



INLINE REFERENCE CHECK

REFERENCE CHECK REQUEST FORM

FAX TO: (519) 927-5371

EMAIL TO: michael@inlinereference.com

Name of Candidate: _____

Current Employer: _____

Position: _____

Hiring Employer: _____

Position: _____

FILE #	REFERENCE NAME	RELATIONSHIP	BUS. PHONE	HOME PHONE
			()	()
			()	()
			()	()
			()	()
			()	()
			()	()

() REFERENCES ATTACHED

Specific questions or area of inquiry regarding this candidate:

() Drivers License Abstract (**address and License # required**)

() complete credit information research (**address and SIN number required**)

() confirm University level qualifications (**education history required** please include student # and year of graduation)

Requested By: _____

Position: _____

Company: _____

Telephone: _____

Fax: _____

Thank you for using INLINE.

PLEASE PRINT CLEARLY

Candidate Information

Name: _____
Maiden/Other Name: _____
Social Insurance No.: _____
Driver License Number: _____
Home Phone Number: _____
Business Number: _____
Home Address: _____
City/Town: _____
Postal Code: _____

Date of Birth: _____
Province: _____
Fax Number: _____
Email: _____
Province: _____

References

1: _____
Mr./Ms Name Relationship

Home Phone (include area code) Business Phone (include area code) Cell Phone (include area code)

2: _____
Mr./Ms Name Relationship

Home Phone (include area code) Business Phone (include area code) Cell Phone (include area code)

3: _____
Mr./Ms Name Relationship

Home Phone (include area code) Business Phone (include area code) Cell Phone (include area code)

4: _____
Mr./Ms Name Relationship

Home Phone (include area code) Business Phone (include area code) Cell Phone (include area code)

5: _____
Mr./Ms Name Relationship

Home Phone (include area code) Business Phone (include area code) Cell Phone (include area code)

PLEASE PRINT CLEARLY

Academic Degrees/Professional Licenses

1: _____
Designation Institution Location

Year of Accreditation Student/Member Number

2: _____
Designation Institution Location

Year of Accreditation Student/Member Number

3: _____
Designation Institution Location

Year of Accreditation Student/Member Number

4: _____
Designation Institution Location

Year of Accreditation Student/Member Number

Employment History

1: _____
Month/Yr - Month/Yr Company Name Contact Name

Contact Phone Number Position

2: _____
Month/Yr - Month/Yr Company Name Contact Name

Contact Phone Number Position

3: _____
Month/Yr - Month/Yr Company Name Contact Name

Contact Phone Number Position

4: _____
Month/Yr - Month/Yr Company Name Contact Name

Contact Phone Number Position

5: _____
Month/Yr - Month/Yr Company Name Contact Name

Contact Phone Number Position

Release Form

Applicant Identification and Authorization Form

Request to Collect Personal Information

To Whom It May Concern:

I have applied to _____ for employment. Part of the hiring process is an investigation of the information I have provided. An authorized agent conducts the investigations. Therefore, at this time, and until informed in writing to the contrary, I hereby authorize and direct the release to _____ and/or its authorized agent any information concerning: employment, education, credit, driving record, criminal record and/or any other information relevant to my employment at _____.

I hereby declare that to the best of my knowledge the information provided both verbally, on my resume and this authorization form is complete and accurate, and I understand that employment will be contingent on _____ satisfaction of the investigation of the background.

	Yes	No
Are you legally eligible to work in Canada?	()	()
Have you ever been convicted of a criminal offence for which a pardon has not been granted?	()	()

Candidate

Name (Print) _____

Signature _____ Date _____

Witness

Name (Print) _____

Signature _____ Date _____