

AUXILIARY POLICE CONSTABLE SELECTION
Authorization For Release of Information

I, _____
the undersigned, hereby authorize any physician, psychologist, employer, organization or person to whom a signed copy of this authorization or a photocopy or fax thereof is delivered, to provide any information, opinion, reports, records, documents or copies thereof in any form which may be requested in connection with my application for service with police services in Ontario, and any subsequent training and service. Personal information about me that is obtained through this selection process is collected under the authority of section 43 of the *Police Services Act*.

I understand that information about me will be used to assess my qualifications and suitability in relation to my application for service as an auxiliary police constable, 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, disclosure, transmittal and examination by the Ontario Association of Chiefs of Police (OACP), the OACP-licensed assessment firm, the Ministry of the Solicitor General and Correctional Services and the police services to which I have applied or may apply, of all information compiled about me, including:

- Academic records and transcripts
- Employment records
- Police records and history of law involvement
- Police service applications
- Medical information
- Background and security checks (including CPIC, NCIC, Interpol, etc.)
- Financial information including credit bureau check
- Driving record
- Physical, psychological, visual, aptitude and other related tests and interview information provided during the selection process
- Applicant survey information
- Training records
- Police service performance review records

Personal information about me that is obtained during the selection process and during any subsequent training and service may be disclosed for the purpose for which it was obtained or for a consistent purpose.

I further understand that any questions that I may have concerning the collection, use or disclosure of this information should be addressed to:

Cobourg Police Service
107 King Street West
Cobourg, ON K9A 2M4

Attn: Recruiting

I hereby acknowledge and declare that the terms of this authorization for release of information are fully understood by me.

Candidate's Signature

Date