



Criminal Records Screening Certificate

Note: This form is used when applying for a position where a vulnerable sector check is **not** required.

Please select your location

- ☐ Northeast Avalon
- ☐ Corner Brook Region
- ☐ Labrador West

Identification of Applicant

Last Name:*	_____	First Name*	_____
Second Name	_____	Third Name	_____
Maiden / Other Names <i>(Your last name at birth)</i>	_____	Gender*	_____
City/Town/Province of Birth*	_____	Date of Birth*	_____
Telephone Number	_____	Email	_____
<u>Residential Address</u>			
Street Address*	_____	Apt/Unit	_____
City/Town*	_____	Province*	_____
Postal Code*	_____		
Mailing Address <i>(if different from residential address)</i>			
<input type="checkbox"/> Same as Residential Address			
Street Address*	_____	Apt/Unit	_____
City/Town*	_____	Province*	_____
Postal Code*	_____		

Have you been convicted of any offence for which a Record Suspension (formerly pardoned) has not been granted?*

☐ YES If yes, please provide details:_____

☐ NO

Have you ever changed your identity?*

☐ YES If yes, please provide all current and former legal names: _____

☐ NO

Have you ever been prohibited by any court from processing any firearm, ammunition, or explosive substance?*

☐ YES If yes, please provide details:_____

☐ NO

Reason for Request:*

- ☐ Required For Employment
- ☐ Required For Foreign Work or Travel
- ☐ Other

Name of the organization requesting the Criminal Records Screening Certificate

Description of the paid or volunteer position

Organization Contact Information

Contact Person* _____

Contact Telephone* _____

Contact Mailing Address

Street Address* _____

Apt/Unit _____

City/Town* _____

Province* _____

Postal Code* _____

Consent

I hereby consent that a search of your records be conducted to determine if there are any criminal convictions or criminal findings of guilt related to me in your records. I acknowledge that the Royal Newfoundland Constabulary cannot guarantee that a search for criminal records and criminal findings of guilt will capture every conviction or finding of guilt. I agree that no liability attaches to the Royal Newfoundland Constabulary in relation to this search. I further agree that the Royal Newfoundland Constabulary is not responsible for any inaccuracies resulting from the search.

Signature	Date
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Privacy Statement: The personal information collected in this form will be used only for the administration of those programs provided by the Government of Newfoundland and Labrador for which the supplier is a participant. This information is being collected in accordance with section 61(c) of the Access to Information and Protection of Privacy Act, 2015 (ATIPPA, 2015). All information provided will be maintained in a secure manner and confidentiality will be protected, as required by the ATIPPA, 2015. For questions or comments related to the protection of your personal privacy, please e-mail RNCATIPP@rnc.gov.nl.ca.