

**References:** This form should be completed by the applicant. Include persons whom you have known for over one (1) year. Only one family member can be included.

Name	Mailing address	Postal Code	Phone Number(s)
1.			Day: Evening:
2.			Day: Evening:
3.			Day: Evening:

I, \_\_\_\_\_, give permission to contact the above listed references and any of my previous employers.

\_\_\_\_\_  
Applicants signature

\_\_\_\_\_  
Date

This is a confidential record. It may be accessed under the *Freedom of Information and Protection of Privacy Act*, otherwise it will be kept in strict confidence unless we receive your authorization to share it with specific persons or organizations.