School District No. 54 (BULKLEY VALLEY)
"To empower all learners to live the challenges of a diverse and changing world."

PO Box 758
Smithers, BC
V0J 2N0
Ph (250) 877-6820

PLEASE READ THOROUGHLY

New Employee Criminal Records Check Procedure

The Criminal Records Review Act (Section 10) requires that employers maintain Criminal Record Check clearance letters on all employees who work with children or with vulnerable adults, every five years.

In August 2024, the Ministry of Justice modernize the Criminal Records Review Program (CRRP) and now all applications are to be submitted online by the employees through a secure link. In addition to filling out the attached application and providing two pieces of identification, new employees of School District #54 (Bulkley Valley) will receive an email containing the secured link directly to their personal email addresses. **This link is only good for 14 days so your immediate attention to this request is appreciated.** Please rest assured that all criminal record checks will be handled confidentially and in accordance with applicable privacy laws.

If you are required to confirm your identity by submitting your fingers prints to the Ministry of Justice, please visit your home RCMP office with the documentation provided as soon as you have received this request. There will be a fee for this service, but it will be reimbursed to you by School District #54 upon receipt.

We appreciate your cooperation in this important matter. Adhering to this requirement not only fulfills our legal obligations but also contributes to the overall safety and integrity of our workplace.

If you have any questions or issues, please contact us at 250-877-6820.

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CHECK LIST: ☑

☐ **Please provide us with an email address you wish to have the criminal record check link sent to you:**

_____

Email Address (Please print clearly)

☐ **Provide a copy of your identification (ie: Drivers License)**

☐ **Final Step - Completed the on-line link that will be sent to you from the Ministry of Justice to the email address you listed above.**

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If you fail to apply for a criminal record check within the 14 days your employment will be suspended until the criminal record clearance letter is received.

Ministry of Public Safety and Solicitor General

EMPLOYEE/APPLICANT - CONSENT TO A CRIMINAL RECORD CHECK COVER PAGE

THIS FORM MUST BE SIGNED BY THE EMPLOYER ORGANIZATION AUTHORIZED CONTACT AND SUBMITTED WITH THE EMPLOYEE/APPLICANT CONSENT FORM

SECTION 1: FOR AUTHORIZED CONTACT USE

CONSENT TO A CRIMINAL RECORD CHECK - EMPLOYER ORGANIZATION CHECKLIST

- ☐ The employee/applicant has provided my organization with the original, completed and signed consent form to submit to the Criminal Records Review Program (CRRP). **FORMS SUBMITTED BY APPLICANTS DIRECTLY TO THE CRRP WILL NOT BE PROCESSED.**
- ☐ My organization will submit a copy of the consent form to the CRRP and will retain the original consent form for 5 years.
- ☐ My organization will verify the I.D. of each employee/applicant in person to confirm their identity and ensure that the information provided on the consent form is accurate.
- ☐ My organization has reviewed the "schedule type" and "works with" category of the form.

AUTHORIZED CONTACT SIGNATURE REQUIREMENT - ACCOUNTABILITY AND ACKNOWLEDGEMENTS

☐ I acknowledge the need for proper I.D. verification for the CRRP to conduct a complete risk assessment, and the critical importance of my organization diligently carrying its duties in this regard. Any false statements or deliberate omissions on a consent form filed with the CRRP may result in the inability of the CRRP to accurately determine whether the applicant poses a risk to children or vulnerable adults.

On behalf of the organization, I confirm that the employee's/applicant's primary and secondary I.D. have been verified.

AUTHORIZED CONTACT NAME: _____ **SIGNATURE:** _____

SECTION 2: FOR EMPLOYEE/APPLICANT USE

CONSENT TO A CRIMINAL RECORD CHECK - EMPLOYEE/APPLICANT CHECKLIST

- ☐ I have completed the attached consent form truthfully, clearly and legibly, and signed and dated it.
- ☐ My organization has verified my I.D. in person to confirm my identity and ensure that the information on the consent form is accurate.
- ☐ My employer or organization will retain the originals of the forms and will forward a copy to the CRRP on my behalf.
- ☐ I have read and understand the Consent for Release of Information and Acknowledgements (below) and information regarding the *Freedom of Information and Protection of Privacy Act* (FOIPPA) on Page 2.

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS

PURSUANT TO THE BC *CRIMINAL RECORDS REVIEW ACT:*

- ☐ I hereby consent to a check of criminal charges and convictions to determine whether I have a conviction or outstanding charge for any relevant or specified offence(s) under the Criminal Records Review Act. I understand that providing my Driver's Licence number or BCID number pursuant to this criminal record check authorization will facilitate identification requirements; and, in accordance with Sections 32(b) and 33.1(1)(b) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA), I hereby consent to the release of my Driver's Licence number or BCID number, name, date of birth and gender to the Insurance Corporation of British Columbia by the CRRP for ID verification purposes.
- ☐ I hereby consent to a check of all available law enforcement systems, including any local police records.
- ☐ I hereby consent to a Vulnerable Sector search to check if I have been convicted of and received a record suspension (formerly known as a pardon) for any sexual offences as per the *Criminal Records Act*. For more information on Vulnerable Sector searches, please visit the RCMP website: http://www.rcmp-grc.gc.ca/en/faqs-about-vulnerable-sector-checks
- ☐ I understand that as part of the Vulnerable Sector search, I may be required to submit fingerprints to confirm my identity.
- ☐ I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the courts, corrections, and crown counsel relating to any outstanding charges or convictions for any relevant or specified offence(s) as defined under the *Criminal Records Review Act* or any police investigations, charges, or convictions deemed relevant by the Deputy Registrar.
- ☐ Where the results of a check indicate that a criminal record or outstanding charge for a relevant or specified offence(s) may exist, I agree to provide my fingerprints to verify any such criminal record.
- ☐ My organization and I will be notified that I have an outstanding charge or conviction for a relevant or specified offence(s), and that the matter has been referred to the Deputy Registrar for review.
- ☐ The Deputy Registrar will determine whether or not I present a risk of physical or sexual abuse to children and/or physical, sexual, or financial abuse to vulnerable adults as applicable; the determination will include consideration of any relevant or specified offence(s) for which I have received a record suspension (formerly known as a pardon).
- ☐ If I am charged with or convicted of any relevant or specified offence(s) at any time subsequent to the criminal record check authorization herein, I further agree to report the charge(s) or conviction(s) to my organization and provide my organization, in a timely manner, with a new signed Consent to a Criminal Record Check Form.

BRITISH COLUMBIA | Ministry of Public Safety and Solicitor General

For Internal Use

EMPLOYEE/APPLICANT CONSENT TO A CRIMINAL RECORD CHECK

IMPORTANT: Please read information and instructions on Page 1. To avoid processing delays, ensure all fields are complete. Providing your Driver's Licence number or BCID number may expedite the process. Your organization must complete the Schedule Type and 'WORKS WITH' category portion of the form.

Schedule Type (Choose one): ☐ A ☐ B ☐ C ☐ D ☐ E

WORKS WITH (Choose one): ☐ children ☐ vulnerable adults ☐ children and vulnerable adults

PART 1: APPLICANT INFORMATION

Legal Surname / Last Name:	Legal Given / First Name:	Legal Middle Name:

Date of Birth: YYYY MM DD Sex: ☐ M ☐ F Birthplace:

Additional Names (Alias, Maiden Name, etc.):

Surname / Last Name:	Given / First Name:	Middle Name:

Mailing Address:	City:	Province:	Country:	Postal Code:
Residential Address (If different from above):	City:	Province:	Country:	Postal Code:

Contact Phone No.:	Driver's Licence or BCID#:

Applicant E-mail Address **(REQUIRED to receive your payment options)**:

PART 2: ORGANIZATION INFORMATION

To be completed by an Authorized Contact of the organization:

Organization Name: SCHOOL DISTRICT 54 (BULKLEY VALLEY)

Authorized Contact Name and Title:	ID Number (Provided to the organization from the CRRP):
BOBBIE KINGSMILL - HUMAN RESOURCE ADMINISTRATOR	456618

Mailing Address: PO BOX 758

City: SMITHERS	Province: BC	Country: CANADA	Postal Code: V0J 2N0

Office Area Code & Phone No: 250 877 6831

PART 3: POSITION WITH ORGANIZATION (REQUIRED)

Applicant's Position / Job Title with Organization:

PART 4: SCHEDULE D ONLY MUST PROVIDE

Licensed Child Care Name, Adult Care Facility Name, or Contracted Company Name:

PART 5: CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS

I have read and understand the Consent for Release of Information and Acknowledgments on Page 1. I hereby consent to these terms as indicated by my signature below:

Applicant Signature

Date Signed YYYY / MM / DD

Freedom of Information and Protection of Privacy Act: The information requested on this form is collected under the authority of the *Criminal Records Review Act* section 4(1) and section 26(c) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA). The information provided will be used to fulfil the requirements of the *Criminal Records Review Act* for the release of criminal records information in accordance with the FOIPPA. If you have questions about the collection of your personal information, please contact the Policy Analyst, Criminal Records Review Program, PO Box 9217 Stn Prov Govt, Victoria, BC V8W 9J1 or by phone at 1-855-587-0185 (Option 2).