



PRE-EMPLOYMENT AUTHORIZATION FORM

(Please, complete in capital letters)

NAME: _____

ADDRESS: _____

_____ Tel.: () _____

Date of birth ____/____/____ Social Insurance # _____

PREVIOUS EMPLOYERS:

1) Name: _____

Address: _____

_____ Tel.: () _____

Date of hiring: ____/____/____ Salary: _____ Position: _____

2) Name: _____

Address: _____

_____ Tel.: () _____

Date of hiring: ____/____/____ Salary: _____ Position: _____

3) Name: _____

Address: _____

_____ Tel.: () _____

Date of hiring: ____/____/____ Salary: _____ Position: _____

BANK: _____

(name & address) _____ Tel.: () _____

account(s) #: _____ Loan (yes/no): _____

I agree to have my previous employers provide references and I authorize any and all financial institutions to supply information pertinent to my solvency.

In witness whereof, I sign in _____ this ____ day of _____ 20 ____.

Signature: _____

Important: **CIME** is registered with the *Commission d'accès à l'information du Québec*.

NOTE: FILL OUT THIS APPLICATION AND SEND IT BY FAX TO: (514) 767-0331