Signature











OFFENCE DECLARATION

Family Name Position (Job Title)		?	First Name	Middle Name	Date of Birth			
					уууу	mm		dd
		Title)	Location		Employee No			
DEC	LARE t	hat: (check one)						
OR	decla	ve no convictions unde aration for which a par attries).						
		ve the following conviction under the <i>Crimina</i>						r which
ist c	of Offe	nces						
l.	a)	Date:						
	b)	Court Location:						
	c)	Conviction:						
2.	a)	Date:						
	b)	Court Location:						
	c)	Conviction:						
3.	a)	Date:						
	b)	Court Location:						
	c)	Conviction:						
(Use	additio	nal page if necessary)						
Date	d at _		this_	day	of			_/20_
and the obligati Persona	e Canadian ons pursua il informat	Foronto District School Board (the International School System. Infant to this Consent is subject to the ion collected or maintained by the ntial and not disclosed to any pers	formation collected or maintage provisions of the Municipage TDSB for the purposes of p	ained by the TDSB for the purpos l Freedom of Information and Pro roviding services and fulfilling its	es of providing so otection of Priva	ervices an cy Act (R.	d fulfil S.O. 19	ling its 990 c.M.56











INSTRUCTIONS

- 1. To be completed <u>annually</u> by all Board employees <u>before</u> assuming assignment in September.
- 2. Employees are to complete <u>all</u> areas and sign (in ink).
- 3. Instructions for completing this form:
 - a) If you currently have convictions, please note them in the space provided.
 - b) Fill in the current date at the bottom of the form.
 - c) Sign in space provided.
 - d) Forward this completed form to the Human Resources Department in a sealed envelope marked "CONFIDENTIAL".