



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

Type of employment sought

<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary or Auxiliary	Availability (Temporary or auxiliary jobs only) _____ 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"/>
<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 : _____	

EQUAL ACCESS TO EMPLOYMENT

The *Act respecting equal access to employment in public bodies* came into force on April 1st, 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.

Do you belong to one of these groups ?			
	Yes	No	
Women	<input type="checkbox"/>	<input type="checkbox"/>	Visible minority 2
Aboriginal people 1	<input type="checkbox"/>	<input type="checkbox"/>	Ethnic minority 3
Handicapped person 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 1 Aboriginal people : Indians, Inuit or Métis of Canada.
- 2 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.
- 3 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.
- 4 Handicapped person : a person with a deficiency causing a significant and persistent disability, who is liable to encounter barriers in performing everyday activities (SEE LAST PAGE).

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 resume, 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.)

Do you have a driver's licence ?

YES NO If yes, specify class(es) : _____

Restriction(s) : _____ Expiration :

day	month	year

Lifeguard Training - please supply a photocopy of the highest level certificate

Bronze Medallion Bronze Cross Standard First Aid National Lifeguard

Instructor Training - please supply a photocopy of the highest level certificate

Olympic Way Instructor Lifesaving Instructor National Lifeguard Course Conductor CPR Instructor

Fitness Training

<input type="checkbox"/> Personal Training	Certified by : _____	Date : _____
	(YMCA, Can-Fit pro, etc.)	
<input type="checkbox"/> Fitness Instructor	Certified by : _____	Date : _____
<input type="checkbox"/> Aquafit	Certified by : _____	Date : _____
<input type="checkbox"/> Others - please specify		
<input type="checkbox"/> _____	Certified by : _____	Date : _____
<input type="checkbox"/> _____	Certified by : _____	Date : _____

Other speciality training

Special awards, recognitions or achievements

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

For our selection process, please inform us of any handicap that would require a technical or physical adaptation pertinent to your situation :

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