

**Montreal:**  
5167, Jean-Talon East  
Suite 370, Montreal, Qc  
H1S 1K8  
Tel: (514) 593-4303  
Fax: (514) 593-4659

# APPLICATION FORM CALL CENTRE

**Quebec:**  
2360, Chemin Ste-Foy  
Suite 450, Ste-Foy, Qc  
G1V 4H2  
Tel: (418) 650-2105  
Fax: (418) 650-2164

(Please indicate the city)

MONTREAL  QUEBEC

Date:		First Name and Last Name:			
Address:		App. #:	City:	Province:	
Postal Code:		Telephone (home):		Telephone (office):	
Cellular:		E-mail:			
Date of birth:		Social Insurance Number:			
Are you student?	Level of Education:		Name of the school:		
Where did you see the ad?					
Work Preference: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer Job					
Full Time Schedule: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Weekend and Day <input type="checkbox"/> Weekend and Evening					
Part Time Schedule: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Weekend and Day <input type="checkbox"/> Weekend and Evening					
Describe the position held at your last job:			Reason for leaving:		
Length of Employment:					
Name of Company:			Telephone:		
Name of Supervisor:					
<i>I authorize the organization to verify the information I have provided related to my application for employment.</i>					
Signature:					
Date:					
<b>Reserved for administration</b>					
Date:			Signature:		
Start Date:			ID No. of employee:		
Intensive Training (25 hours) completed: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Advanced Training (20 hours) completed: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Starting Salary:			Salary After Reaching Objective:		