



REFERENCE AUTHORIZATION FORM

Human Resources Department

I hereby authorize Grey Bruce Health Services to contact the following places of employment and educational institutions I have attended to aid in determining my suitability for employment. I understand that any information obtained will be considered confidential. I release those individuals contacted from all liability of issuing the requested information and representatives of Grey Bruce Health Services from any liability in the use or collection of information.

1. Name of Employer: _____
Address: _____

Telephone: _____
Supervisor: _____
E-mail Address: _____

2. Name of Employer: _____
Address: _____

Telephone: _____
Supervisor: _____
E-mail Address: _____

3. Name of Employer: _____
Address: _____

Telephone: _____
Supervisor: _____
E-mail Address: _____

Signature Date

Name (Please print)

For office use only

Verbal reference authorization received: _____ Date

Grey Bruce Health Services
P.O. Box 1800, 1800 8th St. E.,
Owen Sound, ON
N4K 6M9
(519) 376-2121