

REFERENCES

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| APPLICANT AUTHORIZATION By placing your name on the signature line below and dating this document, you are indicating that you have read, understood and agree to the following conditions; I understand that I will be required to provide a criminal record check and that I may be required to provide legal proof of my ability to work in Canada and submit to a medical examination, if a conditional offer of employment is made. I certify that the information contained in this application is true and complete, to my knowledge. I understand that a false statement may disqualify me from my employment or cause my dismissal. I authorize any person, educational institution, or organization I have listed as a reference, to disclose in good faith any information they may have regarding my qualifications for employment. I will hold you and any of my former employers, educational institutions and any other persons giving references, free of liability for providing this information and any other reasonable and necessary information related to my application for employment. | |
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