALIASES (IF ANY)

SURNAME		GIVEN NAME	MIDDLE NAMES
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DATE OF BIRTH

YYYY	MM	DD	GENDER	
			MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>

CURRENT ADDRESS (PLEASE COMPLETE ALL BOXES)

STREET NUMBER / APT / UNIT		STREET NAME	CITY
PROVINCE		COUNTRY	POSTAL CODE

PREVIOUS ADDRESS (IF YOU HAVE RESIDED AT THE ABOVE ADDRESS FOR LESS THAN 5 YEARS)

STREET NUMBER / APT / UNIT		STREET NAME	CITY
PROVINCE		COUNTRY	POSTAL CODE

Have you ever been convicted of a criminal offense for which a pardon has not been granted? YES NO

I have applied for a position with [Client], its subsidiaries and affiliates (hereinafter "The Company") for employment. I hereby represent that the information provided by me is complete, true and correct, to the best of my knowledge. I understand that any incomplete, incorrect or false information furnished by me may disqualify me from employment, and will be grounds for termination if I am employed, at the sole discretion of The Company.

As part of the hiring procedure, I have agreed to allow an investigation and verification of information I have provided or will provide in my application with The Company. Therefore, unless I notify you to the contrary in writing, I hereby authorize and direct you to release to The Company, and/or its authorized agent, Intelysis Corp., any information contained in your files concerning my record of unpardoned criminal convictions, my prohibited person information, my conditional and absolute discharges which have not been removed from the national criminal records system in accordance with the Criminal Records Act, and/or any other information in your possession relevant to my employment with The Company. My authorization and direction to the release of information, including personal information, as evidenced by my signature below, is provided in accordance with all relevant municipal, provincial/state and federal human rights and privacy legislation.

In consideration of my employment with The Company, I hereby consent to the collection, use and disclosure of this information and release and forever discharge The Company, and Intelysis Corp., their successors, affiliates and assigns and their past and present officers, directors, employees, lawyers and agents from any claim whatsoever in any way relating to (a) the information released by the persons to whom this authorization and direction is provided, and (b) the use of the information in connection with the background investigation and verification of information by The Company and/or Intelysis Corp.

Applicant's Signature

Date

IDENTITY VERIFICATION. TO BE COMPLETED BY WITNESS. Please note: verification of ID is mandatory.

I (*print name*) _____ have verified the following two pieces of Government issued identification

(*form of photo ID viewed*) _____ (*form of other ID viewed*) _____

And confirm that the personal particulars supplied on this form correctly identify the applicant.

Witness signature

Date

