



## REFERENCE CHECK CONSENT FORM

I, \_\_\_\_\_ (applicant's name) give permission to the University of Waterloo to contact the persons listed below for the purpose of obtaining reference information. These individuals are aware that they will be contacted to provide details about my current and/or past employment. I understand that reference information may include, but not be limited to, verbal and written inquiries or information about my employment performance, professional demeanor and character, rehire potential, dates of employment, salary and employment history.

By providing such authorization, I understand and agree that I release the University of Waterloo from any and all claims or potential claims I may have regarding any and all information released to or by the University of Waterloo and regarding any employment decisions made about me on the basis of such information.

*Please provide accurate information on the job title and organization where you and the reference worked at together.*

**Reference 1: Reference must be from your most recent employer. Please indicate your most recent supervisor/manager that you directly reported to, unless another arrangement has been approved by your Talent Acquisition Specialist. Colleagues and non-direct reporting managers will not be accepted as references.**

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I reported to this person/they reported to me at: \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_ (Insert Organization)  
(mm/yyyy) (mm/yyyy)

**Reference 2: Please include a supervisor/manager that you reported to, unless told otherwise.**

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I reported to this person/they reported to me at: \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_ (Insert Organization)  
(mm/yyyy) (mm/yyyy)

**Reference 3: \*\*This person will only be contacted should another reference be required\*\***

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I reported to this person/they reported to me at: \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_ (Insert Organization)  
(mm/yyyy) (mm/yyyy)

By signing below, I certify that the reference information contained above is true and to the best of my knowledge. If the references cannot be contacted, I may be asked to provide additional references.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_