COMMISSION SCOLAIRE
Eastern Shores
SCHOOL BOARD

Reference Authorization

Candidate's name:

I, the undersigned _____, authorize the Eastern Shores School Board to verify the information provided in relation to my employment application and to conduct any investigation deemed relevant to my candidacy with the appropriate authorities. I release from all liability the individuals or organizations providing such references.

I, the undersigned _____, authorize the Eastern Shores School Board to create and maintain a personal file about my application.

Reference 1	Reference 2
Employer's name : _____ _____	Employer's name : _____ _____
Address : _____ _____ _____	Address : _____ _____ _____
Supervisor's name : _____ _____	Supervisor's name : _____ _____
Supervisor's job title : _____ _____ _____	Supervisor's job title : _____ _____ _____
Email & phone number: _____	Email & phone number: _____
Position previously held : _____ _____ _____	Position previously held : _____ _____ _____
Dates worked : _____ _____	Dates worked : _____ _____

Signature : _____

Date : _____