

Demande d'emploi • Application for employment

VEUILLEZ ÉCRIRE LISIBLEMENT • PLEASE PRINT CLEARLY

Emploi postulé • <i>Position desired</i>	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporaire • <i>Temporary</i>
Disponibilité • <i>Date available</i>	<input type="checkbox"/> Été • <i>Summer</i> <input type="checkbox"/> Hiver • <i>Winter</i> <input type="checkbox"/> Bénévole • <i>Volunteer</i>

Renseignements généraux • General information

Nom • <i>Last Name</i>	Prénom • <i>First Name</i>	N° Ass. Sociale • <i>Social Ins. No.</i>
Adresse • <i>Address</i>		
Municipalité • <i>Municipalité</i>	Province	Code postal • <i>Postal code</i>
Êtes-vous légalement autorisé à travailler au Canada ? <i>Are you legally entitled to work in Canada?</i> <input type="checkbox"/> Oui • <i>Yes</i> <input type="checkbox"/> Non • <i>No</i>		

Contact

Tél. • *Tel. 1*

Tél. • *Tel. 2*

Courriel • *Email*

LinkedIn

Avez-vous déjà été à l'emploi de la Cité de Côte Saint-Luc? *Have you ever worked for the City of Côte Saint-Luc?*
 Oui • *Yes* Non • *No*

Si oui, en quelle année? *If yes, in what year?*

 Dans quel service? *In which department?*

Langues parlées <i>Languages spoken</i> <input type="checkbox"/> Français • <i>French</i> <input type="checkbox"/> Anglais • <i>English</i> <input type="checkbox"/> Autre • <i>Other</i> _____	Langues écrites <i>Languages written</i> <input type="checkbox"/> Français • <i>French</i> <input type="checkbox"/> Anglais • <i>English</i> <input type="checkbox"/> Autre • <i>Other</i> _____
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À remplir lorsque les renseignements ci-dessous sont nécessaires à l'emploi postulé • *Complete only if the information is necessary for the position applied for*

Êtes-vous membre d'une corporation ou association professionnelle? <i>Are you a member of a professional association or corporation?</i> <input type="checkbox"/> Oui • <i>Yes</i> <input type="checkbox"/> Non • <i>No</i> Si oui, préciser • <i>If yes, specify which</i> _____	Accepteriez-vous de travailler par quarts? <i>Would you accept shift work?</i> <input type="checkbox"/> Oui • <i>Yes</i> <input type="checkbox"/> Non • <i>No</i> <input type="checkbox"/> Jour • <i>Day</i> <input type="checkbox"/> Soir • <i>Evening</i> <input type="checkbox"/> Nuit • <i>Night</i>
Détenez-vous un permis, une licence ou une carte de compétence? <i>Do you hold a permit, licence or competence card?</i> <input type="checkbox"/> Oui • <i>Yes</i> <input type="checkbox"/> Non • <i>No</i> Si oui, préciser • <i>If yes, specify which</i> _____	<input type="checkbox"/> Semaine • <i>Weekdays</i> <input type="checkbox"/> Fin de semaine • <i>Weekends</i>
Avez-vous un permis de conduire? <i>Do you have a driver's licence?</i> <input type="checkbox"/> Oui • <i>Yes</i> <input type="checkbox"/> Non • <i>No</i>	

VEUILLEZ ATTACHER VOTRE DEMANDE ET C.V. • PLEASE ATTACH YOUR COVER LETTER AND RESUMÉ.

Formation académique • Educational background

	Nom et localité de l'institution <i>Name and location of institution</i>	Date de sortie <i>Date completed</i>	Nombre d'années complétées <i>Years completed</i>	Diplôme, certificat obtenu <i>Diploma, Certificate obtained</i>
Secondaire <i>High school</i>				
Collégial <i>College</i>				
Universitaire <i>University</i>				
Autres • Others				

Expérience de travail • Work experience

Veillez commencer par votre employeur actuel ou le plus récent.

Begin with present or most recent employer.

Durée • <i>Period</i> de • <i>from</i> à • <i>to</i>		Nom et adresse de l'employeur <i>Name and address of employer</i>	Titre <i>Position</i>	Salaire <i>Salary</i>	Raison du départ <i>Reason for leaving</i>

Activités para-professionnelles qui vous ont permis d'acquérir une expérience reliée à vos qualifications pour l'emploi :

List any extra-curricular activities providing experience related to your qualifications for the job:

Je déclare que les renseignements fournis dans ce formulaire sont, à ma connaissance, véridiques et complets. Je comprends qu'une fausse déclaration peut entraîner le rejet de ma candidature ou mon renvoi.

I declare that the information provided by me in this application is true and complete to the best of my knowledge and ability. I understand that a false declaration can result in the rejection of my application or my dismissal if already hired.

Signature

Date

IDENTIFICATION QUESTIONNAIRE – EQUAL ACCESS TO EMPLOYMENT

HR-EA01/Last update: July 24th 2017

Under the Act respecting equal access to employment in public bodies

CONFIDENTIAL WHEN COMPLETED

The *Act Respecting Equal Access to Employment in Public Bodies* came into force on April 1, 2001. It is intended to ensure equal representation of the groups that frequently encounter discrimination in employment, that is, women, Aboriginal people, visible minorities, ethnic minorities and handicapped persons. The information gathered through this identification exercise will be used only for the purpose of application of this Act, will remain **confidential** and will only be accessed by personnel whose duties require them to use data relating to the equal access to employment program.

Women and handicapped persons may belong to more than one target group. However, the definitions of Aboriginal people, visible minority and ethnic minority are mutually exclusive; this means that a single person may belong to only one of these three groups. (i.e: you can be a woman, handicapped and a visible minority but you cannot be a visible minority **and** an ethnic minority) Persons who belong to none of the target groups must report this by entering No as the answer for each group.

If you have any questions or comments, please contact the Human Resources Manager, Claudia Napoli, at the following address: cnapoli@cotesaintluc.org

1. IDENTIFICATION

Family name:

First name:

2. GENDER

Female

Male

3. ABORIGINAL PEOPLES

For the purposes of the Act, Aboriginal peoples are Indians, Inuit or Métis of Canada.

In light of the above, do you belong to the Aboriginal peoples of Canada?

Yes No

4. VISIBLE MINORITIES

Members of visible minorities are persons, other than Aboriginal peoples, who are non-caucasian in race or non-white in colour. For instance, the following persons are considered to belong to a visible minority within the meaning of the Act: Blacks, Asians, Arabs, Latin Americans, Pacific Islanders, etc.

In light of the above, do you belong to a visible minority?

Yes No

5. ETHNIC MINORITIES

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. (i.e.: Polish, Russian, Spanish, Italian, German, Bulgarian, Greek, Hungarian, Portuguese, etc.)

In light of the above, do you belong to an ethnic minority?

Yes No

6. HANDICAPPED PERSONS

The Act to secure handicapped persons in the exercise of their rights with a view to achieving social, school and workplace integration (R.S.Q., c. E-20.1, section 1) defines a "handicapped person" as:

"...a person with a **deficiency**¹ causing a **significant**² and **persistent**³ **disability**⁴, who is liable to encounter **barriers**⁵ in performing everyday activities."

1. **Deficiency:** the loss, malformation or insufficiency of an organ or bodily structure, present from birth or that occurs during the person's lifetime.
2. **Significant:** of a degree of severity or gravity that makes it impossible to restore the person's capacities through the use of prostheses such as glasses, contact lenses, or hearing aids, or orthosis such as orthopedic inserts or shoes.
3. **Persistent:** not expected to disappear.
4. **Disability:** a reduced ability to function in intellectual, psychological, physiological or anatomical terms in a way or within limits considered to be normal.
5. **Barriers:** Characteristics that may hinder an individual's hiring, promotion or participation in the labor force.

For instance, the following examples illustrate situations in which persons who have significant and persistent disabilities may experience limitations in the workplace:

- Difficulty using hands or arms, for example, grasping or handling a stapler or using a keyboard;
- Difficulty moving around from one office to another or up and down stairs, etc.
- Inability to see or difficulty seeing, excluding use of glasses or contact lenses;
- Inability to hear or difficulty hearing;
- Inability to speak or difficulty speaking and being understood;
- Difficulty driving a non-adapted vehicle;
- Difficulty functioning mentally or intellectually.

In light of the above, are you a handicapped person?

Yes No

7. REFUSAL TO COMPLETE FORM

I refuse to answer this questionnaire.

DATE: _____