



The Renwick Group Inc.

Authorization for Background and Reference Check

I, _____, have applied for employment with _____ (company). I authorize The Renwick Group Inc. to make any inquires it deems necessary to verify the information contained in my resume or provided during interviews or make any other reference or background checks it deems necessary including checks with regard to criminal record, driver record searches, financial character and credit on behalf of _____ (company).

I, _____, certify that the information contained in my resume or provided during interviews are true and correct. I understand that a condition of employment is verification of my full employment and education backgrounds and histories from any source and of all data provided on my resume and/or application. I understand that any false or misleading information in my resume or provided during interviews will be grounds for me not to be hired or will be grounds for termination from my employment.

I hereby grant authorization to the holder(s) of information relating to the above items to disclose this information to _____(company) and/or it's authorized agent The Renwick Group Inc. in order to confirm my suitability for employment.

I hereby release and forever discharge the holder(s) of information relating to the above items, _____(company) and it's authorized agent The Renwick Group Inc., and their respective affiliated entities and all of their former, current and future partners, directors, officers, employees, agents, successors and assigns, including those belonging to their respective affiliated entities, from any actions, claims and demands of any kind whatsoever in any way relating to the collection, disclosure or use of this information relating to the above items.

Position being applied for: _____

Given Name: _____ Middle Name: _____

Maiden Name: _____ Surname: _____

Date of Birth: ____/____/____ (dd/mm/yyyy) (required for Criminal Check)

Social Insurance Number: _____ (Optional) M or F (circle)

Driver's License #: _____ (Required for Driver Record Check)

Address: _____

Code Street Name and # City Province Postal

Applicant's Signature

Date