

REFERENCE AUTHORIZATION FORM

Board of Eastern Ontario (the 'Bo previous employers and any other	authorize the Catholic District School oard') to obtain personal information from my present and/or r persons I have listed as references, to assist in determining my ions for employment with the Board"
Name 1:	Phone Number 1:
Name 2:	Phone Number 2:
Name 3:	Phone Number 3:
Signature:	
Date:	

PLEASE NOTE:

A Vulnerable Sector Criminal Reference Check with no charges or convictions will be a condition of employment for the successful candidate.