HEADQUARTERS: 1001 Sherbrooke East, Montréal (Québec) H2L 1L3 1 877 322-6777 | pre.emploi@cccmtl.ca

Pre-employment investigation

AUTHORIZATION TO VERIFY PERSONAL INFORMATION



| A. PERSONAL INFORMATION I, the undersigned: Usual firstname Adress: No. Street | DATE : | | | | COMMISSIONNAIRES DIVISION | | | | | | FILE: | | | | |
|--|---------------------------------------|------------|--------------------|----------|---------------------------|-------------|---|--------------|------------|--------------------|--------|---------|-----------|----------------|------|
| Adress: No. Street Apt. City Prov. Postal Code (if less than five years at current address) Prior Adress: No. Street Apt. City Prov. Postal Code Apt. City Prov. Postal Code Apt. City Prov. Postal Code Date of Birth Place of Birth Adress Driver's licence no. Prov. SIN Eye Color Height (kg)* Sex Male Female Complexion pale medium d. Republicance no. Prov. Sin Diploma earned Year academic Institution Diploma earned Year Professional Association Status Competency C. REFERENCES PROFESSIONAL REFERENCES: Name Position Company Phone Name Position Company Phone Name Position Company Phone Personal Company Phone Personal Company Phone Personal Company Phone Phone Phone Personal Company Phone Phone Phone Phone Personal Company Phone Phone Personal Company Phone Phone Personal Company Phone Phone Phone Phone Phone Phone | A. PER | SONAL | INFORI | MATION | | | | | | | | | | | |
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| Academic Institution | Eye Color | | | | Height | Weight (kg) | | Sex | M | lale | Female | Complex | xion pale | medium | dark |
| Institution earned fear Academic Institution Diploma earned Year Professional Association Status Competency Card C. REFERENCES PROFESSIONAL REFERENCES: Name Position Company Phone Name Position Company Phone Name Position Company Phone Name Position Company Phone Pare Position Company Phone Name Position Company Phone Personal/TENANT REFERENCES: | B. EDU | JCATION | I AND D | DIPLOMAS | | | | | | | | | | | |
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| Name Position Company Phone Name Position Company Phone PERSONAL/TENANT REFERENCES: Name Phone | Name | | | Position | Position | | | Company | | | Phone | | | | |
| Name Position Company Phone PERSONAL/TENANT REFERENCES: Name Phone | Name | | | Position | Position | | | Company | | | Phone | | | | |
| PERSONAL/TENANT REFERENCES: Name Phone | Name | | | Position | Position | | | Company | | | Phone | | | | |
| Name Phone | Name | | | Position | Position | | | Company | | | Phone | | | | |
| | PERSONA | AL/TENAN | NT REFE | RENCES: | | | | | | | | | | | |
| Name | Name | | | | | | | | | | Phone | Phone | | | |
| | Name | | | | | | | | | Phone | Phone | | | | |
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| DATE: | | ONNAIRES DIVISION QUÉBEC | FILE: | |
|---|---|---|-------|------|
| D. DECLARATION | | | | |
| Have you ever been convicted o If you answered yes, please pro | f a criminal offence for which you ovide thedetails: | have not been pardoned? Yes | No | |
| Offence/ File no. | | Place | | Date |
| Offence/ File no. | | Place | | Date |
| Offence/ File no. | | Place | | Date |
| This authorization is granted an | d in completing my job application and may be conducted by phone o | | | |
| 1. Academic training 2. Former employers 3. Current employer 4. Personal references 5. Credit check | 6. 7. 8. 9. | Criminal background (CPIC) RCI Driver's licence Criminal record (Quebec) Driving record). Professional association statu | | |
| | orized to provide the information authorize the Commissionairesfor the analys | | | |
| Date | Phone Number | Signature | | |
| | | | | |