

## Confidentiality Agreement

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Number: \_\_\_\_\_ Other Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

I, \_\_\_\_\_, give consent for my Employment/Volunteer Support Agency to share the following information with accessWORKS as applicable:

- Resume
- Cover letter
- Related application information
- Disability specific information as needed to identify any disability accommodations needed during the application and hiring/placement/bidding process

accessWORKS will use this information for the sole purpose of monitoring and facilitating my progress through the application process for employment, volunteering, or procurement opportunities.

I give permission for accessWORKS to contact me directly to identify any disability accommodations needed during the application and hiring/placement process.



I give permission for accessWORKS to communicate with the prospective Employer / Volunteer Supervisor to provide disability accommodation information and supports if during the application and hiring/placement/bidding process.

I give permission for accessWORKS to contact my Employment/Volunteer Support Worker (title as applicable) on my behalf regarding other employment, volunteer, or procurement opportunities in the future.

Employment / Volunteer Support Worker: \_\_\_\_\_

Employment / Volunteer Services Organization: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness

Date: \_\_\_\_\_

***This consent form must be signed for accessWORKS to communicate with you (the applicant), the Employment Support Service Agency, and/or the prospective Employer / Volunteer Supervisor.***

