

**Reference Consent Form**

**Please Print:**

**Candidate's Full Name:**

**Position:**

**Department/Division:**

**External Applicants: Are you a former employee with the City of Hamilton, Hamilton Police Service, or Hamilton Public Library?      Yes                      No**

**If "Yes" to the above, please include the following:**

**Name while employed:**

**Former Employee ID#:**

**Former Job Title:**

**Dates employed:**

As part of the recruitment and selection process, you are required to complete this reference consent form that authorizes the City of Hamilton to contact the references you provide.

The City of Hamilton's *Anti Nepotism Policy* prohibits any employee from being placed in a direct or indirect reporting relationship; or in a position of influence over an employed family member or a person with whom you may have a significant social relationship.

Are you aware of any person (family member, close or distant, or any significant friendship) with whom you hold a significant social relationship currently working as a City of Hamilton employee or elected official?

<b>Yes</b>	<b>No</b>
<b>If "Yes" please indicate:</b>	<b>Name:</b> _____
	<b>Relationship:</b> _____
	<b>Department:</b> _____

If you have any questions regarding the City of Hamilton's Anti Nepotism Policy please contact the appropriate Talent Specialist in Human Resources.

As part of the reference process, we reserve the right to conduct internet searches as part of our process.



## Instructions

Please provide at least three (3) employment references in **chronologic order**. The employment references must be people that you have reported to. Personal references are not applicable. If the references are inconclusive, additional references may be requested.

### **Internal Applicants:**

References provided must include your current manager/supervisor.

### **External Applicants:**

At least one of the references provided should be someone you reported to in the past three years.

References are attached on a separate page (*signature required below*)

#### **1. Name & Job Title of Contact Person:**

Name of Employer:

Years reported to:

From:

To:

Telephone Number:

Email:

#### **2. Name & Job Title of Contact Person:**

Name of Employer:

Years reported to:

From:

To:

Telephone Number:

Email:

#### **3. Name & Job Title of Contact Person:**

Name of Employer:

Years reported to:

From:

To:

Telephone Number:

Email:

I authorize the City of Hamilton, or its agent, pursuant to Section 29(1) of the *Municipal Freedom of Information and Protection of Privacy Act*, to contact the aforementioned person(s) and/or organization(s) for the purpose of obtaining reference information, including information in my personnel file(s). By signing this waiver, I acknowledge full understanding of its content and meaning.

I agree that the statements made by me are true, complete and correct to the best of my knowledge. I understand that any falsification of statements, misrepresentations, deliberate omission or concealment of information may be considered just cause for disqualification or dismissal.

**Candidate Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Personal information on this form is collected under the legal authority of the Municipal Act, 2001, S. 270. The information is being collected to assess your suitability for a position with the City of Hamilton and for no other purpose. If you have any questions, please contact the Human Resources Division, 905-546-4462.*