

PRE-EMPLOYMENT CONSENT

Consent for obtaining additional information
for the purpose of an employment.

Last Name: _____ First Name: _____

Address: _____

City: _____

PROVINCE

POSTAL CODE

Tel: _____

Email: _____

Social Insurance Number: _____

FACULTATIVE

Driver's license number: _____

IF YOU NEED TO USE A VEHICLE TO DO YOUR JOB

I hereby authorize the company _____
or a firm mandated by it, to verify the accuracy of the information I have provided and to
collect any information necessary to evaluate my candidacy for the position for which I
have applied as well as to conduct any investigation necessary for my hiring.

The verification can be conducted with employers, court records, police records,
educational institutions, government agencies, and credit companies.

To assess my suitability for employment, the company listed above will have Verification
Excelle create a background report that may includes the following service (s):

- | | |
|--|---|
| <input type="checkbox"/> Criminal Record Verification | <input type="checkbox"/> Credit Verification |
| <input type="checkbox"/> Civil Litigation Verification | <input type="checkbox"/> Education Verification |
| <input type="checkbox"/> Driver's License Verification | <input type="checkbox"/> Employment references |

Privacy Notice

Disclosure: We may disclose your information such as your name, date of birth,
identification numbers and signature so that they can provide personal information about
you.

Use: The personal information collected and the report that will be created will be protected
with confidentiality and will be accessed for the exclusive use of the employees of the
company listed above. It will be kept confidential and will not be revealed to any other
person or organization.

Retention: Verification Excelle will use and retain your personal information for as long as necessary to perform the services and deliver the final report to the company listed above, after which it will be destroyed along with all personal information about you in our databases within seven (7) days of delivery of the final report.

Consent: By signing below, I acknowledge that I have read the above notice and consent to the collection, use and disclosure of my personal information, effective as of today's date and for a period of one (1) month.

Signature: _____ **Date:** _____

Full name in print

Reserved for the Human Resources Department

Report requested by: _____
Company: _____
Date: _____ **Telephone:** _____
Email: _____ **Fax:** _____

Report: ☐ email ☐ fax **Service:** ☐ regular ☐ priority

Send to:



- **PHONE (450) 692-0595**
- **FAX (450) 692-2601 TOLL FREE 1 866 692-2601**
- **EMAIL: info@verificationexcelle.com**

PRIVACY NOTICE

THIS DOCUMENT CONTAINS INFORMATION OF A PRIVILEGED AND CONFIDENTIAL NATURE. IF YOU ARE NOT THE INTENDED RECIPIENT, YOU ARE HEREBY ADVISED THAT DISTRIBUTION OR REPRODUCTION OF THIS DOCUMENT IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS MESSAGE IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY PHONE AT (450) 692-0595 AND RETURN IT TO US BY MAIL AT OUR EXPENSE. THANK YOU FOR YOUR COOPERATION.