

50 Corriveau Avenue St. Albert AB T8N 3T5 Tel: 780-447-8600 Fax: 780-447-8692

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Consent to Records Check

l,						of
	First	(Pri	Middle (Print Full Name)		Last	
		(Address, City, Tov	wn, Province and P	ostal Code)		
Date of Birth:(mont		(month/day/year)	:h/day/year)		1ale	
SIN	J:					
Sig	nature:		D	ate:		
۵.6		UST BE ORIGINAL SIGNATURE				
as A.		olicable Section* Registration as a Bingo Hall	Manager, Asst. B	ingo Hall Manager a	and/or Pull Ticket Mar	nager.
В.	my duties as		, on behalf of			
		(position)		_		
		(employer)		, at	(location)	·
C.	my interest for emp	loyment as a: (check box)	Manager	Host/Caller	Cashier	
	or		, wit	th		,
		(state other)			(Operator)	
		(location)		, an Electron	iic Games Service prov	/ider.
		(location)				
D.	my association with	an AGLC designated VLT Cr	oss Validation sit	e		
					(location)	

NB: Criminal indices checks are conducted but are not limited to checks for persons who have been charged but not yet convicted, are subject of court orders or prohibitions, are under investigation by a police or related government agency (Immigration, Canadian Border Services etc.) or are a danger to the public. Financial checks are conducted through Equifax, an agency also used by department stores, credit card companies, banks, car dealerships etc.

A privacy statement for the collection of personal information may be found at www.aglc.ca

