



DEMANDE DE VÉRIFICATION ET DE DIVULGATION D'EMPÊCHEMENTS

Organisme ou employeur

NUMÉRO DE RÉFÉRENCE

DV1998-038

INSTRUCTIONS

1. Veuillez remplir et signer ce formulaire et le remettre, en personne, à l'organisme ou à l'employeur. Notez que seuls les originaux seront acceptés.
2. L'organisme ou l'employeur ainsi que le Service de police de la Ville de Montréal s'engagent à traiter confidentiellement ce document et son contenu.

SECTION 1 - IDENTIFICATION DU CANDIDAT

NOM DE FAMILLE (AU COMPLET, PAS D'INITIALES)		NOM À LA NAISSANCE (SI DIFFÉRENT)			
PRÉNOM(S)					
SEXE <input type="checkbox"/> M <input type="checkbox"/> F	DATE DE NAISSANCE (aaaa-mm-jj)	LIEU DE NAISSANCE (VILLE / PAYS)			
ADRESSE ACTUELLE (N° CIVIQUE)	APPARTEMENT	RUE	VILLE	CODE POSTAL	
PROVINCE (ÉTAT)	TÉLÉPHONE (MAISON)	TÉLÉPHONE (TRAVAIL)	ADRESSE COURRIEL		

EMPÊCHEMENTS : AVEZ-VOUS DÉJÀ ÉTÉ ACCUSÉ OU DÉCLARÉ COUPABLE D'UNE INFRACTION CRIMINELLE VISÉE À LA SECTION 5 ?

OUI NON SI OUI, PRÉCISEZ :

ADRESSES PRÉCÉDENTES (5 DERNIÈRES ANNÉES)

NUMÉRO MUNICIPAL	RUE	VILLE / PROVINCE / ÉTAT / PAYS	DE		À	
			(aaaa)	(mm)	(aaaa)	(mm)

SECTION 2 - IDENTIFICATION DE L'ORGANISME OU DE L'EMPLOYEUR À REMPLIR PAR LE RESPONSABLE AUTORISÉ DE L'ORGANISME OU DE L'EMPLOYEUR

NOM DE L'ORGANISME OU DE L'EMPLOYEUR ASSOCIATION DE SOCCER DE PIERREFONDS		
ADRESSE (NUMÉRO MUNICIPAL)	RUE	TÉLÉPHONE
4600	RUE DES CAGEUX	(514) 944-9446
VILLE	CODE POSTAL	TÉLÉCOPIEUR
MONTRÉAL	H9J 3R4	

SECTION 3 - VÉRIFICATION DE L'IDENTITÉ DU CANDIDAT À REMPLIR PAR LE RESPONSABLE AUTORISÉ DE L'ORGANISME OU DE L'EMPLOYEUR

J'ATTESTE AVOIR VÉRIFIÉ L'IDENTITÉ DU CANDIDAT AU MOYEN DES DOCUMENTS SUIVANTS (DEUX AU MINIMUM DONT UN AVEC PHOTOGRAPHIE).		
<input type="checkbox"/> PERMIS DE CONDUIRE (INDIQUER LA PROVENANCE)	<input type="checkbox"/> CARTE D'ASSURANCE MALADIE	<input type="checkbox"/> AUTRE, PRÉCISEZ
NUMÉRO	NUMÉRO	NUMÉRO
NOM / PRÉNOM DE LA PERSONNE QUI A PROCÉDÉ À LA VÉRIFICATION		TÉLÉPHONE
SIGNATURE		DATE (aaaa-mm-jj)





REQUEST FOR IMPEDIMENT CHECK AND DISCLOSURE

Organization or employer

REFERENCE NUMBER

DV1998-038

INSTRUCTIONS

3. Please complete and sign this form and submit it in person to the organization or employer. Note that only originals will be accepted.
4. The organization or employer, as well as the Service de police de la Ville de Montréal, agrees to handle this document and its contents confidentially.

SECTION 1 - IDENTIFICATION OF CANDIDAT

SURNAME (COMPLETE, NO INITIAL)		NAME AT BIRTH (IF DIFFERENT)			
GIVEN NAME(S)					
GENDER <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH (yyyy-mm-dd)		PLACE OF BIRTH (CITY/COUNTRY)		
CURRENT ADDRESS (CIVIC NUMBER)		APARTMENT	STREET		CITY
					POSTAL CODE
PROVINCE/STATE		PHONE NUMBER (HOME)	PHONE NUMBER (WORK)	EMAIL ADDRESS	
IMPEDIMENTS: HAVE YOU BEEN CHARGED OR CONVICTED OF A CRIMINAL OFFENSE LISTED IN SECTION 5? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SPECIFY:					

PREVIOUS ADDRESSES (LAST FIVE YEARS)

CIVIC NUMBER	STREET	CITY / PROVINCE / STATE / COUNTRY	FROM		TO	
			(yyyy)	(mm)	(yyyy)	(mm)

SECTION 2 - IDENTIFICATION OF ORGANIZATION OR EMPLOYER *TO BE COMPLETED BY THE AUTHORIZED ORGANIZATION OR EMPLOYER*

NAME OF THE ORGANIZATION OR EMPLOYER ASSOCIATION DE SOCCER DE PIERREFONDS		
ADDRESS (CIVIC NUMBER) 4600	STREET RUE DES CAGEUX	PHONE NUMBER (514) 944-9446
CITY MONTRÉAL	POSTAL CODE H9J 3R4	FAX NUMBER

SECTION 3 - CANDIDATE'S IDENTIFICATION CHECK *TO BE COMPLETED BY THE AUTHORIZED OFFICIAL OF THE ORGANIZATION OR EMPLOYER*

I CERTIFY THAT I HAVE CHECKED THE APPLICANT'S IDENTITY USING THE FOLLOWING DOCUMENTS (MINIMUM TWO, ONE OF WHICH WITH PHOTOGRAPHY).

<input type="checkbox"/> DRIVER'S LICENCE (COUNTRY/STATE IN WHICH IT WAS ISSUED)	<input type="checkbox"/> HEALTH INSURANCE CARD	<input type="checkbox"/> OTHER, SPECIFY
NUMÉRO	NUMÉRO	NUMÉRO
SURNAME AND GIVEN NAME OF THE PERSON WHO CARRIED OUT THE CHECK		PHONE NUMBER
SIGNATURE		DATE (yyyy-mm-dd)



SECTION 4 - TYPE OF EMPLOYMENT TO BE COMPLETED BY THE AUTHORIZED ORGANIZATION OR EMPLOYER PAID EMPLOYEE VOLUNTEER RELATED PERSON BY REASON OF RESIDENCE

BY CHECKING THE "VOLUNTEER" BOX, THE ORGANIZATION OR EMPLOYER AS WELL AS THE APPLICANT CERTIFY THAT IF RECRUITED FOLLOWING THE BACKGROUND CHECK, THE APPLICANT WILL NOT RECEIVE ANY MONEY OR ANY OTHER FINANCIAL BENEFIT FOR HIS/HER SERVICES. IN THE EVENT OF MISLEADING STATEMENT, THE ORGANIZATION OR EMPLOYER AND THE APPLICANT MAY BE JOINTLY PROSECUTED FOR MISREPRESENTATION.

JOB OR POSITION: _____

WITH:

 Children under 18

AGE

FROM

TO

 Seniors

AGE

 People with physical or mental disabilities Other (specify) :**SECTION 5 – VERIFICATION CRITERIA****OFFENCES AND MISCONDUCT INCOMPATIBLE WITH POSITION DESIRED.**

Violence	Any misconduct or criminal offence for which any form of violence was used, such as homicide, robbery, assault, firearms offences, kidnapping, forcible confinement, threats, intimidation, harassment, arson, gangsterism, misdemeanors.
Sex	Any misconduct or criminal offence of a sexual nature, such as sexual assault, indecent acts, solicitation or incitement to prostitution.
Theft / fraud	Any misconduct or criminal offence whose nature amounts to theft or fraud, such as breaking and entering, theft, taking an automobile or other vehicle without consent, fraud, corruption, false impersonation.
Driving	Any misconduct or criminal offence related to driving a motor vehicle, such as impaired driving, hit-and-run, reckless driving.
Drugs and Narcotics	Any misconduct or criminal offence related to drugs and narcotics, such as possession, trafficking, import, cultivation.
Other	Criminal negligence, failure to provide the necessities of life.

SECTION 6 - CONSENT TO VERIFICATION AND DISCLOSURE

I, the undersigned, consent to the Service de police de la Ville de Montréal verifying all information that may reveal an impediment concerning me, i.e. any information concerning a conviction, a court order in force or an indictable offense, as well as any behavior that could reasonably cause fear for the physical or moral safety of the vulnerable people with whom I would be called to work. Offenses listed in Schedule 2 of the Criminal Records Act, R.S.C. (1985), c. C-47, even if they were subject of a record suspension (pardon).

I also consent to the Service de police de la Ville de Montréal carrying out checks in all files and databases accessible to it, based on the verification criteria identified above.

I also authorize the Service de police de la Ville de Montréal to verify or use the information collected about me and to communicate it, if necessary, to any person, public or private organization or any Canadian police force whose assistance may be necessary to validate or complete it. In the same way, I authorize any person, any public or private organization or any other Canadian police force to communicate to the Service de police de la Ville de Montréal any personal information concerning me that they deem useful to transmit to complete the police verification to which I am subject.

Finally, I agree that all information that may reveal an impediment concerning me, that is any information concerning a conviction, a court order in force or an indictment for an offense or a criminal act, as well as any behaviour that could reasonably raise fears for the physical or moral safety of vulnerable people with whom I would be called upon to work, be communicated by the Service de police de la Ville de Montréal to the organization or employer identified in above section 2 with whom I am applying for a job or function that would place me in a position of authority or trust in relation to vulnerable people, whether I am paid or called upon to act as a volunteer.

This consent is valid until the purposes for which it was obtained have been accomplished, that is the duration necessary to complete the verifications concerning me.

CANDIDATE'S SIGNATURE

DATE (yyyy-mm-dd)