



**IMPORTANT INFORMATION**

- Use this form to apply for a posted job and complete a separate form for each job application.
- Send your application to the address indicated.
- You must have the qualifications required and attach to the job application any document certifying that the eligibility requirements are met, i.e. diplomas, certificates, etc.
- The City will refuse any employment application that is incomplete or submitted after the closing date.

JOB TITLE	COMPETITION # (IF APPLICABLE)
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**IDENTIFICATION**

LAST NAME	FIRST NAME	
ADDRESS (HOME)	APARTMENT	
MUNICIPALITY	PROVINCE	POSTAL CODE
TELEPHONE (HOME) ( )	TELEPHONE (OFFICE) ( )	EXTENSION
E-MAIL ADDRESS		
DO YOU HAVE THE RIGHT TO WORK IN CANADA?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE YOU CURRENTLY EMPLOYED BY THE CITY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	IF YES, SINCE WHAT DATE :	DEPARTMENT
	DAY      MONTH      YEAR	

**EQUAL ACCESS TO EMPLOYMENT**

The City of Westmount is subject to the *Act respecting Equal Access to Employment in public bodies and amending the Charter of Human Rights and Freedoms* (2000, chapter 45). Therefore, we request that you kindly complete this section.

**ARE YOU A MEMBER OF ANY ONE OF THESE GROUPS?**

	<b>YES</b>	<b>NO</b>		<b>YES</b>	<b>NO</b>
<b>FEMALE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>VISIBLE MINORITY **</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ABORIGINAL PEOPLE *</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>ETHNIC MINORITY ***</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>HANDICAPPED PERSON ****</b>	<input type="checkbox"/>	<input type="checkbox"/>	SPECIFY: _____		

**DEFINITIONS:**

- \* **ABORIGINAL PEOPLE:** Aboriginal people are deemed to be Indians, Inuit or Métis of Canada.
- \*\* **MEMBER OF A VISIBLE MINORITY:** persons, other than Aboriginal peoples, who are non-white in colour/race. Example: Africans, Haitians, Chinese, Arabs, Latin Americans, etc.
- \*\*\* **MEMBER OF AN ETHNIC MINORITY:** persons, other than Aboriginal peoples and persons of visible minorities, whose mother tongue is neither French nor English. For the purpose of this questionnaire, the 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 be neither French nor English. For example, persons with family origins or who were born in Germany, Greece, Italy, Hungary, Russia, etc.
- \*\*\*\* **HANDICAPPED PERSON:** a person with a deficiency causing a significant and persistent disability, who is liable to encounter barriers in performing everyday activities.

**EMPLOYMENT EXPERIENCE** (STARTING WITH THE MOST RECENT)

If your résumé is attached, you need not complete this section.

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<b>CURRENT EMPLOYMENT</b> NAME AND ADDRESS OF EMPLOYER	LENGTH OF EMPLOYMENT FROM MONTH    YEAR    MONTH    YEAR
POSITION HELD	
DESCRIBE THE DUTIES PERFORMED	

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<b>PREVIOUS EMPLOYMENT</b> NAME AND ADDRESS OF EMPLOYER	LENGTH OF EMPLOYMENT FROM MONTH    YEAR    MONTH    YEAR
POSITION HELD	
DESCRIBE THE DUTIES PERFORMED	

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NAME AND ADDRESS OF EMPLOYER	LENGTH OF EMPLOYMENT FROM MONTH    YEAR    MONTH    YEAR
POSITION HELD	
DESCRIBE THE DUTIES PERFORMED	

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NAME AND ADDRESS OF EMPLOYER	LENGTH OF EMPLOYMENT FROM MONTH    YEAR    MONTH    YEAR
POSITION HELD	
DESCRIBE THE DUTIES PERFORMED	

**RECORD OF EDUCATION** (STARTING WITH THE MOST RECENT)

If your résumé is attached, you need not complete this section.

NAME OF INSTITUTION (CITY)	PROGRAMME AND DISCIPLINE	FROM	TO
		MONTH YEAR	MONTH YEAR

<input type="checkbox"/> SECONDARY <input type="checkbox"/> COLLEGE <input type="checkbox"/> UNIVERSITY	DID YOU GRADUATE?	ONGOING TRAINING	*QUÉBEC EQUIVALENCE
	<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 INSTITUTION (CITY)	PROGRAMME AND DISCIPLINE	FROM	TO
		MONTH YEAR	MONTH YEAR

<input type="checkbox"/> SECONDARY <input type="checkbox"/> COLLEGE <input type="checkbox"/> UNIVERSITY	DID YOU GRADUATE?	ONGOING TRAINING	*QUÉBEC EQUIVALENCE
	<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 INSTITUTION (CITY)	PROGRAMME AND DISCIPLINE	FROM	TO
		MONTH YEAR	MONTH YEAR

<input type="checkbox"/> SECONDARY <input type="checkbox"/> COLLEGE <input type="checkbox"/> UNIVERSITY	DID YOU GRADUATE?	ONGOING TRAINING	*QUÉBEC EQUIVALENCE
	<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 TRAINING	INSTITUTION NAME	FROM	TO
		MONTH YEAR	MONTH YEAR

OTHER TRAINING	INSTITUTION NAME	FROM	TO
		MONTH YEAR	MONTH YEAR

OTHER TRAINING	INSTITUTION NAME	FROM	TO
		MONTH YEAR	MONTH YEAR

\* IF YOU EARNED A DIPLOMA OUTSIDE QUÉBEC, YOU MUST PROVIDE A COMPARATIVE ASSESSMENT DELIVERED BY THE *MINISTÈRE DES RELATIONS AVEC LES CITOYENS ET DE L'IMMIGRATION*.

**QUALIFICATIONS AND GENERAL KNOWLEDGE**

LANGUAGES SPOKEN

FRENCH     ENGLISH     OTHER    SPECIFY:

LANGUAGES WRITTEN

FRENCH     ENGLISH     OTHER    SPECIFY:

SOFTWARE KNOWLEDGE: (I.E. WORD, EXCEL, POWERPOINT, ETC.)

Have you ever been convicted of a criminal or penal offence related to the desired position and for which you have not received a pardon?     YES     NO

Do you authorize the City of Westmount to verify the above answer?     YES     NO

**PROFESSION OR TRADE**

Are you a member of an association or professional corporation? (when required on the job)

TITLE \_\_\_\_\_ DAY MONTH YEAR

Do you hold a permit, a licence or a qualification card? (when required on the job)     YES     NO

If yes, please specify: # \_\_\_\_\_ SINCE: DAY MONTH YEAR    EXPIRATION: DAY MONTH YEAR

Do you hold a valid driver's licence? (when required on the job)     YES     NO

If yes, please specify: Class(es) \_\_\_\_\_ RESTRICTIONS DAY MONTH YEAR

I certify that all the information contained in this employment application is true and complete and I understand that any false statement may result in the rejection of my candidacy and constitutes a sufficient cause of dismissal.

SIGNATURE \_\_\_\_\_ DAY MONTH YEAR