



REFERENCE AUTHORIZATION FORM

Position: _____

Applicant Name: _____

Reference Check Consent: (to be completed by the applicant)

I, _____, authorize and consent to a representative from Rainy River First Nation to contact the persons or organizations listed below for the purpose of obtaining information relating to my current or past employment.

I understand that reference information may include, but is not limited to, verbal and written inquiries or information about my employment performance, profession demeanor and character, rehire potential, dates of employment and employment history. The persons listed below are authorized to disclose such information.

<u>Name</u>	<u>Position/Title</u>	<u>Telephone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ Date

_____ Signature