

POLICE CONSTABLE SELECTION
Authorization For Release of Information

PLEASE PRINT

I, _____
First Name _____ **Last Name** _____ **3rd, 6th & 9th digits of S.I.N.** _____

the undersigned, hereby authorize the Ontario Association of Chiefs of Police (OACP), the OACP Constable Selection System-licensed assessment firm, the Ministry of the Solicitor General, and any police service, physician, psychologist, employer, organization or person to whom a signed copy of this Authorization or a photocopy or fax thereof is delivered, to provide to the requester any information, opinions, reports, records, documents or copies thereof, in any form which may be requested, in connection with my application for employment as a police officer with police services in Ontario and/or in connection with or during any subsequent training and employment, including:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Academic records and transcripts • Employment records (Police Service and other), including performance evaluation / reviews, discipline, complaint and attendance information • Police records and history of law involvement, including criminal and provincial reports and convictions, and intelligence information • Police service applications • Medical information • Background and security checks (including CPIC, NCIC, Interpol, etc.) | <ul style="list-style-type: none"> • Financial information, including credit bureau check • Driving record • Physical, psychological, visual, aptitude and other employment-related tests, including but not limited to MMPI-2 questions, answers and scores, and the interview notes, summaries, opinions, assessments and evaluations of psychologists • Applicant survey information • Training record |
|--|--|

I understand that information about me will be used to assess my qualifications and suitability in relation to my application for employment as a police officer, as well as for research purposes. With regard to research, I understand that I will in no way be personally identifiable in any research document, and that data on me will be combined with data from other candidates for the purpose of conveying general findings or trends. I **CONSENT** to the collection, use, examination, disclosure and transmittal by the OACP, the OACP Constable Selection System-licensed assessment firm, the Ministry of the Solicitor General and the police services which I have applied or may apply, of all information compiled about me,

I also **CONSENT** to all information about me that is obtained during the selection process being transmitted to, and stored in, a central database maintained by the OACP, which information will be accessed by, and disclosed to, the OACP, the OACP Constable Selection System-licensed assessment firm, the Ministry of the Solicitor General and police services to which I have applied, or may apply, for the purposes authorized in this document.

I hereby **ACKNOWLEDGE AND DECLARE** that the terms of this Authorization for release of information are fully understood by me. I understand that all information about me that is obtained during the selection process and/or during any subsequent training and employment, may be disclosed for the purpose for which it was obtained or for a consistent purpose. I **WAIVE** any right of action against any person or institution which may provide information, opinions, reports, records and/or documents in compliance with this Authorization. Furthermore, I **RELEASE, WAIVE and DISCHARGE** the OACP, the OACP Constable Selection System-licensed assessment firm, the Ministry of the Solicitor General and any police service, physician, psychologist, employer, organization or person to whom a signed copy of this Authorization or a photocopy or a fax thereof is delivered, from any and all liability for the collection, disclosure and transmittal of information in accordance with this Authorization, and from any and all liability for the use of, or reliance upon, information in accordance with this Authorization, and from any and all liability for the use of, or reliance upon, information obtained in accordance with this Authorization.

Candidate's Signature

Date

Signature of Witness

Name of Witness (please print)

Personal information about me that is obtained through the OACP Constable Selection System is collected under the authority of section 43 of the Police Services Act. Questions concerning the collection, use or disclosure of this information should be addressed to:
Hamilton Police Service
Freedom of Information
155 King William Street
P.O. Box 1060, LCD1
Hamilton, Ont L8N 4C1

