



## Declaration and Authority for Release of Information

### By signing this application:

- I consent to a police records and background check.
- I consent to the disclosure of the results of a police records and background check, and authorize any police service that is requested to perform such a check to disclose any or all information obtained by the police records and background check, to the appropriate authority or any person authorized by them.
- I consent to the sharing of this information in other provinces, states or countries for use consistent with this application.
- I understand that the decision of this application will be communicated to my prospective employer.
- I agree that if an appointment is granted pursuant to this application, this authorization and consent by me shall remain in force for the duration of the period for which the appointment is issued.
- I understand that pursuant to Section 90(3) of the *Police Act*, before entering upon my duties as a special constable, I must take and subscribe such oath or affirmation as is prescribed by regulation.
- I will promptly report to my employer and the Department of Justice, Public Safety Division, any charge or conviction for a provincial and/or federal offence that occurs after the date that I sign this authorization, and

### I certify that

- I have read and understand all parts of this application form, and
- the information provided by me in this application is true and correct to the best of my knowledge and belief.

### Caution

It is an offence to knowingly furnish false information in any application under the Act. In addition, the appointment may be refused.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date of signature

\_\_\_\_\_  
Print name

## Part 3 - To be Completed by EMPLOYER, MUNICIPAL REPRESENTATIVE, or DEPARTMENT/AGENCY responsible for the specific act(s) and regulations (if applicable).

### The following supporting documents must be submitted with this application:

- 1 current full-face photograph of the applicant
- copy of government issued photo identification with date of birth (*e.g. driver's license*)
- work visa, immigration papers, or Canadian citizenship papers (*if applicable*)
- copy of current appointment
- change request form (if applicable)

### Employer's Statement (*to be completed and signed by the employer*)

I have reviewed this completed application and I certify that this applicant is considered a suitable person for the appointment applied for in this Form.

\_\_\_\_\_  
Signature of employer

\_\_\_\_\_  
Date of signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Phone number

Any questions relating to this application may be directed to:

Department of Justice  
Public Safety Division, Private Security Office  
PO Box 7  
Halifax, Nova Scotia B3J 2L6  
Telephone: (902) 424-2905  
Fax: (902) 424-4308  
[www.gov.ns.ca/just/](http://www.gov.ns.ca/just/)