

FULL NAME: _____ DATE OF BIRTH: (YY-MMM-DD) _____

FORMERLY KNOWN AS: _____

I, _____, having applied for a position with the NWPD, and recognizing that I am required to supply information to be used to determine my qualifications, moral character, honesty and suitability for employment with the Department, hereby request and authorize the full disclosure of any and all records, files, notes, reports, opinions or other information concerning me, including employment files and records, performance evaluations, discipline records, background investigation files, polygraph reports, medical, psychiatric and psychological files and reports, complaints or grievances filed by or against me, training files, education files, school records and transcripts, credit rating and history files, income tax files, records and returns, driving records, military records, criminal records and police, probation and parole reports.

I hereby authorize the NWPD to make such investigations as they deem necessary to determine approval or disapproval of this application. I understand that the NWPD will have the final say in the approval or rejection of this application, and the criteria and method they use in arriving at their decision, will not be questioned or objected to by me and I will have no grievance against the NWPD or the Corporation of the City of New Westminster in this regard.

I waive the right to read or review any information received by the NWPD.

I release any individual, company, government agency, or public body and their representatives, agents and employees from any claim or action whatsoever which may result from furnishing the above information to the NWPD.

A photocopy of this release is to be considered as valid as an original waiver even though it does not contain an original of my signature. This waiver is valid for a period of one year from the date of signature.

AGREEMENT & SIGNATURE:

ENTER YOUR FULL NAME:

ENTER DATE:

By checking this box, I agree to this Consent form.