

Appendix 3 – Criminal offence disclosure form

Name _____ Date of Birth _____
UIDAI number _____ Place of issue _____ Expiry Date _____

Disclosure of Criminal Offense Record List all arrests, convictions, and serious motor vehicle offenses (other than minor traffic violations) incurred as an adult, regardless of how long ago. If you have no offenses to report, please indicate by putting N/A on first line.

Important

a. This form is required of all applicants to The Aquaid Lifeline Fund. Disclosure must be made if requested by The Aquaid Lifeline Fund post interview. Any change that occurs if employed, must be disclosed as soon as possible.

b. Disclose all history of legal accusation, charges, arrests, or convicted of criminal offences relating to serious motor vehicle or traffic offenses, substance abuse offences, violence or sexually related offences, child exploitation and abuse, felonies and misdemeanours.

c. Criminal offenses are evaluated by The Aquaid Lifeline Fund in accordance with UK Governmental guidelines, on an individual basis, with consideration given to the nature and circumstances of the offense. The existence of a criminal offense record is not necessarily cause for disqualification of an application or dismissal from the organisation.

d. If you fail to list any part of your criminal offense history, including omission and intentional falsification, your application to The Aquaid Lifeline Fund may be disqualified and you may lose your opportunity for employment.

Signature and Release

I certify that this information on my criminal offense disclosure form and criminal record (attached) is correct and complete.

I understand that providing false or incomplete information, or withholding information by omission or intention, may be cause for disqualification of employment application to The Aquaid Lifeline Fund and loss of opportunity for employment.

I understand that The Aquaid Lifeline Fund may contact referees, supervisors, and other individuals to clarify information supplied in my application.

I understand that in unusual circumstances, The Aquaid Lifeline Fund may deem it necessary to share the findings of the background check with The Aquaid Lifeline Fund senior management and trustees.

Date: _____ Signed: _____

Date of Criminal Offense (Estimate date if not known) _____

Criminal Offense Location (City, Province) _____

Arresting Agency _____