



REQUEST FOR IMPEDIMENT CHECK
Organization or employer

REFERENCE NUMBER

2016-024

INSTRUCTIONS

1. Complete and sign this form and deliver it in person to the organization/employer. Note that only the originals will be accepted.
2. The organization/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 THE CANDIDATE					
SURNAME (COMPLETE, NO INITIAL)			NAME AT BIRTH (IF DIFFERENT)			PHONE (HOME)	
GIVEN NAME(S)			GENDER <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH (yyyy-mm-dd)		PHONE (WORK)	
CURRENT ADDRESS (CIVIC NUMBER)	APARTMENT	STREET			CITY	POSTAL CODE	
PROVINCE / STATE			PLACE OF BIRTH (CITY/COUNTRY)				
CRIMINAL RECORD: HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE, OR ARE YOU CURRENTLY CHARGES WITH A CRIMINAL OFFENCE UNDER 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 (yyyy)	TO (yyyy)	(mm)

SECTION 2		IDENTIFICATION OF ORGANIZATION/EMPLOYER <i>TO BE FILLED IN BY THE AUTHORIZED ORGANIZATION/EMPLOYER REPRESENTATIVE</i>					
NAME OF THE ORGANIZATION/EMPLOYER CORPORATION ARCHIÉPISCOPALE CATHOLIQUE ROMAINE DE MONTRÉAL							
ADDRESS (CIVIC NUMBER) 2000		STREET RUE SHERBROOKE O				PHONE (514) 925-4355	
CITY MONTRÉAL			POSTAL CODE H3H 1G4			FAX	

SECTION 3		CHECK OF THE CANDIDATE'S IDENTITY <i>TO BE FILLED IN BY THE AUTHORIZED ORGANIZATION/EMPLOYER REPRESENTATIVE</i>					
I CERTIFY THAT I HAVE CHECKED THE APPLICANT'S IDENTITY USING THE FOLLOWING DOCUMENTS (TWO MINIMUM).							
<input type="checkbox"/> DRIVER'S LICENCE (COUNTRY/STATE IN WHICH IT WAS ISSUED)		<input type="checkbox"/> HEALTH INSURANCE CARD			<input type="checkbox"/> OTHER, SPECIFY		
NUMBER		NUMBER			NUMBER		
SURNAME AND GIVEN NAME OF PERSON WHO CARRIED OUT THE CHECK						PHONE	
SIGNATURE						DATE (yyyy-mm-dd)	

SECTION 4	TYPE OF EMPLOYMENT TO BE FILLED IN BY THE AUTHORIZED ORGANIZATION/EMPLOYER REPRESENTATIVE
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<input type="checkbox"/> PAID EMPLOYEE	<input type="checkbox"/> RELATED PERSON BY REASON OF RESIDENCE
<input type="checkbox"/> VOLUNTEER	

BY CHECKING "VOLUNTEER", THE ORGANIZATION (OR EMPLOYER) AS WELL AS THE CANDIDATE CERTIFY THAT IF RECRUITED, FOLLOWING THE BACKGROUND CHECK, THE CANDIDATE WILL NOT RECEIVE ANY MONEY OR FINANCIAL COMPENSATION FOR SERVICES PROVIDED. IN THE CASE OF MISLEADING INFORMATION, THE ORGANIZATION (OR EMPLOYER) AS WELL AS THE CANDIDATE EXPOSE THEMSELVES TO BEING JOINTLY CHARGED WITH MAKING A FALSE STATEMENT.

JOB OR POSITION: _____

WITH:

<input type="checkbox"/> Children under 18	AGE	FROM	TO
		_____	_____
<input type="checkbox"/> Seniors	AGE	FROM	TO
		_____	_____

People with physical disabilities

People with mental disabilities

Other (specify): _____

SECTION 5	BACKGROUND CHECK CRITERIA
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OFFENCES AND MISCONDUCT INCOMPATIBLE WITH POSITION DESIRED.

Violence	Any misconduct or criminal offence in which any form of violence was used, such as homicide, robbery, assault, offences related to firearms, kidnapping, forcible confinement, threats, intimidation, harassment, arson, gangsterism, misdemeanours.
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 that by its nature could be considered theft or fraud, such as breaking and entering, theft, taking an automobile or other vehicle without consent, fraud, corruption, impersonation.
Driving	Any misconduct or criminal offence related to driving a motor vehicle, such as driving under the influence, 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, neglect or failure to provide the necessities of life.

SECTION 6	CONSENT
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I, the undersigned, consent to the verification of my criminal record by the Service de police de la Ville de Montréal, that is, any finding of guilt or a charge for a criminal offence, as well as any misconduct that could reasonably lead to doubt about the physical or moral safety of the people at risk I would be called on to work with. Offences listed in the appendix to the Criminal Records Act, RSC (1985), c. C-47 are also considered part of your criminal record, even if you have received a pardon.

I also consent to allowing the Service de police de la Ville de Montréal to check any files and databanks it has access to, using the background check criteria identified on this form.

I also authorize the Service de police de la Ville de Montréal to verify and use the information collected about me and share it, if required, with any person, public or private organization, or any police force in Canada whose assistance may be required to validate or complete it. For the same reasons, I authorize any person, public or private organization, or any police force in Canada to communicate with the Service de police de la Ville de Montréal any personal information about me they will deem useful to share in order to complete the requested check.

I also consent to a certification of the absence of any impediment being communicated to the organization/employer identified in section 2.

CANDIDATE'S SIGNATURE	DATE (yyyy-mm-dd)
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