



Position desired	Job number (if applicable)	Date of availability
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## IDENTIFICATION

Family Name	First Name	Telephone number (home)
Address	City	Telephone number (cellular phone)
		Telephone number (work)
Province	Postal code	Are you a City Employee ? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address	Do you have the right to work in Canada ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever worked for the City ? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Type of employment sought</b> <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary or Auxiliary <input type="checkbox"/> Management <input type="checkbox"/> Management <input type="checkbox"/> White Collar <input type="checkbox"/> White Collar <input type="checkbox"/> Blue Collar <input type="checkbox"/> Blue Collar <input type="checkbox"/> Professional <input type="checkbox"/> Professional <input type="checkbox"/> Other : _____ <input type="checkbox"/> Student – Summer job <input type="checkbox"/> Other : _____		
<b>Availability (Temporary or auxiliary jobs only)</b> _____ hours per week _____ days per week Mo      Tu      We      Th      Fr      Sa      Su <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

## EQUAL ACCESS TO EMPLOYMENT

The *Act respecting equal access to employment in public bodies* came into force on April 1<sup>st</sup>, 2001. It is intended to ensure equal representation of the groups that frequently encounter discrimination in employment. It requires some public bodies to analyse their workforce and to determine, for each type of occupation, the number of persons who belong to each of the target groups, namely women, Aboriginal peoples, visible minorities, ethnic minorities and, since December 17, 2005, handicapped persons. The object of this questionnaire is to identify the persons in each target group to allow a subsequent check to be made to see if they are represented in sufficient proportions in the various occupations within the public body.

The information gathered during this identification process will be used only for the purposes of the Act, will remain strictly confidential and will be made available only to the persons responsible for applying the equal access to employment program. The information will be used, more specifically, to implement equal access measures, measure the progress made and report the representation of the target groups in our public body to the *Commission des droits de la personne et des droits de la jeunesse*. Women and handicapped persons may belong to more than one target group. However, the definitions of Aboriginal peoples, visible minorities and ethnic minorities are mutually exclusive, meaning that a single person may belong to only one of these three groups. Persons who belong to none of the target groups must report this by entering "NO" as the answer for each group.

<b>Do you belong to one of these groups ?</b>					
	Yes	No		Yes	No
Women	<input type="checkbox"/>	<input type="checkbox"/>	Visible minority **	<input type="checkbox"/>	<input type="checkbox"/>
Aboriginal people *	<input type="checkbox"/>	<input type="checkbox"/>	Ethnic minority ***	<input type="checkbox"/>	<input type="checkbox"/>
Handicapped person ****	<input type="checkbox"/>	<input type="checkbox"/>			

- \* Aboriginal people : Indians, Inuit or Métis of Canada.
- \*\* Visible minority : members of visible minorities are persons, other than Aboriginal peoples, who are non-white in colour/race. For example : Blacks, Asians, Pacific Islanders, West Asians and Arabs, Armenians, Iranians, Lebanese, Moroccans, Egyptians, Turks and Latin Americans.
- \*\*\* Ethnic minority : members of ethnic minorities are persons, other than Aboriginal peoples and members of visible minorities, whose mother tongue is neither French nor English. For the purposes of this questionnaire, your mother tongue is the language that you first learned in your childhood and that you must still understand to belong to an ethnic minority. In addition, that language must not be either French or English. For example : German, Polish, Bulgarian, Portuguese, Spanish, Romanian, Greek, Russian, Hungarian, Ukrainian and Italian.
- \*\*\*\* Handicapped person : a person with a deficiency causing a significant and persistent disability, who is liable to encounter barriers in performing everyday activities.

# EDUCATION (starting with the most recent)

Name of establishment (City)			Program or field (ex. : DEC in creative arts)		from	to		
					month	year	month	year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Education in progress	Diploma obtained	* Quebec Equivalence			
High School	College	University	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES		<input type="checkbox"/> NO	

Name of establishment (City)			Program or field (ex. : DEC in creative arts)		from	to		
					month	year	month	year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Education in progress	Diploma obtained	* Quebec Equivalence			
High School	College	University	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES		<input type="checkbox"/> NO	

Name of establishment (City)			Program or field (ex. : DEC in creative arts)		from	to		
					month	year	month	year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Education in progress	Diploma obtained	* Quebec Equivalence			
High School	College	University	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES		<input type="checkbox"/> NO	

Name of establishment (City)			Program or field (ex. : DEC in creative arts)		from	to		
					month	year	month	year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Education in progress	Diploma obtained	* Quebec Equivalence			
High School	College	University	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES		<input type="checkbox"/> NO	

Name of establishment (City)			Program or field (ex. : DEC in creative arts)		from	to		
					month	year	month	year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Education in progress	Diploma obtained	* Quebec Equivalence			
High School	College	University	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES		<input type="checkbox"/> NO	

## Other education

Name of establishment	Title of course	from	to		
		month	year	month	year

Name of establishment	Title of course	from	to		
		month	year	month	year

Name of establishment	Title of course	from	to		
		month	year	month	year

Name of establishment	Title of course	from	to		
		month	year	month	year

Name of establishment	Title of course	from	to		
		month	year	month	year

\* If you have received a diploma outside of Quebec, you must provide us with a comparative evaluation from the Ministry of Immigration and Cultural Communities.

# WORK EXPERIENCE (starting with the most recent)

If you are attaching your résumé, you need not complete this section, providing you included all requested information.

## Present position

Name of Employer and address		from	
		month	year
Position held	Number of work hours per week		
Describe your tasks : _____			
_____			
_____			
_____			
_____			

## Previous positions

Name of Employer and address		Period of employment			
		from	to		
		month	year	month	year
Position held	Reason for leaving	Number of work hours per week			
Describe your tasks : _____					
_____					
_____					
_____					
_____					

Name of Employer and address		Period of employment			
		from	to		
		month	year	month	year
Position held	Reason for leaving	Number of work hours per week			
Describe your tasks : _____					
_____					
_____					
_____					
_____					

Name of Employer and address		Period of employment			
		from	to		
		month	year	month	year
Position held	Reason for leaving	Number of work hours per week			
Describe your tasks : _____					
_____					
_____					
_____					
_____					

# QUALIFICATIONS AND GENERAL KNOWLEDGE

## Spoken languages

French     English     other(s) : \_\_\_\_\_  
\_\_\_\_\_

## Written languages

French     English     other(s) : \_\_\_\_\_  
\_\_\_\_\_

Known software (ex. : Word, Excel, PowerPoint, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you member of an association or a professional order ?

YES                       NO

Title : \_\_\_\_\_

day	month	year
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Are you the holder of a certificate or passport issued by an athletic association of federation ?

YES                       NO

If yes, specify : \_\_\_\_\_ level : \_\_\_\_\_

Do you have a permit, a licence or a competency card for advanced or specialized training ?

YES                       NO

If yes, specify : \_\_\_\_\_

Since : 

day	month	year
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Number : \_\_\_\_\_

Expiration : 

day	month	year
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Do you have a driver's licence ?

YES     NO    If yes, specify class(es) : \_\_\_\_\_

Restriction(s) : \_\_\_\_\_

Expiration : 

day	month	year
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Skills, talents, hobbies, interests  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a criminal offence related to the position sought and for which you have not received the recovery of civil rights ?

YES                       NO

I hereby declare that the above information is true and complete. I understand that a false statement may disqualify me from employment, or cause my dismissal. I authorize the City of Pointe-Claire to get work references from my previous or current employers and from my academic record. I agree to undergo a pre-employment medical examination if required.

Signature : \_\_\_\_\_

day	month	year
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