

# INFORMED ADDITIONAL SEARCH CONSENT FORM

<b>Personal Information</b>				
<b>Please Print (Applicant to Complete)</b>				
Surname		First Name		Middle (Second) Name
Maiden Name or Other Surnames Used (If applicable):			Place of Birth (If other than Canada, please also note date entry)	
Date of Birth (YYYY-MM-DD or 2011-Jan-01)	Sex M/F	Phone Number	Driver's Licence # <small>*Required for Driver's Abstract</small>	SIN # <small>*Required for Credit Report</small>
# Number	Street Name	Apt / Unit #	City / Province / Country	Postal Code

<b>Previous Address(es)</b> <small>Provide if you did not reside at above address for more than five [5] years)</small>				
# Number	Street Name	Apt / Unit #	City / Province / Country	Postal Code
# Number	Street Name	Apt / Unit #	City / Province / Country	Postal Code

<p><b>RELEASE AUTHORIZATION AND WAIVER</b></p> <p>By signing this form, I certify that the information set out by me in this application is true and correct to the best of my ability. I am aware and give consent to the release of information to Xpera HRservices and its partner to disseminate and transmit the results electronically or in hard copy to a location in/ or outside of Canada. The information is collected and disclosed according to the Federal Privacy Act, MFIPPA, PIPA, PIPEDA and Quebec Privacy Laws. It may also be subjected to applicable International privacy legislation ie. U.S. Patriot Act.</p> <p>I hereby release and forever discharge all members and employees of Xpera HRservices from any and all actions, claims and demands for damages, loss or injury which may hereafter be sustained by myself, as a result of the disclosure of information to Xpera HRservices and its partners named below.</p>	<p><b>I HEREBY CONSENT TO THE SEARCH AND RELEASE OF:</b></p> <p>Additional Searches Listed Below</p> <table style="width: 100%;"> <tr> <td>Bankruptcy</td> <td><input type="checkbox"/></td> <td>Employment Verification</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Civil</td> <td><input type="checkbox"/></td> <td>ID Verification</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Credential Verification</td> <td><input type="checkbox"/></td> <td>Media Search</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Credit Report</td> <td><input checked="" type="checkbox"/></td> <td>Reference Check</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Driver's Abstract</td> <td><input type="checkbox"/></td> <td>SIN Validation</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Education Verification</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </table> <p>Signed this _____ day of _____, 20_____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><b>SIGNATURE OF APPLICANT</b></p>	Bankruptcy	<input type="checkbox"/>	Employment Verification	<input type="checkbox"/>	Civil	<input type="checkbox"/>	ID Verification	<input type="checkbox"/>	Credential Verification	<input type="checkbox"/>	Media Search	<input type="checkbox"/>	Credit Report	<input checked="" type="checkbox"/>	Reference Check	<input type="checkbox"/>	Driver's Abstract	<input type="checkbox"/>	SIN Validation	<input type="checkbox"/>	Education Verification	<input type="checkbox"/>		
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Education Verification	<input type="checkbox"/>																								

<p><b>Additional Information</b></p> <hr/> <hr/> <hr/> <hr/>
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<b>Authorization for Requested Search/es (Employer / Company Representative to Sign)</b>	
Employer / Company Name	
_____	
Company Representative Name	Company Representative Signature
_____	_____
Email Address	Phone Number
_____	_____