

REFERENCES VERIFICATION AUTHORIZATION

Consent for obtaining additional information
for the purpose of an employment.

First name: _____ **Last name:** _____

Tel: _____

Email: _____

I hereby authorize the company _____
or a firm mandated by it, to verify the accuracy of the information I have provided and to
carry out any investigation necessary to evaluate my candidature.

I release all liability and authorize my former employers, my current employer and all
persons I have mentioned as references to communicate, disclose, transmit or receive the
information necessary for the evaluation of my application.

These verifications can be done by telephone, fax or internet with the employers listed on
this form.

Employers authorized to be contacted:

Company: _____ Telephone: _____

Person to contact: _____ OBLIGATORY

Position held: _____ Duration of employment: _____

Company: _____ Telephone: _____

Person to contact: _____ OBLIGATORY

Position held: _____ Duration of employment: _____

Company: _____ Telephone: _____

Person to contact: _____ OBLIGATORY

Position held: _____ Duration of employment: _____

Signature: _____ **Date:** _____

Send to:



- PHONE (450) 692-0595
- FAX (450) 692-2601 TOLL FREE 1 866 692-2601
- EMAIL: info@verificationexcelle.com

THIS DOCUMENT CONTAIN INFORMATION OF PRIVILEGED AND CONFIDENTIAL NATURE. IF YOU
ARE NOT THE INTENDED RECIPIENT, YOU ARE ADVISED BY THE PRESENT THAT IT IS STRICTLY
FORBIDDEN TO DIFUSE OR REPRODUCE THIS DOCUMENT. IF YOU RECEIVED THIS DOCUMENT
BY MISTAKE, PLEASE ADVICE US IMMEDIATELY BY PHONE AND RETURN IT AT OUR EXPENSE.
THANK YOU FOR YOUR COLLABORATION.