

MUNICIPAL PROPERTY ASSESSMENT CORPORATION

Reference Check Consent Form

Posti	ing No:	- Job Title:
Please provide <u>three</u> recent references of individuals that you reported to (e.g. Managers or Supervisors).		
1	Name:	
	Title:	Organization:
	Relationship:	Years Known:
	Email:	
3	Name:	Tele: () Ext
	Title:	Organization:
	Relationship:	Years Known:
	Email:	
	Name:	Tele: () Ext
	Title:	Organization:
	Relationship:	Years Known:
	Email:	
The personal information on this form is collected under the authority of sections 8 and 9 of the <i>MPAC Act</i> and section 29 of the <i>Municipal Freedom of Information and Protection of Privacy Act</i> . By signing below, I give consent to the Municipal Property Assessment Corporation (MPAC) to contact the persons listed above for the purpose of obtaining personal and employment related reference information about me. These persons are authorized to disclose such information to MPAC and have been made aware that MPAC may contact them. I understand that MPAC will collect and use this information to evaluate my candidacy for employment purposes related to the above referenced job competition.		
Print Name:		
Sign	nature:	Date: / / /

Questions regarding the collection of information may be directed to MPAC's Human Resources Department at careers@mpac.ca.