



Municipality of Dutton Dunwich

Reference Check Consent Form

Job Title: _____

Please provide **three** recent references of individuals that you reported to (e.g. Managers or Supervisors).

1	Name: _____	Tele: (_____) _____ - _____	Ext. _____
	Title: _____	Organization: _____	
	Relationship: _____	Years Known: _____	
	Email: _____		

2	Name: _____	Tele: (_____) _____ - _____	Ext. _____
	Title: _____	Organization: _____	
	Relationship: _____	Years Known: _____	
	Email: _____		

3	Name: _____	Tele: (_____) _____ - _____	Ext. _____
	Title: _____	Organization: _____	
	Relationship: _____	Years Known: _____	
	Email: _____		

The personal information on this form is collected under the authority of section 29 of the *Municipal Freedom of Information and Protection of Privacy Act*. By signing below, I give consent to the Municipality of Dutton Dunwich to contact the persons listed above for the purpose of obtaining personal and employment related reference information about me. These persons are authorized to disclose such information to the Municipality and have been made aware that the Municipality may contact them. I understand that the Municipality will collect and use this information to evaluate my candidacy for employment purposes related to the above referenced job competition.

Print Name: _____

Signature: _____

Date: ____ / ____ / ____
MM DD YYYY