District School Board
Ontario North East

EMERGENCY INTERIM OFFENCE DECLARATION

FOR SERVICE PROVIDERS/STUDENTS/NEW HIRES/VOLUNTEERS for DSB Ontario North East
For interim during waiting/processing period of employee Police Record Check from your local police enforcement agency.

LAST NAME:	**FIRST NAME(S):**
DATE OF BIRTH (*YYYY/MM/DD):*	**GENDER:**
HOME ADDRESS:	
REASON FOR OFFENCE DECLARATION: *(e.g., employment, volunteer, etc.)*	

☐ I have NO convictions under the *Criminal Code of Canada* up to and including the date of this declaration for which a pardon has not been issued or granted under the *Criminal Records Act. I have NO* charges that are ongoing or have been withdrawn. I have NOT been convicted or been granted a pardon for any of the sexual offences that are listed in the schedule to the *Criminal Records Act* and to my knowledge I have never been nor am I currently being investigated for any of the sexual offences that are listed in the schedule to the *Criminal Records Act*. *(If you have checked this box, please date and sign this form and return it to Human Resources)*; **OR**

☐ I have the following convictions for offences under the *Criminal Code of Canada* for which a pardon under the *Criminal Records Act* has **not** been issued or granted **OR** I have the following charges that are ongoing or have been withdrawn **OR** I have been convicted or been granted a pardon for the following sexual offences that are listed in the schedule to the *Criminal Records Act* **OR** I am aware that I am currently being investigated for the following sexual offences that are listed in the schedule to the *Criminal Records Act*. (*If you have ever been charged or convicted of any criminal offence(s) for which you have not been pardoned or if you have been granted a pardon for any of the sexual offences that are listed in the Criminal Records Act you must provide ALL details below, using additional pages if necessary)*.

1 Date of Offence**:** *(YYYY/MM/DD)* _____

Charge/Offence: _____

Location: _____

Penalty/Conviction: _____

2 Date of Offence**:** *(YYYY/MM/DD)* _____

Charge/Offence: _____

Location: _____

Penalty/Conviction: _____

3 Date of Offence**:** *(YYYY/MM/DD)* _____

Charge/Offence: _____

Location: _____

Penalty/Conviction: _____

Personal information on this form is collected pursuant to: *(i)* the *Freedom of Information and Protection of Privacy Act*, or the *Municipal Freedom of Information and Protection of Privacy Act;* and *(ii)* the *Personal Information Protection and Electronic Documents Act*, if applicable, for the pursuit of providing services to or for placement with District School Board Ontario North East.

I understand that failing to provide information or omission of facts may disqualify me from consideration for providing services to or placement with District School Board Ontario North East in. I acknowledge that as soon as I am able, I will provide the school board with a valid Police Record Check.

DATED at _____ this _____ day of _____, 2_____.

Full Name: _____
Please Print

Signature: _____

PLEASE EMAIL COMPLETED FORM TO humanresources@dsb1.ca
Once you have obtained your hard copy Police Record Check results from your local police enforcement agency, please email a copy to humanresources@dsb1.ca