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|  | Position: |       |  |
|  | Applicant’s Name: |       |  |
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| **REFERENCE CHECK CONSENT:***(to be completed by the applicant)* |
|  |
| Under the *Municipal Freedom of Information and Protection of Privacy Act,* |
| I, |       | , authorize the Rainy River District School Board to |
| contact the persons or organizations listed below for the purpose of obtaining reference information including information contained in my personnel file(s). These persons are authorized to disclose such information. |
|  |
| **Name** |  | **Position/Title and Company** |  | **Telephone No.** |
|       |  |       |  |       |
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|        |  |       |  |  |
| Date |  | Candidate’s Signature |  |  |