

Consent Form B

Disclosure and Consent for Employment References & Verifications

To ensure accuracy, you must PRINT in clear CAPITAL letters and complete this form in its entirety.

In connection with my application for employment with **The Hospital for Sick Children (Sick Kids)**, I understand that reference checks and requests for work history verifications may be made regarding my current or past employment. These reports will include some or all of the following components relating to my employment experience: job description, dates of employment, position(s) held, rate of pay, subjective or objective opinions of my job performance, reputation and character, reasons for departure of past employment and/or eligibility for rehiring.

Please list the name(s) of your CURRENT employer(s): ▼

May BackCheck contact your current employer's Human Resources/Payroll department to verify your employment? Yes or No

Please provide 3 work-related references BackCheck may contact in the space below
Most Recent Employers, Managers, Supervisors Only **Family, Co-workers or Friends are NOT Applicable**

DO NOT list employers or people you do not want contacted. BackCheck WILL contact all references listed below.

1	Name of Company you worked at with the Reference: ▼	Store #: ▼	Name of Company that the Reference currently works at, if different: ▼
	Reference's Name: ▼		
	Location: (City and/or Region) ▼	Reference's Position: ▼	
	Starting Date: (yyyy/mm) ▼	Ending Date: (yyyy/mm) ▼	Candidate's Position: ▼
	Reason for Leaving: ▼		
	Reference's Phone Number: ▼	Reference's Email Address: ▼	
	Ext.		
2	Name of Company you worked at with the Reference: ▼	Store #: ▼	Name of Company that the Reference currently works at, if different: ▼
	Reference's Name: ▼		
	Location: (City and/or Region) ▼	Reference's Position: ▼	
	Starting Date: (yyyy/mm) ▼	Ending Date: (yyyy/mm) ▼	Candidate's Position: ▼
	Reason for Leaving: ▼		
	Reference's Phone Number: ▼	Reference's Email Address: ▼	
	Ext.		
3	Name of Company you worked at with the Reference: ▼	Store #: ▼	Name of Company that the Reference currently works at, if different: ▼
	Reference's Name: ▼		
	Location: (City and/or Region) ▼	Reference's Position: ▼	
	Starting Date: (yyyy/mm) ▼	Ending Date: (yyyy/mm) ▼	Candidate's Position: ▼
	Reason for Leaving: ▼		
	Reference's Phone Number: ▼	Reference's Email Address: ▼	
	Ext.		

I hereby authorize any of the above-listed employers, those employers listed on my résumé or those employers uncovered during the course of my background check to release to BackCheck on behalf of **The Hospital for Sick Children (Sick Kids)** the above-mentioned information regarding my current or past employment.

I hereby authorize BackCheck to release all information obtained under this consent only to **The Hospital for Sick Children (Sick Kids)**, and in no way hold BackCheck liable upon the release of this information or its findings to **The Hospital for Sick Children (Sick Kids)**.

I hereby authorize BackCheck to send a facsimile or electronic copy of this signed consent form to any references listed above or any employers listed on my résumé.

Please PRINT your full name: ▼

Candidate Signature: **X** Date: (yyyy/mm/dd) ▼
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