

**ANNUAL OFFENCE DECLARATION**

**PLEASE PRINT IN INK USING BLOCK CAPITAL LETTERS (No Pencil Please)**

|  |  |
| --- | --- |
| **LAST NAME:** | **FIRST NAME(S)** |
| **DATE OF BIRTH (*YYYY/MM/DD):*** | **GENDER: MALE FEMALE** |
| **HOME ADDRESS:** | |

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pardon has not been issued or granted under the *Criminal Records Act.* I have NO charges that are ongoing or have been withdrawn.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 Record Act.*

**OR**

I have the following convictions for offences underthe *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Records Act* has **not** been issued or granted **OR** I have the following charges that are ongoing or have been withdrawn **OR** I have been convicted or been granted a pardon for the following sexual offences that are listed in the schedule to the *Criminal Records Act.* (*If you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.)*

1. Date of Offence: *(DD/MM/YYYY)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Charge/Offence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Penalty/Conviction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Use additional pages if necessary)*

Personal information of this form is collected pursuant to: Ontario Regulation 521/01 – Last Amendment O. Reg. 322/03 for the pursuit of employment or volunteering at Better Living Health and Community Services. Contact Human Resources at (416) 447-7244 ext. 634 for more information.

DATED at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please Print*