

# Authorization to Verify Information and Check References (Release)

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## References:

1. Name of Reference: \_\_\_\_\_  
Title of Reference: \_\_\_\_\_  
Company: \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Telephone#: \_\_\_\_\_
2. Name of Reference: \_\_\_\_\_  
Title of Reference: \_\_\_\_\_  
Company: \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Telephone#: \_\_\_\_\_
3. Name of Reference: \_\_\_\_\_  
Title of Reference: \_\_\_\_\_  
Company: \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Telephone#: \_\_\_\_\_

## Authorization:

1. I authorize investigation of all statements contained in this selection process.
2. I authorize Douglas College to contact supervisors/employers and specific individuals whose names are provided as references.
3. Upon request, I will supply official documentary proof of the academic and/or professional qualifications claimed in this selection process.
4. I am eligible to work in Canada: \_\_\_ yes \_\_\_ no
5. Work Permit expiry date (if applicable): \_\_\_\_\_
6. I understand that Douglas College's decision will be based solely on non-discriminatory considerations and that misrepresentation or omission of facts called for is just cause for the rejection of my application or dismissal.

Name (print): \_\_\_\_\_

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