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Surname Maiden Name/ Other Surnames Used (if applicable):			F	rst Name	\$	Second Name		
			P	Place of Birth (If other than Canada, please also note date of entry to Canada):				
Date of Birth (YY-MM-DD)	Sex	Phone #	D	river's Licence Num	nber			
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Witness Name:

By signing this form, I am aware and I give consent that this record may be transmitted electronically or in hard copy outside Canada for the purposes of employment screening

only.

Mental Disorder as listed on local indices. Negative police contacts including, but not limited to: theft, weapons, sex offences or violent, harmful and threatening behavior.