

APPENDIX A

DECLARATION OF CRIMINAL RECORD

This form is to be completed by persons applying to provide day services supports and/or transportation services to participants accessing day or transportation services funded by Community Living disABILITY Services (CLDS) when there is a significant delay obtaining a satisfactory Criminal Record Check. Persons completing this form while waiting for a Criminal Record Check may not manage participants' funds and may work only under direct monitoring and oversight by an approved staff person.

Su	rname:	_ First Name(s):			
An	y Previous Names (birth name, etc.):			-	
Da	ate of Birth:			_	
	Year	Month	Day		
Ро	sition/Duties:			-	
DE	ECLARATION:				
1.	Have you ever been convicted of a criminal offence (for which you have not received a pardon), including an offence under the Criminal Code (Canada), the Controlled Drugs and Substances Act (Canada), The Highway Traffic Act (Manitoba) or The Summary Convictions Act (Manitoba)?				
	Yes □ or No □				
	If yes, please provide details of the charge(s), including date, offense and penalty. (If more space required, provide additional page.)				
2.	Are you presently under charge for a criminal offence?				
	Yes □ or No □				
	If yes, please provide details of the char (If more space required, provide addition		offense and penalty.		
	eclare that the above information is a tru- which I have not been pardoned and of			ninal convictions,	

I further declare that I have not been convicted of a sexually based offense, for which I have since been

pardoned.



I understand that my employment is conditional upon my providing a satisfactory Criminal Record Check, including a Vulnerable Sector Search and a check of local police files and the Canadian Police Information Centre (CPIC) National Repository Files, within six months, or for a further three month period approved by CLDS. I also understand that I must be directly monitored at all times by a staff person approved for this purpose until I provide a Criminal Record Check considered satisfactory. I further understand that, should the results of the Criminal Record Check and/or fingerprinting process reveal that relevant information was omitted on this Declaration, my employment may be terminated immediately for just cause.

Applicant Signature	Date
Witness Signature	Date
Employing Authority:	
Address:	
Date:	
monitor	(name/address of the Employing Authority) approved (applicant). If this list needs to be revised, a new list may be date
signed and attached to this form. 1	
2	
3	
4	
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Signature of Applicant	This form is to be maintained on the Employing Authority's personnel file.
Signature of Employing Authority Repre	esentative

Name and Position of Employing Authority Representative