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|------------------|-----------------|
| POSITION SOUGHT: | DATE AVAILABLE: |
|------------------|-----------------|

PERSONAL DATA

| | |
|----------|-------|
| SURNAME: | NAME: |
|----------|-------|

| |
|----------|
| ADDRESS: |
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| | | |
|-------|-------|-------------|
| CITY: | PROV. | POSTAL CODE |
|-------|-------|-------------|

| | |
|-------------------|-------------------|
| PHONE NO.: (home) | PHONE NO.: (work) |
|-------------------|-------------------|

EDUCATION

| | SCHOOL, COLLEGE (city, town) | YEARS | | LAST YEAR COMPLETED | MAJOR | CERTIFICATE or DIPLOMA |
|-------------|---------------------------------|-------|----|------------------------|-------|---------------------------|
| | | from | to | | | |
| High School | | | | | | |
| College | | | | | | |
| University | | | | | | |

Other: Professional

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
| | | | | | | |
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OTHER QUALIFICATIONS

DO YOU HOLD A CERTIFICATE OF QUALIFICATION OR TRADE? YES: NO:

If yes, specify:

ARE YOU A MEMBER OF A PROFESSIONAL CORPORATION OR ASSOCIATION RELATED TO THE POSITION YOU ARE SEEKING? YES: NO:

If yes, specify:



| WORK EXPERIENCE | |
|---|--------------------------|
| 1) EMPLOYERS (starting with the current or most recent one): NAME AND ADDRESS: | POSITION HELD: |
| | DATE: STARTING SALARY: |
| TYPE OF BUSINESS: | REASON FOR LEAVING: |
| NAME OF SUPERVISOR: | TELEPHONE: |
| 2) NAME AND ADDRESS: | POSITION HELD: |
| | DATE: STARTING SALARY: |
| TYPE OF BUSINESS: | REASON FOR LEAVING: |
| NAME OF SUPERVISOR: | TELEPHONE: |
| 3) NAME AND ADDRESS: | POSITION HELD: |
| | DATE: STARTING SALARY: |
| TYPE OF BUSINESS: | REASON FOR LEAVING: |
| NAME OF SUPERVISOR: | TELEPHONE: |
| 4) NAME AND ADDRESS: | POSITION HELD: |
| | DATE: STARTING SALARY: |
| TYPE OF BUSINESS: | REASON FOR LEAVING: |
| NAME OF SUPERVISOR: | TELEPHONE: |



CONSENT - READ VERY CAREFULLY

1. I authorize "**Les Ateliers Beau-Roc Inc.**", as well as any other party commissioned by the said company and as part of the evaluation of my candidacy, to contact my former employer(s), my current employer and all other persons mentioned as references, to obtain the necessary information beneficial to the evaluation of my job application.
2. This consent holds only for the evaluation period necessary to determine whether I will be hired, and for the duration of any employment. In case of a lay off, the consent will no longer be valid.

Date

Signature

WORKING CONDITIONS

1. It is agreed that following my hiring, I will be subject to a probation period in conformity with the policy of the company, period during which I can be laid off without recourse except if required under the Employment Standard Act.
2. I agree to join and pay, when mandatory, the necessary contributions and/or adhesion fees covering group benefits.
3. **I understand that any false information provided on the job application or during the interview could carry the rejection of my candidacy or my dismissal, as the case may be.**

SIGNATURE

DATE: _____

SIGNATURE: _____