

Consent Form A

Consent for Disclosure of Personal Information for Background Checks

To ensure accuracy, you must PRINT in clear CAPITAL letters and complete this form in its entirety.

Reason for disclosure and consent:

I understand that **Diversified Transportation Ltd.** has engaged BackCheck to conduct the following background inquiries in connection with my application or candidacy for employment with **Diversified Transportation Ltd.:** employment reference checks, work history verification, education verification, credential verification, credit history inquiry, Criminal History Check, civil or criminal court history and driver abstract. The information collected by BackCheck will be kept strictly confidential and will be obtained and used only in accordance with applicable municipal, provincial and/or federal freedom of information and privacy legislation.

I certify that to the best of my knowledge, the information I have provided on all BackCheck consent forms and on my résumé and/or application form is complete and accurate in every respect. I understand that a false statement or omission of facts therein may disqualify me from employment or result in my subsequent dismissal for cause if I am employed.

Personal Identification information:

I understand that the following information is for identification (ID) purposes only, allowing BackCheck to accurately proceed with the assembly of background check reports. I consent to the provision of the following personal information to BackCheck for the purposes of completing background check reports on behalf of **Diversified Transportation Ltd.** I understand that BackCheck will hold all personal identification information confidential and will only release information to third parties as necessary for the completion of background check reports.

Position Applied For: ▼

Candidate Signature: X	Date: (yyyy/mm/dd) ▼ 2 0
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~ Please PRINT in CAPITAL letters ~

Given Name(s): ▼ _____	Middle Name(s): ▼ _____								
Surname: ▼ _____	Gender: <input type="checkbox"/> Female Check One <input checked="" type="checkbox"/> Male								
Maiden Name & Other names used, either past or present, including, aliases and nicknames: ▼ _____	Birth Date: (yyyy/mm/dd) ▼ 1 9								
Place of Birth: ▼ <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 40%;">City</td> <td style="border: none; width: 20%;">Prov/State</td> <td style="border: none; width: 40%;">Country</td> </tr> </table>		City	Prov/State	Country					
City	Prov/State	Country							
Current Address: ▼ <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 10%;">Unit #</td> <td style="border: none; width: 30%;">Street #</td> <td style="border: none; width: 40%;">Street Name</td> <td style="border: none; width: 20%;">Postal Code</td> </tr> </table>		Unit #	Street #	Street Name	Postal Code				
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City	Prov/State	Country							
Previous Address – if less than 5 years ago: ▼ <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 10%;">Unit #</td> <td style="border: none; width: 30%;">Street #</td> <td style="border: none; width: 40%;">Street Name</td> <td style="border: none; width: 20%;">Postal Code</td> </tr> </table>		Unit #	Street #	Street Name	Postal Code				
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City	Prov/State	Country							
Telephone: ▼ <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 30%;">Area Code</td> <td style="border: none; width: 30%;">Area Code</td> <td style="border: none; width: 20%;">Extension</td> <td style="border: none; width: 20%;">Optional</td> </tr> </table>	Area Code	Area Code	Extension	Optional	Alternate Telephone: ▼ <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 30%;">Area Code</td> <td style="border: none; width: 30%;">Area Code</td> <td style="border: none; width: 20%;">Extension</td> <td style="border: none; width: 20%;">Optional</td> </tr> </table>	Area Code	Area Code	Extension	Optional
Area Code	Area Code	Extension	Optional						
Area Code	Area Code	Extension	Optional						
SIN: ▼ _____									

Consent for Disclosure of Personal Information Canadian Credit History with ID Verification

To ensure accuracy, you must PRINT in clear CAPITAL letters and complete this form in its entirety.

In connection with my application for employment with **Diversified Transportation Ltd.**, I understand that the background check process includes a Canadian credit history with ID verification, with retrieval of information from a major Canadian credit bureau.

I hereby consent to a Canadian credit history with ID verification by BackCheck, on behalf of **Diversified Transportation Ltd.**, which will include information about me, including any previous bankruptcies, legal proceedings, collection actions, negative banking items and other information reported by my creditors, and I hereby authorize any public or private institution to provide and release to BackCheck information related to my credit record. I authorize BackCheck to release all personal information obtained during the above Canadian credit history with ID verification to **Diversified Transportation Ltd.**

Please PRINT your full name: ▼

Candidate Signature: X	Date: (yyyy/mm/dd) ▼ 2 0
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Consent Form B

Consent for Disclosure of Personal Information Canadian Criminal History Check & Vulnerable Sector Search

To ensure accuracy, you must PRINT in clear CAPITAL letters and complete this form in its entirety.

PLEASE NOTE: The following information and photocopies of identification are for identification purposes only, allowing BackCheck to accurately proceed with the assembly of criminal record information for employment purposes. BackCheck will hold all personal information confidential.

Given Name(s): ▼		Middle Name(s): ▼	
Surname: ▼			Gender: <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male
Maiden Name & Other names used, either past or present, including aliases and nicknames: ▼			Birth Date: (yyyy/mm/dd) ▼ 1 9
Place of Birth: ▼			
City		Province	Country
Current Address: ▼			
Unit #	Street #	Street Name	Postal Code
Current Address Continued: ▼			
City		Province	Country
Previous Address – if less than 5 years ago: ▼			
Unit #	Street #	Street Name	Postal Code
Previous Address Continued: ▼			
City		Province	Country
Telephone: ▼		Alternate Telephone: ▼	
Ext.	Ext.	Ext.	Ext.

I certify that the information in this Disclosure for Personal Information is true and correct to the best of my ability.

Declaration of Offences	Have you been convicted of a criminal offence for which a pardon has not been granted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Have you been granted a conditional discharge within the past three (3) years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Have you been granted an absolute discharge within the past year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If Yes, please provide details on ALL convictions (if more space is needed, please attach additional pages as required):		
	Offence	Date (yyyy/mm/dd)	Location
			Penalty

Disclaimer: The existence of a conviction will not preclude you from consideration for employment with **Diversified Transportation Ltd.** Details of the offence are requested to enable **Diversified Transportation Ltd.** to determine whether the offence is related to your employment or intended employment.

Statement of Understanding and Consent	<p>I have applied to Diversified Transportation Ltd. for employment. Part of the screening process includes a criminal history check which searches the RCMP Canadian Police Information Centre (CPIC) database. BackCheck conducts these investigations on behalf of Diversified Transportation Ltd. I hereby consent and authorize a Canadian Police Department to search for and disclose on my behalf to BackCheck who is requesting the criminal history check on behalf of Diversified Transportation Ltd. the fact that records may exist on me and are registered on the CPIC database. I acknowledge that such records may include information relating to criminal convictions under the <i>Criminal Code</i> (Canada) for which a pardon has not been granted and conditional and absolute discharges which have not been removed from the CPIC database in accordance with the <i>Criminal Records Act</i>.</p> <p>I authorize BackCheck to release all information obtained to Diversified Transportation Ltd. and hold harmless BackCheck upon the release of this information or its findings to Diversified Transportation Ltd. I understand that failing to provide accurate information or omission of facts herein may disqualify me from consideration for employment with Diversified Transportation Ltd.</p> <p>Furthermore, if there is a discrepancy with the information provided by myself on this form and that disclosed by a Canadian Police Department during this investigation of my criminal records history, I understand that I have the option to provide my fingerprints to resolve any discrepancy or dispute. This request is made in compliance with any applicable provincial or municipal public sector privacy legislation which allows a public body or municipality to disclose my personal information to me or my agent upon my request, and in particular in accordance with the <i>Nova Scotia Municipal Government Act</i> and the <i>Ontario Municipal Freedom of Information and Protection of Privacy Act</i>.</p>	
	<p>Candidate Signature: X</p> <p><small>Authorizing Criminal History Check</small></p>	<p>Date: (yyyy/mm/dd) ▼</p> <p>2 0</p>

Vulnerable Sector Searches	<p>This section of the form is to be completed additionally by anyone applying for a position of authority and trust and is responsible for the well being of one or more children or vulnerable persons. The candidate consents to a search being made of criminal conviction records to determine if the candidate has been convicted of a sexual offence listed in the schedule to the <i>Criminal Records Act</i> and has been pardoned. I consent to a search being made in the CPIC database which is maintained by the RCMP, to find out if I have been convicted of, and been granted a pardon from, any of the sexual offences that are listed in the schedule to the <i>Criminal Records Act</i>. I understand that as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the <i>Criminal Records Act</i> in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the RCMP to the Solicitor General of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.</p>	
	<p>Candidate Signature: X</p> <p><small>Authorizing Vulnerable Sector Search</small></p>	<p>Date: (yyyy/mm/dd) ▼</p> <p>2 0</p>

Note: Both signatures are required to authorize a Criminal History Check with a Vulnerable Sector Search.

Consent Form C

Consent for Disclosure of Personal Information Employment References & Verifications

To ensure accuracy, you must PRINT in clear CAPITAL letters and complete this form in its entirety.

In connection with my application for employment with **Diversified Transportation Ltd.**, I understand that reference checks and requests for work history verifications may be made regarding my current or past employment. These reports will include some or all of the following components relating to my employment experience: job description, dates of employment, position(s) held, rate of pay, subjective or objective opinions of my job performance, reputation and character, reasons for departure of past employment and/or eligibility for rehire.

Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, who is your current employer? ▼
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May BackCheck contact your current employer's Human Resources/Payroll department to verify your employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have listed a reference from your current employer below, may BackCheck contact that reference for a reference interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide 3 work-related references BackCheck may contact in the space below
Most Recent Employers, Managers, Supervisors ONLY. Family, Co-workers or Friends are NOT Applicable
~ Do NOT list employers or people you do not want contacted. BackCheck WILL contact all references listed below. ~

Name of Company you worked at with the Reference: ▼	Name of Company that the Reference currently works at, if different: ▼	
Reference's Name: ▼		
Location: (City, Region and/or Store #) ▼	Reference's Position: ▼	
1 Starting Date: (yyyy/mm) ▼	Ending Date: (yyyy/mm) ▼	Applicant's Position: ▼
Reason for Leaving: ▼		Preferred Language: ▼ <input type="checkbox"/> English <input type="checkbox"/> French
Reference's Phone Number: ▼	Reference's Email Address: ▼	
Ext.		

Name of Company you worked at with the Reference: ▼	Name of Company that the Reference currently works at, if different: ▼	
Reference's Name: ▼		
Location: (City, Region and/or Store #) ▼	Reference's Position: ▼	
2 Starting Date: (yyyy/mm) ▼	Ending Date: (yyyy/mm) ▼	Applicant's Position: ▼
Reason for Leaving: ▼		Preferred Language: ▼ <input type="checkbox"/> English <input type="checkbox"/> French
Reference's Phone Number: ▼	Reference's Email Address: ▼	
Ext.		

Name of Company you worked at with the Reference: ▼	Name of Company that the Reference currently works at, if different: ▼	
Reference's Name: ▼		
Location: (City, Region and/or Store #) ▼	Reference's Position: ▼	
3 Starting Date: (yyyy/mm) ▼	Ending Date: (yyyy/mm) ▼	Applicant's Position: ▼
Reason for Leaving: ▼		Preferred Language: ▼ <input type="checkbox"/> English <input type="checkbox"/> French
Reference's Phone Number: ▼	Reference's Email Address: ▼	
Ext.		

I hereby authorize any of the above-listed employers, those employers listed on my résumé or those employers uncovered during the course of my background check to release to BackCheck on behalf of **Diversified Transportation Ltd.** the above-mentioned information regarding my current or past employment.

I hereby authorize BackCheck to release all information obtained under this consent only to **Diversified Transportation Ltd.**, and in no way hold BackCheck liable upon the release of this information or its findings to **Diversified Transportation Ltd.** I also authorize BackCheck to send a facsimile or electronic copy of this signed consent form to any references listed above or any employers listed on my résumé.

Please PRINT your full name: ▼

~ To expedite your application please contact your references and inform them that BackCheck will be contacting them ~

Candidate Signature: <div style="text-align: center; font-size: 24px; font-weight: bold;">X</div>	Date: (yyyy/mm/dd) ▼ <div style="text-align: center; font-size: 24px; font-weight: bold;">2 0</div>
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Consent Form D

Consent for Disclosure of Personal Information Education Verification and/or Credential Verification

To ensure accuracy, you must PRINT in clear CAPITAL letters and complete this form in its entirety.

In connection with my application for employment with **Diversified Transportation Ltd.**, I understand that verifications of my previous or current education may be made. I submit that the following information is true and accurate.

Secondary School Attended

School Name: ▼			Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: ▼			
<small>City</small>	<small>Prov/State</small>	<small>Country</small>	
Start Date: (yyyy/mm) ▼	End Date: (yyyy/mm) ▼	Telephone Number: ▼	
			<small>Ext.</small>

Post Secondary School(s) Attended

School Name: ▼			Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: ▼			
<small>City</small>	<small>Prov/State</small>	<small>Country</small>	
<input type="checkbox"/> Degree <input type="checkbox"/> Diploma	Program: ▼		
<input type="checkbox"/> Certificate			
Start Date: (yyyy/mm) ▼	End Date: (yyyy/mm) ▼	Telephone Number: ▼	Student Number: ▼
School Name: ▼			Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: ▼			
<small>City</small>	<small>Prov/State</small>	<small>Country</small>	
<input type="checkbox"/> Degree <input type="checkbox"/> Diploma	Program: ▼		
<input type="checkbox"/> Certificate			
Start Date: (yyyy/mm) ▼	End Date: (yyyy/mm) ▼	Telephone Number: ▼	Student Number: ▼

Professional License(s) or Certification(s)

Name of License or Certification: ▼		Completed: ▼	Date Received (yyyy/mm) ▼
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Licensing Organization: ▼	Are you currently certified : ▼	License/Certification Number: ▼	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Location: ▼	Telephone Number: ▼		
<small>Country</small>	<small>Prov/State</small>		<small>Ext.</small>
Name of License or Certification: ▼		Completed: ▼	Date Received (yyyy/mm) ▼
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Licensing Organization: ▼	Are you currently certified : ▼	License/Certification Number: ▼	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Location: ▼	Telephone Number: ▼		
<small>Country</small>	<small>Prov/State</small>		<small>Ext.</small>

I hereby authorize the above listed educational institutions and licensing organizations and any educational institutions or licensing organizations listed on my résumé to release personal information regarding my diplomas, degrees and educational history to BackCheck in connection with my application for employment with **Diversified Transportation Ltd.** I authorize BackCheck to release all information obtained during the education verification process to **Diversified Transportation Ltd.** and in no way hold BackCheck liable upon the release of this information or its findings to **Diversified Transportation Ltd.**

Please print your full name: ▼	
Maiden name & other names used, either past or present, including, aliases and nicknames: ▼	Date of Birth: (yyyy/mm/dd) ▼
	1 9
Candidate Signature: X	Date: (yyyy/mm/dd) ▼
	2 0