



Corporate Head Office
300 Horseshoe Lake Drive, Unit 303
Halifax, NS, B3S 0B7
Tel: 902-450-0697
Fax: 902-484-5379
Toll Free: 888-818-5251

<https://csiscreening.com/>

REFERENCES PROVIDED BY

Applicant's Name: _____

Date: _____

Please PRINT Clearly

Month - Day - Year

Reference #1

First Name/Last Name _____

Company Name (if applicable) _____

Position/Title (if applicable) _____

Daytime Phone# (include area code) _____

Daytime Email _____

Other Contact Information (mobile) _____

What is/was your relationship to this person? _____

If Employee, what is/was your position or title? _____

How long have you known this person? (dates) _____

Reference #2

First Name/Last Name _____

Company Name (if applicable) _____

Position/Title (if applicable) _____

Daytime Phone# (include area code) _____

Daytime Email _____

Other Contact Information (mobile) _____

What is/was your relationship to this person? _____

If Employee, what is/was your position or title? _____

How long have you known this person? (dates) _____

Reference #3

First Name/Last Name _____

Company Name (if applicable) _____

Position/Title (if applicable) _____

Daytime Phone# (include area code) _____

Daytime Email _____

Other Contact Information (mobile) _____

What is/was your relationship to this person? _____

If Employee, what is/was your position or title? _____

How long have you known this person? (dates) _____

REFERENCES REQUESTED BY: _____
