

**Reserved for Administration**

Individual Reference No: \_\_\_\_\_

File No: \_\_\_\_\_

**GENERAL INFORMATION**

1. Family name at birth: \_\_\_\_\_  
 First name(s) (*Underline usual first name*): \_\_\_\_\_  
 Other names that you have used or under which you have been known, including married name: \_\_\_\_\_
2. Sex: F  M
3. Date of birth: \_\_\_\_\_  
 Year / month / day  
 Place of birth: \_\_\_\_\_  
 City Province / State Country
4. Nationality: \_\_\_\_\_
5. Current civil status: Single  Married  De facto spouse  Divorced  Separated  Widowed
6. Language spoken: French  English  Other(s)  *Specify*: \_\_\_\_\_
7. Language of correspondence: French  English
8. Residential address: \_\_\_\_\_  
 No. Street City Province / State Country Postal code
9. Correspondence address: \_\_\_\_\_  
 (if different from 8) No. Street City Province / State Country Postal code
10. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_
11. E-mail: \_\_\_\_\_
12. Family members who are or will be accompanying you to Quebec (your spouse or de facto spouse and your dependent children).  
*For each person, specify:*

Family name at birth	First name	Date of birth Year / month / day

**INFORMATION ON EMPLOYMENT OFFERED IN QUEBEC**

13. Name of employer in Quebec (Trade name or name of the Corporation): \_\_\_\_\_  
 Address of employer in Quebec: \_\_\_\_\_  
 No. Street City Province Postal code
14. Employment offered (*Attach a copy of the employer's job offer letter*):  
 Job title: \_\_\_\_\_  
 Principal duties (*Task or responsibilities*): \_\_\_\_\_  
 Salary offered: weekly: \_\_\_\_\_ CAN \$ or yearly: \_\_\_\_\_ CAN \$
15. Anticipated term of employment offered:  
 From \_\_\_\_\_ To \_\_\_\_\_  
 Year / month / day Year / month / day

## INFORMATION ON TEMPORARY WORKER'S TRAINING

16a) Number of years of primary and secondary studies successfully completed: 10 years or less  11 years or more

16b) Training related to employment offered in Québec:

From Year / month	To Year / month	Name of institution	Diploma obtained

## INFORMATION ON TEMPORARY WORKER'S EXPERIENCE

17. Work experience related to employment offered in Québec (*Attach copy of curriculum vitae.*)

From Year / month	To Year / month	Name and address of employer	Position

## PAYMENT OF PROCESSING FEE

18. Certified cheque  Bank draft  (*Draft convertible into cash by a Canadian bank.*)

Cash  (*Canadian or U.S. currency only.*)

*Only for applications submitted to a department office in Québec:*

Credit card  (*Complete the form "Payment by credit card".*)

19. Contact information for person in Québec who is paying the applicable fee on your behalf (*if different from employer in item 13*):

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

***The file processing fee must be paid when the application is filed or the file will be returned.***

## PROTECTION OF PERSONAL INFORMATION

The personal information appearing on this form is required for processing your application for a «Certificat d'acceptation du Québec (CAQ) pour travail temporaire» (Québec Acceptance Certificate) for temporary work and the application of the *Act respecting immigration to Québec*, the *Regulation respecting the selection of foreign nationals* and their administrative regulations. This information may also be used by the Minister responsible for the application of the *Act respecting immigration to Québec* for the purpose of studies, statistics or program evaluation or to convey to you any information likely to have an impact on the conditions of your temporary stay in Québec, or to notify you of the possibility of making an application for permanent immigration.

Access to this information is reserved exclusively for those authorized under the provisions of the *Act respecting access to documents held by public bodies and the protection of personal information* (R.S.Q., c.A-2.1). You may be informed of any information concerning you held by the Minister and, where appropriate, request in writing that it be corrected. For more information, please contact the office processing your application.

Personal information is confidential and may not be disclosed without your consent. However, the Minister may **without your consent**:

- convey personal information to Canadian immigration authorities and Québec public bodies when necessary for the application of a law in Québec;
- be authorized to convey personal information to these bodies if it is necessary for the exercise of their responsibilities or the implementation of a program they manage.

## DECLARATION

I understand that the ministère de l'Immigration et des Communautés culturelles may revoke a certificate of acceptance and declare it null and void if it has been granted on the basis of false or misleading information, erroneously, or if the requisite conditions for the issuance of the certificate of acceptance cease to exist.

I hereby declare that the information contained in this application is accurate and that I acknowledge that I have been informed that the ministère de l'Immigration et des Communautés culturelles may verify directly or by the means of an intermediate, the veracity of the information contained herein with a third party, and that should I convey any information that I know or should have known to be false or misleading with respect to an application for a certificate of acceptance to the Minister or an investigator, I will be guilty of an offence.

And I have signed at \_\_\_\_\_ the (Year / month / day) \_\_\_\_\_

City

Signature

## OPTIONAL AUTHORIZATION TO EMPLOYER

***Important notice to temporary worker:*** You may choose to sign the following authorization to the employer or you may decline to do so. It is an optional consent and refusing to sign it will have no impact on the processing of your application.

I grant my future employer the power to represent me in dealings with the ministère de l'Immigration et des Communautés culturelles insofar as this involves doing any act or thing necessary for the issuance of my Certificat d'acceptation du Québec (CAQ). Unless revoked in writing, this authorization shall remain in effect as long as this application for certificate of acceptance is being processed.

And I have signed at \_\_\_\_\_ the (Year / month / day) \_\_\_\_\_

City

Signature