

Pre-employment investigation

# AUTHORIZATION TO VERIFY PERSONAL INFORMATION



DATE : \_\_\_\_\_

 COMMISSIONNAIRES DIVISION  
**QUÉBEC**

FILE : \_\_\_\_\_

## A. PERSONAL INFORMATION

I, the undersigned: Usual first name \_\_\_\_\_ Family name \_\_\_\_\_

Address: No. \_\_\_\_\_ Street \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_  
*(if less than five years at current address)*

Prior Address : No. \_\_\_\_\_ Street \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Email Address \_\_\_\_\_

Driver's licence no. \_\_\_\_\_ Prov. \_\_\_\_\_ SIN \_\_\_\_\_

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Height \_\_\_\_\_ Weight (kg) \_\_\_\_\_ Sex  Male  Female Complexion  pale  medium  dark

## B. EDUCATION AND DIPLOMAS

Academic Institution \_\_\_\_\_ Diploma earned \_\_\_\_\_ Year \_\_\_\_\_

Academic Institution \_\_\_\_\_ Diploma earned \_\_\_\_\_ Year \_\_\_\_\_

Professional Association \_\_\_\_\_ Status \_\_\_\_\_ Competency Card \_\_\_\_\_

## C. REFERENCES

### PROFESSIONAL REFERENCES:

Name	Position	Company	Phone

### PERSONAL/TENANT REFERENCES:

Name	Phone

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**D. DECLARATION**

Have you ever been convicted of a criminal offence for which you have not been pardoned? Yes No  
If you answered yes, please provide the details:

Offence/ File no.	Place	Date
Offence/ File no.	Place	Date
Offence/ File no.	Place	Date

I hereby authorize \_\_\_\_\_ and/or the pre-employment service of the Commissionnaires du Québec to verify the information that I have provided in completing my job application and conduct any other investigation relevant to my application and my job.

This authorization is granted and may be conducted by phone or in writing concerning:  
*(please check the appropriate box(es))*

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Academic training   | <input type="checkbox"/> 6. Criminal background (CPIC) RCMP  |
| <input type="checkbox"/> 2. Former employers    | <input type="checkbox"/> 7. Driver's licence                 |
| <input type="checkbox"/> 3. Current employer    | <input type="checkbox"/> 8. Criminal record (Quebec)         |
| <input type="checkbox"/> 4. Personal references | <input type="checkbox"/> 9. Driving record                   |
| <input type="checkbox"/> 5. Credit check        | <input type="checkbox"/> 10. Professional association status |

Which parties are hereby authorized to provide the information requested by Commissionnaires du Québec representative authorized to request this information. Furthermore, I authorize the Commissionnaires du Québec to transmit the information obtained to the potential employer, \_\_\_\_\_ for the analysis of my application.

Date	Phone Number	Signature
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