

# Personal Information Disclosure Form

## Reference /Employment Verification Please list most recent employer first & ensure both "OK to Contact" are circled

<b>1</b>	Company Name	Reference Name & Relationship	Your Position	Income
Telephone No	Email Address	From Mo/Yr	To Mo/Yr	OK to Contact Reference: <input type="checkbox"/> YES <input type="checkbox"/> NO
				OK to Contact HR Emp. Ver.: <input type="checkbox"/> YES <input type="checkbox"/> NO
Reason for Leaving				Perferred Language: <input type="checkbox"/> English <input type="checkbox"/> French
<b>2</b>	Company Name	Reference Name & Relationship	Your Position	Income
Telephone No	Email Address	From Mo/Yr	To Mo/Yr	OK to Contact Reference: <input type="checkbox"/> YES <input type="checkbox"/> NO
				OK to Contact HR Emp. Ver.: <input type="checkbox"/> YES <input type="checkbox"/> NO
Reason for Leaving				Perferred Language: <input type="checkbox"/> English <input type="checkbox"/> French
<b>3</b>	Company Name	Reference Name & Relationship	Your Position	Income
Telephone No	Email Address	From Mo/Yr	To Mo/Yr	OK to Contact Reference: <input type="checkbox"/> YES <input type="checkbox"/> NO
				OK to Contact HR Emp. Ver.: <input type="checkbox"/> YES <input type="checkbox"/> NO
Reason for Leaving				Perferred Language: <input type="checkbox"/> English <input type="checkbox"/> French

## Education Verification Please provide a copy of your diploma/certificate if awarded

<b>1</b>	Educational Institution	Location	Telephone No.	Graduated YES / NO <input type="checkbox"/> <input type="checkbox"/>
Student No.	Registered Name	Program	From Mo/Yr	To Mo/Yr
<b>2</b>	Educational Institution	Location	Telephone No	Graduated YES / NO <input type="checkbox"/> <input type="checkbox"/>
Student No.	Registered Name	Program	From Mo/Yr	To Mo/Yr

## Professional Accreditation Status Check

Accreditation/Designation	Name of Organization	Date Obtained	Member/License No	Current
<b>1</b>				Yes / No <input type="checkbox"/> <input type="checkbox"/>
<b>2</b>				Yes / No <input type="checkbox"/> <input type="checkbox"/>

## Candidate's Authorization:

I understand that a condition of employment is verification of past employment, or other data provided on my resume and/or application. Accordingly, I give you authorization to obtain or exchange personal information with any personal information agent, and direct you to release information to the Company and Hire Performance Inc., its authorized agent, regarding my education record or employment history from any source. I hereby declare that, to the best of my knowledge the information presented on my resume, application or verbally is complete and accurate. I understand that a false statement with the intent to mislead the employer can disqualify me from employment and may be grounds for dismissal. I hereby release and forever discharge the hiring Company and Hire Performance Inc. and it's agents from any claim whatsoever in any way relating to information released by the person or organization to whom this authorization is addressed.

**Candidate's Name:** \_\_\_\_\_ **Email :** \_\_\_\_\_

**Candidate's Signature:** \_\_\_\_\_ **MM:** \_\_\_\_ **DD:** \_\_\_\_ **YY:** \_\_\_\_ **Phone # :** \_\_\_\_\_

Please upload the completed form to the client portal