PRIVACY WAIVER

I,	, D. O. B:	, am applying to Kateri
(Print	Name) (Y/M/D)
I understand that this i	the position ofis a position of responsibility to the Conto and take into consideration an apple	ommunity of Kahnawake and that KMHC licant's previous criminal convictions.
I hereby assert that:		
I have never be OR	een convicted of a criminal offense, _	(Initials)
	9	enses (please state the type of offense, the ble, date on which pardon was issued):
		(Initials)
under the Criminal Co any offense for which an offense will be con ineligible for the posit I hereby consent to ha as, in its sole discretion offense in Canada or	ode or any other applicable law. You you have obtained a formal pardon. asidered in the process of your application. ave the Kateri Memorial Hospital Cemon, may be necessary to verify whether the United States of America. For the	nmary conviction and indictable offenses ar response should include a reference to The fact that you have been convicted of eation but does not necessarily make you ntre request and obtain such information I have ever been convicted of a criminal this purpose, I hereby agree to waive all rise claim under Kahnawake, federal or
Centre and will be key this information will	pt in a confidential file in the Personn be used only for the purpose of det	property of the Kateri Memorial Hospital nel Department. I understand further that ermining if I am a suitable and reliable ay apply to the Kateri Memorial Hospital
	tood and agree with the contents of this document are complete and acc	of this document and I attest that the urate.
Signed within the Mol	hawk Territory of Kahnawake on	. Date
Signature of A	applicant	Witness